

State of Elderly

IN OIC MEMBER
COUNTRIES

2023



ORGANISATION OF ISLAMIC COOPERATION
STATISTICAL, ECONOMIC AND SOCIAL RESEARCH
AND TRAINING CENTRE FOR ISLAMIC COUNTRIES



STATE OF ELDERLY IN OIC MEMBER COUNTRIES 2023



Organisation of Islamic Cooperation
**Statistical, Economic and Social Research
and Training Centre for Islamic Countries**



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CONTENTS

CONTENTS	I
ACRONYMS	III
FOREWORD	V
EXECUTIVE SUMMARY	1
1. INTRODUCTION	5
2. ELDERLY DEMOGRAPHICS	9
2.1. Elderly in the Demographic Structure	10
2.2. Demographic Determinants of Population Ageing.....	14
2.3. Changes in Population Structure	19
3. LABOUR MARKET AND ECONOMIC INTEGRATION OF ELDERLY	23
3.1. Elderly in the Labour Market	24
3.2. Pensions and Social Safety Nets.....	32
3.3. Alternative Approaches to Increase Economic Integration.....	34
4. HEALTH AND WELL-BEING OF ELDERLY	37
4.1. Healthy Life Expectancy.....	38
4.2. Diseases and Disabilities	40
4.3. Healthy Ageing	44
4.4. Policies on Healthy Ageing	45
5. ENABLING A SUPPORTIVE ENVIRONMENT FOR ELDERLY	51
5.1. Active Ageing and Enabling Environment.....	52
5.2. National Level Policies and Social Protection Systems	56
6. CULTURE AND ELDERLY	63
6.1. Islam, Culture, and Elderly	64
6.2. Institutions, Culture, and Elderly	65
6.3. Integrating Culture into Elderly Policies	69
7. POLICY RECOMMENDATIONS	71
ANNEXES	76
REFERENCES	84

ACRONYMS

ASEAN	Association of Southeast Asian Nations
CFA	Chartered Financial Analyst
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
WPP	World Population Prospects
YLD	Years Lost due to Disability

FOREWORD

Aging is a natural phenomenon that has deep impacts on society. Today, elderly people constitute a significant proportion of the world's population as a result of decreasing fertility rates and increasing life expectancy 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.

Islam places great emphasis on respect, compassion, and care for the elderly. The teachings of the Quran and the examples set by Prophet Muhammad (peace be upon him) emphasize the rights and dignity of older individuals. As the global population ages, understanding and addressing the unique challenges faced by the elderly becomes increasingly crucial. In the context of the OIC member countries, this becomes particularly important as the demographic shift towards an aging population has already started and is expected to accelerate.

The **“State of Elderly Report 2023”** aims to shed light on the issues faced by the elderly in OIC countries and to provide insights and recommendations for policymakers. By drawing upon the latest research, data, and expert insights the report delves into elderly demographics, labour market and economic integration of the elderly, health and well-being of the elderly and culture. The report also examines the current state along with the special needs and vulnerabilities of the elderly population, discusses the enabling of a supportive environment for the elderly and highlights promising initiatives and best practices from within the OIC member countries.

The findings of the report show that increasing life expectancy and falling fertility levels have led to a steady increase in the elderly population in OIC countries from 3.6% of their total population in 1990 to 4.8% in 2021 with a projection of 9.5% for 2050. Yet, compared to the world (9.6%) and developed countries (20%) averages in 2021, OIC countries are still young with a relatively very low share of elderly in their total population. This state of affairs actually offers an important window of opportunities for OIC countries to get prepared for times when their elderly population may put an additional burden on the working-age population in the future. The OIC countries particularly need to develop and strengthen their social security systems to provide wider social protection coverage, especially to their elderly populations.

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. Furthermore, on the cultural and religious front families are at the centre of care systems to look after their elderly making informal care a dominant practice in OIC countries.

At the OIC level, the adoption of the OIC Strategy on the Elderly, which consists of four 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 hope this report serve as a valuable resource, guiding OIC countries in their efforts to prioritize the well-being of the elderly, in accordance with Islamic principles and the OIC Strategy on the Elderly. Through collaborative efforts and a commitment to Islamic values, we can create societies that honour and support the elderly, fostering a more compassionate future.

Zehra Zümürüt SELÇUK
Director General
SESRIC

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. 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 rate and life expectancy are among the main demographic determinants of ageing along with migration and some others. In OIC countries, fertility rate, on average, declined from 4.4 children per woman in 1995 to 3.2 children in 2021. Yet, on average, fertility rate in the OIC region is higher than in non-OIC developing countries and developed countries and will continue to be relatively high in the near future. The life expectancy at age 65 increased from 13 years to 13.5 years between 1995 and 2021. It is noteworthy that the COVID-19 pandemic had a disproportionately negative impact on elderly life expectancy in developing countries, with a decline of approximately 1 year observed in both OIC and non-OIC developing countries since 2019. However, it is anticipated that by the end of 2023, all country groups will regain losses and even could exceed pre-pandemic levels of the elderly life expectancy. 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 65 and over increased from 3.7% in 1995 to 4.8% in 2021. By 2050, this share is predicted to rise to 9.5% in OIC countries. The upward trend seen in ageing in the OIC region calls for additional policy interventions.

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 6.8 in 2010 to 7.8 in 2021, whereas the world average increased by 3.1 points to 14.8 in 2021. In addition, OIC countries, on average, witnessed a reduction in the labour force participation rate of the elderly from 29.6% in 2010 to 26.4% in 2021 due to a number of factors like labour market laws and age-based discrimination. Wide

gender disparities also exist in the participation of elderly men and women in the labour force in the OIC group.

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 2020, the share of elderly people receiving benefits from various pension schemes, on average, was the lowest in OIC countries (33.2%) when compared to other country groups and the world average (77.5%). The level of benefit that elderly people receive (in USD terms) varies markedly amongst OIC countries that offer non-contributory pension schemes.

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 2021, more than half of the elderly population lives with extended family in 36 OIC countries out of 49 with available data. It is also common for older people to co-reside with their spouse in a multi-generational household. In 18 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.

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 in OIC countries and the world. This pattern is likely to continue and gain momentum in the next few decades. By 2050, 1 in 10 people in the OIC group will be over the age of 65 compared to 1 in 20 people in 2021 according to UN DESA projections.

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 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. Another key strategy document in the field is the World Health Organization (WHO)'s Global Strategy and Action Plan for Ageing and Health for 2016–2020 which covers the first five-year period of the Sustainable Development Goals. It continues with the United Nations Decade of Healthy Ageing 2021–2030 also led by the WHO. It is the most recent global action plan that covers the last decade of the Sustainable Development Goals aimed to improve the lives and wellbeing of elders along with their families and communities. The 2030 Agenda for Sustainable 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).

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, *State of Elderly Report 2023* 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). 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 First 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 (2022) estimates, the population aged 65 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.

2.1. Elderly in the Demographic Structure

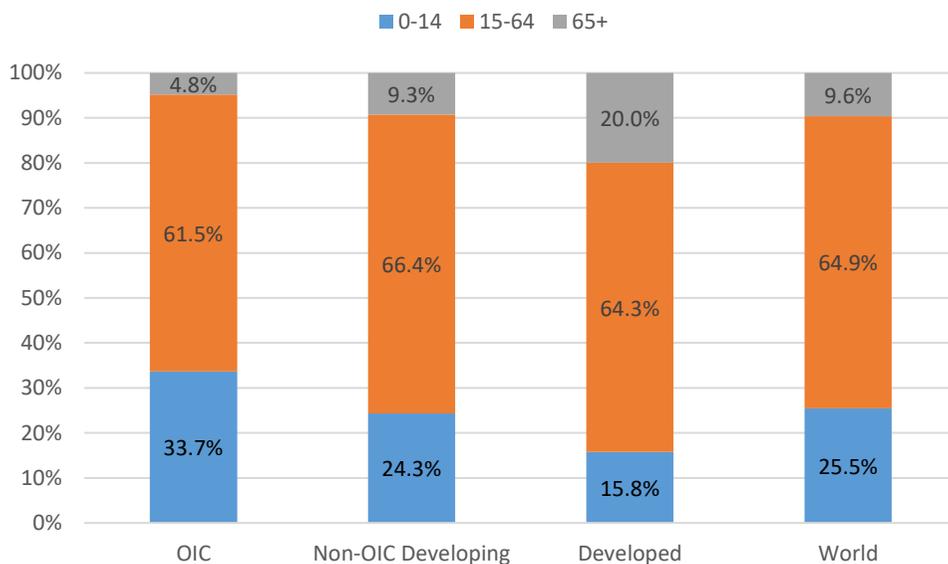
Demographic structure refers to the distribution of population by broad age groups, gender, and other characteristics. Analysing the population structure is necessary for comprehending a population's ability for development and change, as well as its future needs and possible challenges. It can also help to make informed policy decisions.

