STATE OF ELDERLY
IN OIC MEMBER COUNTRIES
2021

ORGANISATION OF ISLAMIC COOPERATION

STATISTICAL ECONOMIC AND SOCIAL RESEARCH AND TRAINING CENTRE FOR ISLAMIC COUNTRIES (SESRIC)

Organisation of Islamic Cooperation

Statistical, Economic and Social Research and Training Centre for Islamic Countries (SESRIC)

STATE OF ELDERLY IN OIC MEMBER COUNTRIES 2021

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CONTENTS

ACRONYMS

ASEAN	Association of Southeast Asian Nations
COMCEC	Standing Committee for Economic and Commercial Cooperation of the Organization of the Islamic Cooperation
COVID-19	Coronavirus Disease of 2019
CSOs	Civil Society Organizations
ECA	Europe and Central Asia
ESALA	East and South Asia and Latin America
GDP	Gross Domestic Product
IDPs	Internally Displaced Persons
ILO	International Labour Organization
IPU	Inter-Parliamentary Union
IsDB	Islamic Development Bank
LEB	Life Expectancy at Birth
LFPR	Labour Force Participation Rate
MDGs	Millennium Development Goals
MENA	Middle East and North Africa
MNCAH	Maternal, Newborn, Child and Adolescent Health
MYR	Malaysian Ringgit
NSO	National Statistical Offices
OECD	Organisation for Economic Co-operation and Development
OIC	Organisation of Islamic Cooperation
SDGs	Sustainable Development Goals
SESRIC	Statistical, Economic and Social Research and Training Centre for Islamic Countries
SME	Small and Medium Enterprises
SSA	Sub-Saharan Africa
UN	United Nations
UN DESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme

WB	World Bank
WHO	World Health Organization
YLD	Years Lost due to Disability

FOREWORD

Today, elderly people constitute a significant proportion of the world's population amid increasing longevity trends spurred by advancements in science and healthcare. The increase in the ageing population is a pressing challenge for policy-makers as the wellbeing of elderly people depends heavily on the provision of proper healthcare and rehabilitation services as well as their integration into social, economic and cultural spheres. With their unique knowledge, experience, resources and social status, elderly people, when enabled and encouraged through supportive measures, can contribute towards the sustainable development of their societies.

The *State of Elderly Report 2021* provides a comprehensive analysis of the current state of the elderly in OIC countries by looking into the latest available data and information concerning labour market, healthcare, cultural norms and supportive environment. The report shows that increasing life expectancy and falling fertility levels have led to a steady increase in the elderly population in OIC countries. The share of the people aged 60 and above in the total population increased from 5.7% in 1990 to 7.4% in 2020. Moreover, this share is projected to reach 13.9% in 2050, indicating a significant increase in the elderly population in the coming decades.

A review of sectoral practices on ageing and elderly people reveals that existing mechanisms are far from being optimal in many OIC member countries. According to the latest estimates, due to weak labour market laws and age-based discrimination, the OIC countries witnessed a reduction in the average labour force participation rate of older men from 36.4% in 2010 to 34.8% in 2019 and older women from 16% in 2010 to 15.5% in 2019. On the other hand, the average share of elderly people receiving benefits from various pension schemes was only 31.5% in OIC countries as compared to the world average of 54% in 2017. On the cultural front, elderly people face challenges as stigma, isolation and age-based discrimination, even though traditional family and social structures in OIC countries give utmost importance to the protection of the elderly. Lately, the emergence of the COVID-19 pandemic has worsened and further complicated the state of the elderly across the OIC countries and elsewhere.

Although ageing is a natural process, which cannot be stopped, the pace of ageing and its impacts on societies can be managed using timely and prudent policies and programmes. In fact, many OIC countries have achieved commendable progress in advancing the welfare of their elderly population in recent years by enacting and implementing various policies and programmes,

such as telemedicine services, community based support groups and flexible working schemes for the elderly. At the OIC level, the adoption of the OIC Strategy on the Elderly, which consists of 4 thematic areas of cooperation and 19 strategic goals, is also a landmark achievement. In order to implement this Strategy, however, OIC countries need to pay particular attention to promoting 'healthy and active ageing' policies and programmes that can help to not only preserve older persons' physical and mental capacities but also encourage their active involvement in the socio-economic development process.

I firmly believe that the findings of this report will be instrumental in addressing major challenges facing our elderly people by enhancing intra-OIC cooperation towards the implementation of the OIC Strategy on the Elderly.

Nebil DABUR
Director General
SESRIC

ACKNOWLEDGEMENTS

A research team at SESRIC comprising of Cem Tintin and Tazeen Qureshi has prepared this report. Mazhar Hussain, Director of Economic and Social Research Department coordinated the research process under the supervision of H.E. Nebil Dabur, Director General of SESRIC.

The contribution of authors to the specific sections of the report is as follows: Cem Tintin prepared the Introduction, Section 3 on Labour Market and Economic Integration of Elderly, Section 4 on Health and Wellbeing of Elderly, and Section 7 on COVID-19 and Elderly. Tazeen Qureshi prepared Section 2 on Elderly Demographics, Section 5 on Enabling a Supportive Environment for Elderly, and Section 6 on Culture and Elderly. Cem Tintin and Tazeen Qureshi jointly contributed to Section 8 on Policy Recommendations.

EXECUTIVE SUMMARY

This report highlights the role of elderly in the development of OIC countries and reviews the state of OIC countries with respect to the labour market and economic integration of elderly, health and wellbeing of elderly, enabling a supportive environment for elderly, and culture and elderly. As a special theme, the report also looks at the implications of COVID-19 on elderly people in OIC countries. It concludes with a set of policy recommendations to address major challenges faced by older people for the consideration of policy makers.

Elderly Demographics

Fertility and life expectancy rates are the two main demographic determinants of ageing. In OIC countries, fertility rates declined from 4.6 children per woman in 1990-1995 to 3.2 children in 2020-2025. Yet, on average, fertility rates in the OIC region are higher than in non-OIC developing countries and developed countries and will continue to be relatively high in the near future. The life expectancy rate at age 60 increased from 16.3 years to 18.8 years between 1990-1995 and 2020-2025. By 2050, it is further projected to rise by another 1.8 years. Nonetheless, the average life expectancy for OIC countries continues to be lower than that of non-OIC developing countries and developed countries. As a reflection of an ageing population, the share of elderly people in OIC countries population aged 60 or over increased from 5.7% in 1990 to 7.4% in 2020. By 2050, this share is predicted to rise to 13.9% in OIC countries.

Labour Market and Economic Integration of Elderly

Older persons make important contributions to economic development and labour productivity through their participation in the formal and informal workforce. Despite having a relatively young population, old-age dependency ratios have been steadily increasing in many OIC countries due to a demographic shift. The average old-age dependency ratio of the OIC group rose from 6.2 in 2010 to 6.8 in 2019, whereas the world average increased by 2.3 points to 13.9 in 2019. In addition, OIC countries, on average, witnessed a reduction in the labour force participation rate of older men from 36.4% in 2010 to 34.8% in 2019 and older women from 16% in 2010 to 15.5% in 2019 due to factors such as labour market laws and age-based discrimination.

Health and Wellbeing of Elderly

Over the past decade, many OIC member countries have made considerable progress towards improving the health and wellbeing of the elderly that can be

attributed to set factors like improved healthcare infrastructure and increased investments in long-term care, as well as regional and global initiatives on healthy ageing. As a result, life expectancy at age 60 increased from 13.3 years in 2010 to 13.8 in 2019 in the OIC group. Yet, mortalities and disabilities amongst older people are still relatively high in OIC countries as compared to global averages which call for further efforts to be exerted in terms of improving accessibility and affordability of healthcare and long-term care services.

Enabling a Supportive Environment for Elderly

A supportive environment for older people includes three dimensions. A supportive physical environment that focuses on factors such as accessibility to social services, physical safety, access to transportation, and access to clean air, water, and food for older people. A socially supportive environment for older people includes programs that foster social interactions, protect elderly people from violence and abuse, ensures their access to life-long learning programs, and improves participation in decision-making. Lastly, an economically supportive environment necessitates improvements in older people's income, access to social protection systems, and employment (inclusive of formal, informal, and self-employment). The existing state of programmes and measures in these three dimensions requires further improvements in many OIC countries. In 2017, the share of elderly people receiving benefits from various pension schemes, on average, was the lowest in OIC countries (31.5%) when compared to other country groups and the world average (54%). The level of benefit that elderly people receive (in USD terms) varies markedly amongst OIC countries that offer non-contributory pension schemes. For example, on one hand, the level of benefit of the old-age pension program in Brunei Darussalam is as high as 179.2 USD per month, whereas in Bangladesh this amount is as low as 6.4 USD per month.

Culture and Elderly

Cultural beliefs and practices influence social norms related to older people and ageing in OIC countries. Religious teachings on caring for older people and ageing place families at the centre of care-systems, making informal care a dominant practice in OIC countries. In 2019, more than half of the elderly population lives with extended family in 25 OIC countries. It is also common for older people to co-reside with their spouse or partner in a multi-generational household. In 12 OIC countries, more than half of the elderly population lives in large households of six or more members. In the absence of adequate family-based care amidst a rapidly changing cultural environment, the responsibility of caring for elderly people lies with public services in OIC countries. While formulating policies that address the needs of older people and ageing, it is important for policy makers in OIC countries to take cultural values into account

because cultural considerations are likely to determine whether these policies are socially accepted or not.

COVID-19 and Elderly

The COVID-19 pandemic has impacted every aspect of people's lives across the globe, including in OIC countries. Vulnerable and disadvantaged groups including older persons have been impacted more severely by this pandemic. By the end of February 2021, the total number of cases of COVID-19 in OIC countries exceeded 12.2 million causing 233 thousand deaths. In order to curb the spread of novel coronavirus and protect vulnerable populations including the elderly, OIC countries have imposed strict public health and safety measures like lockdowns, curfews, and border closures. However, these measures have resulted in significant additional challenges for older people including deteriorated mental and physical health, increased exposure to isolation and abuse, and reduced economic wellbeing. Therefore, response and recovery efforts need to pay special attention to the needs of older people and require specific policy responses to ensure their socio-economic wellbeing.

Policy Recommendations

The findings of this report indicate that OIC countries, as a group, need to prioritize issues pertaining to ageing and the elderly in their policy agenda as their populations gradually grow older. An increase in the number of older people, combined with rapid changes in OIC societies due to globalization and changing family structures requires interventions in various policy domains. Designing and implementing successful policies on the elderly should take place in coordination with several stakeholders at various levels such as the international community and civil society. The COVID-19 pandemic has exposed the importance of exerting concerted efforts for older people. At the policy level, developing holistic and evidence-based policies, reforming and redesigning social security systems, fighting with ageism and age-based discrimination, investing in education and training of the elderly, providing incentives for employability and economic integration of the elderly, and implementing the OIC Strategy on the Elderly can be conducive to addressing major challenges faced by elderly persons residing in OIC countries.

1. INTRODUCTION

Ageing is a natural process that affects all people. Several factors can affect its pace at both, the individual level and societal level. At the individual level, an unhealthy lifestyle and negative environmental factors like increased exposure to stress can increase the pace of the ageing process. At the societal level, advancement in healthcare, reduction in fertility rates, rapid urbanization, and increase in life expectancy has led to an increase in the pace of ageing and the number of older persons[1] in OIC countries and the world. This pattern is likely to continue and gain momentum in the next few decades. According to the United Nations Department of Economic and Social Affairs, by 2050, 1 in 6 people in the world will be over the age of 65 compared to 1 in 11 people in 2019 (UN DESA, 2019).

In terms of socio-economic wellbeing, an increase in the number of older persons and ageing poses additional challenges for policy makers while complicating existing problems experienced by the elderly. Population ageing has significant implications for the living conditions and living arrangements of older persons, their productive contributions to society, and their needs for social protection and health care. It goes beyond simply providing pensions and healthcare for them and has multiple dimensions and implications. In this regard, achieving full integration of older persons into socio-economic life, protecting their rights and combatting age-based discrimination, and enabling a supportive environment including healthcare have become major national concerns for policy makers.

The ongoing demographic changes in several OIC countries and the developing world necessitate adopting new approaches to understand and measure ageing as well as responding to the needs of the elderly, which can be met through regional and international cooperation. In this context, several regional and international organisations have adopted a number of strategic documents to address challenges faced by older persons and respond to the needs of ageing societies. The Vienna International Plan of Action on Ageing (1982) is one of the earliest international plans in this domain. The Political Declaration and the Madrid International Plan of Action on Ageing (2002) is another framework that was adopted by the UN in this domain. More recently, the 2030 Agenda for Sustainable

[1] In line with the United Nations' definition, older persons and/or elderly - as referred to in this report - are people aged 60 and above. However, in some instances, older persons are referred to as people aged 65 or over due to definitional discrepancies among data sources or limitations pertaining to the availability of data.

Development has addressed ageing and elderly related issues under a number of goals such as eradicating poverty (SDG 1), ensuring healthy lives and well-being at all ages (SDG 3), promoting gender equality (SDG 5), and full and productive employment and decent work for all (SDG 8), reducing inequalities between and within countries (SDG 10), and making cities and human settlements inclusive, safe, resilient and sustainable (SDG 11) (UN DESA, 2020).

More recently, the Organisation of Islamic Cooperation (OIC) has also taken actions to include older people and ageing in its agenda. In this context, the OIC 2025 Programme of Action, which was adopted in 2016, identifies specific goals related to the protection and improvement of the status of vulnerable groups including the elderly (Box 1.1). Additionally, the OIC, for the first time in its history, organized a ministerial-level conference on social development in 2019 (*the First Ministerial Conference on Social Development in the OIC Member States*) that included older people and ageing as one of the four main agenda items. The conference reviewed and adopted the OIC Strategy on the Elderly (OIC and SESRIC, 2019). Its adoption was a milestone for OIC countries as the strategy aims to provide guidance for policy makers to measure demographic transitions in coming years to map out its social, health and economic consequences. In particular, the document lists 19 strategic goals and several action points under each strategic goal within four core pillars from economy to culture.

Against this background, the third edition of the *State of Elderly Report* aims to present a comparative analysis of the status of older persons in OIC countries. The report first looks at recent demographic trends in OIC countries to set the stage for further discussions (Section 2). The next four sections focus on four domains, in line with the OIC Strategy on the Elderly, and review the state and performance of OIC countries with respect to labour market and economic integration of elderly (Section 3), health and wellbeing of elderly (Section 4), enabling a supportive environment for elderly (Section 5), and culture and elderly (Section 6). As a thematic section, Section 7 provides a brief discussion on the implications of the COVID-19 pandemic on the elderly in OIC countries. The report concludes with a set of policy recommendations on how to address persisting challenges faced by the elderly including those brought by the COVID-19 pandemic, effectively implement the OIC Strategy on the Elderly, and enhance intra-OIC cooperation in this critical policy domain that would enable OIC countries to achieve truly inclusive and sustainable development without leaving anyone behind.

Box 1.1: The OIC Strategy on the Elderly

The 1st Ministerial Conference on Social Development in the OIC Member States (Istanbul, 7-9 December 2019) adopted the OIC Strategy on the Elderly. For its part, the Council of Foreign Ministers at its 46th Session (Niamey, November 2020) welcomed the Strategy. By analysing relevant qualitative and quantitative indicators on the elderly in OIC countries, assessing international datasets, and reviewing national, regional as well as international plans in this domain, the Strategy first identifies major issues and challenges in the domains of social and economic issues, health and well-being, and culture. In the light of those identified set of challenges faced by the elderly in OIC countries, it presents the following four cooperation areas and 19 Strategic Goals (SG):

I. Labour Market and Economic Integration

SG 1.1: Develop and adopt alternative working systems
SG 1.2: Encourage economic integration of elderly people
SG 1.3: Enhance skills development of elderly people according to labour market needs
SG 1.4: Promote effective coordination among key stakeholders and enhance intra-OIC cooperation
SG 1.5: Improve the scope and delivery of social security services
SG 1.6: Cope with discrimination at work

II. Health and Well-Being

SG 2.1: Improve disease prevention
SG 2.2: Invest into rehabilitation and long-term care services
SG 2.3: Improve public mechanisms including social security systems
SG 2.4: Ensure access to health services
SG 2.5: Promote inter-sectoral and intra-OIC cooperation

III. Enabling A Supportive Environment

SG 3.1: Develop policies to ensure an enabling environment for the elderly people
SG 3.2: Improve mobility of elderly people across all spheres of life
SG 3.3: Promote elderly volunteerism to improve elderly well-being and to facilitate their contribution to society
SG 3.4: Improve scientifically based approaches to ageing to better address the needs of the elderly and prepare OIC Member States to future demographic changes

IV. Culture

SG 4.1: Fight against ageism in society at large and promoting positive images of ageing and the elderly
SG 4.2: Strengthen solidarity through equity and reciprocity between generations
SG 4.3: Eliminate violence against and abuse and neglect of elderly
SG 4.4: Support and strengthen caregiving families and institutions

Source: OIC and SESRIC (2019)

2. ELDERLY DEMOGRAPHICS

According to UN DESA (2019), the population aged 60 and over has been growing more rapidly than any other age group over the past decade. This growth, combined with low fertility rates and long life expectancies, is contributing to an increase in the proportion of elderly people around the world. Rapid ageing has been a common pattern in developed countries for a few decades now, but it has only recently gained momentum in the developing world including several OIC countries.

Population ageing is a natural and irreversible phenomenon that affects every country in the world. Even so, ageing is predicted to become "one of the most significant social transformations of the 21st century, with implications for all sectors of society" (UN, 2020). On one hand, countries with large elderly populations face unique social and economic challenges that require immediate policy responses. The challenges commonly associated with ageing include shrinking working age population, reduction in productivity, increase in the number of retirees, pressures on social protection systems, threats to the sustainability of fiscal systems, changing patterns of consumption, rising inequality, etc. (Asian Development Bank Institute, 2019). On the other hand, elderly people have the potential to contribute to the development of their societies through their pro-active involvement in their families, their communities, and even the labour and capital markets (Cox, Henderson, & Baker, 2014). Therefore, one of the most important policy concerns for OIC countries is to ensure the social and economic well-being of the elderly.

In this regard, this section provides an overview of elderly demographics in OIC countries in comparison to non-OIC developing and developed countries. It highlights demographics determinants of ageing and changes in population structure based on available data over the period 1990-2050 (forecast).

2.1. Demographic Determinants of Ageing

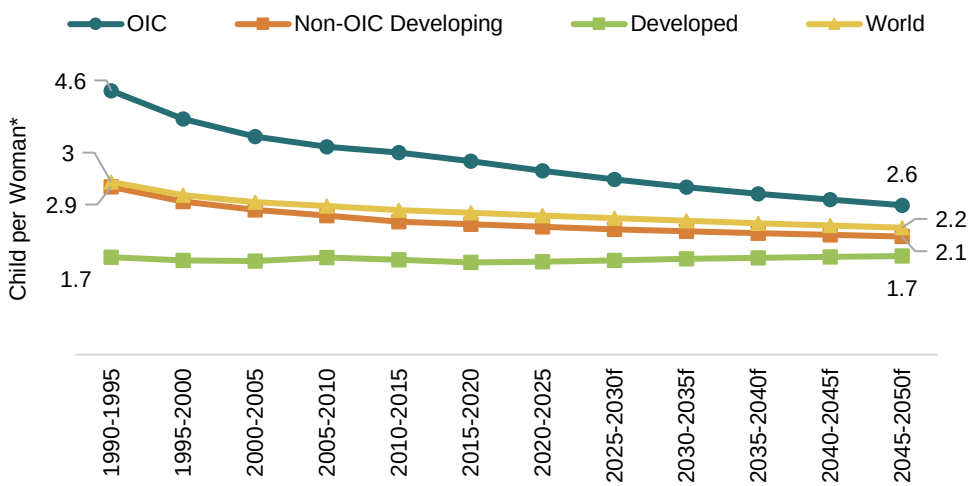
Population ageing is a phenomenon that is said to occur when the median age of a population increases because of declining fertility rates and rising life expectancy. Both of these indicators are the primary determinants of ageing. Fertility rates indicate the number of live births per woman in a country. To maintain a balanced population, a replacement fertility rate of 2.1 children per woman is considered adequate (Searchinger et al., 2013). While, fertility rates above replacement rate indicate a growing population, very high fertility rates can result in socio-economic difficulties for families. On the other hand, fertility rates

below the replacement rate indicate a population that is growing older and declining in size, simultaneously. Like very high replacement rates, low replacements rates can also result in socio-economic consequences that need to be addressed through public policy and institutional interventions.

Globally, fertility rates have been on a steady decline since the 1990s and are expected to continue declining in the future (Figure 2.1). In keeping with this trend, the fertility rate in OIC countries reduced from 4.6 children per woman in 1990-1995 to 3.2 children in 2020-2025 and is expected to reduce to 2.6 children by 2050. Yet, fertility rates in OIC countries are, on average, higher than those of non-OIC developing countries (2.2 children per woman) and considerably higher than developed countries (1.7 children per woman) in 2020-2025.

By 2050, average fertility rates in OIC countries are still expected to be above the replacement rate of 2.1 children per woman. In non-OIC developing countries, fertility rates are expected to fall closer to replacement rates by 2050. Additionally, in developed countries, fertility rates are expected to remain stagnant (at around 1.7 children per woman) until 2050.

Figure 2.1: Fertility Rates, 1990-2050



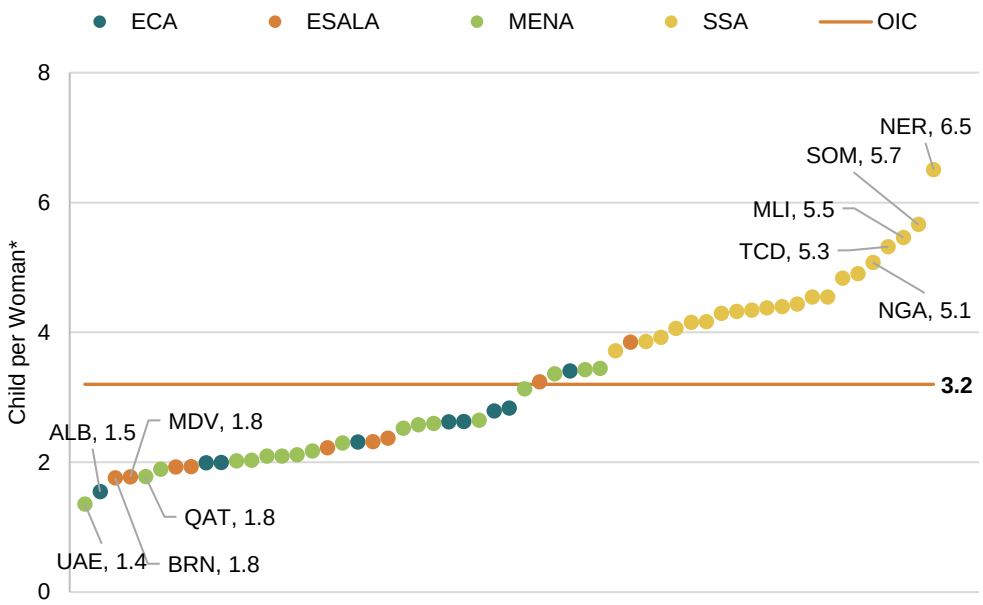
Source: SESRIC staff calculations based on UN DESA's World Population Prospects 2019.
Note: *Child per woman who is of a reproductive age (15-49). f denotes forecasted values. The values are conventionally tabulated for 5-year groups by UN DESA.

When it comes to individual OIC countries, there are wide differences in fertility rates across OIC countries. Figure 2.2 shows fertility rates for individual OIC countries for the period between 2020 and 2025. A majority of OIC countries with higher fertility rates are located in Sub-Saharan Africa. Niger, for instance, has the highest fertility rates at 6.5 children per woman, followed by Somalia (5.7

children per woman), Mali (5.5 children per woman), Chad (5.3 children per woman), and Nigeria (5.1 children per woman).

Some OIC countries have borderline fertility rates or fertility rates that are lower than the replacement rate (Figure 2.2). With an average of 1.4 children per woman, the United Arab Emirates has the lowest fertility rate over the period 2020-2025, with Albania (1.5 children per woman) a close second. The fertility rates in Brunei Darussalam, Maldives, and Qatar were also noticeably low at 1.8 children per woman.

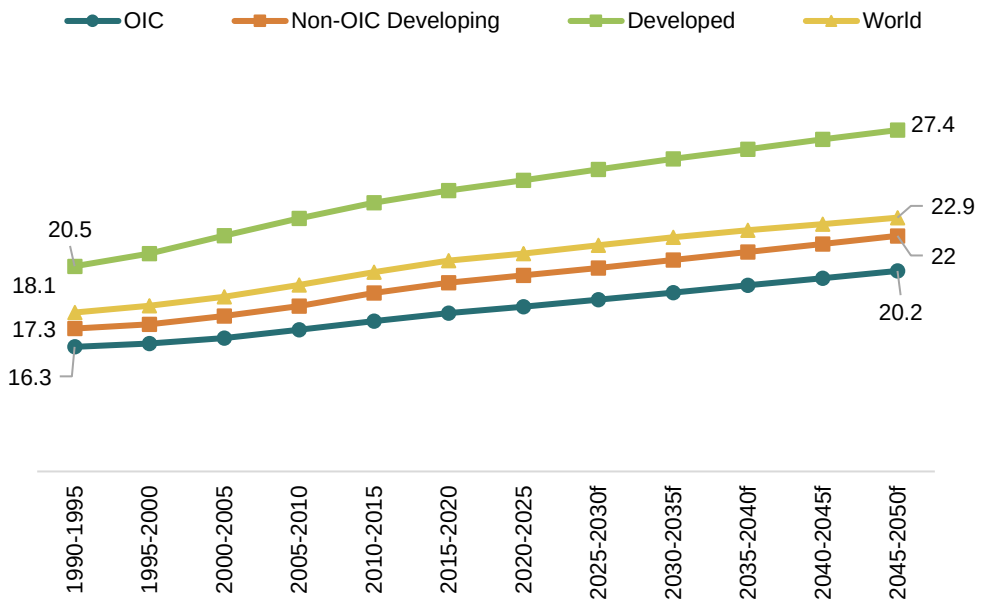
Figure 2.2: Fertility Rates in OIC Countries, 2020-2025



Source: SESRIC staff calculations based on UN DESA's World Population Prospects 2019.
Note: *Child per woman who is of a reproductive age (15-49). The values are conventionally tabulated for 5-year groups by UN DESA.

Increased life expectancy at birth is a trend in the 21st century. An increased life expectancy is a testament to advances in science and medicine such as better nutrition, sanitation, health care, education, and economic well-being. Globally, life expectancy for people at age 60 has also improved drastically since 1990-1995 (Figure 2.3). From 20.5 years in 1990-1995, life expectancy at 60 increased to 21.1 years in 2020-2025 and it is expected to further increase to 27.4 years in 2045-2050. At the same time, some studies find that “the gap in life expectancy between the top and the bottom has become larger over the past decades” (Committee on the Long-Run Macroeconomic Effects of the Aging U. S. Population et al., 2015).

Figure 2.3: Life Expectancy at 60, 1990-2050

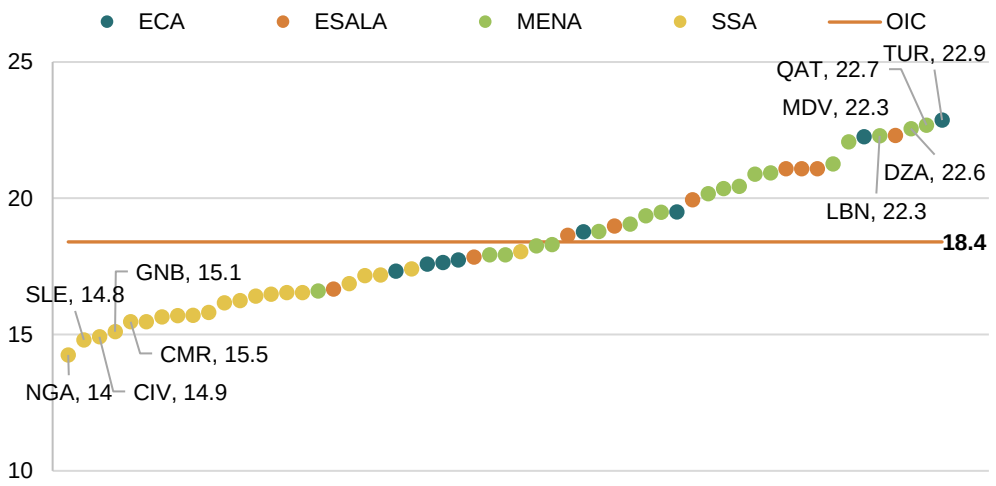


Source: SESRIC staff calculations based on UN DESA's World Population Prospects 2019. f denotes forecasted values. The values are conventionally tabulated for 5-year groups by UN DESA.

Similarly, when compared with life expectancy two decades ago, elderly people in OIC countries tend to live longer in 2020. The average life expectancy of the elderly at age 60 in OIC countries increased from 16.3 years to 18.8 years between 1990-1995 and 2020-2025. By 2045-2050, the average life expectancy at age 60 for the elderly in OIC countries is expected to further increase by 1.8 years. However, the level of increase in OIC countries is lower than that of non-OIC developing countries and developed countries between 1990 and 2050. In this period, life expectancy at age 60 is expected to increase by 6.9 years for developed countries, 4.7 years for non-OIC developing countries, and only 3.8 years for OIC countries.

At the individual country level, life expectancy at 60 varies drastically across OIC countries (Figure 2.4). On one hand, OIC countries in Sub-Saharan Africa have some of the lowest life expectancies at 60. For example, in Nigeria life expectancy at 60 is 14 years, 14.8 years in Sierra Leone, 14.9 years in Cote d'Ivoire, 15.1 years in Guinea-Bissau, and 15.5 years in Cameroon. On the other hand, life expectancy at 60 was highest in Turkey (22.9 years), followed by Qatar (22.7 years), Algeria (22.6 years), Maldives (22.3 years), and Lebanon (22.3 years).

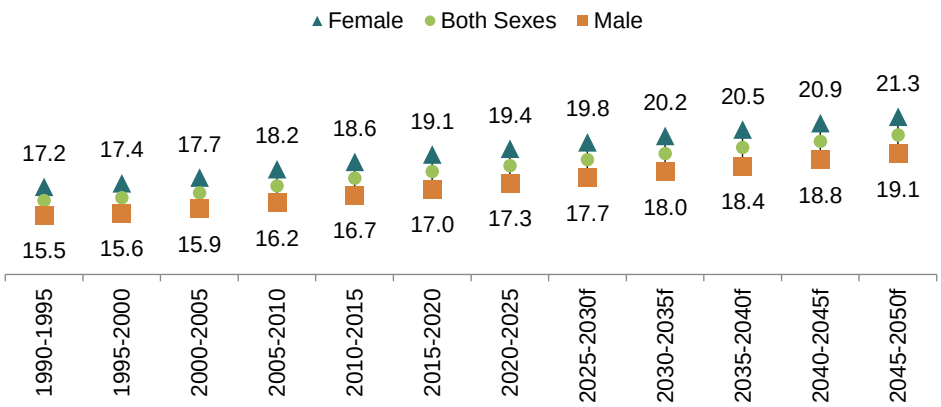
Figure 2.4: Life Expectancy at 60 in OIC Countries, 2020-2025



Source: UN DESA World Population Prospects 2019. The values are conventionally tabulated for 5-year groups by UN DESA.

From a gender disparity perspective, women tend to live longer than men in OIC countries do, which is consistent with global trends. Figure 2.5 shows a breakdown of life expectancy at 60 for male and female populations in OIC countries between 1990 and 2050. The gap in life expectancy at age 60 between the female and male population has widened over the past two decades. Between 1990 and 1995, elderly women were expected to live 1.7 years longer than men, which increased to 2.1 years between 2020 and 2025. This gap is expected to further rise to 2.2 years by 2045-2050.

Figure 2.5: Life Expectancy at 60 by Gender in OIC Countries, 1990-2050



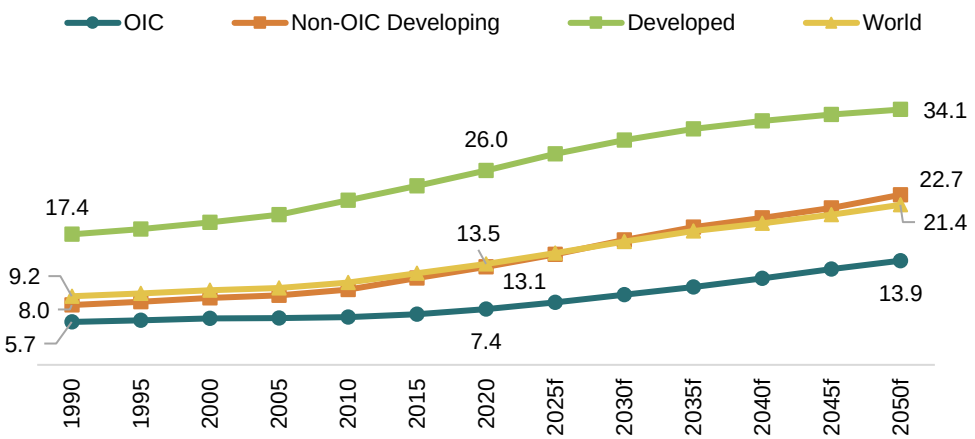
Source: SESRIC staff calculations based on UN DESA's World Population Prospects 2019. f denotes forecasted values. The values are conventionally tabulated for 5-year groups by UN DESA.

2.2. Changes in Population Structure

As people live longer, population structures (i.e. demographics) change. This results in an increase in the share of elderly population (aged 60 or over) at the expense of other age groups such as working age population (aged 15-59) and children (aged under 15).

Ageing is a global phenomenon. Yet, country groups differ in their phases and therefore the share of elderly people in the total population varies across those groups (Figure 2.6). In OIC countries, the share of population aged 60 increased from 5.7% in 1990 to 7.4% in 2020. The share of population aged 60 or over increased by 5.1 percentage points in non-OIC developing countries and 8.6 percentage points in developed countries from 1990 to 2020. This clearly demonstrates that the speed of ageing in OIC countries, on average, was considerably slower than non-OIC developing countries and developed countries over the period 1990-2020. However, this share in the OIC group is projected to reach 13.9% in 2050, indicating an increase in the speed of ageing in the coming decades, for which policy makers need to design policies and measures from today.

Figure 2.6: Percentage of Population aged 60 or over, 1990-2050

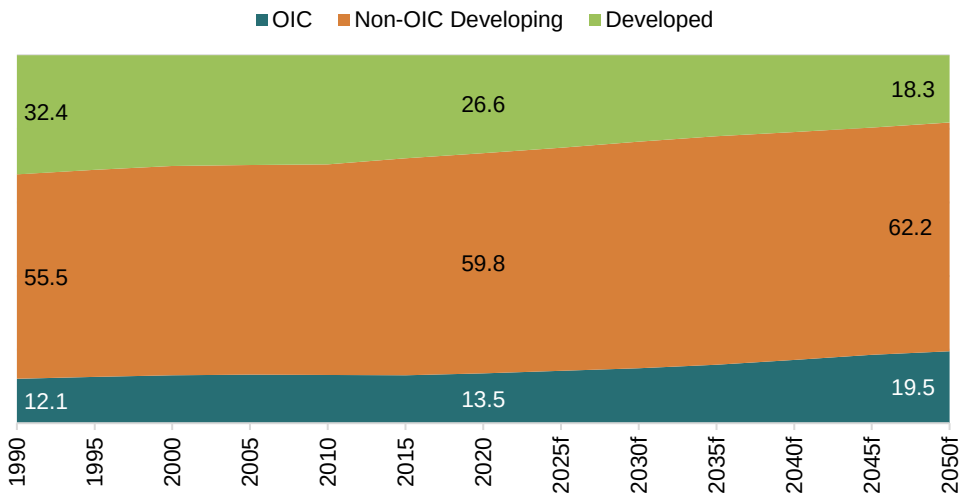


Source: SESRIC staff calculations based on UN DESA's World Population Prospects 2019. f denotes forecasted values.

Geographically, the distribution of the world's elderly population varies significantly from one country group to another. In 1990, 32.4% of the world's elderly lived in developed countries, 55.5% lived in non-OIC developing countries, and 12.1% lived in OIC countries (Figure 2.7). Nevertheless, over time, the share of elderly in developing countries has expanded. In 2020, 13.5% of the world's elderly lived in OIC countries and projections indicate that this share will further

increase to 19.5% by 2050. A similar trend is observed in non-OIC developing countries where 55.5% of elderly populations were living in 1990, 59.8% in 2020, and it is further estimated to reach 62.2% in 2050. Concurrently, an opposite trend is observed in developed countries where the share of elderly populations living in developed countries represented 32.4% of the world's elderly. This share went down to 26.6% in 2020 and is further estimated to decrease to 18.3% in 2050 stemming from a number of factors including immigration, refugees, and national policies to promote increased fertility rates (UN DESA, 2019).

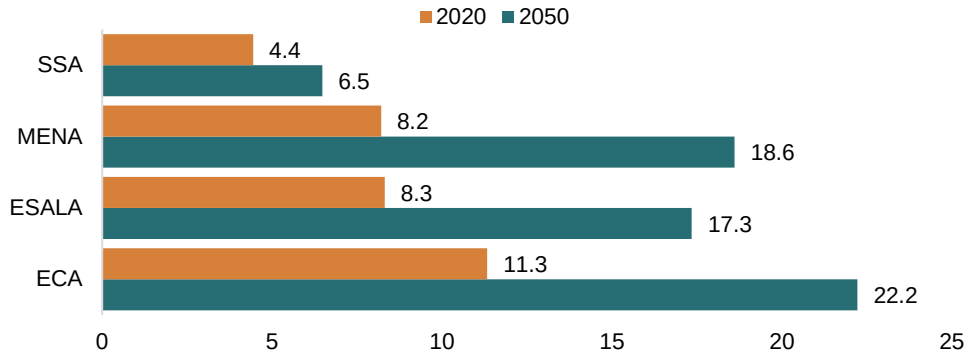
Figure 2.7: Geographical Distribution of the World's Elderly, 1990-2050



Source: SESRIC staff calculations based on UN DESA's World Population Prospects 2019. f denotes forecasted values.

In regard to the regional distribution of the elderly population within OIC countries, the largest share of people aged 60 or over was in Europe and Central Asia (ECA) sub-region (Figure 2.8). In 2020, 11.3% of the total population in ECA was aged 60 or over and this share is expected to rise by another 10.9 percentage points by 2050. In contrast, only 4.4% of the total population was aged 60 or over in OIC countries in Sub-Saharan Africa (SSA) in 2020. By 2050, the share of population aged 60 or over is expected to increase slightly to 6.5% in SSA. In OIC countries in the Middle East and North Africa (MENA) and East and South Asia and Latin America (ESALA) sub-region, the share of population aged 60 or over was 8.2% and 8.3%, respectively. Both of these regions are likely to experience a sharp increase in the share of elderly population by 2050 – with the share of elderly population increasing by 10.4 percentage points in MENA and 9 percentage points in ESALA.

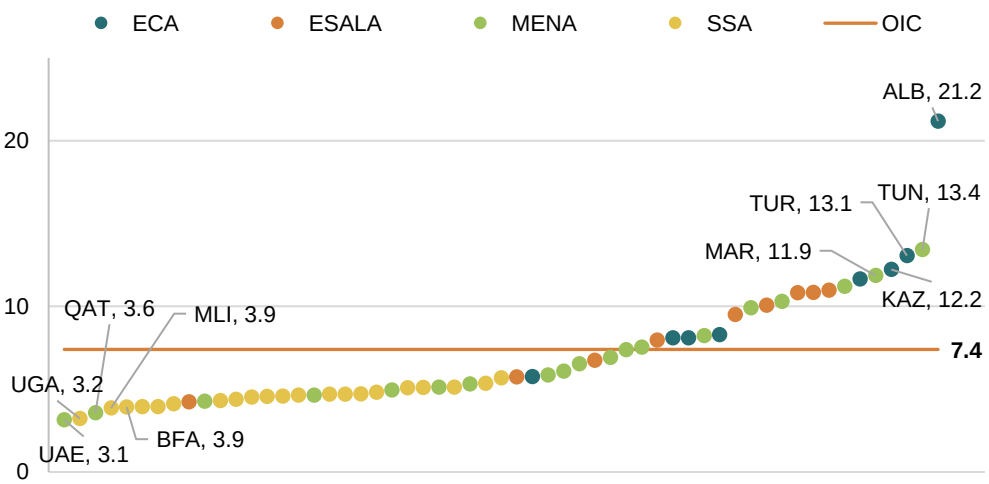
Figure 2.8: Percentage of Population aged 60 or over in OIC Sub-Regions, 2020 vs. 2050



Source: SESRIC staff calculation based on UN DESA's World Population Prospects 2019.

At the individual country level, the share of elderly people in the total population is not uniform across OIC countries (Figure 2.9). In 2020, OIC countries with the lowest share of the population aged 60 or over include countries from MENA and SSA regions. The share of elderly people in the total population was only 3.1% in the United Arab Emirates, followed by Uganda (3.2%), Qatar (3.6%), Mali (3.9%), and Burkina Faso (3.9%). On the contrary, Albania (21.2%) had the highest share of the population aged 60 or over in 2020, closely followed by Tunisia (13.4%).

Figure 2.9: Percentage of Population aged 60 or over in OIC Countries, 2020



Source: SESRIC staff calculation based on UN DESA's World Population Prospects 2019.