The age distribution is an essential feature of population structure. The number of elderly individuals (65 and older) is growing in many nations, which has serious implications for healthcare, social security, and the economy. An ageing population needs greater healthcare resources and may have a lower capability for employment and economic production.

Another critical age group is the working-age population (15-64 years old), which is frequently the most active in terms of economic productivity and labour force

participation. This group provides assistance to both the old and youngsters, two additional important components of population structure. The share of older individuals in the work force and their economic integration is also addressed in this report (Section 3). Finally, it is worth noting that, children (ages 0-14) are important in population structure because they represent the future of a population. Therefore, although today children together with elderly are substantially burdening social welfare systems, children are working-age population of the future who will be contributing to the economy and society.

Figure 2.1: Proportion of Population in Total by Broad Age Groups, 2021



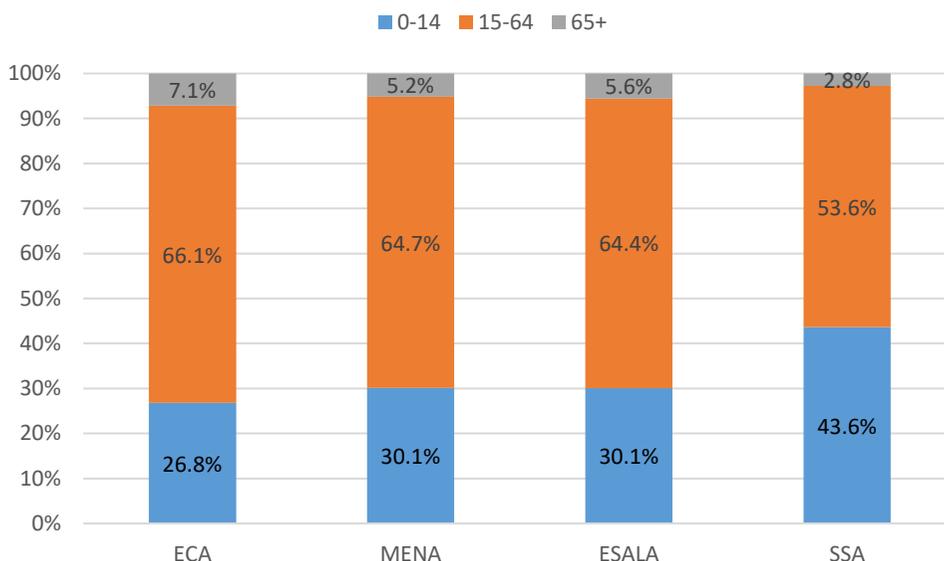
Source: SESRIC staff calculations based on the data accessed from the United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022.

The population of developed countries has been ageing significantly faster than that of other country groups. As of 2021, 20% of the developed world's population was 65 and older. In contrast, it is 9.6% globally and 9.3% in non-OIC developing countries. The proportion of the elderly in the total population in OIC countries was only 4.8% in 2021. Nonetheless, the proportion of children under the age of 15 in OIC countries is significantly higher, estimated at 33.7%, compared to 24.3% in non-OIC developing countries and 15.8% in developed countries. The presence of a relatively lower share of elderly population and higher share of children under the age of 15 in the OIC region stems from a number of factors including lower life expectancy at birth and higher fertility rates observed over the previous decades, as further elaborated in section 2.2 and 2.3.

Within the OIC sub-regions, the highest share of the elderly in total population was observed in Europe and Central Asia (ECA) at 7.1% while the lowest in the

Sub-Saharan Africa (SSA) at 2.8% in 2021. In the East and South Asia and Latin America (ESALA) group and Middle East and North Africa (MENA) sub-regions elderly population aged 65+ comprised 5.6% and 5.2% of total population respectively (Figure 2.2).

Figure 2.2: Proportion of Population in Total by Broad Age Groups in OIC Sub-regions, 2021



Source: SESRIC staff calculations based on the data accessed from the United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022.

Among the OIC countries, the highest proportion of elderly people (aged 65+ years) in total population was recorded in Albania at 16.2%, in 2021. It exceeded the world average (9.6%) as well as the average of non-OIC developing countries (9.3%). However, it stayed below the average of developed countries (20%). Lebanon comes in second place with a 9.6% of senior people in total population among OIC countries in 2021. The proportion of the old population in the OIC's remaining 55 member states are determined to be lower than the world, non-OIC developing and developed countries averages (Figures 2.1 and 2.3).

Figure 2.3: Percentage of Population aged 65 and over in OIC Countries, 2021

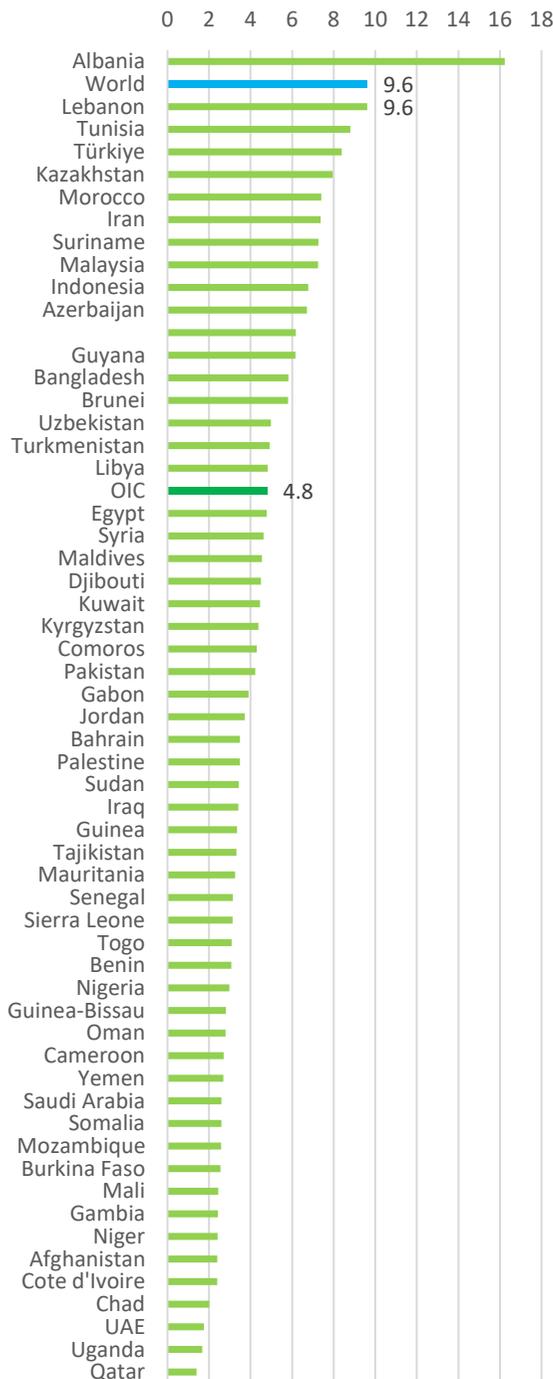


Figure 2.3 further illustrates that in 18 OIC countries in the ECA, MENA, and ESALA regions, the proportion of elderly population is relatively higher, surpassing the average of the OIC (4.8%).

On the other hand, OIC countries such as Qatar (1.4%), Uganda (1.7%), United Arab Emirates (1.8%), and others mostly in SSA region, had significantly low proportions of elderly population aged 65 and above in their total population.

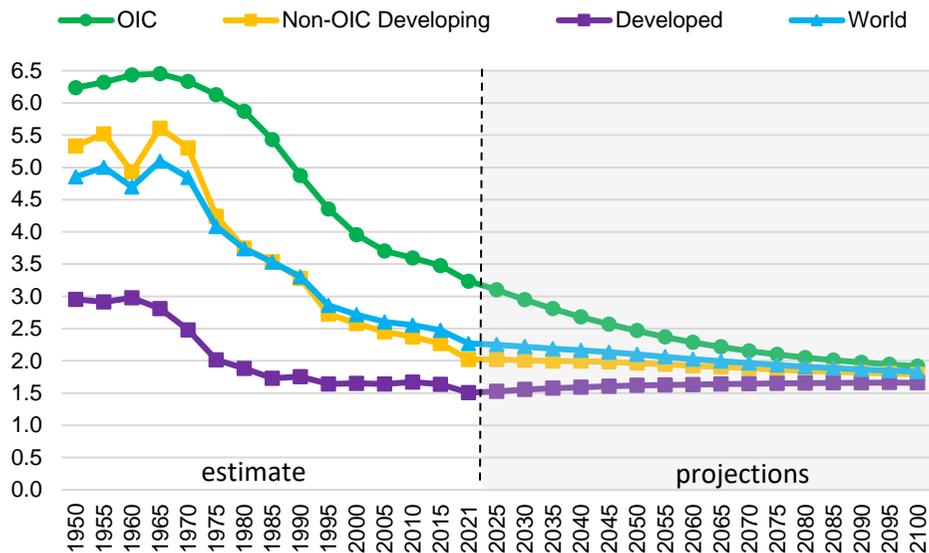
Source: SESRIC Staff calculations based on the data accessed from UNDESA, World Population Prospects 2022.