In light of a changing demographic landscape, ageing is set to become an important socio-economic issue for policy makers in OIC countries in the near future. Even in 2020, ageing has become an important policy item in some OIC

sub-regions and countries, given the relatively high share of older persons and positive trends in ageing. Developed countries have had time and resources to better manage ageing in their societies. Yet, ageing has been taking place at a faster pace in developing countries, which means that OIC countries will have to formulate policy responses for elderly people at a faster rate. As awareness about issues related to ageing and the elderly is sparse in policy spheres across the OIC region, acknowledging ageing as a public policy issue and devising relevant policy measures call for additional efforts.

Even so, OIC countries have an opportunity to manage ageing in their societies by learning from the experiences of developed countries. Currently, policy approaches used to address ageing are largely a combination of "policies on mobilisation, experiences, and roles of elderly people and meeting their health and social needs; policies on redistributing roles, resources, and responsibilities across generations; and policies on personalizing and integrating diverse elderly populations" (Cox, Henderson, & Baker, 2014). These approaches are enshrined in high-level regional and international policy documents such as the OIC Strategy on the Elderly, the UN Global Strategy and Action Plan on Ageing and Health, and the 2030 Agenda for Sustainable Development (Box 2.1).

Box 2.1: Taking Steps towards Implementing the OIC Strategy on the Elderly

The OIC Strategy on the Elderly can guide OIC countries to address intersectional issues that are important for the advancement of elderly people. The Strategy focuses on "improving the living conditions of elderly people and building a supportive environment for them, while also ensuring their active engagement in community development". The Strategy also aims to stimulate cooperation amongst OIC countries to address issues related to labour market and economic integration of elderly, elderly health and well-being, enabling a supportive environment for elderly, and culture, while simultaneously increasing awareness about ageing in OIC countries. By utilizing the OIC Strategy on Elderly as a policy guide, OIC countries can create an inclusive and equitable environment for elderly people by addressing issues such as age-based discrimination, nurturing life-long learning amongst elderly, managing health-care costs associated with large elderly populations, providing sustainable social protection to elderly people, and mitigating the burden that ageing can put on national resources, systems, and institutions.

Source: OIC and SESRIC (2019)

3. LABOUR MARKET AND ECONOMIC INTEGRATION OF ELDERLY

The number of elderly people, relative to other age groups, is rising across the world and in many OIC countries, as explained in the previous section. This demographic shift is likely to have a number of implications on labour markets, social security systems and the economic wellbeing of elderly persons. The integration of elderly people into labour markets not only generates potential income for them but also fosters prosperity in their families through cash transfer and reducing intra-family dependencies. This, in turn, helps to reduce the level of poverty and stimulate wealth creation in their societies. Therefore, it is essential to benefit from elderly peoples' potentials and experience in labour markets to achieve sustainable and inclusive development.

Economic empowerment of the elderly and their integration into labour markets are important agenda items for international and regional institutions like the UN, International Labour Organization (ILO), World Bank, Organisation for Economic Co-operation and Development (OECD), and OIC. Various regional and international policy documents have set specific targets on this important topic. For instance, the Sustainable Development Agenda of the UN targets the elimination of poverty among the elderly through social protection in SDG 1. In a similar manner, the OIC Strategy on the Elderly identifies labour market and economic integration of the elderly as one of the core areas of cooperation and presents six strategic objectives and 49 action points in this domain. The OIC 2025 Programme of Action also pays special attention to the economic advancement of elderly people.

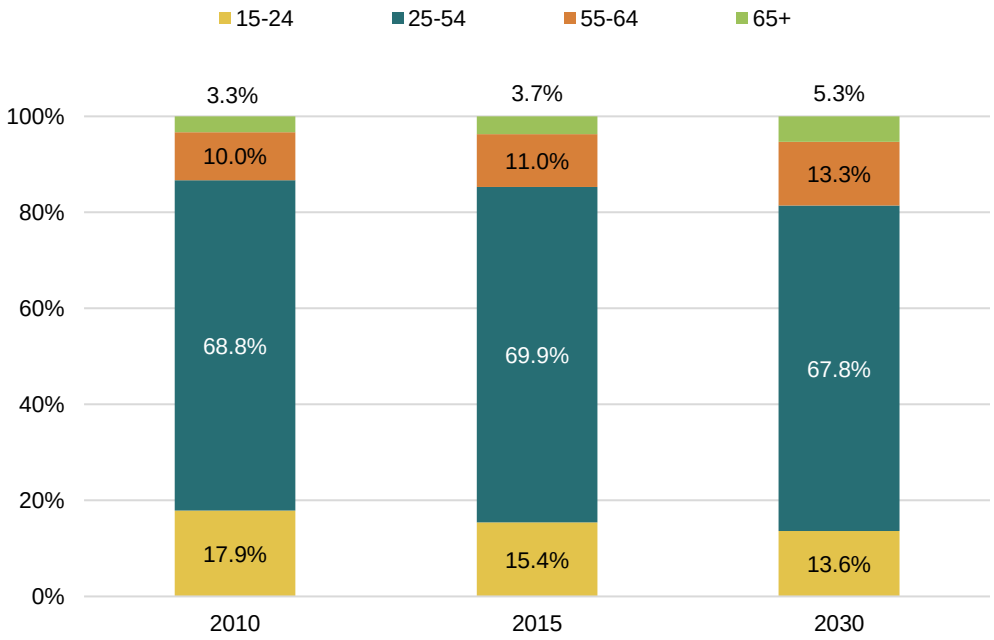
In this context, this section looks at recent developments in the labour markets of OIC countries with a particular emphasis on the elderly and analyses the state of economic integration of the elderly in OIC countries.

3.1. Elderly in the Labour Market

The ageing of the world population has resulted in an increase in the share of elderly labour force. The worldwide elderly workforce (65+ years) is expected to rise from 3.3% in 2010 to 5.3% in 2030 (Figure 3.1). Meanwhile, the share of young workers (15-24) will decline from 17.9% in 2010 to 13.6% in 2030. The

increase in the number of old-aged workers brings some concerns in terms of dependency ratios, which is the number of persons in age bands considered inactive relative to the number of persons in active age bands.

Figure 3.1: Global Labour Force by Age Group (%)



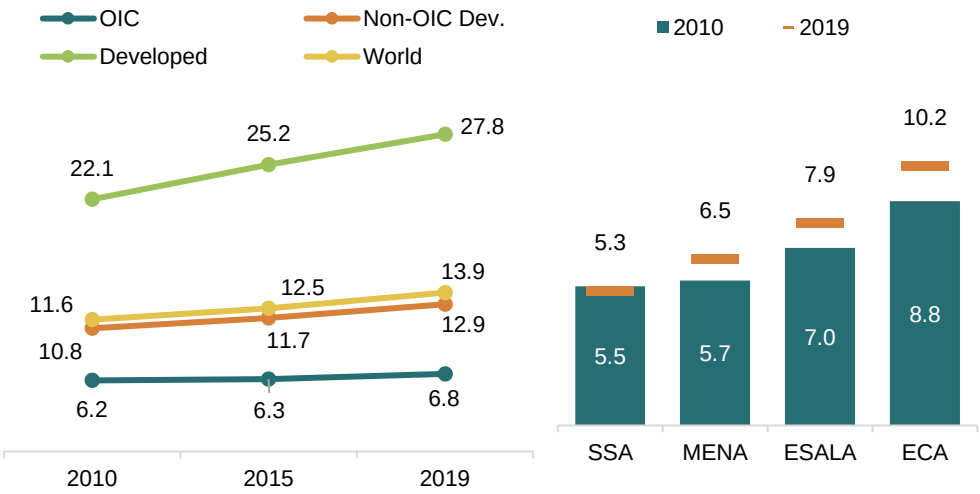
Source: ILO, 2018.

Dependency ratios are key socio-demographic and economic measures. They evaluate the extent to which the working-age population can support an inactive-age population. In other words, the measure explains how much burden the non-working-age population puts on the working-age population (ILO, 2018). A higher old-age dependency ratio associates with a heavier burden on the active-age population.

According to Figure 3.2 (left), all country groups experienced an increase in the old-age dependency ratio over the period 2010-2019. OIC countries, as a group, were not an exception. The average of the OIC group went up from 6.2 in 2010 to 6.8 in 2019, whereas the world average increased by 2.3 points and reached 13.9 in 2019. The highest old-age dependency ratio was measured in developed countries mainly due to an increased life expectancy and reduced fertility rates. OIC countries, on average, are still at an advantageous position of having a relatively low old-age dependency ratio. However, the trend is positive in the OIC group and the old-age dependency ratio is projected to reach 9.6 by 2030 (SESRIC, 2018).

In other words, in OIC countries, the burden on active-age population is still relatively low; which can be a window of opportunity for them to align their elderly policies with their development goals. In this way, OIC countries can be prepared for times when the elderly (inactive) population may put an additional burden on the active population in the future. However, in some OIC sub-regions, this burden has already become more evident as of 2019. For instance, in ECA and ESALA sub-regions, old-age dependency ratios reached 10.2 and 7.9 in 2019, respectively (Figure 3.2, right). OIC countries in these regions need to review their labour market policies related to the elderly more urgently in order to avoid experiencing difficulties that are normally observed in developed countries such as in terms of social security and pensions. On the other hand, the SSA sub-region maintained a relatively low old-age dependency ratio, which stagnated between 5.3 and 5.5 in the same period. This was due to relatively shorter life expectancy and high fertility rates.

Figure 3.2: Old Age Dependency Ratio in the World (left) and OIC Sub-regions (right)



Source: World Bank, World Development Indicators 2021.

Older people make important contributions to economic development and labour productivity through participation in the formal or informal workforce (UN, 2017). Furthermore, older people, particularly older women, play a vital role in providing unpaid care for spouses, grandchildren, and other relatives within the household (UN Women, 2015). Many older people actively participate in community and civic life and can strengthen social capital. In addition, life satisfaction amongst older people tends to improve as they become more economically active (Box 3.1).

Box 3.1: Life Satisfaction of Elderly

A study examining the determinants of life satisfaction of the elderly looked at the role of factors like education, work and health status. The sample consisted of 2,959 adults over 65 years of age. The study revealed that the variables lessening life satisfaction for older adults included poverty, a lower self-reported health status, a decline in physical health, ability to chew, ability to do household activities, and an increase in feelings of depression and feeling social withdrawn. In contrast, being married, having a higher education level, and having an income-generating work was seen to increase life satisfaction among older adults. This study, among others, highlights the necessity of developing local and national policies that enable older adults to become more active in their communities. In particular, an income-generating work can help in reducing feelings of depression in elderly and provide them with means to take care of their health. These policies should be coordinated under the framework of national ageing policies that should cover economic and health issues.

Source: Celik et al. (2018)

A number of factors influence labour force participation among older people including, but not limited to, economic conditions, labour laws, retirement policies, and health status (Samorodov, 1999). Older workers are more likely to work in the agricultural sector or the informal economy, which usually results in a lack of retirement benefits, lower wage rates, and limited training opportunities, especially in developing countries. This triggers poverty among the elderly and makes them vulnerable to economic insecurity (OECD, 2015). Furthermore, older people also face discrimination in hiring, promotion, and access to job-related training. This further discourages their active participation in the labour market.

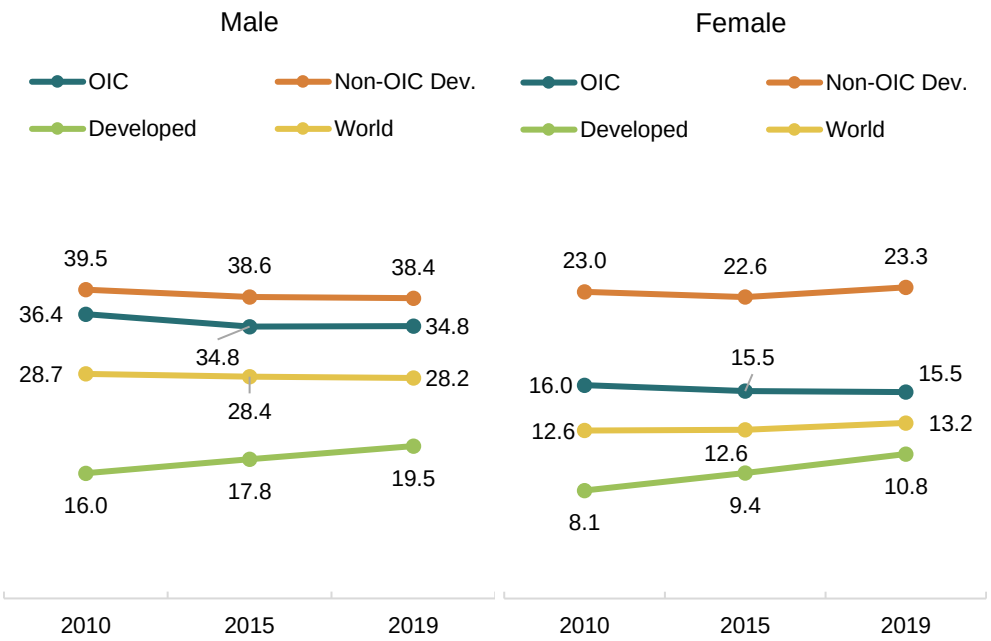
Developed countries tend to have a lower labour force participation rate among the elderly due to well-functioning social security systems and a wide range of social safety nets for the elderly. Accumulated wealth during the active age (15-65) also provides an important source of income during old age in high-income countries (UN, 2017).

Figure 3.3 displays discrepancies in labour force participation for the elderly male and female population across country groups. In developed countries, as one of the consequences of increased old-age dependency ratio, the labour force participation rate for older men increased from 16% in 2010 to 19.5% in 2019. Among older women, this rate also went up from 8.1% to 10.8% in the same period. The global average decreased slightly for men (from 28.7% to 28.2%) and increased for women (from 12.6% to 13.2%). OIC countries, on average,

witnessed a reduction in the labour force participation rate of elderly men (from 36.4% to 34.8%) and elderly women (from 16% to 15.5%) in the same period.

Labour force participation for the elderly women was significantly lower than that of men in all country groups. However, the gap between participation rates of elderly men and women into the labour force was highest in the OIC group in both 2010 and 2019; even as this rate slightly reduced from 20.4 percentage points to 19.4 percentage points. Local norms, labour market regulations, misperceptions, and gender-based discrimination all play a role that discourages elderly women's active participation in the labour market in OIC countries (SESRIC, 2018b).

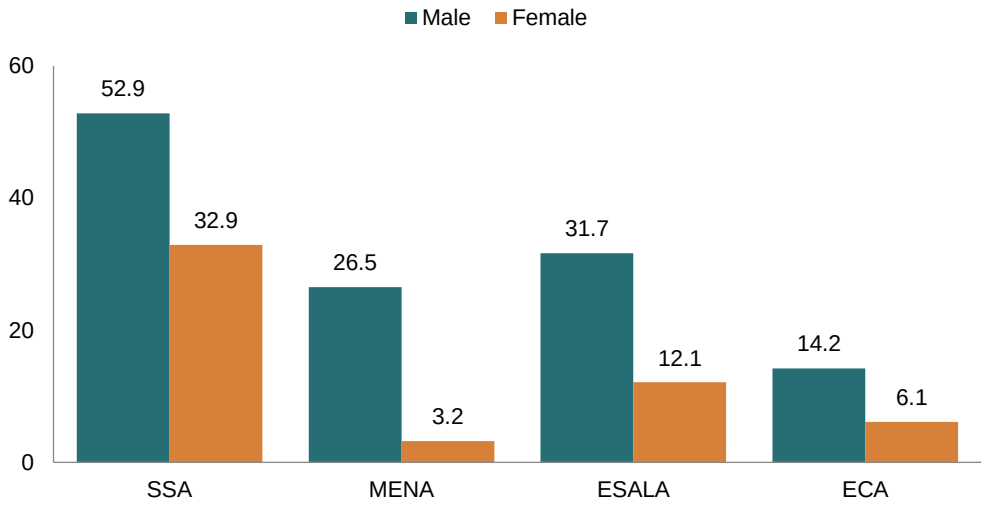
Figure 3.3: Labour Force Participation Rates of Elderly People (65+) (%), by Gender



Source: ILOSTAT.

Regional disparities across OIC sub-regions are significant in terms of labour force participation rates of elderly men and women. In 2019, the SSA sub-region, on average, had the highest rates of labour force participation for both men (52.9%) and women (32.9%) mainly stemming from inadequate social security and retirement systems (Figure 3.4).

Figure 3.4: Labour Force Participation Rates of Elderly People (65+) (%) in OIC Sub-regions, 2019



Source: ILOSTAT.

Age-based discrimination at work is an unfair and discouraging practice for older workers of all genders. A growing number of countries have adopted laws to combat discrimination against older workers. Some form of legislation against age discrimination in employment exists in approximately 50 countries around the world (SESRIC, 2018). Some countries have developed unique modalities to eliminate this practice. For instance, the Dutch Ministry of Social Affairs and Employment, the Age and Society Expertise Centre and the Equal Treatment Commission started a project entitled “Vacancies for all ages”. All classified ads for job vacancies placed in newspapers and on the Internet are screened for age discrimination through a standard checklist. Employers responsible for placing offending classifieds receive a letter explaining why that particular notice is discriminatory, as well as information on equal treatment legislation (OECD, 2019).

Some OIC countries have also taken steps forward in this direction. For instance, in 2019, United Arab Emirates and Saudi Arabia introduced various amendments to their labour legislations to include, amongst other changes, anti-discrimination provisions including age-based discrimination in the workplace (CLYDECO, 2020). Such practices and the ILO recommendations listed in Box 3.2 can provide guidance for OIC countries to develop their capacities in coping with age-based discrimination at work.

Box 3.2: Combatting with Ageism and Age-based Discrimination at Work

In addition to legal measures that can be adopted, the following practices can help to reduce ageism and age-based discrimination at work:

- **Recruitment:** Ensuring that older workers have either equal or special access to the available jobs and that potential applicants are not discriminated against either directly or indirectly.
- **Training and lifelong learning:** Ensuring that older workers are not neglected in training and career development, opportunities for learning are offered throughout working life, training methods are appropriate to older workers, and positive action is taken where necessary to compensate for discrimination in the past.
- **Flexible working practices:** Giving older workers greater flexibility in their hours of work or in the timing and nature of their retirement and adjusting working hours and other aspects of employment to reflect changes in the way people work and changes in family and caring responsibilities of the workforce.
- **Employment exit and the transition to retirement:** Basing any redundancy decision on objective job-related criteria and ensuring that retirement schemes offer a choice of options and are fairly applied.

Source: ILO (2011)

3.2. Pensions and Social Safety Nets

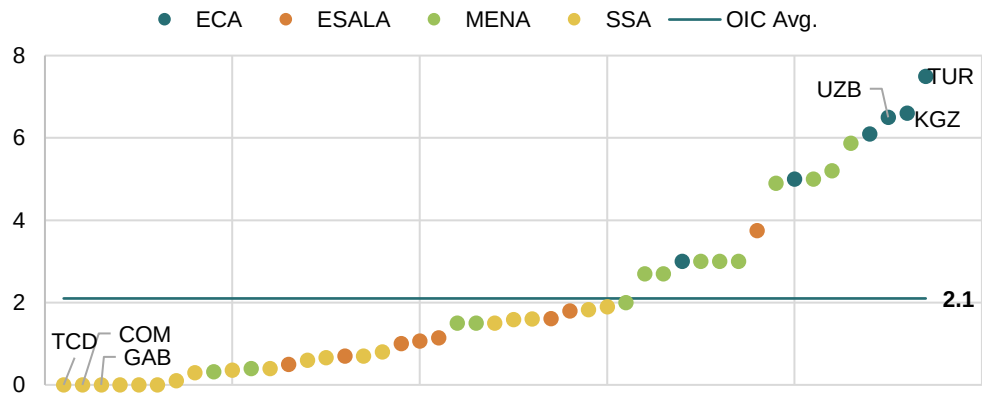
As the elderly population grows, an increasing number of elderly people are unable to find jobs. Many of them leave the labour market either voluntarily (i.e. discouraged elderly workers) or due to the statutory retirement age. As a result, labour force participation rates tend to be limited in developing countries where labour markets are imperfect, informalities are high, and social security systems are inadequate (ILO, 2018). For older people, private savings and intra-family transfers are quite important to guarantee income security until the end of their lives. However, in the context of developing countries, private savings are not very high due to lower per capita income levels. Therefore, public social security and pensions emerge as key means of support for ageing people (UN, 2017).

Qualifying for pension benefits requires a minimum period of contributions in the majority of countries around the world. Additionally, old-age income security is highly dependent on access to social services such as health care and long-term care. When affordable access to such services is not guaranteed, older people are more vulnerable to poverty (OECD, 2015).

SESRIC (2018) reported that 87.5% of OIC countries, with available data, implement mandatory retirement that requires complete withdrawal from all employment as a condition for receiving a retirement pension. Such a high share of countries with mandatory retirement systems reveals the importance of pensions for the economic wellbeing of older people. Yet, across OIC countries, the share of populations receiving an old-age pension is highly unbalanced. For example, on one hand, only 1.6% of the population was receiving an old-age pension in Chad in 2008-2012. On the other hand, all people above statutory retirement age benefited from an old-age pension in Kyrgyzstan (SESRIC, 2018).

It is not just the coverage rate of pensions that is unbalanced but total public pension spending as a share of GDP is also fragmented in the OIC group. Over the period 2012-2016, OIC countries in the ECA sub-region including Turkey (7.5%), Uzbekistan (6.6%), and Kyrgyzstan (6.5%) spent more than 6% of their GDP on public pension spending (Figure 3.5). On the other side of the spectrum, OIC countries in the SSA sub-region including Chad, Comoros, and the Gambia, spent lower than 0.1% of their GDP on pensions mainly due to the lack of a well-functioning public pension system and high shares of the informal economy.

Figure 3.5: Total Public Pension Spending in OIC Countries (% GDP), 2012-2016

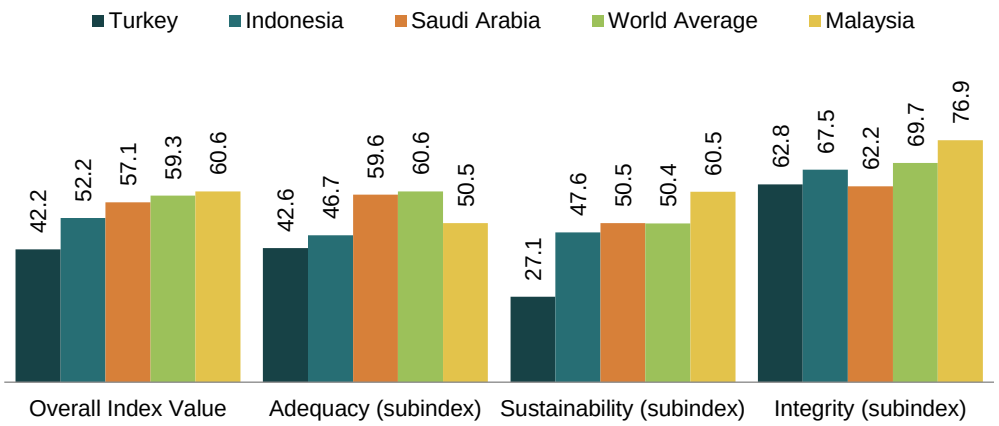


Source: World Bank, Pensions Database.

In fact, the performance of pensions systems in several OIC countries with relatively high per capita income levels and located in different sub-regions are not very high as compared to the world average. For instance, Turkey (42.2), Indonesia (52.2), Saudi Arabia (57.1) obtained lower scores than the global average of 59.3 in 2019 according to the Melbourne Mercer Global Pension index (Figure 3.6). Only Malaysia (60.6) obtained a slightly higher score than the global average in 2019. Overall, results show that pension systems in OIC countries, with available data, need improvements in all three dimensions of the Melbourne Mercer Global Pension Index: adequacy, sustainability and integrity. Only in this

way, OIC countries can provide adequate and sustainable pensions that will protect their elderly people from poverty and provide a decent income for them.

Figure 3.6: Melbourne Mercer Global Pension Index Values in Selected OIC Countries, 2019

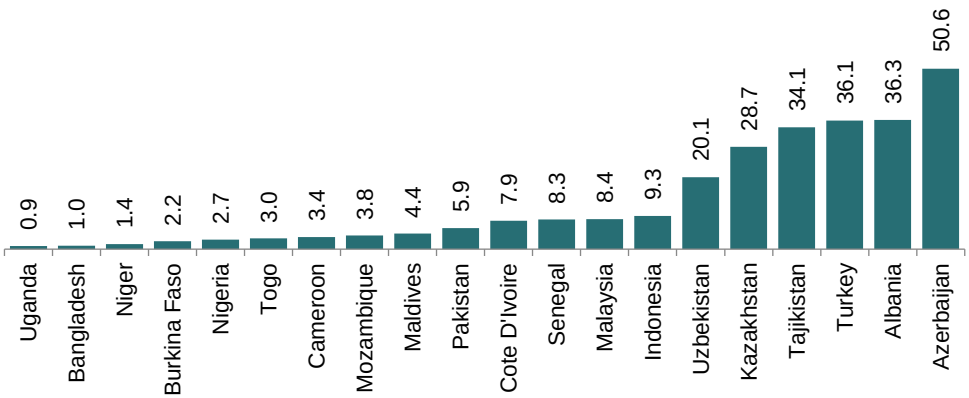


Source: Melbourne Mercer Global Pension Index 2019. Note: Each index value represents a score between 0 and 100. A higher score implies a better pension system.

Inadequate pension coverage and limited pensions in the developing world tend to foster poverty among older populations. SESRIC (2018) finds that the average spending on pensions (% of GDP) in OIC countries was 3.4 times lower than the average of developed countries over the period 2006-2016. In this context, it is critical to develop and implement alternative social safety nets for supporting the elderly. However, not all OIC countries can offer such social safety nets and countries that do offer such programmes or systems are not quite similar in terms of their scope.

Figure 3.7 presents the coverage of social insurance programmes in OIC countries. The coverage of social insurance programmes especially in the ECA sub-region is very high, ranging from 50.6% (Azerbaijan) to 20.1% (Uzbekistan). On the other side of the spectrum, in several OIC countries including Uganda, Bangladesh, Niger, Burkina Faso, and Nigeria, less than 3% of the population is covered by such social insurance programs. The wide disparities across OIC countries in the coverage of social insurance programmes necessitates the development of alternative approaches to economically support and integrate elderly people into the labour market. As they are one of the most vulnerable social groups given their age-based limitations (e.g. reduced physical abilities), older people tend to suffer more due to exclusion from social insurance programmes as well as other social safety nets (UN DESA, 2019).

Figure 3.7: Coverage of Social Insurance Programmes (% of population) in OIC Countries, 2010-2018*



Source: World Bank, World Development Indicators 2021. Note: * latest year available data.

3.3. Alternative Approaches to Increase Economic Integration

Although unemployment does not disproportionately affect older persons, those who are unemployed are more likely to remain so (ILO, 2017). In other words, once an older worker does not have a job, it is more difficult to find a new one for him or her due to a lack of knowledge on job-search process, outdated skills, and discrimination. Given this fact, many countries attempt to keep elderly people at work by raising retirement age thresholds, restricting early retirement, and providing incentives for deferred retirement. These practices help countries in reducing pressures on social security systems. ILO (2017) showed that 103 reforms out of 169 in pension schemes across the globe over the period 2010-2016 were related to delaying pension receipt. Delaying pensions secures income for the elderly by extending the period for which they work or are economically active in the market.

The recent alternative employment arrangements practised by some countries across the globe aim to increase the employability of elderly people by offering opportunities such as labour market training for older workers, support for job-search, flexible working arrangements, and incentivizing teleworking. In addition to such measures, some countries like Australia and Finland launched communication campaigns to counter negative perceptions of older workers to promote fair hiring practices for elderly workers. A number of countries like France and Singapore offer subsidies or tax reductions to employers who hire, rehire, or retrain older workers with a view to attracting older workers to the labour market and improving their employability (ILO, 2017; OECD, 2015). Some OIC countries like Malaysia have implemented similar initiatives. A hiring incentive program

(Penaja Kerjaya Programme) that took effect on 1st July 2020 offers between MYR 600 and MYR 1,000 per employee for up to six months for employers who hire Malaysians that are among vulnerable groups including aged and disabled workers (SME Malaysia, 2020).

A number of OIC countries have also started to consider alternative approaches and widen the scope of their existing social security programmes targeting the elderly. For instance, Azerbaijan's 'State Program for Strengthening Social Protection of Older People' (2017-2021) aims to provide wider social protection for older workers. An increase in social services and expansion of social protection systems targeted at older persons were reported by Benin, Indonesia, and the State of Palestine (2018). Egypt introduced the 'Takaful and 'Karama' cash transfer schemes. Nigeria launched a new 'Unconditional Cash Transfer' program (UCT), which provides social security for older persons (UN, 2019).

Such alternative approaches can be considered by many OIC countries to help their older populations in staying active and productive. Moreover, such approaches tend to reduce the dependencies of older persons on social safety and insurance programmes. Such initiatives and programmes are expected to further the economic integration of elderly people in OIC countries in labour markets while providing motivation for them to be active and productive members of their societies. Given their skills and experience, older people can be important enablers for sustainable development in their respective societies with effective support from labour market policies.

4. HEALTH AND WELL-BEING OF ELDERLY

Healthy people, regardless of their age and gender, contribute to economic progress and development to a higher extent because they tend to live longer and stay productive over a longer period. In particular, older people have an equal right to a healthy life but changes in physical and mental conditions mean that they have distinct health care needs.

The health and wellbeing of elderly people is an important determinant of development. The UN's Sustainable Development Agenda pays special attention to the improvement of the health of all segments of society. In this regard, SDG 3 aspires to ensure health and well-being for all ages including the elderly. The importance of health and wellbeing of vulnerable groups and older persons is also acknowledged in the OIC 2025 Programme of Action for the development of OIC countries. The OIC Strategy on the Elderly goes further to identify five strategic goals and 38 detailed action points under the domain of health and wellbeing, which is one of the four core pillars of the Strategy.

Despite having critical importance for achieving sustainable development, elderly people face a set of challenges due to their socio-economic conditions and norms in terms of health and wellbeing. Fewer financial resources, constraints on healthcare infrastructure, inadequate number of health professionals are also among key factors that affect health outcomes of older persons in many developing countries including several OIC countries (SESRIC, 2019). Against this background, this section provides an overview of the state of health and wellbeing of elderly people in OIC countries by looking at a set of indicators such as healthy life expectancy at age 60 and causes of death among the elderly in a comparative perspective.

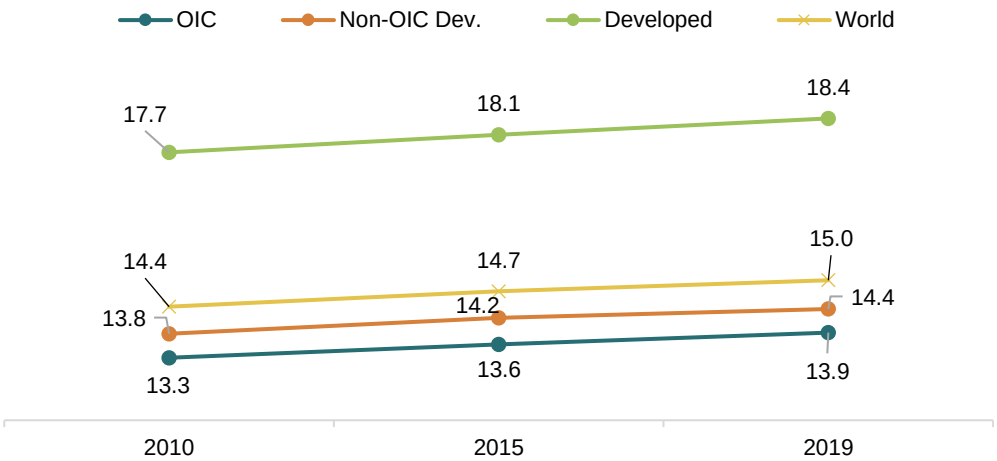
4.1. Healthy Life Expectancy

As discussed in section 2 of this report, OIC countries recorded considerable progress in increasing the life expectancy of elderly people. The positive trends in OIC countries can be attributed to a set of factors like improved healthcare infrastructure and increased investments in long-term care, as well as regional and global initiatives on healthy ageing (SESRIC, 2019). However, it is not just living longer that matters but to live a long and healthy life. In this respect, healthy life expectancy at age 60 provides an estimate of the number of years that elderly men and women can expect to live in good health by taking into account years

lost to violence, disease, malnutrition, or other relevant factors. The indicator sheds light on the overall state of health policies and services for the elderly in a country (WHO, 2015). Despite a positive trend in the period between 2010 and 2019, healthy life expectancy at age 60 in OIC countries (13.9 years in 2019), on average, stayed below the averages of other country groups and the global average of 15 years (Figure 4.1).

As in many health-related indicators, OIC countries are not a homogenous group when it comes to healthy life expectancy at age 60. The level of income and education, access to healthcare, and availability of long-term care are leading factors that affect life expectancy and patterns of mortality among older persons (UN, 2018). In particular, OIC countries located in the SSA sub-region (12.8 years) had the lowest years of life expectancy at age 60 in 2019. The highest average was seen in the MENA sub-region (14.7 years) in the same year. At the individual country level, an average person at the age of 60 was expected to have 17.8 years of healthy life in Kuwait. On the contrary, the lowest years of healthy life expectancy was recorded in Afghanistan (10.8 years) in 2019.

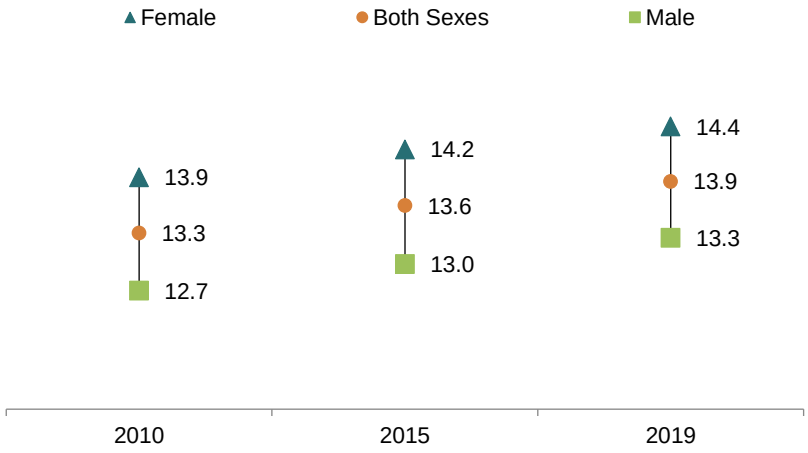
Figure 4.1: Healthy Life Expectancy at age 60 (Both sexes, Years)



Source: WHO.

From a gender disparity perspective, elderly women live longer and healthier lives as compared to older men in OIC countries, which is consistent with global trends over the period 2010-2019 (Figure 4.2). The gap between elderly women and men slightly reduced from 1.2 years in 2010 to 1.1 years in 2019. In other words, a woman at age 60, on average, is expected to have 1.1 years longer healthy life expectancy as compared to elderly men in the OIC group in 2019.

Figure 4.2: Healthy Life Expectancy at age 60 by Gender in OIC Countries, (Years)



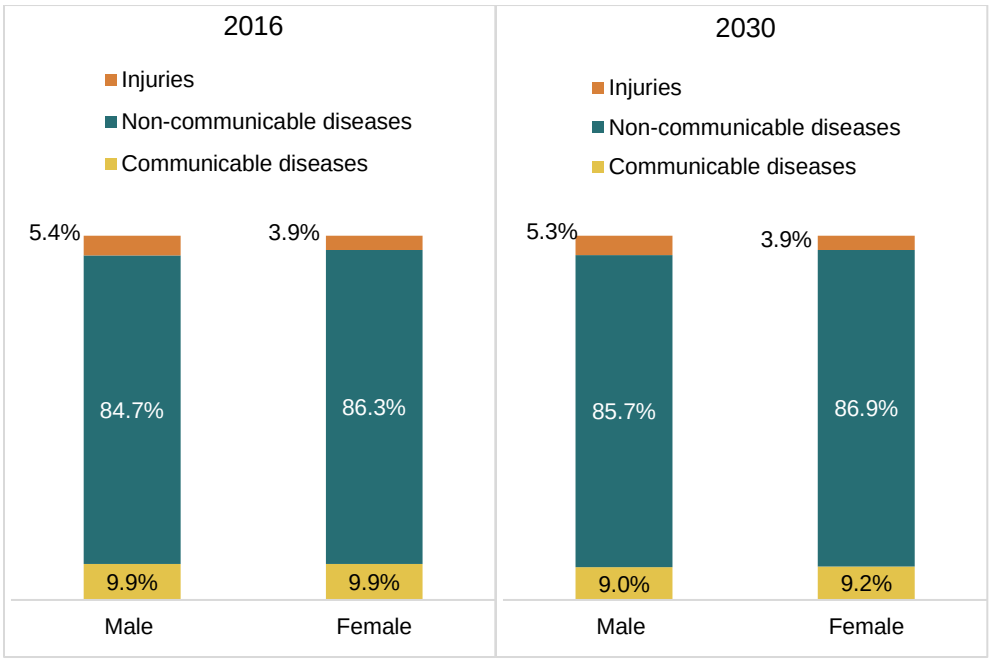
Source: WHO.

4.2. Diseases and Disabilities

Improving life expectancy and ensuring a healthy life is only possible by understanding the root causes of death. National and global efforts to control communicable diseases have led to lower mortality rates among various segments including the elderly and a shift in major causes of death over the past decades (SESRIC, 2019).

In 2016, 9.9% of elderly men died due to communicable diseases in the world. This percentage is expected to reduce to 9.0% in 2030 (Figure 4.3). Non-communicable diseases accounted for a significantly greater proportion of deaths among older people globally (84.7% for male and 86.3% for female) in 2016. This ratio is expected to increase by 2030 for male and female populations. Among major non-communicable diseases, ischaemic heart diseases and stroke were responsible for about one-fourth of all deaths among the elderly in 2016. These conditions are further projected to affect older persons to a greater extent by 2030 (WHO, 2018). In 2016, 5.4% of deaths were caused by injuries among elderly men. This percentage is expected to slightly decrease to 5.3% in 2030. Among elderly women, 3.9% of deaths can be attributed to injuries in both 2016 and 2030.

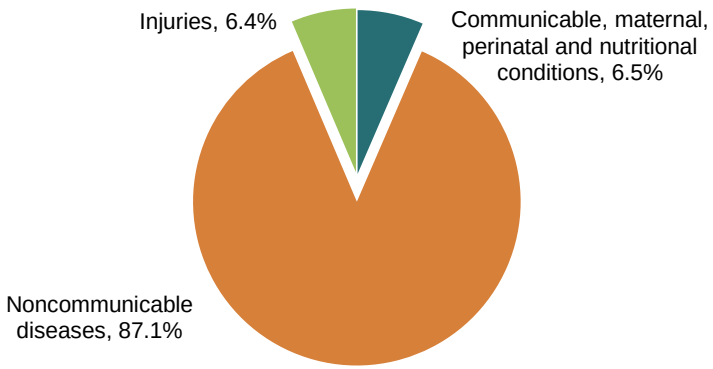
Figure 4.3: Causes of Global Death among Population 50+



Source: Global Health Estimates, WHO. Note: Due to data limitations, the figure covers population above 50.

Older people should not just live longer, their lives should also be free from disabilities because disabilities limit the abilities and capabilities of the elderly and reduce their life satisfaction (Celik et al., 2018). However, the average global prevalence of moderate and severe disability is about three times higher among persons aged 60 years or over as compared to people aged 15-59 years (SESRIC, 2018). Therefore, understanding the main causes of Years Lost due to Disability (YLD), i.e. the number of years with a lower quality of life due to diseases, can help identify priority policy areas for OIC countries. In 2019, 87.1% of YLD was due to non-communicable diseases whereas only 6.5% of the YLD was attributed to communicable diseases (including maternal, perinatal, and nutritional conditions). Another 6.4% of YLD stemmed from injuries in the OIC group in the same year.

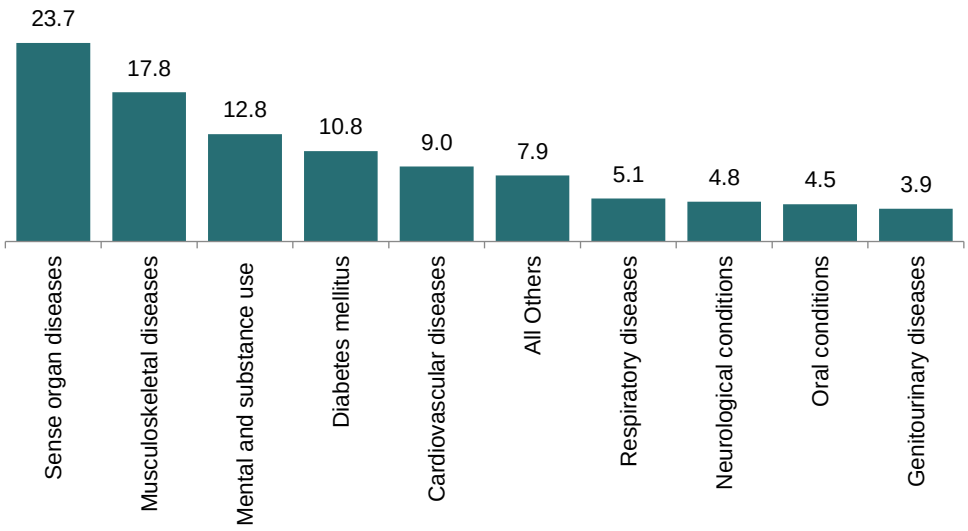
Figure 4.4: Main Causes of Years Lost due to Disability (YLD) among Elderly in OIC Countries, 2019



Source: Global Health Estimates, WHO. Note: Due to data limitations, the age bracket of 60-69 is considered for a group of 54 OIC countries.