2.2. Demographic Determinants of Population 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. In this sub-section, these two indicators are analysed as the primary determinants of ageing. It is important to note, however, that the influence of these variables on population ageing differs by country or region, and that particular factors may be more or less relevant in various places. Migration can also contribute to population ageing. A population's ageing can be exacerbated if there is a net outflow of young persons (Zaiceva 2014). Also, if there is a net intake of older persons, it might add to the ageing population. Depending on the circumstances and policies in place, migration can have both good and negative effects on population ageing. Another factor is economic and social advancement, which results in better education, healthcare, and living conditions. Cultural values of the society, family structure, household type and family size can also contribute to population ageing (see section 6 for more discussions). At the same time, wars, disasters, and conflicts can have significant impact on changes in population structure and ageing around the world and in OIC countries (SESRIC, 2019b).

Fertility rates indicate the number of live births per women of reproductive age (15-49 years) 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. A replacement fertility rate of 2.1 is a theoretical benchmark used to determine if a population is reproducing at a sufficient pace to maintain itself. However, due to higher child mortality and lower life expectancy (SESRIC, 2019) this benchmark can be different for the OIC and non-OIC developing countries.

With regard to the dynamics, many theories have been proposed to explain the factors influencing fertility rates. The second demographic transition (SDT) paradigm, in particular, implies that individual values are becoming increasingly important in comparison to family and society values. While gender equity theory emphasises changes in women's economic roles as a reason for decreased fertility rate rather than changes in social or familial norms in industrialised countries, Han and Brinton (2022).

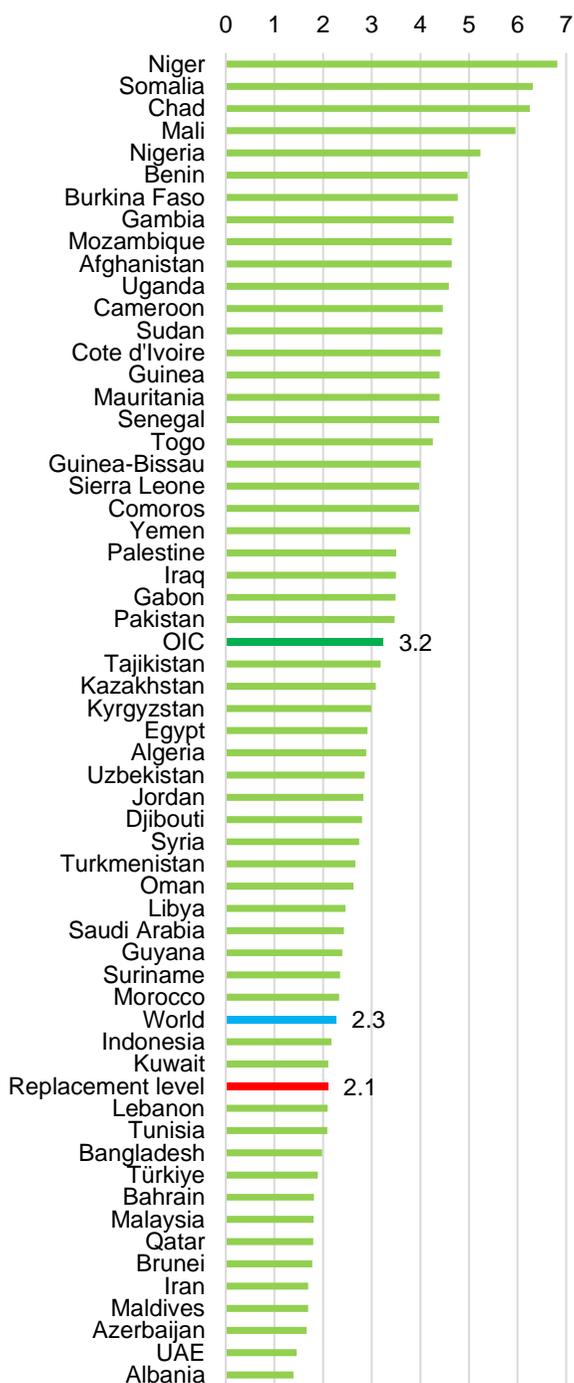
Figure 2.4: Fertility Rates, 1950-2100

Source: SESRIC staff calculations based on the data accessed from the United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022. Values for the period 2025-2100 are forecasted based on medium scenario projections.

Globally, fertility rates have been on a steady decline, particularly since the mid-1960s and are expected to continue declining in the future. For example, fertility rate in the OIC countries, as a group, was 6.2 children per women that exceeded the averages of non-OIC developing countries (5.3), developed countries (2.8) and global average (4.9) in 1950. In 1975 in developed countries, it fell below the replacement level fertility rate of 2.1 children per women. The fertility rate in non-OIC developing countries just fell below the replacement rate as of 2021.

Yet, fertility rate in OIC countries has been, on average, higher than those of non-OIC developing countries and considerably higher than developed countries over the period 1950-2021. And it will continue to remain above 2.1 until 2075 based on forecasted medium variant scenario of the Population Division of the UN DESA (2022). The global average fertility rate will fall below the theoretical replacement rate of 2.1 after 2050 (Figure 2.4). However, it is important to highlight that the fertility rate in the OIC region has been on the decline since 1960s and will be as low as 2.5 by 2050 (as compared to its estimated value 3.2 in 2021).

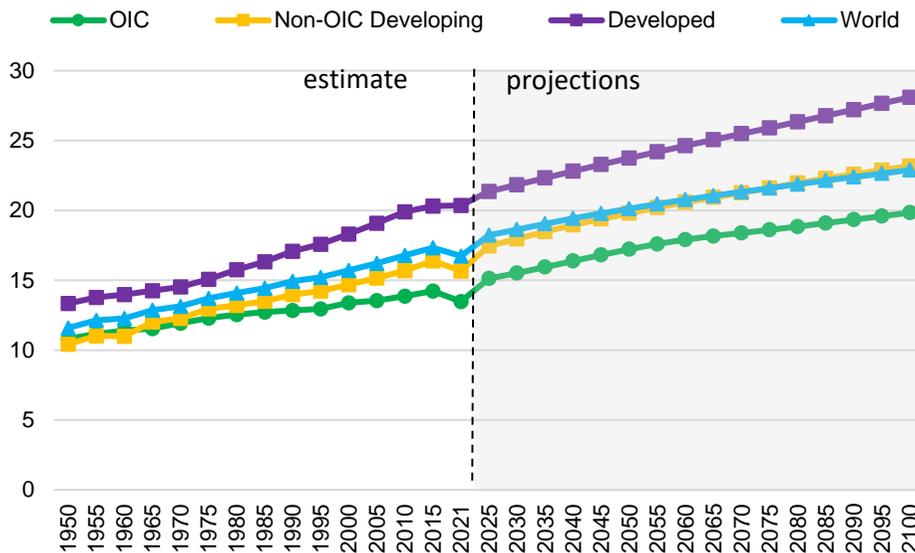
Figure 2.5: Fertility Rates in OIC Countries, 2021



At the individual country level, fertility rates vary considerably. Among the OIC members, SSA countries have the highest fertility rates ranging from 4 children per woman (Comoros) to 6.8 children per women (Niger). In particular, Niger (6.8), Somalia (6.3) and Chad (6.3) had the highest fertility rates. In contrast, OIC countries with the lowest fertility rates were Albania (1.4), United Arab Emirates (1.5) and Azerbaijan (1.5). Overall, the fertility rate in 13 OIC countries has been estimated less than 2.1 children per woman in 2021 (Figure 2.5).

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 65 has also improved drastically especially over the last decades. Many OIC countries, on average, also achieved to improve the life expectancy at age 65 by providing advanced social and health services for their population in recent decades (Figure 2.6).

Source: SESRIC Staff calculations based on the data accessed from UNDESA, World Population Prospects 2022.

Figure 2.6: Life Expectancy at Age 65, both sexes (years), 1950-2100

Source: SESRIC staff calculations based on the data accessed from the United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022. Values for the period 2025-2100 are forecasted based on medium scenario projections.