Sense organ diseases (23.7%), musculoskeletal diseases (17.8%), and mental & substance use disorders (12.8%) were the three major non-communicable diseases that caused disability among the elderly in OIC countries in 2019 (Figure 4.5). They are followed by diabetes mellitus (10.8%) and cardiovascular diseases (9.0%).

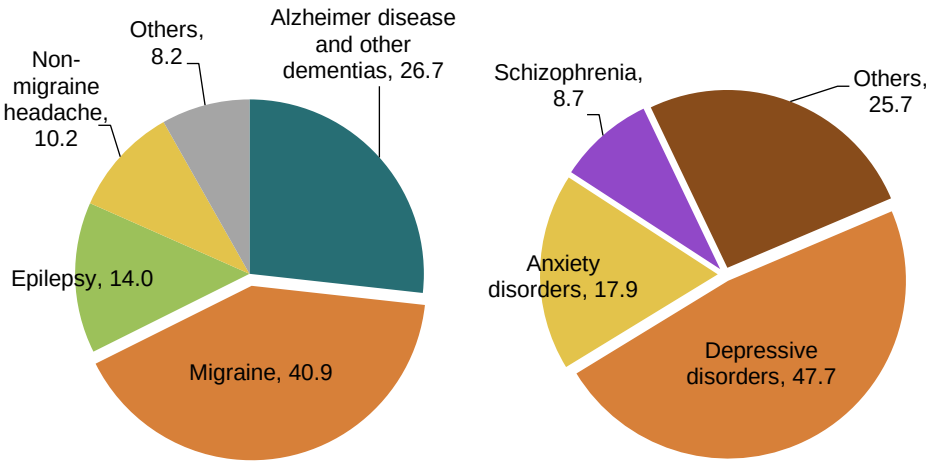
Figure 4.5: Major Non-Communicable Diseases that Cause Disability among Elderly in OIC Countries, (%), 2019



Source: Global Health Estimates, WHO.

In terms of neurological health, migraine (40.9%) and Alzheimer disease and other dementias (26.7%) were the two leading diseases responsible for causing disabilities among the elderly in OIC countries in 2019 (Figure, 4.6, left). In addition, 47.7% of mental and substance use disorders that caused disabilities were attributed to depressive disorders and anxiety disorders (17.9%) in 2019 (Figure, 4.6, right).

Figure 4.6: Leading Neurological Diseases (left) and Mental & Substance Use Disorders (right) that cause Disability among Elderly in OIC Countries, (%), 2019



Source: Global Health Estimates, WHO. Note: Due to data limitations, the age bracket of 60-69 is considered for a group of 54 OIC countries.

4.3. Healthy Ageing

Healthy ageing means developing and maintaining the functional ability that enables well-being in old age. Poor health in old-age is not always the result of ageing but the accumulation of factors such as malnutrition, obesity, limited physical activity, stress, and substance use. For example, people who engaged in 150 minutes per week of physical activity at moderate intensity had a 31% reduction in mortality compared with those who were less active. The benefit was greatest in those older than 60 years (WHO, 2015).

In this context, healthy ageing improves the health status of a person through his/her entire lifespan and reduces health risks associated with old age (Box 4.1).

Box 4.1: Decade of Healthy Ageing 2021 – 2030

The United Nations has proclaimed 2021–2030 the Decade of Healthy Ageing, with WHO leading international action to improve the lives of older people, their families and communities. Healthy Ageing is the process of developing and maintaining the functional ability that enables wellbeing in older age. Functional ability is about having the capabilities that enable all people to be and do what they have reason to value.

The Decade brings together a variety of stakeholders galvanizing concerted action to:

- change how people think, feel and act towards age and ageing;
- develop communities in ways that foster the abilities of older people;
- deliver person-centred, integrated care and primary health services that are responsive to older people; and
- provide older people access to long-term care when they need it.

Initiatives undertaken as part of the Decade will seek the participation of older people, who will be central to and fully engaged in this multi stakeholder collaboration. Given the importance of the initiative, the OIC countries are encouraged to take part in relevant activities specially to raise awareness on the concept of healthy ageing in their respective societies.

Source: WHO (2020)

Many countries have begun directing investments towards improving the health and wellbeing of older persons and the promotion of good health (i.e. healthy ageing) across the life cycle (UN, 2018). In this way, they aim to reduce health spending over time and improve the health of ageing persons who can stay productive for a longer period of time.

A number of OIC countries have taken steps to reduce risk factors for the elderly and promote healthy ageing by improving their nutritional status. In this direction, Lebanon addresses hunger and household nutrition by providing a free hot meal to older and poor persons once a week through existing charities and food vouchers. Senegal developed the 'National Food Security Support Program and National Strategy for Food Security and Resilience' for the period 2018-2022 in order to ensure food security for all people, including the elderly.

4.4. Policies on Healthy Ageing

Elderly people need healthcare and vital long term services because of their mental and physical situations (UN 2018; WHO, 2015). Yet, they face a wide range of challenges in accessing health care and long-term care across the globe (Box 4.2).

Box 4.2: Long Term Care and Elderly

Long-term care encompasses activities undertaken by others to ensure that those with a significant ongoing loss of physical or mental capacity can maintain a level of ability to be and to do what they have reason to value; consistent with their basic rights, fundamental freedoms and human dignity. However, the type and amount of long-term care needed will depend on the health status of individuals because of the standard of healthcare received, and social and economic experiences over the life-course. In practical terms, long-term care covers a wide range of services and situations from in-home help with basic activities of daily life such as bathing, dressing, meals and/or complex health care related services, attendance at day care centres, to care within an institutional setting. The vast majority of older persons in all countries receive care services within their own homes and from informal care providers (mostly unpaid female family members).

Globally, the availability of formal long-term care services is low. Yet, the highest levels of long-term care needs are in low- and middle-income countries and at lower ages due to lower longevity rates combined with higher rates of chronic non-communicable diseases combined with inadequate health services.

Source: World Health Organization (2015) and ILO (2011)

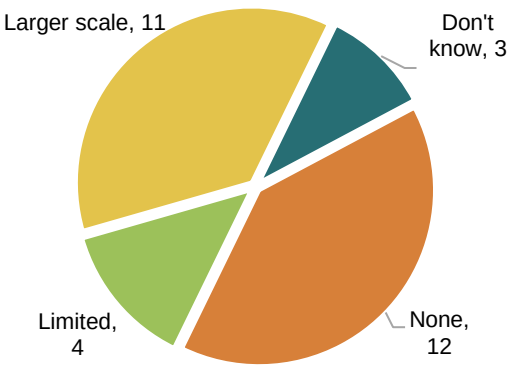
In particular, as people grow older, out-of-pocket expenditures on health tend to increase in developing countries. Therefore, the affordability of healthcare and long-term care services amongst older people emerges as a common area of concern in most developing countries - including several OIC countries. A survey conducted by WHO (2015) to identify major reasons why older people are unable to access health care services revealed that in low-income countries 60.2% of the elderly cannot afford the visit. In OIC countries, on average, public financing covered 52% of total health expenditures compared to 74.2% in the world and 80.2% in developed countries in 2016 (SESRIC, 2019). Low financing not only reduces the accessibility of healthcare services but also tends to trigger poverty among the elderly, because older people need to borrow or use their savings extensively for healthcare expenses. In this regard, reforming public (universal) health systems in OIC countries could play a critical role in improving the accessibility and affordability of healthcare institutions and services, especially for older persons.

As public health services have certain limitations, several OIC countries have sought to strengthen the delivery of healthcare services to older persons through increased partnerships. For instance, Indonesia initiated the ‘Healthy Lifestyle Community Movement’, which is a cross-sector movement aimed at improving the healthy lifestyle of the community. One example of the Movement’s efforts is

the regional based integrated elder care post for non-communicable diseases (NCDs). In a similar direction, Malaysia established a partnership with non-governmental organizations (NGOs) to serve social groups with specialized needs including older persons. Such examples highlight that several OIC countries have acknowledged the importance of civil society and community-based interventions to improve the wellbeing of the elderly (UN, 2019).

Challenges faced by older persons regarding healthcare institutions and services go beyond accessibility and affordability dimensions. Even when they have access to such services, older persons may be abused and face discrimination due to their age. Many countries implement a wide range of policies in order to increase the accessibility of elderly care services and combat elderly abuse such as by organizing awareness-raising programmes for caregivers, holding information sessions on the rights of the elderly, and caregiver capacity building programmes. Several OIC countries also implemented such programmes to prevent and reduce elder abuse. According to a dataset that covers 30 OIC countries for the period 2012-2014, 11 of them implemented larger scale caregiver support programmes to prevent elder abuse (Figure 4.7). Yet, 12 OIC counties did not implement them at all, whereas four of them indicated that they implemented a limited number of such programmes. The figures convey that OIC countries need to exert additional efforts and intensify their activities to reduce elder abuse cases especially those caused by caregivers.

Figure 4.7: Extent of Implementation of Caregiver Support Programmes to Prevent Elder Abuse (Number of OIC Countries), 2012-2014



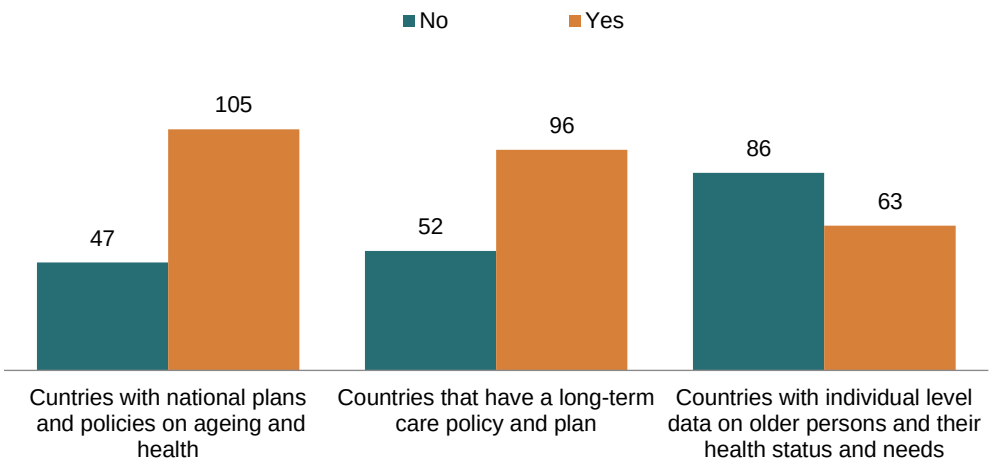
Source: WHO, Note: Dataset covers 30 OIC countries.

A global look at the state of elderly policies and data can provide information about the importance given to the topic of the wellbeing of elderly and ageing by countries. As the share of the elderly population increases, developed countries and an increasing number of developing countries have started to pay more attention to elderly policies and specific datasets on older persons' health status

and needs. In this regard, 105 countries have already developed national plans and policies on ageing and health as of 2020 (Figure 4.8). Yet, 47 countries still have not prepared any plans and policies due to the low share of aged people or limited concern among policy makers on the topic. In a similar vein, as a key component of elderly health policies, 96 countries across the globe reported that they have a long-term care policy and plan for older persons in 2020.

One of the key challenges faced by policy makers and countries on the issue of the health status of older persons is the lack of age-specific data and information. Without proper and adequate data, it is impossible to develop and implement effective policies on the health and wellbeing of the elderly. However, as of 2020, only 63 countries reported that they had individual-level data on older persons and their health status and needs whereas the majority of them (83 countries) did not possess such datasets (Figure 4.8). It is therefore critical for OIC countries that are lacking such detailed datasets to pay more attention to this issue and start building up datasets with a view to designing, developing and implementing national plans/policies on ageing, health and long-term care of older persons. This could also help OIC countries to better implement and monitor progress on national, regional (e.g. OIC Strategy on the Elderly) and international goals (e.g. Sustainable Development Goals) on the wellbeing of elderly people.

Figure 4.8: Global Outlook of Elderly Policies and Data (Number of Countries), 2020



Source: WHO MNCAH Data Portal. Note: The dataset does not provide country-level information.

5. ENABLING A SUPPORTIVE ENVIRONMENT FOR ELDERLY

Fostering a supportive environment for elderly people is beneficial for their health and well-being and improving their participation in society. Such an environment makes services accessible, equitable, inclusive, and safe for older persons (WHO, 2021). It also promotes healthy and active ageing practices and reduces adverse impacts of old age by providing functional support to older people. Proving an enabling environment for the elderly requires a multi-sectoral approach to address various policy dimensions such as health, long-term care, transportation, housing, labour market participation, social protection, and access to information and technology (WHO, 2021).

International and regional strategic documents on the elderly emphasize the importance of having an enabling environment for older persons as part of developmental efforts. In particular, the Sustainable Development Agenda of the UN stresses that having an enabling environment for the elderly can help countries in achieving sustainable development and accomplish several targets under SDGs 1, 2, and 3 (UNDP, 2017). At the regional level, the OIC Strategy on the Elderly identifies "enabling a supportive environment for the elderly" as one of the core pillars and puts forth four strategic goals with an aim to "improve the physical and social environmental conditions that surround the elderly" (OIC and SESRIC, 2019).

In this context, the following section highlights measures and policies adopted by OIC countries towards enabling a supportive environment for the elderly. It also discusses the use of an 'active ageing' approach to enable a supportive environment for the elderly and looks at the state of social security systems and pension schemes in OIC countries.

5.1. Active Ageing and Enabling Environment

The World Health Organization defines active[2] ageing as "the process of optimizing opportunities for health, participation, and security in order to enhance the quality of life as people age" (WHO, 2002). Since the 1990s, the concept of

[2] The word active refers to continued "participation in social, economic, cultural, spiritual, and civic affairs, not just the ability to be physically actives or active in the labour force" (WHO, 2002).

active ageing has emphasized the importance of policies and programmes that promote self-care in elderly people, age-friendly environments, and intergenerational solidarity. In order to build enabling environments, an active ageing approach calls for designing policies and programs that consider physical, health-related, social, and economic determinants that affect the quality of life of elderly people (Box 5.1). The approach puts special emphasis on 'culture' and 'gender' as the two crosscutting issues that affect every major determinant.

Box 5.1: Building an Enabling and Supportive Environment for Older People

An enabling and supportive environment for older people combines a supportive social environment with an accessible built environment. It ensures that older people have access to flexible programs, services, and supports. The social environment promotes meaningful participation of older people, including those who are socially isolated. It also fosters safety and security, respects dignity of choice and reduces the risk of mistreatment, abuse, and neglect. The physical environment meets or exceeds current accessibility standards and older adults can safely access and manoeuvre within built environments.

Source: University of Waterloo, n.d.

In regards to building a supportive physical environment for elderly people, accessibility of services and physical safety is of paramount importance. Age-friendly physical environments (at home or in residential facilities) are designed with an aim to reduce physical barriers such as poor lighting, irregular walking surfaces, and lack of handrails that can result in environmental hazards and injuries amongst older people (Kerr, Rosenberg, & Frank, 2012). Apart from limiting injuries – that can have serious consequences for older people – having an age-friendly living space can also facilitate mobility of older people with disabilities, chronic illnesses, and those that are undergoing rehabilitation (Levasseur et al., 2017).

When older people have proper access to clean water, air, and food in their physical environment, they are less likely to experience undue deterioration in their health caused by preventable diseases (WHO, 2002). Access to affordable transportation (public or private) is also an important element of supportive physical environments for older people who experience mobility problems. The availability of transportation can determine whether older people have access to necessary health and social services, especially in rural areas (Mattson, 2011). Thus, a supportive physical environment has the potential to turn older people's isolation into social participation (Tomaszewski, 2013).

In many developing countries and several OIC countries, the promotion of age-friendly and safe housing for older people is likely to gain more importance as a policy concern in the near future. This is because of a decline in family-based care systems that can result in an increase in the number of older people living alone or in institutional/residential facilities. Policies that enable a supportive physical environment are of special importance to vulnerable groups such as widows who live with their extended families involuntarily, poorer elderly people who live in urban slums and older refugees and migrants who reside in camps.

In addition to physical determinants, building equitable, accessible, and affordable health systems is also crucial for the success of active ageing initiatives - as discussed in Section 4 of this report. Effective health systems aim to encourage older people's autonomy over decisions pertaining to their health and healthcare. They also encourage primary[3], secondary[4], and tertiary[5] disease prevention, which is known to prevent diseases and functional decline, extend longevity, and enhance the quality of life of older people (WHO, 2002). Such systems also emphasize the need for specialized curative care for older people that includes rehabilitation services and incorporates perspectives from formal caregivers such as health professional and informal caregivers such as domestic care workers and traditional/spiritual healers.

Health systems that promote active ageing should ideally supplement measures such as laws and regulations addressing emerging needs of the elderly with combatting age and gender-based discrimination in health services, building geriatric knowhow and philosophy in medical and health care services, and understanding the importance of mental health care as part of long-term elderly care (WHO, 2002; SESRIC, 2018).

Establishing an integrated health care model can allow OIC countries to shift away from an over-reliance on informal family-based care systems, while also being able to capitalize on the role of the family in the care of older relatives and embrace informal caregivers as a resource of care (SESRIC, 2018). Such a model can promote the availability of formal care within the home environment and encourage the de-stigmatisation of institutional/residential facilities. As family-based care systems decline in OIC countries, institutional facilities (public or private) are a viable alternative through which states can adequately care for older people in the future[6].

[3] Primary disease prevention refers to the management of behavioral factors such as healthy eating, avoidance of harmful substances such as tobacco and alcohol, etc.
[4] Secondary disease prevention refers to the use of screenings for early disease detection.
[5] Tertiary disease prevention refers to timely and proper clinical management of a disease.
[6] See Section 6 for a detailed discussion on the nexus of family and culture.

Policies and programs that can improve the social environment for older people include programs that foster social networks for older people by "supporting traditional community groups, voluntarism, neighbourhood groups, peer mentoring, and family caregivers, intergenerational programs, and outreach services" (WHO, 2002). An important determinant of a healthy social environment is the protection of older people from violence and abuse that includes physical, sexual, psychological, or financial abuse and neglect (WHO, 2020). Social exclusion and abandonments, human, legal and medical rights violations, and inability to make autonomous choices and decisions also constitute elder abuse (Perel-Levin, 2008).

Another critical factor that enables a supportive social environment for older people is their access to life-long learning programs. According to WHO (2002), "employment issues amongst older workers are often rooted in their relatively low literacy skills, not in ageing per se". Life-long learning programs for the elderly ensure that people remain engaged in productive activities as they age by introducing them to newer skills and technologies (Kelly, 2007). In particular, intergenerational learning programs (in the workplace or community) can promote life-long learning in older people while also promoting the exchange of cultural values and experiences between older and younger generations (Newman & Hatton-Yeo, 2008).

Lastly, improving the economic environment for older people necessitates improvements in their income, access to social protection systems, and employment (inclusive of formal, informal, and self-employment). These three core determinants – that are further discussed in the next section – have a direct impact on whether elderly people are able to afford necessities such as health care, housing, food, and care/assistance.

There is a wide range of policies and measures that are in place to enable a supportive environment for the elderly and active ageing in OIC countries. For instance, United Arab Emirates has been working to transform Sharjah into the 'first Arab Age-friendly City' in line with its Sharjah Strategic Plan 2017-2020 (Sharjah Government Media Bureau, 2019). An important element of this plan is to provide free government housing service to older people by: (i) building housing units on the same land as an older individual's children or grandchildren to enhance familial relations amongst generations; (ii) building housing units on new land to accommodate older people and their family members in close proximity to social services and facilities for the elderly; and (iii) improving existing housing units in line with the needs of elderly people by adding specialized elements in the house (such as elevators, handrails, etc.) to improve the mobility of residents and safety of the house.

Recently, Mersin Metropolitan Municipality in Turkey established an Active Aging House in 2018 with the help of the Department of Social Services (WHO, n.d.). Citizens over the age of 55 are eligible to benefit from services provided by this centre, which include interactive self-improvement trainings, psychosocial counselling services, health services such as dental screenings, music and drama courses, Turkish Folk Music choir practice, and movie screenings (WHO, n.d.).

In Cameroon, various legal instruments aim to protect the rights of older people particularly to ensure an enabling environment for them. For example, the Penal Code – Section 28 lays down a punishment of 1 to 3 years imprisonment and 5000 to 2500 FRS fine for individuals that are responsible for the displacement of elderly who are in poor health (Nangia, Margaret, & Emannuel, 2015).