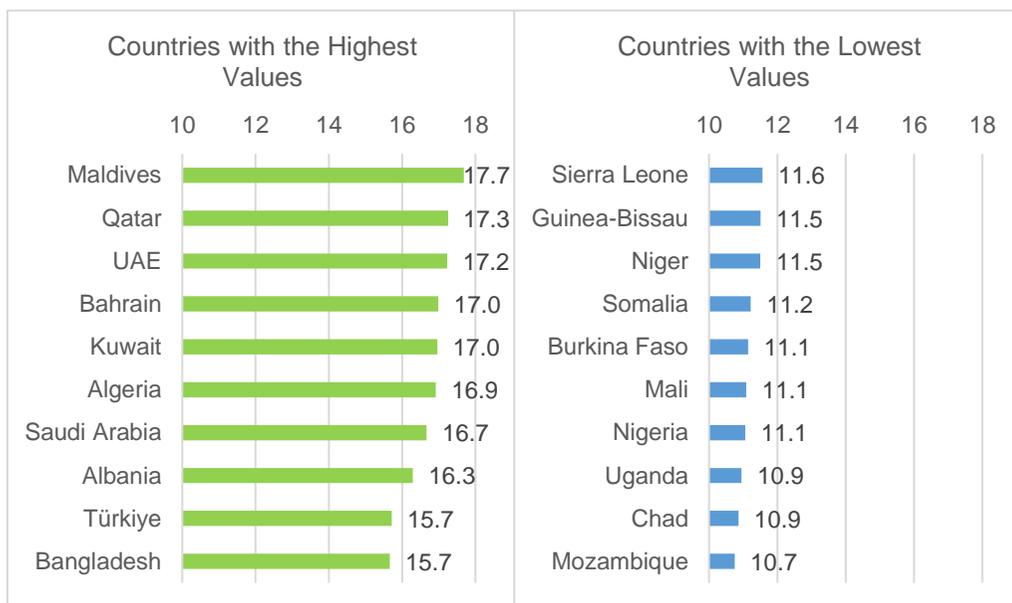
Over the period 1950-2021, the elderly life expectancy in the OIC region increased by 2.7 years. Despite this upward trend, in 2021, OIC countries still had a shorter life expectancy at age 65, estimated at 13.5 years, compared to other country groups. It is significantly below the averages of developed countries (20.4 years), non-OIC developing countries (15.7) and the global average (16.7 years). It is worth noting that the COVID-19 pandemic had a disproportionately unfavourable influence on the life expectancy of elderly people in developing nations (SESRIC, 2022). Life expectancy of senior people in the OIC countries group dropped from 14.7 year in 2019 to 13.5 years in 2021.

The average life expectancy for seniors in OIC countries as a whole at 65 is projected to be 17.2 years by 2050. While the average elderly life expectancy worldwide will reach 20.1 years, non-OIC developing countries are predicted to have a life expectancy of 19.8 years and developed countries to have a life expectancy of 23.7 years in the same year. OIC countries, on average, will remain considerably behind the averages of non-OIC developing and developed countries unless significant changes are achieved. The OIC countries' estimated elderly life expectancy in 2100 will be around 19.8 years (Figure 2.6).

At the individual country level, life expectancy at 65 varies drastically across OIC countries. On the one hand, OIC countries in Sub-Saharan Africa have some of the lowest life expectancies for the elderly in the world. For example, in

Mozambique life expectancy at 65 is 10.7 years, 10.9 years in Chad, 10.9 years in Uganda, 11.1 years in Nigeria, and 11.1 years in Mali. On the other hand, life expectancy at 65 was the highest in Maldives (17.7 years), followed by Qatar (17.3 years), United Arab Emirates (17.2 years), Bahrain (17 years), and Kuwait (17 years) (Figure 2.7).

Figure 2.7: Life Expectancy at Age 65 in OIC Countries, both sexes (years), 2021

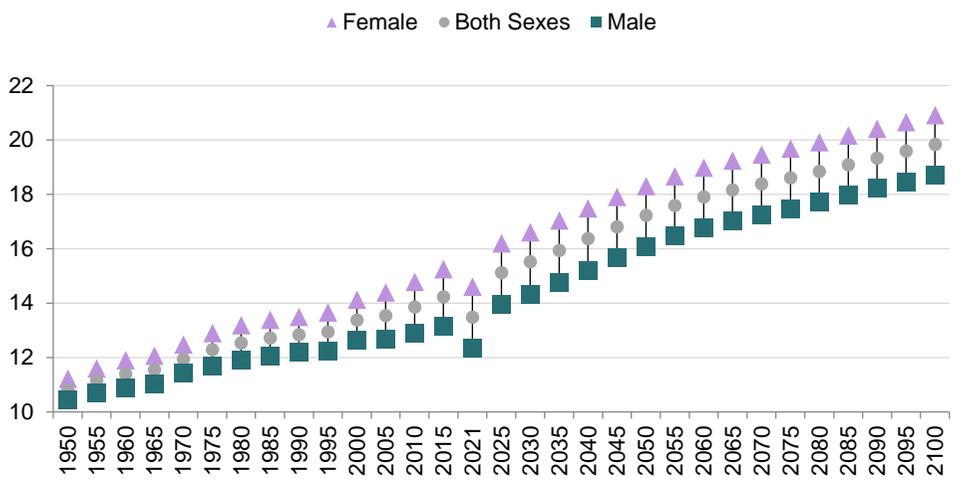


Source: SESRIC staff calculations based on the data accessed from the United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022.

From a gender disparity perspective, women tend to live longer than men. Figure 2.8 shows a breakdown of life expectancy at 65 for male and female populations in OIC countries between 1950 and 2100. The gap in life expectancy at age 65 between the female and male population has widened over the period in focus. In 1950, elderly women used to live 0.8 years longer than men in the OIC region. As of 2021, elderly females live 2.3 years longer than their male counterparts. However, this gap is not expected to rise further, it will remain around this level all the way until 2100. It is worth noting that both males and females were impacted by the COVID-19 pandemic, which started in 2020¹, at similar levels. Elderly male life expectancy fell from 13.5 year in 2019 to 12.3 years in 2021. While this indicator for elderly female dropped from 15.7 years to 14.6 years, over the same period (Figure 2.8).

¹ The World Health Organization (WHO) on March 11, 2020 declared the novel coronavirus (COVID-19) outbreak a global pandemic.

Figure 2.8: Life Expectancy at Age 65 by Gender in OIC Countries, 1950-2100

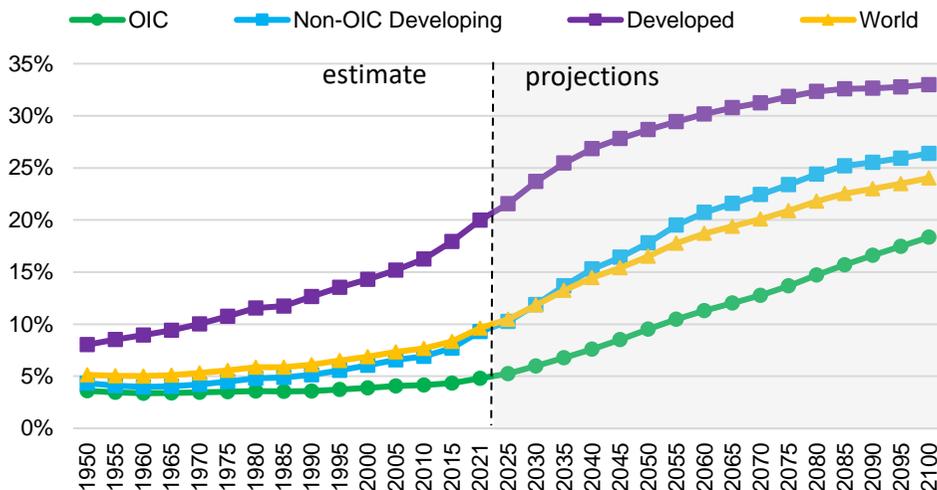


Source: SESRIC staff calculations based on the data accessed from the United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022. Values for the period 2025-2100 are forecasted based on medium scenario projections.

2.3. Changes in Population Structure

As a universal occurrence, aging has been observed across the globe; however, countries and regions differ in their demographic aging patterns, resulting in a diverse distribution of older individuals within the total population.

Figure 2.9: Percentage of Elderly Population aged 65 and over, 1950-2100

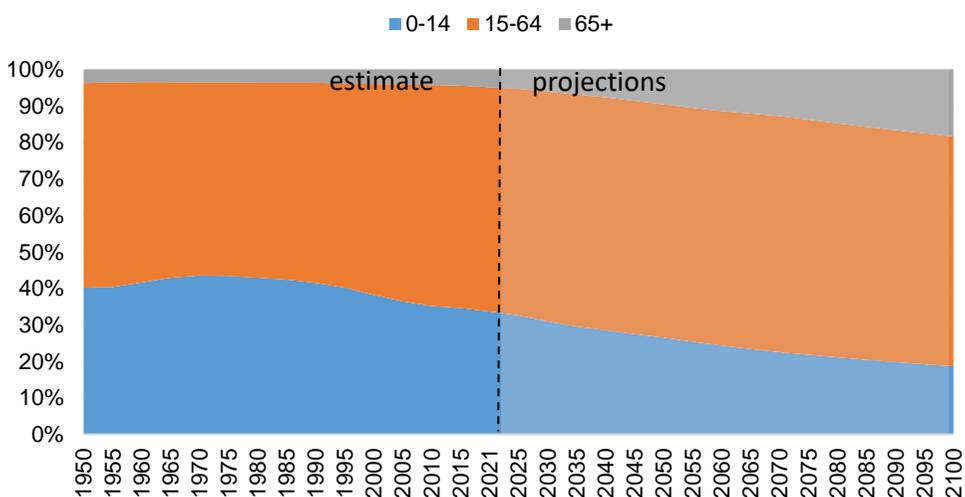


Source: SESRIC staff calculations based on the data accessed from the United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022. Values for the period 2025-2100 are forecasted based on medium scenario projections.

In OIC countries, the share of population aged 65 increased from 3.9% in 2001 to 4.8% in 2021 (Figure 2.9). This suggests that there has been a marked increase in the proportion of elderly individuals within the population over the past two decades, in comparison to the rate of increase observed over the preceding half century. Specifically, the percentage of individuals aged 65 and older within the total population rose from 3.6% in 1950 to 3.9% in 2000 in OIC countries.

The share of population aged 65 and over increased from 6.1% to 9.3% in non-OIC developing countries and from 14.5% to 20% in developed countries from 2001 to 2021. This clearly demonstrates that the speed of ageing in OIC countries, on average, was slower than non-OIC developing countries and developed countries over the last two decades. However, this share in the OIC group is projected to reach 9.5% 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 2.9). In other words, the OIC countries' demographic structures have been changing and will radically transform in future.

Figure 2.10: Changes in Population Structure of OIC countries, 1950-2100

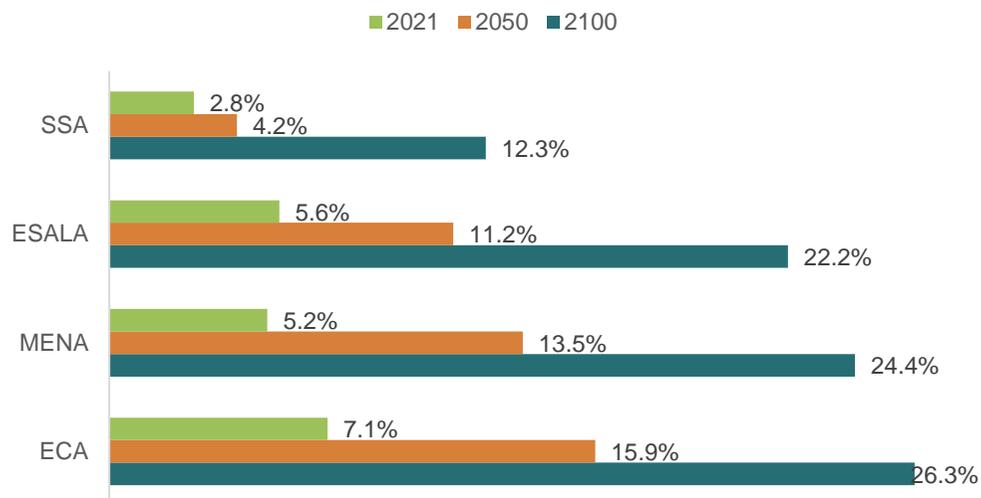


Source: SESRIC staff calculations based on the data accessed from the United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022. Values for the period 2025-2100 are forecasted based on medium scenario projections.

Not only the number of elderly but also their proportion in the OIC region will rapidly grow in upcoming decades. By 2100, proportion of elderly aged 65+ will comprise 18.3% of the total population of the OIC countries, almost equal to the proportion of children aged 0-14 (18.7%) (Figure 2.10). Put differently, the proportion of elderly aged 65+ will increase by 13.5 percentage points in the OIC group between 2021 and 2100 that significant additional financial sources and

social services will be needed to fully meet the needs of this important segment of societies from pensions to healthcare services.

Figure 2.11: Percentage of Elderly Population aged 65 and over in OIC Sub-Regions, 2021 vs. 2050 vs. 2100



Source: SESRIC staff calculations based on the data accessed from the United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022. Values for the period 2025-2100 are forecasted based on medium scenario projections.

With regard to the proportion of elderly in total population within OIC sub-regions, the largest share of people aged 65 and over in total population was in ECA in 2021. In the same year, 7.1% of the total population in ECA was aged 65 or over and this share is expected to rise to 15.9% by 2050 and reach 26.3% by 2100. In MENA and ESALA sub-regions, the share of population aged 65 and over were 5.2% and 5.6%, respectively in 2021. In the same year, two regions are likely to experience a sharp increase by 2050 – with the share of elderly population increasing to 13.5% in MENA and to 11.2% in ESALA. In contrast, only 2.8% of the total population was aged 65 and over in SSA, on average, in 2021. By 2050, it is expected to reach 4.2%. By 2100, both ESALA and MENA sub-regions are projected to have almost the same proportions of elderly in total population as ECA sub-region (Figure 2.11).

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. Already ageing has become an important policy item in some OIC sub-regions and countries, given the relatively high share of older persons and upward 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 many 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 influencing from the experiences of some developed countries and developing countries. Broadly speaking, 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, has been on the rise across the world and in many OIC countries, as documented 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.

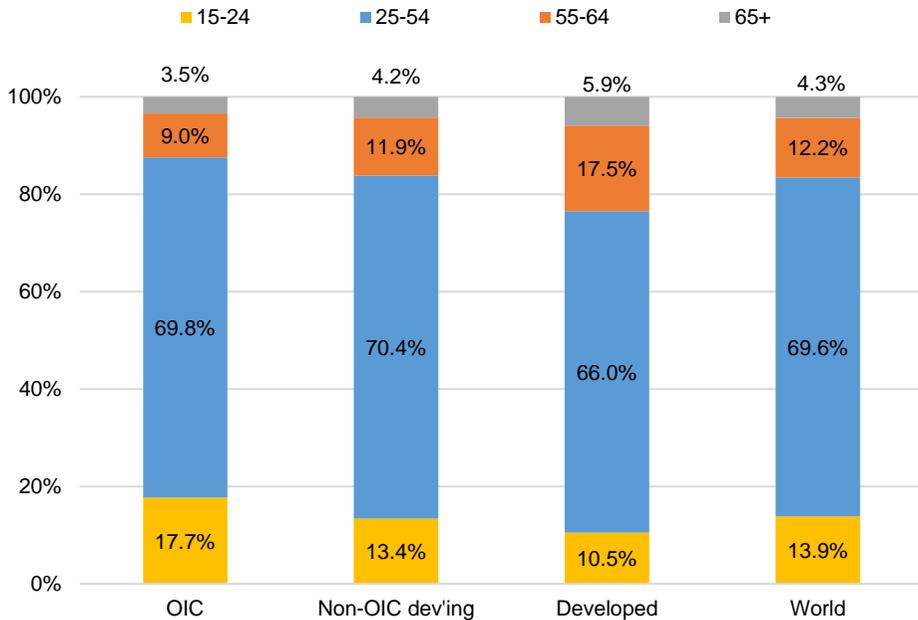
3.1. Elderly in the Labour Market

Contribution of the elderly population to labour force and on economic growth are substantial. In this section, in order to gain insights into the structure of the labour force, it was divided into broad age groups, including youth aged 15 to 24, adults aged 25 to 54, the pre-retirement cohort aged 55 to 64 and elderly aged 65+.

The 25-54 year old group makes up the majority of the workforce in 2021, with 69.8% of the workforce in OIC countries as a group, 70.4% of the workforce in non-OIC developing countries, 66% of the workforce in developed countries, and 69.6% of the global workforce (Figure 3.1). In OIC countries, the second largest age group are young people aged 15-24 comprising 17.7% of the workforce. Pre-retirement age group between the ages of 55 and 64 makes up only 9% of the workforce in OIC member countries. The remaining 3.5% of the labour force are elderly 65 years and older in 2021. In contrast, in developed countries, the pre-retirement generation are the second largest contributors to the workforce at 17.5%, while young people make up only 10.5%. The elderly

population is also relatively more active in the labour market of developed countries that represented a share of 5.9% in 2021.