5.2. Social Protection Systems

Older people face a number of vulnerabilities in the form of income insecurity, health insecurity, and a dependence on physical care. Around the world, elderly people are - on average - less likely to have paid employment, making them reliant on income from social security programs and pensions or on their family members. They are more likely to have inadequate access to health-care facilities or are unable to pay for health care because of the lack of health insurance, especially in the developing world. Moreover, a number of factors such as demographic shift, urbanization, and changes in traditional family structures further threaten the availability of existing support mechanisms such as physical care and family assistance for the elderly.

All of these challenges can be averted if elderly people have access to adequate social protection systems. As discussed in Section 3 of this report, social security systems can support the economic autonomy of ageing populations. In particular, pensions for elderly people are one of the more widespread forms of social protection around the world. However, the right to social protection of elderly people is not readily realized in many developing countries; where a large share of older people is still dependent on family-based care systems and support (ILO, 2017).

In developing countries, lack of financial resources is the main reason why social protection programs usually have low coverage. Limited social protection coverage is directly related to the lack of financial resources or inadequacy of fiscal infrastructure in many developing countries because pensions, health insurance, and other types of social protection programs require a direct expenditure from the government (Bloom, Jimenez, & Rosenberg, 2011; Bastagli, 2013).

This is why, in OIC countries, the share of people receiving old-age pension and the coverage of social insurance programmes is highly inconsistent and closely

tied to the country's income and development level – where countries with higher income levels are able to dedicate more financial resources towards the care of elderly (SESRIC, 2018).

In a similar vein, various types of pension programs are impacted by the availability of financial resources in OIC countries. 45 OIC countries use mandatory pension systems (Pillar 1[7]) as the primary method to finance social insurance programs (SESRIC, 2018). The issue with contributory social insurance schemes is that they mainly cater to individuals who have had stable or consistent employment or self-employment throughout their active years.

21 OIC countries implement a type of non-contributory pension scheme that supports elderly people who do not receive a contributory pension or whose contributory pension is below a minimum threshold (ILO, 2017). Five of these OIC countries offer non-contributory pensions universally, the rest determine eligibility through means-test[8], pension-tests[9], or both (ILO, 2017). Yet, determining the eligibility of beneficiaries through means-testing, income-testing, or pension-testing can limit the participation of some marginalized groups. For example, for older women working in the informal or domestic sector, determining eligibility based on unpredictable or discrepant daily/monthly wages can deter their legal participation in social protection systems. Similarly, elderly migrants may not be eligible for social protection via pension-tested schemes because they would not have contributed to the host country's contributory pension fund in the past.

In many cases, introducing universal or non-contributory pension schemes (in addition to contributory schemes) can help bridge the coverage gap in social protection. To this end, ILO (2017) has revealed significant progress in the number of countries that achieved universal pension coverage for all the elderly people. In the OIC group, universal pension schemes were introduced in Algeria, Azerbaijan, Guyana, Kazakhstan, Kyrgyzstan, Maldives, and Uzbekistan through either tax-funded non-contributory social pensions programs or a combination of contributory and non-contributory schemes over the period 2000-2017 (ILO, 2017). Additionally, in Bangladesh, the existing coverage for non-contributory

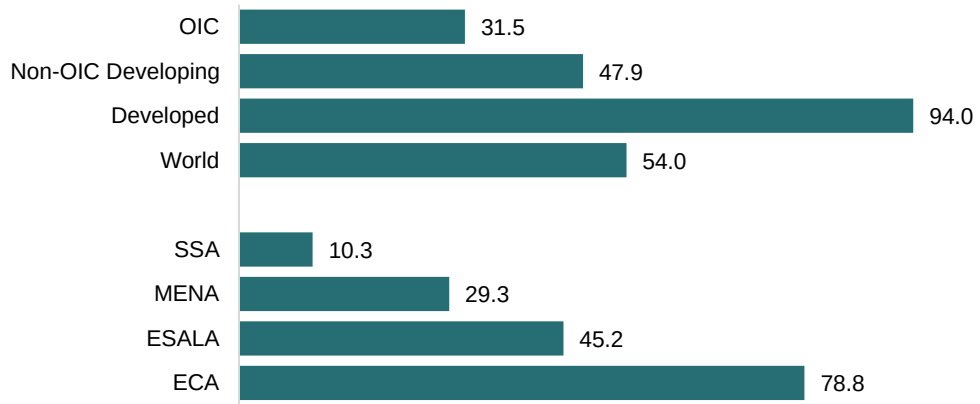
[7] In Pillar 1 systems, governments allocate pensions to all citizens and the amount of pension an individual received depends on their own contribution during the employment period (SESRIC, 2018).
[8] Means-tested pensions are "provided only to those older persons whose pension and other income remains below a certain threshold" (ILO, 2017).
[9] Pension tested non-contributory pensions are "provided to those older persons who do not receive a contributory pension at all, or whose contributory pension is below a certain minimum threshold" (ILO, 2017).

pension schemes has been extended to provide a basic level of protection for elderly people.

However, the level of benefit received by elderly people (in USD terms) varies markedly amongst OIC countries that offer non-contributory pension schemes[10]. For example, on one hand, the level of benefit of the old-age pension program in Brunei Darussalam is as high as 179.2 USD per month and it is also relatively higher in countries like Suriname (159.1 USD), Maldives (150.3 USD), Guyana (83.7 USD), and Malaysia (72.3 USD). On the other hand, in Bangladesh (6.4 USD), Mozambique (6.6 USD), Uganda (6.8 USD), and Tajikistan (8.4 USD) this amount is below 10 USD per month (see *Annex I*).

As a result, the share of elderly people receiving benefits from various pension schemes, on average, was the lowest in OIC countries (31.5%) when compared to other country groups and the world average (54%) (Figure 5.1). At the sub-regional level, wide discrepancies exist in the OIC group. In the SSA sub-region of the OIC, only 10.3% of elderly people were beneficiaries of various pension schemes. The averages of ECA (78.8%) and ESALA sub-regions (45.2%) exceeded the average of the entire OIC group (31.5%).

Figure 5.1: Elderly Pension Beneficiaries (% of total elderly population), 2017



Source: SESRIC staff calculations based on ILO's World Social Protection Report 2017-2019 Dataset.

Older people that are under-represented in decision-making and policy-making processes are more likely to be excluded or under-protected (Bastagli, 2013). In several developing countries, under-representation of elderly people is linked to the fact that ageing is not mainstreamed as a major public policy concern.

Political will in support of social protection for elderly people is instrumental in gathering public support for such programs and facilitating the formulation and

[10] See Annex I for detailed breakdown of country level data.

implementation of effective policies (Bastagli, 2013). A lack of political will and low representation of elderly people in decision-making can translate into lower social protection coverage. Since ageing has not been a major policy issue in OIC countries in the past decades, the level of concern about ageing is relatively low amongst policy makers. For example, a survey conducted in 2015 revealed that only 12 out of 52 OIC countries considered ageing as a major concern (SESRIC, 2018).

However, in recent years an increasing number of OIC countries have made strides to consider ageing, social protection, and wellbeing of the elderly as a policy issue and developed several measures to enable a more supportive environment for the elderly. For example, the National Strategy for Senior Citizens (2018-2022) in Jordan aims to promote 'positive ageing' by ensuring that the rights of older people are protected under law, increasing accessibility and scope of services aimed at older people, and facilitating the participation of older people in decision-making and civil society (Help Age International, 2018). Similarly, the 11th Malaysia Plan (2016-2020) aims to enhance living environments for older people in Malaysia by providing age-friendly infrastructure, improving care services, establishing day-care centres for the elderly, expanding home-help services, improving social protection for the elderly, and launching awareness programs on elderly care and older people's volunteerism (Office of the Prime Minister of Malaysia, 2015). With such country-level policies and the implementation of regional-level strategies such as the OIC Strategy on the Elderly, it is likely that OIC countries are on track to record further progress towards enabling a supportive environment for their senior citizens in near future.

6. CULTURE AND ELDERLY

Culture is an important determinant of how elderly people are treated in society. This is because cultural beliefs and practices influence social norms and values relating to elderly people and ageing (as a phenomenon). Ageism is the stereotyping of older people and discrimination against individuals or groups based on their age that can take many forms including, but not limited to, prejudicial attitudes, discriminatory practices, or institutional policies and practices that perpetuate stereotypical beliefs. A number of attitudes and behaviours that perpetuate ageism are often a by-product of misperceptions about older people. For example, an ageist perception of older people categorizes them as “senile, rigid in thought and manner, old-fashioned in morality and skills” (Cohen, 2001). Ageist attitudes uphold stereotypes about the elderly, limit ways in which the elderly are perceived socially, and create an environment where elderly people are unduly exposed to systemic and social vulnerabilities (Chonody & Teater, 2018). These vulnerabilities have a direct and negative impact on older people because they affect how older people are treated by individuals and institutions, the opportunities that are offered to them, and the benefits that they can offer to their communities.

Policy makers in OIC countries realize the importance of using a ‘culture-lens’ to ensure the well-being of their elderly populations. Through the OIC Strategy on the Elderly, OIC countries aim to “deal with the cultural norms that exclude or prejudge older people, to create an environment where they can be accommodated and welcomed” (OIC and SESRIC, 2019). The strategy document puts forth four main strategic goals to address cultural challenges faced by older people in OIC countries. These are: (i) Fighting against ageism in society at large and promoting positive images of ageing and the elderly, (ii) Strengthening solidarity through equity and reciprocity between generations, (iii) Eliminating violence and abuse against elderly and neglect of elderly, and (iv) Supporting and strengthening caregiving families and institutions.

In this context, this section looks at the role that culture and religious beliefs play in shaping attitudes and practices towards older people and how institutions cater to older people and their living arrangements.

6.1. Islam, Culture, and Elderly

Religious teachings can influence cultural practices and guide public policy. In OIC countries, Islamic teachings influence culture to varying degrees. For example, the cultural practice of inter-generational or kinship care systems for

elderly people are supported by Islamic teachings (Asadollahi, 2019). The care of elderly people is an ideal that is enshrined in the Holy Quran, the sayings (Hadith) and deeds (Sunnah) of the Prophet Muhammad (Peace be upon him), and the Islamic Law (Sharia).

A large part of caring for elderly persons is framed within the context of the family unit through intergenerational relations and kinship ties. “Islam promotes a ‘zero-tolerance policy’ when it comes to the ill-treatment of parents and elderly persons” (Abu Sway, as cited in Abdullah, 2016). Quranic verses in Chapter 4 (Ayah 36), Chapter 6 (Ayah 151), Chapter 29 (Ayah 8), Chapter 31 (Ayah 14), and Chapter 46 (Ayah 15) deliver the message of caring for one’s older parents and being kind towards them (Abdullah, 2016). Traditions of Prophet Muhammad (Peace be upon him) reinforce that ‘the best of the deeds is the observance of prayer at its proper time and kindness to parents’ (Sahih Muslim, as cited in Abdullah, 2016) and “the disregard for parents is identified as one of the major sins” (Sahih Bukhari, as cited in Abdullah, 2016). Similarly, Islamic Sharia guides the care of elderly people based on three principles: ihsan (goodness), deference, and support and maintenance (Abdullah, 2016). The principle of ‘Ihsan’ (goodness) guides children to have “ethical and morally sound relations with their older parents”; the principle of ‘deference’ is a “right afforded to elderly from their children”; and the children have to ensure the support and maintenance of their parents be it physical, emotional, social, or economic support (Abd al’Ati, as cited in Abdullah, 2016). Therefore, policies and programs that intend to bolster intergenerational relations in society and raise awareness about the culture surrounding ageing should take into account Islamic teachings on the subject.

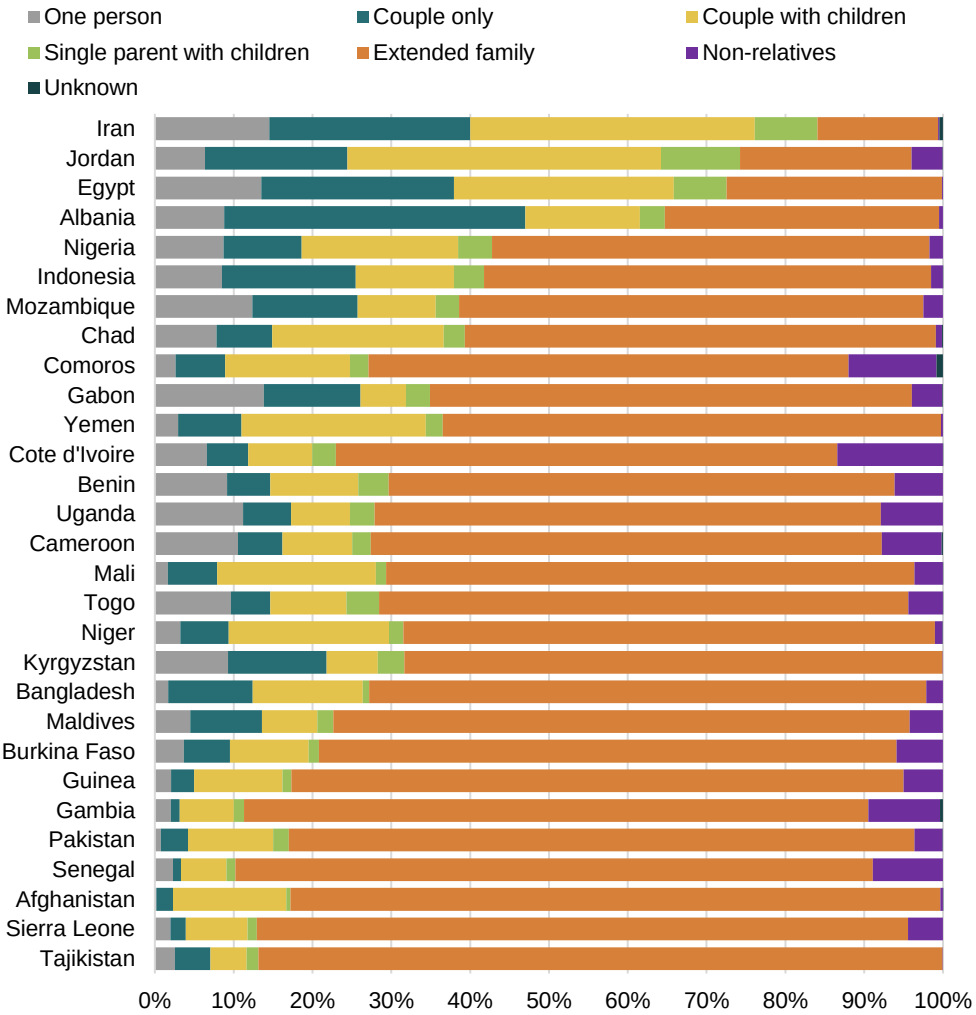
6.2. Institutions, Culture, and Elderly

In many OIC countries, institutional arrangements for the elderly are closely associated with families. In many family-centred societies in OIC countries, it is often considered shameful to send an elderly parent to a nursing home, because it would violate the general social and religious feelings of commitment towards family and community (SESRIC, 2018). This leaves co-residence as one of the principal arrangements through which families support and care for their older relatives. In regard to the living arrangements of elderly people in OIC countries, a 2019 UN DESA dataset sheds some light on how and where elderly people reside in 29 OIC countries. In most cases, elderly people are more likely to reside with their extended families[11] (Figure 6.1). In 25 of the 29 OIC countries, more than half of the elderly population lives with their extended families. The second

[11] Extended family households are those that are not couple only, couple with children or single parent with children households in which all members are related to each other.

most common living arrangement for elderly couples is to reside with their children[12] and the least popular type of household amongst elderly people is 'non-relative'[13] household.

Figure 6.1: Living Arrangements of Elderly Persons by Basic Household Type (%), 2019



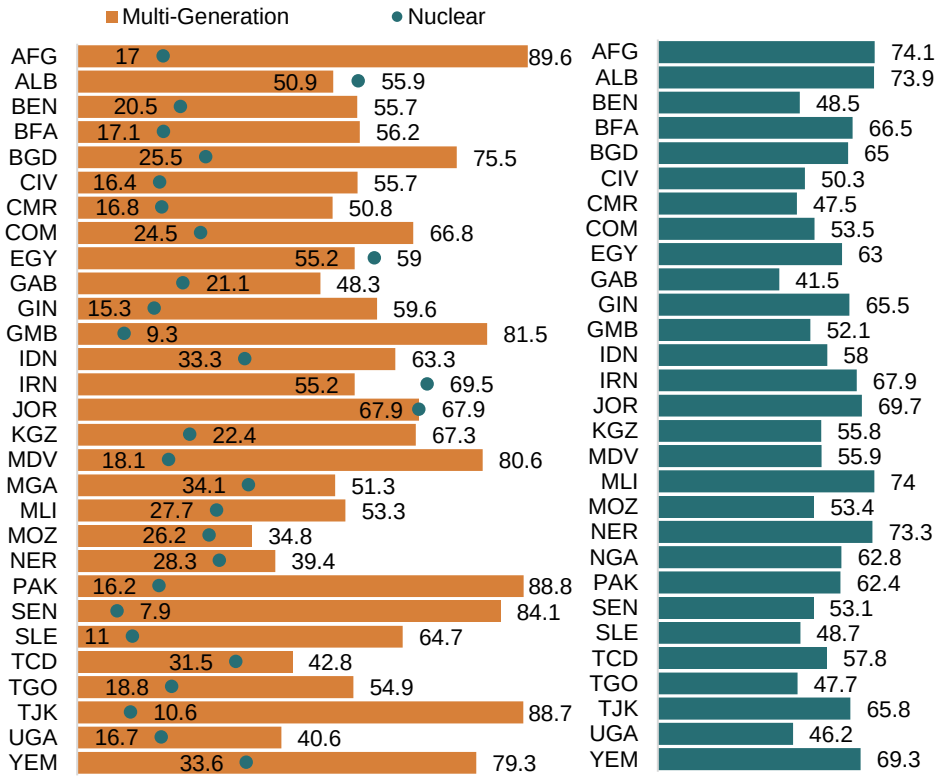
Source: UN DESA Database on the Households and Living Arrangements of Older Persons.
Note: Latest data available between 2010 and 2018 reported and the dataset covers 29 OIC countries.

[12] Couple with children households comprise of a married or in-partnership couple and their children (biological, step, and adopted/foster children), irrespective of children's ages, and no one else.
[13] Non-relative households include two or more members that are not related to each other.

The size of the household in which elderly people reside has an influence on the well-being of older persons. In OIC countries, it is common for elderly people to live with their extended families in larger households. For example, in 12 of the 29 OIC countries, more than half of the elderly population resides in an average household of six or more members (UN DESA, 2020).

In addition to living with extended family and in large households, it is also more common for elderly people to live in multi-generational households as opposed to nuclear units. For example, in 24 OIC countries, more than 50% of elderly people live in multi-generational households (Figure 6.2, left). Whereas, more than half the elderly population lives in nuclear households in only 4 of the 29 OIC countries. It is also common for elderly people to co-reside with their spouses or partners (Figure 6.2, right).

Figure 6.2: Living Arrangements of Elderly Persons by Inter-Generational Household Type (left) and Co-Residence with a Spouse or Partner (right) (%), 2019



Source: UN DESA Database on the Households and Living Arrangements of Older Persons.
Note: Latest data available between 2010 and 2018. Multi-generational households include two or more generations of related members aged 20 years or over. Nuclear households include couple only, couple with children, and single parent with children households.

Co-residence is mutually beneficial for elderly people and other members of the household because it means that elderly people can receive social and financial support from the younger generation. In exchange, elderly people can contribute to the family by assisting with the care of younger children, facilitating marriage arrangements, mediating in family conflicts, and even re-affirming traditional identities (Sibai & Yamout, 2012; Abdullah, 2016). Thus, elderly people can actively contribute to their families and communities by participating in socially engaged roles such as nurturing younger members of the family (Abdullah, 2016).

Given the trends in older people's living arrangements, the number of institutionalized older adults is relatively low in many OIC countries (SESRIC, 2018). The preference for family-based care systems is supported by cultural beliefs, religious teachings, and demographic trends. However, in spite of their cultural significance and value, family-based care systems are on a decline across developing societies due to a number of factors such as limited co-residence, reduced family size, urbanization, and changing perceptions about the elderly.

Older people belonging to minority groups (including women, migrants, people with disabilities and special needs, etc.) are more likely to suffer from the decline in informal family-based care systems (Abdullah, 2016). Older women, in particular, are likely to suffer from the decline in family-based care systems due to gender disparities. For instance, older men, as compared to women, have higher mortality rates, which means that older women are likely to spend their old age alone, be widowed, experience financial difficulties, and have a higher dependence on assistance from relatives or caregivers (UN DESA, 2020). Cultural barriers in access to resources also affect older women disproportionately – especially in patriarchal societies – where older women may experience limitations on mobility and participation in society (Latham, Clarke, & Pavela, 2015). Depending on the hierarchical nature of the family unit in which they reside, older women may also experience neglect and isolation due to their age or marital status.