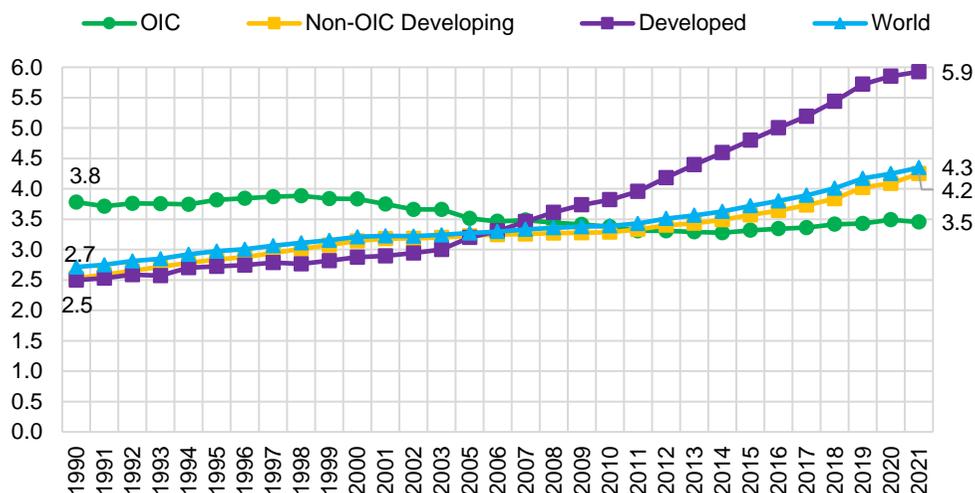
Figure 3.1: Labour Force by Age Group (% of Total), 2021



Source: SESRIC staff calculations based on the data accessed from the International Labour Organisation (ILO), ILOSTAT Database: ILO modelled estimates, Nov. 2022.

Over the past three decades, the proportion of the elderly in the labour force in OIC countries has stayed unchanged, in sharp contrast to worldwide trends. In 1990, only 2.5% of the labour force in developed countries as well as in the non-OIC developing countries group were comprised of senior people aged 65 and over. In the OIC group, the share of the seniors in the labour force was 3.8%, compared to 2.7% globally in 1990. Yet since the middle of the 2000s, developed countries have seen a significant rise in the number of older people working, followed by non-OIC developing countries what also affected the global average values. Corollary, as of 2021, while the proportion of elderly people in the total labour force of the OIC countries slightly decreased and comprised only 3.5% in comparison with 5.9% in developed countries, 4.3% globally and 4.2% in non-OIC developing countries (Figure 3.2).

Figure 3.2: Proportion of Elderly in the Labour Force, 1990-2021

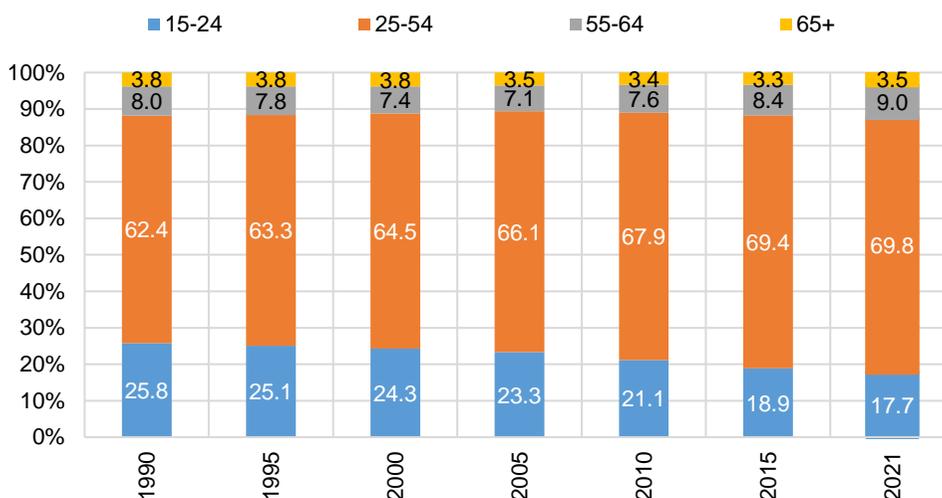


Source: SESRIC staff calculations based on the data accessed from the International Labour Organisation (ILO), ILOSTAT Database: ILO modelled estimates, Nov. 2022.

According to ILO projections, the worldwide elderly workforce (65+ years) is expected to rise to 5.3% in 2030. Meanwhile, the share of young workers (15-24) will decline to 13.6% in 2030 (ILO, 2018).

Recent trends indicate that the labour force in OIC countries is ageing since 1990s. The share of young labour force (15-24 ages) is on the decline while senior labour force (55-64 and 65+ ages) are on the rise (Figure 3.3). For instance, the share of senior labour force (55-64 and 65+ ages) in total labour force in the OIC group increased from 11.8% in 1990 to 12.5% in 2021. One of the key reasons behind this shift is decreasing fertility rates (ILO, 2022). Besides as more OIC countries have been increasing statutory retirement age (see Annex II), the share of elderly in the workforce is expected to further rise in the coming decades.

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. Dependency ratio is an important indicator that gauge 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.

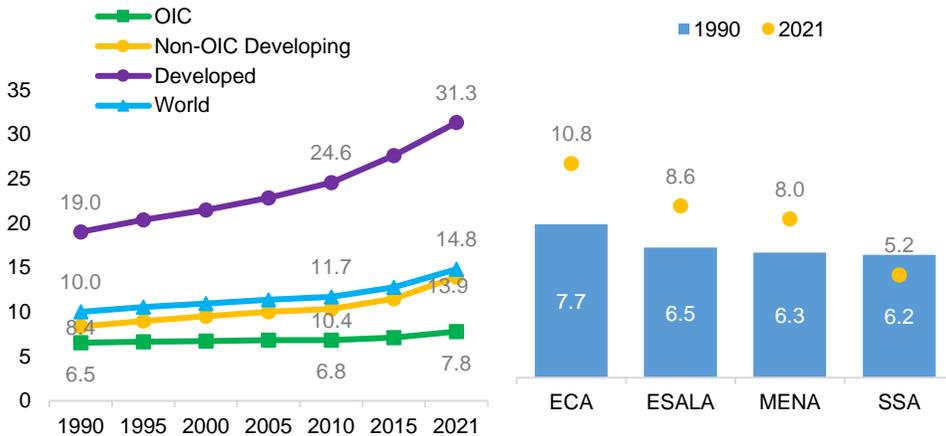
Figure 3.3: Labour Force by Age Group (% of Total) in OIC countries, 1990-2021

Source: SESRIC staff calculations based on the data accessed from the International Labour Organisation (ILO), ILOSTAT Database: ILO modelled estimates, Nov. 2022.

Around the globe there is an upward trend in the old-age dependency ratio over the last three decades thanks to demographic changes and slowed fertility rates. It went up from 10 to 14.8 over the period 1990-2021 (Figure 3.4, left). In the same period, the average of the OIC group also climbed from 6.5 in 1990 to 7.8 in 2021, whereas the world average hit 14.8 in 2021. In 2021, the highest old-age dependency ratio was measured in developed countries (31.3) mainly due to an increased life expectancy and reduced fertility rates.

Overall, many OIC countries, on average, are still at an advantageous position of having a relatively low old-age dependency ratio. However, the trend is upward in the OIC group and the old-age dependency ratio is projected to reach 9.6 by 2030 (SESRIC, 2018). A relatively lower ratio of elderly to working age population should be considered as a window of opportunity for OIC countries to align their elderly policies with their national development strategies. In this way, OIC countries can be prepared for times when the elderly population may put an additional burden on the working-age population in the future. In some OIC sub-regions, this burden has already become more evident as of 2021. For instance, in ECA and ESALA sub-regions, old-age dependency ratios reached 10.8 and 8.6, respectively (Figure 3.4, 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 in terms of providing social security and pensions. On the other hand, the SSA sub-region maintained a relatively low old-age dependency ratio, which declined from 6.2 to 5.2 between 1990 and 2021. This was due to relatively shorter life expectancy and high fertility rates in the region.

Figure 3.4: Old Age Dependency Ratio, 1990-2021



Source: SESRIC staff calculations based on the data accessed from the World Bank (WB), World Development Indicators (WDI) Online Database.

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 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 (LFPR) 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).

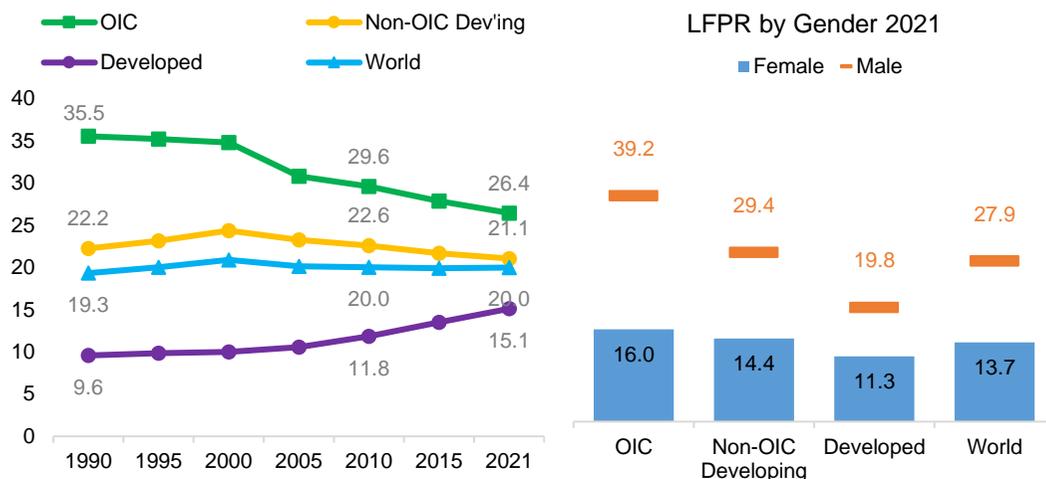
Figure 3.5 displays discrepancies in LFPR for the elderly across different country groups and by gender. In developed countries, population aging and increased

old-age dependency ratio have led to a significant increase in the elderly LFPR, particularly since 2010, rising from 11.8% in 2010 to 15.1% in 2021. OIC countries, on average, have witnessed a reduction in the elderly LFPR from 29.6% to 26.4% during the same period. Non-OIC developing countries have also experienced a decline in the elderly LFPR from 22.6% to 21.1%. The data reflects that OIC countries had the highest elderly LFPR over the whole period yet there is a downward trend. Yet, developed countries, which had the lowest elderly LFPR, have revealed an upward trend. In other words, there is some convergence across country groups in terms of elderly LFPR.

With regard to gender discrepancies, LFPR 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 in the labour force has been the highest in the OIC. As of 2021, elderly LFPR was only 16% among the women in contrast to 39.2% among the men in the OIC group. While in developed countries, LFPR was around 11.3% for elderly females compared to 19.8% among their male counterparts. The disparity was not as pronounced in non-OIC developing countries as in OIC countries, with a LFPR of 29.4% among males and 14.4% among females (Figure 3.5, right). 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 and 2021).

Other socio-economics reasons such as family-related obligations also influence the decision of senior workers. For instance, the Institute of Labour Market Information and Analysis (ILMIA) under the Malaysian Ministry of Human Resources conducted a survey with 4,832 respondents to gather views on the work preferences of those aged 40 years old and above. Survey analysis revealed that the largest chunk of respondents (40%) intend to leave the labour force in the future as they have no interest in being in the labour force upon reaching the retirement age while 32% plan to be self-employed, 25% want to be in salaried positions, and 2% are considering unpaid/volunteer work (ILMIA, 2019). Primary reasons why people choose to be outside the labour force are family-related obligations and restrictions, and financial sufficiency.

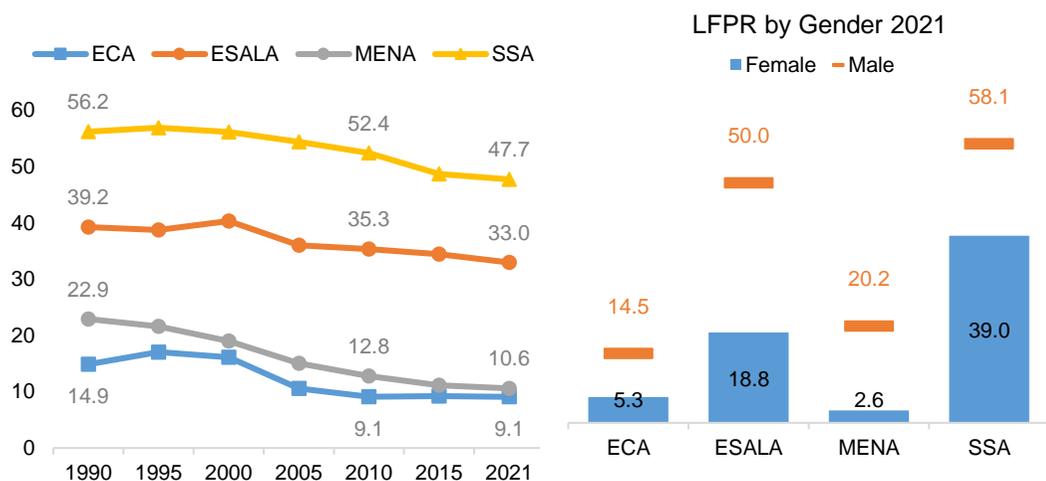
Figure 3.5: Labour Force Participation Rates of Elderly People (65+), 1990-2021



Source: SESRIC staff calculations based on the data accessed from the International Labour Organisation (ILO), ILOSTAT Database: ILO modelled estimates, Nov. 2022.

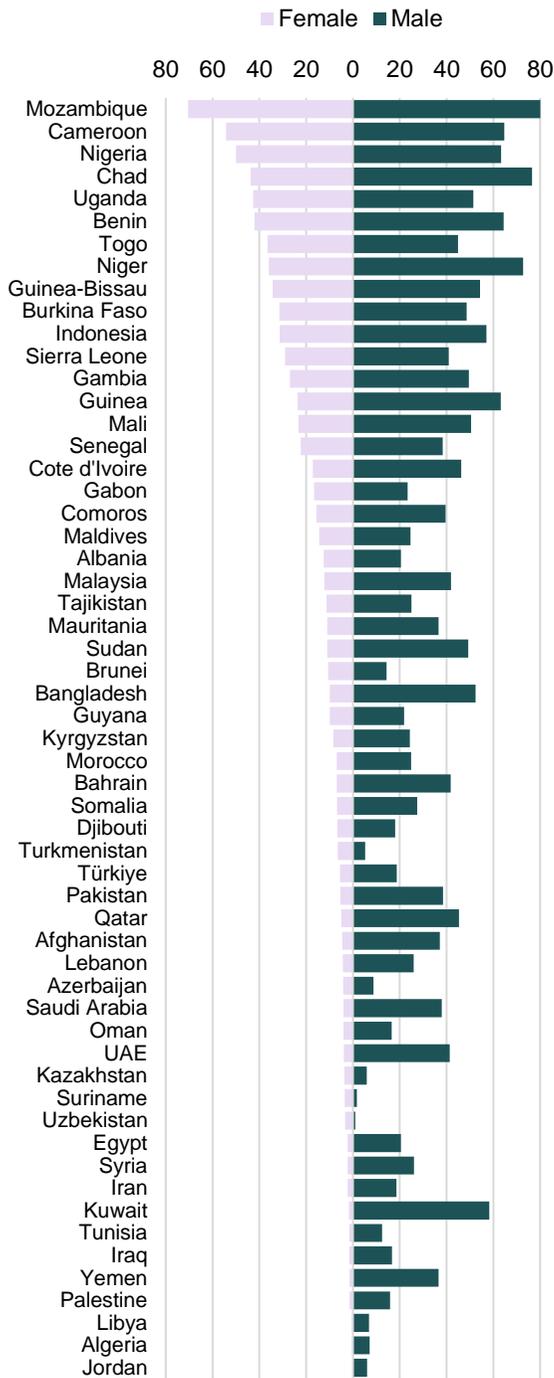
Regional disparities across OIC sub-regions are significant in LFPR among the elderly. SSA sub-region, on average, had the highest LFPRs over the whole period in consideration mainly stemming from inadequate social security and retirement systems. The largest gender gap (around 31.2 percentage points) in LFPR of elderly men and women was observed in the ESALA sub-region (Figure 3.6, right) in 2021.

Figure 3.6: Labour Force Participation Rates of Elderly People (65+) in OIC Sub-regions, 1990-2021



Source: SESRIC staff calculations based on the data accessed from the International Labour Organisation (ILO), ILOSTAT Database: ILO modelled estimates, Nov. 2022.

Figure 3.7: Elderly Labour Force Participation Rate by Gender in OIC, 2021



Source: ILO, ILOSTAT Database: ILO modelled estimates, Nov. 2022

At the country level, OIC countries in the SSA sub-region have reported a high level of LFPR particularly among elderly women. The country with the highest female LFPR was Mozambique with 70.4%, followed by Cameroon (54.2%), Nigeria (49.9%), Chad (43.7%), and Uganda (42.7%). On the other side of the spectrum, OIC countries in the MENA region including Jordan, Algeria, Libya, Palestine, Yemen, Iraq, Tunisia, Kuwait, and Iran had low levels of elderly female labour force participation rate in 2021. LFPR among elderly males were the highest in Mozambique (80.1%), Chad (76.5%), and Niger (72.7%). Nevertheless, in some OIC countries like Uzbekistan (0.9%), Suriname (1.6%) and Turkmenistan (5.2%) this indicator was visibly low in 2021 (Figure 3.7).