6.3. Integrating Culture into Elderly Policies

The changing cultural context affects traditions and norms in many OIC countries that have implications on the elderly and their quality of life. For instance, family-based care systems are vital for mitigating risks to elderly people's health, psychological well-being, and socio-economic support. Family or kinship networks can better manage loneliness, poverty, and psychological distress (anxiety and depression) that are experienced by vulnerable older people (Pullum & Akyil, 2017). However, in the absence of informal or family-based care, the responsibility of caring for elderly people lies with the governments in OIC countries. Thus, it is very important for policies on ageing to not only provide socio-economic assistance to elderly people but also ensure that their autonomy is preserved,

while simultaneously ensuring their social integration. Cultural values, norms, and changing family structures must also be taken into account while formulating policies that are socially acceptable and can be internalized by individuals.

Several OIC countries have programs or policies to provide institutional support for the elderly that are sensitive to the cultural dimensions of ageing. In Qatar, for instance, the Ehsan Elderly Empowerment and Care Center (Ehsan) – under the Qatar Social Work Foundation – strives to empower older people by providing them with necessary services, spread social awareness on elderly issues and the rights of older persons, and enhance inter-generational solidarity through dialogue (Vision & Mission: Ehsan, 2018).

In Algeria, the Law Concerning the Protection of the Elderly ensures that elderly people can receive in-home governmental assistance that includes social and health aid, psychological support, and cultural activities (Saliba, 2016). In Brunei Darussalam, social activity centres for the elderly focus on reducing the 'Empty Nest Syndrome' that causes loneliness and boredom amongst older people, where older people can socially interact with other people their age. These centres also encourage youth voluntarism to facilitate an exchange of knowledge and wisdom between generations (11th ASEAN & Japan High-Level Officials Meeting on Caring Societies, 2013). In Saudi Arabia, the elderly support organization "Waqar", sponsored by King Abdullah International Foundation for Humanitarian Works, launched a campaign in 2019 to raise awareness about the elder abuse; the conference discussed the concept of the elder abuse, its various forms, and ways to protect the elderly from abuse (Arab News, 2019).

Some of these wide ranging policies and initiatives from OIC countries on the nexus of culture and elderly can offer opportunities for intra-OIC exchange of experiences. This exchange can assist OIC countries in the effective implementation of the OIC Strategy on the Elderly and pave the way for a transfer of knowledge and resources.

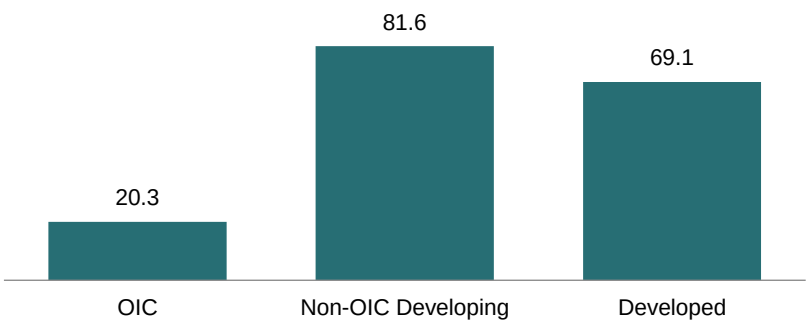
7. COVID-19 AND ELDERLY

The COVID-19 pandemic has impacted every aspect of people's lives around the world. As of 31 May 2021, more than 3.5 million deaths had been recorded globally due to COVID-19. This unprecedented death toll has a disproportionate impact on some demographics as compared to others. In particular, vulnerable and disadvantaged groups including older persons have been impacted more severely. According to the UN (2020), fatalities among the elderly are significantly higher than the global average. For those aged 80 or over, mortality rates are five times higher than the global average. This is why elderly people require special attention and specific policy responses in order to ensure their socio-economic wellbeing. Against this background, this section provides a brief overview of the state of COVID-19 and its impacts on elderly people in OIC countries and the world.

7.1. State of COVID-19 in OIC Countries

Since the beginning of the pandemic in December 2019, more than 171 million cases have been recorded globally. Non-OIC developing countries recorded the highest number of cases (81.6 millions) followed by 69.1 million cases in the developed countries, as of 31 May 2021. Based on available data, OIC countries have recorded a relatively lower number of cases (20.3 million) in aggregate terms (Figure 7.1). Limited COVID-19 testing capacity and inadequate data and monitoring systems in some OIC countries are likely to have affected the aggregate number of cases recorded in the OIC group, and therefore the analysis should be interpreted with some caution.

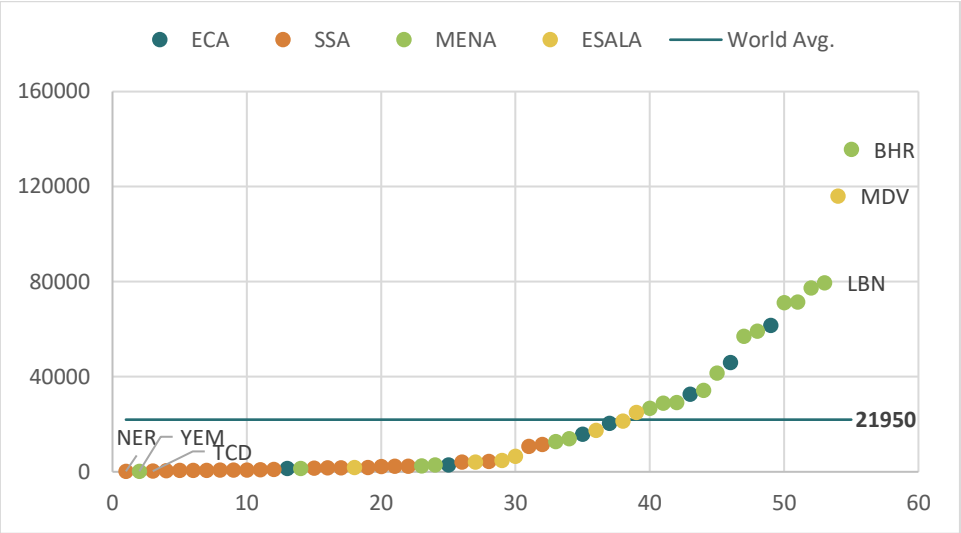
Figure 7.1: Total Cases of Covid-19 (millions)



Source: SESRIC Pandemic Database and Worldometers Database, as of 31 May 2021.

At the individual OIC country and sub-regional levels, the total confirmed COVID-19 cases vary significantly. In terms of total cases per million population, 16 OIC countries (mostly from the MENA sub-region) exceeded the world average of 21,950 cases (Figure 7.2). Bahrain, Maldives, and Lebanon were the three leading OIC countries with more than 80 thousand and more confirmed cases per million population. The number of reported cases per million population were less than 300 in Niger, Yemen and Chad.

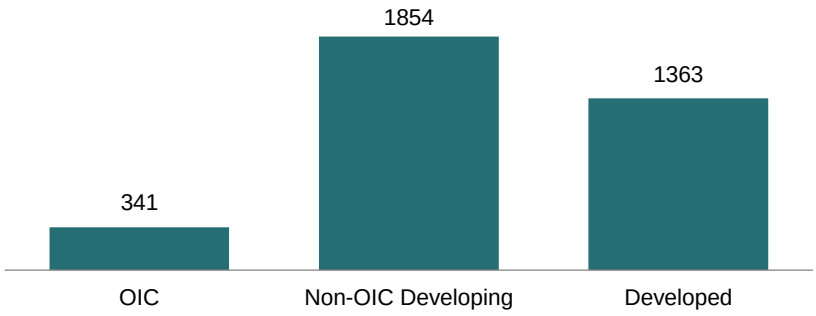
Figure 7.2: Total COVID-19 Cases (per million population) in OIC Countries



Source: SESRIC Pandemic Databased and Worldometers Database, as of 31 May 2021.
Note: 55 OIC countries are reported with available data

As in the confirmed COVID-19 cases, OIC countries had a limited number of mortalities at 341 thousand in aggregate terms. Developed countries (1,363 thousand) and non-OIC developing countries (1,854 thousand) exceeded the threshold of 1 million deaths by the end of May 2021 (Figure 7.3).

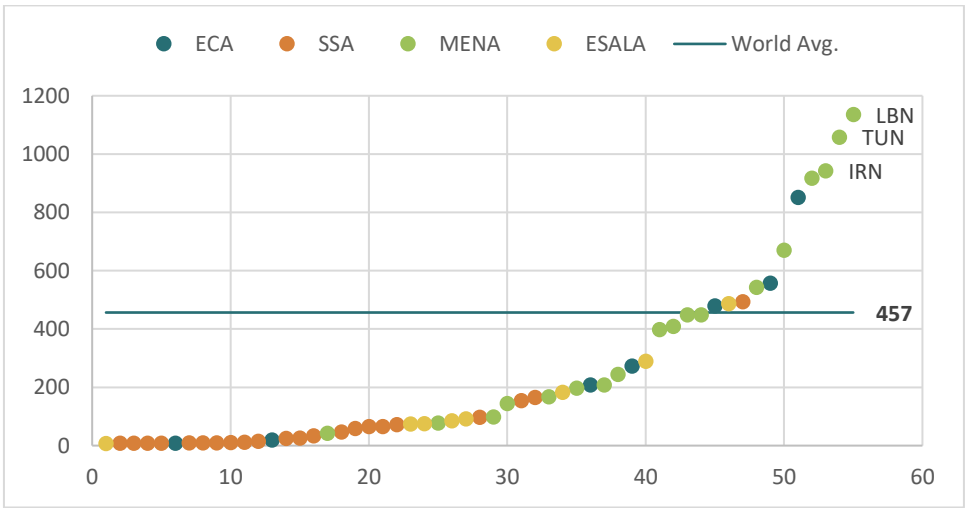
Figure 7.3: Covid-19 Caused Deaths (thousands)



Source: SESRIC Pandemic Databased and Worldometers Database, as of 31 May 2021.

The distribution of fatal cases of COVID-19 in OIC countries varies at the individual country level. As of 31 May 2021, Lebanon reported the highest mortality rate with 1136 deaths per million population, followed by Tunisia with 1058 deaths per million population. In eleven OIC countries (Lebanon, Tunisia, Iran, Jordan, Albania, Palestine, Turkey, and Bahrain), the average mortality rate per million population was higher than the world average of 457(Figure 7.4). In particular, OIC countries located in the SSA sub-region have a lower mortality rate per million population like in the cases of Uganda, Benin, Burkina Faso, and Niger with only 8 deaths per million population. The highest mortalities were recorded in OIC countries with a relatively higher share of the elderly population. This proves that the elderly population tends to be more affected by COVID-19 given their existing age-related health conditions.

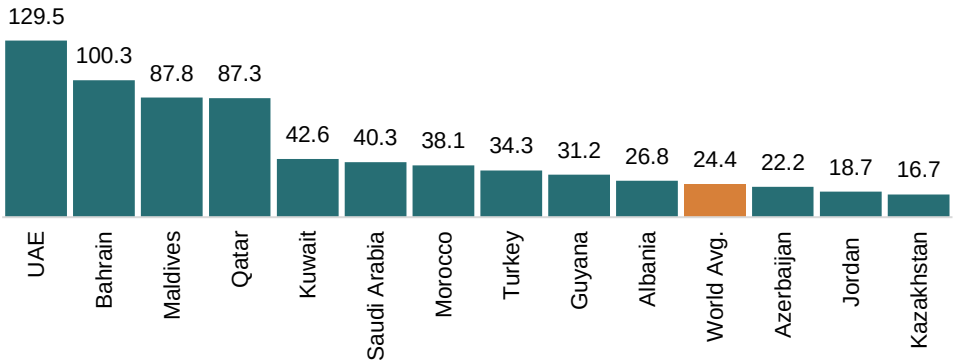
Figure 7.4: Deaths Caused by COVID-19 (per million population) in OIC Countries



Source: SESRIC Pandemic Databased and Worldometers Database, as of 31 May 2021.
Note: 55 OIC countries are reported with available data.

Without effective vaccination, it is impossible to achieve herd immunity and fully eliminate COVID-19. The on-going vaccination processes across various OIC countries play a critical role in improving the wellbeing of elderly people. The performance of OIC countries - in terms of cumulative COVID-19 vaccination dose administered per 100 people - varies at the individual country level. Some OIC countries have not started the vaccination process yet. However, 10 OIC countries with available data (United Arab Emirates, Bahrain, Maldives, Qatar, Kuwait, Saudi Arabia, Morocco, Turkey, Guyana, and Albania) have already exceeded the world average of 24.4. In particular, the performance of the United Arab Emirates is worth noting that the dose administered per 100 people are the highest in the world, as of 30 May 2021 (Figure 7.5).

Figure 7.5: Cumulative COVID-19 Vaccination Doses Administered per 100 people in Selected OIC Countries

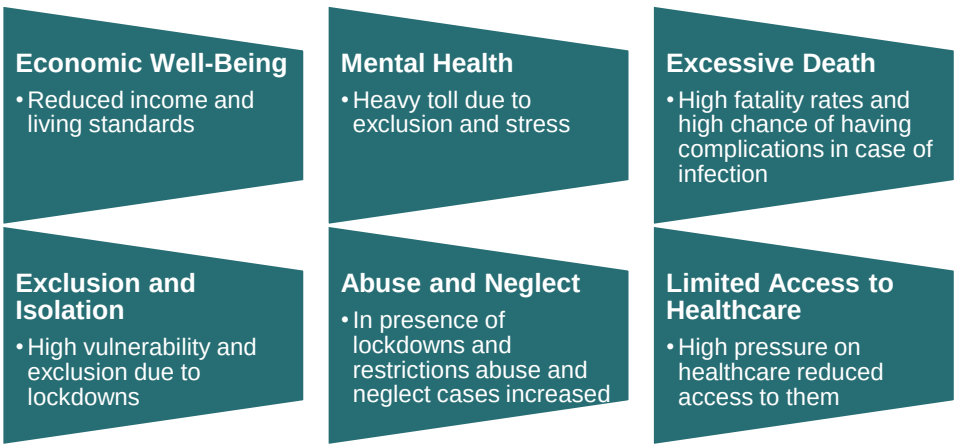


Source: Our world in Data, as of 30 May 2021.

7.2. Impacts of COVID-19 on Elderly

To contain the spread of infections, the majority of OIC countries have imposed strict public health and safety measures like ensuring effective social distancing, lockdowns, curfews, and border closures. These measures have been effective in limiting the number of cases (per million population) in many OIC countries (SESRIC, 2020). However, these measures and the COVID-19 outbreak pose significant challenges for older people. The impacts of COVID-19 on the elderly are multidimensional and interlinked and they affect older people's economic, health, and social wellbeing (OECD, 2020). Figure 7.6 summarizes the major impacts of COVID-19 on the elderly.

Figure 7.6: Impacts of COVID-19 on Elderly



Source: SESRIC (2020) and UN (2020).

In terms of physical wellbeing, older people have higher risks for developing serious complications in case of an infection. An estimated 66% of people aged 70 and over have at least one underlying condition, placing them at an increased risk of severe forms of COVID-19 (SESRIC, 2020). For instance, 41% of the COVID-19 related deaths were among older persons in Indonesia (ERIA, 2020). Moreover, the development of illness during old age has the potential to significantly deteriorate older people's function and health. COVID-19 is causing the disruption of routine healthcare for many older people with chronic health conditions (OECD, 2020). For instance, due to restrictions, many older persons are not allowed to visit healthcare institutions.

The mental wellbeing of the elderly is affected not only due to isolation and exclusion but also by increased instances of violence and abuse observed during the pandemic (SESRIC, 2020). With respect to social and mental wellbeing, COVID-19 poses particular risks for older people – especially those residing in long-term care facilities - in terms of increased mortality and low subjective well-being due to isolation and lower care time (OECD, 2020). The absence of contact with family members due to confinement measures has negative effects on psychological wellbeing, especially in the case of a prolonged outbreak. The number of violence and abuse cases especially in elderly care houses have risen during such difficult times (UN, 2020). The wellbeing of older persons in humanitarian emergencies across OIC countries also worsened during the pandemic, requiring special interventions (Box 7.1).

Box 7.1: Older Persons in Humanitarian Emergencies

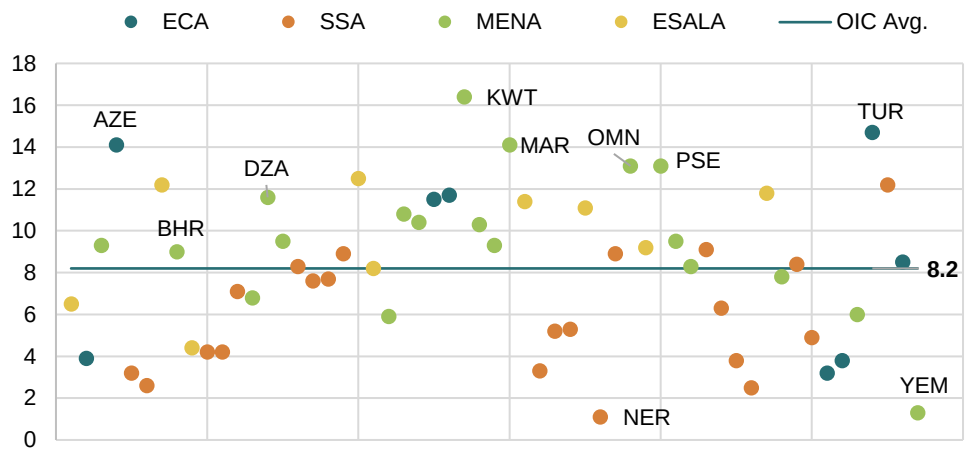
More than 60% of all conflicts in the world occur in OIC countries, of which the majority are internal conflicts. These conflicts are directly responsible for the mass displacement of refugees and internally displaced persons (IDPs), illustrated by the fact that the number of IDPs in OIC countries more than doubled between 2010 (12.9 million) and 2019 (27.4 million). Older persons are often overlooked in emergency relief systems, which worsens their capacity to respond and adapt in crises. Promoting the rights of older persons in emergencies, supporting their effective engagement in the design and implementation of humanitarian actions and confronting ageism are essential for an inclusive humanitarian response. An age-inclusive emergency response requires adequate financing and a solid knowledge base.

Source: UN (2019b) and SESRIC (2020)

In terms of economic wellbeing, COVID-19 has a direct negative wealth impact on asset holders including elderly people due to volatility in several asset values (OECD, 2020). Many elderly people lost their income or are faced with reduced earnings due to working hours lost because of COVID-19 related lockdowns. As

compared to late 2019, 8.8% of global working hours were lost in 2020. This is equivalent to 255 million full-time jobs (ILO, 2021). To put it in perspective, working-hour losses in 2020 were approximately four times greater than during the global financial crisis in 2009. In the OIC group, on average, working hours lost due to the COVID-19 pandemic were measured at 8.2%, which is slightly lower than the world average of 8.8%. At the individual country level, the highest relative working-hour loss was observed in Kuwait (16.4%) (Figure 7.7). The OIC countries located in the SSA region, on average, lost relatively lower working hours (5.9%) due to the pandemic as compared to the average of the OIC (8.2%).

Figure 7.7: Working Hours Lost due to the COVID-19 Crisis in OIC Countries (%) in 2020



Source: ILOSTAT, modelled estimates. Note: Working hours lost relative to the fourth quarter of 2019.

Overall, the COVID-19 pandemic is an active crisis and the number of cases and deaths change day to day across countries. The new mutations of the virus and on-going inoculation efforts will likely affect its trajectory. However, available data show that the situation in OIC countries is varied. Regional and individual country-level discrepancies exist. Underlying medical factors such as genetic markers and race-based resilience are likely to be questioned by future medical research studies. However, it is evident that the socio-economic well-being of elderly populations in OIC countries is under severe strain, which requires urgent policy interventions to mitigate the negative impacts of COVID-19 on the elderly.

As the impacts of COVID-19 are severe and multidimensional, policy responses of OIC countries should also be multidimensional and comprehensive enough to mitigate challenges faced by the elderly during the pandemic and beyond. Otherwise, uncoordinated policy responses across different sectors like economy and health are likely to have a limited impact on the overall wellbeing of the elderly

in OIC countries and elsewhere. Moreover, the recovery efforts of OIC countries should also have a long-term perspective to build up resilience for future shocks.

In order to respond to the COVID-19 crisis and to reduce its impact on vulnerable people (especially on elderly people), several OIC countries have adopted a wide range of measures from extending unconditional cash transfers to providing health care and social services at home. About 42 OIC countries have designed and implemented fiscal stimulus packages that include support measures for vulnerable groups including elderly people (SESRIC, 2020). Some OIC countries have introduced donation mechanisms to support vulnerable groups through encouraging solidarity in society. This includes countries such as Iraq, Jordan, Lebanon, Morocco, Senegal, and Turkey, among others. Jordan decided to suspend its old-age insurance contributions for the private sector during the crisis and extended its old-age insurance coverage to people previously excluded.

Millions of older workers have been allowed to work from home during the pandemic in OIC countries like Saudi Arabia and Turkey to reduce the risk of being infected. Some OIC countries like Turkey have begun offering mental health support for the elderly who have been affected by lockdown measures. In Malaysia, several state hospitals and designated hospitals for COVID-19 are offering public telemedicine services (i.e. remote) - especially for vulnerable populations including the elderly (Mustaffa et al., 2020).

Nevertheless, given the scope of the pandemic, many OIC countries are still in the process of developing additional interventions to alleviate negative impacts of the pandemic on the elderly and improve their wellbeing. Throughout this process, the exchange of experiences and best practices among OIC countries could be instrumental in order to identify successful initiatives and policies as well as enhancing intra-OIC cooperation.

8. POLICY RECOMMENDATIONS

Elderly people are important for achieving sustainable development. Given their potentials, skills, and experiences they can be effective enablers of development. Moreover, they can become role models for future generations by contributing to the wellbeing of their societies. However, in order to benefit from their potentials and leave no older person behind during the development process of OIC countries, effective ageing policies play a crucial role. The increase in the number of older people over the past decades has mainstreamed ageing as a social concern amongst policy makers, calling for additional efforts to be exerted in many OIC countries. The current and forecasted trends on ageing also necessitate many OIC countries to allocate more resources towards issues such as elderly employment, ageism, integration, health and long-term care, and cultural shifts. Therefore, existing policy frameworks of many OIC countries have to be reviewed and revised to align them with national, regional, and international developmental agendas.

In this context, the following set of policy recommendations are proposed to serve as guidelines for designing effective measures that can address multidimensional challenges faced by the elderly in different walks of life:

Develop a holistic policy approach on ageing and elderly: Many OIC countries need to upscale their efforts and national capacities to improve the wellbeing of elderly and achieve inclusive development at the national level. However, without a holistic and multi-sectoral policy approach on the elderly, such efforts cannot be successful. As ageing related problems and challenges faced by elderly are multidimensional and usually interlinked with each other, it is critical to have a holistic policy approach on ageing and elderly rather than a unidimensional policy approach.

Improve data availability on the elderly: The availability and quality of data and statistics on elderly people and ageing is an area where many OIC countries need to exert more efforts. Datasets disaggregated by age are crucial in shaping policies for the elderly. Yet, many OIC countries experience difficulties to collect datasets in various sectors like economy and health that are disaggregated by age. OIC countries need to invest in their statistical capacities in this important domain. In this context, SESRIC, a subsidiary organ of the OIC, provides targeted training and capacity building programmes for the National Statistical Offices

(NSO) of OIC countries. OIC countries are recommended to benefit from such programmes offered by SESRIC that can improve their capacities to collect and process quality data on the elderly.

Undertake more research studies on the elderly: OIC countries need to undertake detailed and focused background studies in order to shed light on the different issues and problems faced by older persons. Such studies can be instrumental in the preparation of national-level ageing strategies and policies on a range of topics such as poverty in old-age and age-based discrimination. In this regard, OIC countries can also consider establishing national research centres on ageing and strengthen the capacities of existing ones.

Develop national strategies and steering mechanisms on ageing and elderly: Addressing challenges of elderly people requires effective coordination among various public authorities such as the Ministries of Social Affairs, Transport, and Health under a comprehensive national-level strategy. Therefore, it is essential to have a national-level strategy on ageing and the elderly. The healthy ageing concept has changed the traditional way of understanding ageing. It promotes an approach where people should prepare for an active old age at earlier stages of life with the help of supportive policies like the promotion of healthy diets and increased physical activity. In this process, greater involvement of various stakeholders through various steering mechanisms is a necessity. For instance, the Ministry of Religious Affairs can be part of a national level steering committee to raise awareness about the rights of elderly and the importance of protecting health. In a similar vein, it is essential to include representatives from civil society organisations in order to reach more people from all segments of society.

Reform and redesign social security systems: Social security systems including pensions and social safety nets targeting the elderly in many OIC countries are neither adequate nor comprehensive enough to meet the growing needs of elderly people or accommodate an increasing older population. OIC countries need to reform social security systems to increase their effectiveness, accessibility, coverage, and sustainability. Such systems can help advance the material and social well-being of elderly people. These reforms should ensure the availability of affordable, high quality and accessible social services, including health care and long-term care, to all older persons. In particular, establishing universal social protection with adequate benefits is key to reducing poverty and inequality as well as promoting the social inclusion of the elderly. The COVID-19 pandemic has highlighted the importance of having universal social protection for all. Some OIC countries have expanded their social security systems to include all elderly - even those who could not pay premiums or contributions – as part of their COVID-19 response programs.

Combat ageism and age-based discrimination: Many OIC countries need to provide additional legal measures in order to combat ageism and age-based discrimination in various sectors. In this context, OIC countries are recommended to introduce legislation to promote equality and non-discrimination on the basis of age in social protection policies and programming, employment (e.g. to tackle discrimination in hiring, promotion and retention and to ensure the right to work and to retire), the provision of insurance and financial services, and ownership and control of property and other assets.

Promote education and training of the elderly: Labour force participation trends show that it will be critical to retain older workers in the labour force in near future both for developed and developing countries. An important element for ensuring the employability of all workers is to provide the opportunity for continuous re-training and upskilling. Investing in education including lifelong learning can help elderly people in gaining new skills, improving their productivity, and matching their skills with labour market needs. However, cultural norms, stereotypes, and limited awareness on the importance of education of elderly people is a barrier that policy makers need to address during policy designing and implementation. In this context, cooperation with civil society organizations can help policy makers to change misperceptions and reach out to more elderly.

Provide incentives to employability and economic integration of the elderly: Labour markets are imperfect and elderly people face a number of challenges such as limitations on job-search, age-based discrimination, and statutory retirement due to age. In order to address such complex challenges and to increase the economic integration of the elderly, OIC countries need to formulate policies that aim to incentivize the employability of the elderly. Tax subsidies, voluntary employment quota schemes, and support for social security premiums are some of the modalities that can be considered by OIC countries. Moreover, alternative approaches in employment schemes such as flexible working and teleworking schemes need to be made available especially for older workers. In this way, they can be encouraged to stay active and productive in old age. Incentives can also be designed to prepare more elderly-friendly working environments and eliminating physical barriers for older persons.

Raise awareness on elderly issues and offer training to service providers: Only in a limited number of OIC countries, professionals in education or health sectors receive training in geriatrics and gerontology. Many of them do not know about the specific needs of older persons. Even caregivers who are responsible for providing services specifically to the elderly are not always equipped with knowledge on the needs of older persons. OIC countries need to consider developing and implementing training programmes for service providers in order to increase their knowledge and capacities in elderly health and long-term care. Moreover, public and targeted awareness-raising campaigns can be instrumental

in developing a national-level perspective on healthy ageing and the needs of elderly people. In particular, 1st October has been declared as the 'International Day of Older Persons' by the UN. OIC countries can organize several events and media campaigns on that specific date that will amplify the impacts of elderly-centric initiatives on society.

Mitigate the impacts of COVID-19 on the elderly: Vulnerable populations, including the elderly people, are severely impacted by the COVID-19 pandemic. In this regard, OIC countries need to exert efforts to mitigate the impacts of COVID-19 on the elderly not only in the area of health but also in economic and social life. Policies that increase healthcare and elderly care provision, along with social cohesion measures need to be part of the response policy set. Specific social safety nets and financial support in the form of cash transfer, tax deferral, or subsidies should be included in the COVID-19 response policies. In the policy planning process, views, needs, and expectations of elderly people have to be taken into account in order to identify core areas of concern and to ensure an effective implementation process. Most of these measures should also be extended during the recovery phase (i.e. post-COVID-19) as older persons cannot adapt themselves to changing situations as fast as other younger populations and some impacts of COVID-19 on the elderly is likely to continue even in the post-COVID-19 period.

Increase international and regional cooperation: OIC countries need to exert efforts for increased partnerships both at the international and regional levels in order to achieve sustainable development. It will also help OIC countries to achieve objectives related to the elderly population set in various international and regional documents like the SDGs and the OIC 2025 Programme of Action. Increased partnerships could also help OIC countries to benefit from various international and regional experiences and support programs in the domain of the elderly.

Implement the OIC Strategy on the Elderly: The OIC Strategy on the Elderly is one of the key guiding documents for OIC countries. Policy makers are recommended to consider reviewing the identified policy action points under 19 strategic goals in the strategy and prioritize implementation of those measures in their respective countries with a view to improving the wellbeing of the elderly. OIC countries are also recommended to benefit from the existing programmes of relevant OIC institutions provided in various modalities from capacity building activities (e.g. SESRIC capacity building and training programmes) to financial support mechanisms (e.g. COMCEC Project Funding). Exchange of experiences among OIC countries during the implementation of the OIC Strategy on the Elderly is also encouraged. This exchange can help OIC countries in learning from each other about successful elderly policies and has the potential to take intra-OIC cooperation to greater heights.

ANNEXES

Annex I: Non-Contributory Pension Schemes: Main Features and Indicators

Country	Name of Non-Contributor Pension Scheme (Year introduced)	Level of Benefit (USD)	Legal Requirements
Albania	Social Pension (2015)	54.4	IT, PT
Algeria	Allocation forfaitaire de solidarité (1994)	28.4	IT, PT
Azerbaijan	Social Allowance (old-age) (2006)	57.3	Citizenship, PT
Bangladesh	Old-Age Allowance (1998)	6.4	Citizenship, Residency, IT, PT
Brunei Darussalam	Old-Age Pension (1984)	179.2	Residency
Egypt	Ministry of Social Assistance Social Solidarity pensions (2008)	38.3	PT
Guyana	Old-Age Pension (1944)	83.7	Citizenship, Residency
Indonesia	Asistensi Sosial Usia Lanjut (ASLUT) (Social Assistance for Older Persons) previously called Jaminan Sosial Lanjut Usia (JSLU) (Social cash transfer for the elderly) (2006)	14.9	IT
Kazakhstan	Universal State Basic Pension (1991)	34.7	Citizenship
Kyrgyzstan	Social assistance allowance (old age) (1922)	14.5	PT
Malaysia	Bantuan Orang Tua (Elderly Assistance Scheme) (1982)	72.3	IT
Maldives	Old-age Basic Pension (2010)	150.3	PT
Mozambique	Programa de Subsídio Social Basico (PSSB) (Basic Social Subsidy Programme) (1992)	6.6	IT
Suriname	State Old-Age Pension (Algemene Oudedags Voorzieningsfonds (AOV)) (1973)	159.1	N/A
Tajikistan	Old-Age Pension (1993)	8.4	PT
Turkey	Means-tested Old Age Pension (1976)	43.4	IT
Turkmenistan	Social Allowance	48.4	IT, PT
Uganda	Senior Citizens Grant (2011)	6.8	IT, PT
Uzbekistan	Old-Age Social pension	53.1	Residency, IT, PT

Source: SESRIC staff calculations based on ILO's World Social Protection Report 2017-2019 Dataset

Notes: 1. PT (Pension tested): Non-contributory pensions of this type are provided to those older persons who do not receive a contributory pension at all, or whose contributory pension is below a certain minimum threshold; other types of incomes are not taken into account.

2. IT (Income test): Pensions of this type are provided to those older persons who have income below a set level or pass an income test.

3. Citizenship: Pensions of this type are provided to those older persons who hold the citizenship of the country in question.

4. Residency: Pensions of this type are provided to those older persons who have a legal residence in the country in question.

Annex II: Country Group Classifications

OIC Member Countries (57):			
Afghanistan (AFG)	Gabon (GAB)	Maldives (MDV)	Sudan (SDN)
Albania (ALB)	Gambia (GMB)	Mali (MLI)	Suriname (SUR)
Algeria (DZA)	Guinea (GIN)	Mauritania (MRT)	Syria* (SYR)
Azerbaijan (AZE)	Guinea-Bissau (GNB)	Morocco (MAR)	Tajikistan (TJK)
Bahrain (BHR)	Guyana (GUY)	Mozambique (MOZ)	Togo (TGO)
Bangladesh (BGD)	Indonesia (IDN)	Niger (NER)	Tunisia (TUN)
Benin (BEN)	Iran (IRN)	Nigeria (NGA)	Turkey (TUR)
Brunei Darussalam (BRN)	Iraq (IRQ)	Oman (OMN)	Turkmenistan (TKM)
Burkina Faso (BFA)	Jordan (JOR)	Pakistan (PAK)	Uganda (UGA)
Cameroon (CMR)	Kazakhstan (KAZ)	Palestine (PSE)	United Arab Emirates (UAE)
Chad (TCD)	Kuwait (KWT)	Qatar (QAT)	Uzbekistan (UZB)
Comoros (COM)	Kyrgyzstan (KGZ)	Saudi Arabia (SAU)	Yemen (YEM)
Cote d'Ivoire (CIV)	Lebanon (LBN)	Senegal (SEN)	
Djibouti (DJI)	Libya (LBY)	Sierra Leone (SLE)	
Egypt (EGY)	Malaysia (MYS)	Somalia (SOM)	

* Syria is currently suspended from OIC membership.

Non-OIC Developing Countries: (98)			
Angola (AGO)	Dominica (DMA)	Malawi (MWI)	Serbia (SRB)
Antigua and Barbuda (ATG)	Dominican Republic (DOM)	Marshall Islands (MHL)	Seychelles (SYC)
Argentina (ARG)	Ecuador (ECU)	Mauritius (MUS)	Solomon Islands (SLB)
Armenia (ARM)	El Salvador (SLV)	Mexico (MEX)	South Africa (ZAF)
The Bahamas (BHS)	Equatorial Guinea (GNQ)	Micronesia (FSM)	South Sudan (SSD)
Barbados (BRB)	Eritrea (ERI)	Moldova (MDA)	Sri Lanka (LKA)
Belarus (BLR)	Ethiopia (ETH)	Mongolia (MNG)	St. Kitts and Nevis (KNA)
Belize (BLZ)	Fiji (FJI)	Montenegro (MNE)	St. Lucia (LCA)
Bhutan (BTN)	Georgia (GEO)	Myanmar (MMR)	St. Vincent and the Grenadines (VCT)
Bolivia (BOL)	Ghana (GHA)	Namibia (NAM)	Swaziland (SWZ)
Bosnia and Herzegovina (BIH)	Grenada (GRD)	Nauru (NRU)	Tanzania (TZA)
Botswana (BWA)	Guatemala (GTM)	Nepal (NPL)	Thailand (THA)

Brazil (BRA)	Haiti (HTI)	Nicaragua (NIC)	Timor-Leste (TLS)
Bulgaria (BGR)	Honduras (HND)	Palau (PLW)	Tonga (TON)
Burundi (BDI)	Hungary (HUN)	Panama (PAN)	Trinidad and Tobago (TTO)
Cabo Verde (CPV)	India (IND)	Papua New Guinea (PNG)	Tuvalu (TUV)
Cambodia (KHM)	Jamaica (JAM)	Paraguay (PRY)	Ukraine (UKR)
Central African Republic (CAF)	Kenya (KEN)	Peru (PER)	Uruguay (URY)
Chile (CHL)	Kiribati (KIR)	Philippines (PHL)	Vanuatu (VUT)
China (CHN)	Kosovo (Unassigned)	Poland (POL)	Venezuela (VEN)
Colombia (COL)	Lao P.D.R. (LAO)	Romania (ROU)	Vietnam (VNM)
D.R of the Congo (COD)	Lesotho (LSO)	Russia (RUS)	Zambia (ZMB)
Republic of Congo (COG)	Liberia (LBR)	Rwanda (RWA)	Zimbabwe (ZWE)
Costa Rica (CRI)	North Macedonia (MKD)	Samoa (WSM)	
Croatia (HRV)	Madagascar (MDG)	São Tomé and Príncipe (STP)	
Developed Countries* (39):			
Australia (AUS)	Germany (DEU)	Lithuania (LTU)	Singapore (SGP)
Austria (AUT)	Greece (GRC)	Luxembourg (LUX)	Slovak Republic (SVK)
Belgium (BEL)	Hong Kong (HKG)	Macao SAR (MAC)	Slovenia (SVN)
Canada (CAN)	Iceland (ISL)	Malta (MLT)	Spain (ESP)
Cyprus (CYP)	Ireland (IRL)	Netherlands (NLD)	Sweden (SWE)
Czech Republic (CZE)	Israel (ISR)	New Zealand (NZL)	Switzerland (CHE)
Denmark (DNK)	Italy (ITA)	Norway (NOR)	Taiwan (TWN)
Estonia (EST)	Japan (JPN)	Portugal (PRT)	United Kingdom (GBR)
Finland (FIN)	Korea, Rep. (KOR)	Puerto Rico (PRI)	United States of America (USA)
France (FRA)	Latvia (LVA)	San Marino (SMR)	

* Based on the list of advanced countries classified by the IMF.

Annex III: Geographical Classification of OIC Countries

Sub-Saharan Africa (21): OIC-SSA		
Benin	Gambia	Nigeria
Burkina Faso	Guinea	Senegal
Cameroon	Guinea-Bissau	Sierra Leone
Chad	Mali	Somalia
Comoros	Mauritania	Sudan
Côte d'Ivoire	Mozambique	Togo
Gabon	Niger	Uganda
Middle East and North Africa (19): OIC-MENA		
Algeria	Kuwait	Saudi Arabia
Bahrain	Lebanon	Syria*
Djibouti	Libya	Tunisia
Egypt	Morocco	United Arab Emirates
Iraq	Oman	Yemen
Iran	Palestine	
Jordan	Qatar	
*Syria is currently suspended from its OIC membership.		
East and South Asia and Latin America (9): OIC-ESALA		
Afghanistan	Guyana	Maldives
Bangladesh	Indonesia	Pakistan
Brunei Darussalam	Malaysia	Suriname
Europe and Central Asia (8): OIC-ECA		
Albania	Kyrgyzstan	Turkmenistan
Azerbaijan	Tajikistan	Uzbekistan
Kazakhstan	Turkey	

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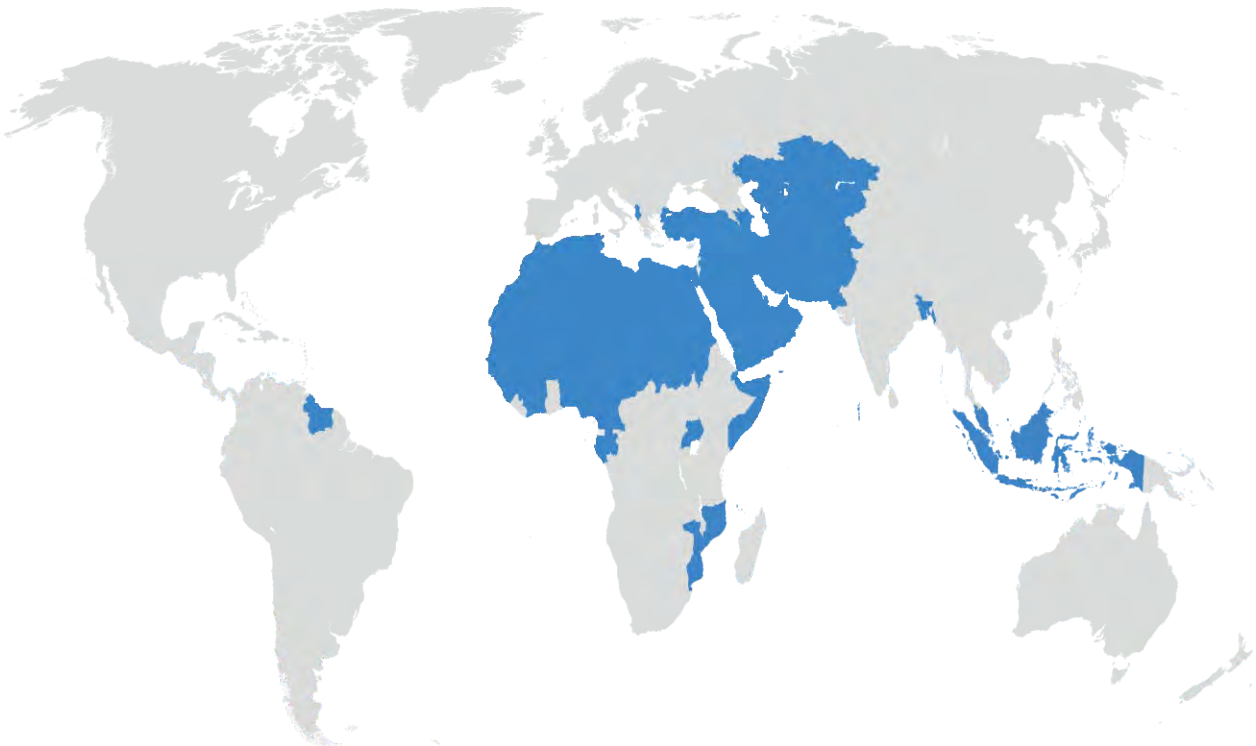

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