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-based discrimination in employment exists in approximately 50 countries around the world (SESRIC, 2018).

Some OIC countries have 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). In 2020, National Council for Family Affairs (NCFA) of Jordan together with HelpAge International held a series of focus groups and advocacy exercises aimed at identifying the needs of elderly as part of a multi-stakeholder effort to enhance quality of life and health care for older adults in Jordan.

3.2. Pensions and Social Safety Nets

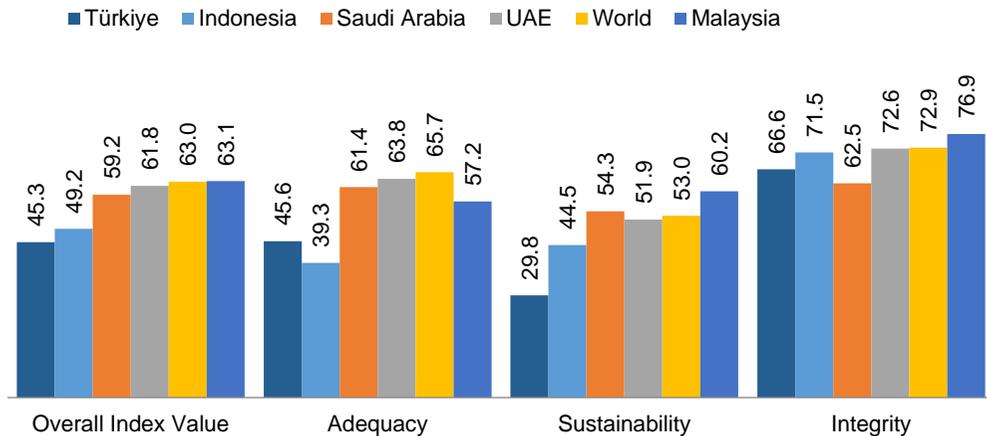
As the elderly population grows, an increasing number of elderly people are unable to find jobs. Many of them leave the labour market either voluntarily (i.e. discouraged elderly workers) or due to the statutory retirement age. As a result, labour force participation rates tend to be limited in developing 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, in SSA region proportion of pension spending is significantly low. On the other hand, all people above statutory retirement age benefited from an old-age pension in seven OIC countries in ECA and ESALA sub-regions (see Figure 5.4 in the next section for detailed discussion).

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, Türkiye (45.3), Indonesia (49.2), Saudi Arabia (59.2) and United Arab Emirates (61.8) obtained lower scores than the global average of 63 (average of 44 pension systems around the world) in 2022 according to the Mercer CFA Institute Global Pension

index. Only Malaysia (63.1) obtained a slightly higher score than the global average in 2022. Overall, the data show that pension systems in many OIC countries, with available data, need further improvements in all three dimensions of the Mercer CFA Institute Global Pension Index: adequacy, sustainability and integrity (Figure 3.8). In this way, OIC countries can fully provide adequate and sustainable pensions that will protect their elderly people from poverty and offer a decent income for them.

Figure 3.8: Mercer CFA Institute Global Pension Index Values for Selected OIC Countries, 2022



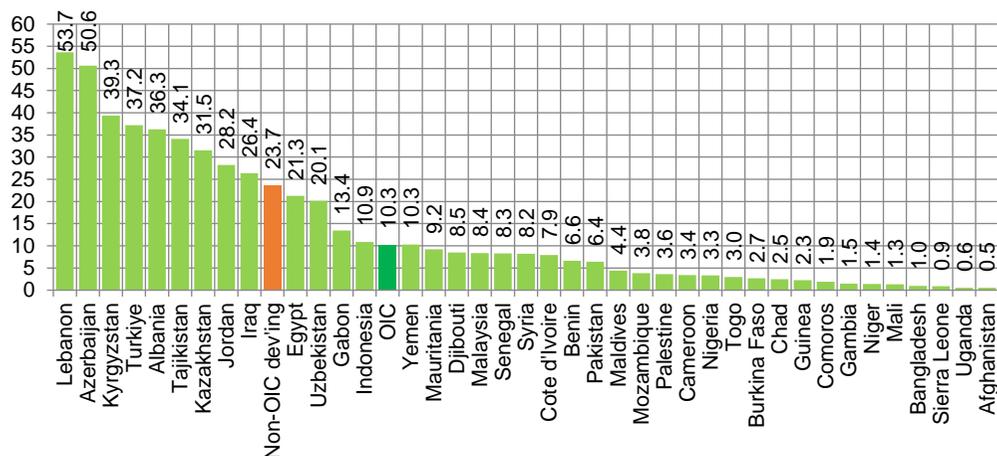
Source: Mercer CFA Institute Global Pension Index 2022. Note: Each index value represents a score between 0 and 100. A higher score implies a better pension system.

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 3.9 presents the coverage of social insurance programmes in 39 data available OIC countries. The coverage of social insurance programmes across nine OIC countries from ECA and MENA sub-regions were relatively higher, above the non-OIC developing countries average of (23.7%), ranging from 53.7% (Lebanon) to 26.4% (Iraq). On the other side of the spectrum, in 11 OIC countries, including; Afghanistan, Uganda, Sierra Leone, Bangladesh, Mali, Niger, the Gambia, Comoros, Guinea, Chad, and Burkina Faso, less than 3% of the population is covered by such social insurance programs in 2019. 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 3.9: Coverage of Social Insurance Programmes (% of population) in OIC Countries, 2019*



Source: SESRIC staff calculations based on the data accessed from the World Bank (WB), World Development Indicators (WDI) Online Database. Note: * latest year available data 2000-2019.

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 aged-based discrimination.

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. 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 Palestine. 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).

In particular, since the beginning of the COVID-19 pandemic, innovative policies have been practiced by a number of OIC countries to encourage the labour force participation of the elderly. The elderly, along with persons with disabilities and those who suffer from chronic illnesses, are among the most susceptible demographics to contract COVID-19 through physical contact. As a result, these sections of the population were mostly isolated, lacking in social interaction with their friends and family, and those who were employed were unable to come to work. In this regard, many OIC countries introduced homeworking as well as flexible work schedules for elderly such as Malaysia, Indonesia, Saudi Arabia, Türkiye and United Arab Emirates pioneered in the field (SESRIC, 2022). However, it is crucial to realize that the nature of the work had a significant role since some jobs, such as those that may be performed through a computer at home, were easier to adapt to the COVID-19 reality than others, which need for some degree of physical presence and interaction (Okuyan and Begen 2022).

Another alternative approach has been introduced by the UAE through its entrusted government body - the General Pension and Social Security Authority (GPSSA) to provide support and increase integration of senior citizens. After 20 years of service/employment and being aged at least 50 years old senior citizens could benefit from this inclusive scheme. Within the scheme there is a progressive economic incentive for the elderly for continuing their participation in the workforce (UAE, 2022). Such alternative approaches can be considered by many OIC countries to help their older populations in staying active. 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 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-BRING 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 contribute to society 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 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.

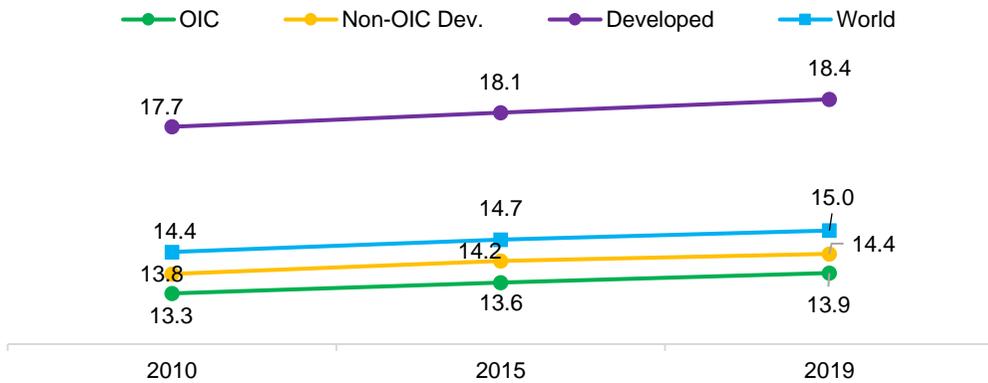
4.1. Healthy Life Expectancy

As discussed in section 2 of this report, OIC countries recorded considerable progress in increasing the life expectancy of elderly people. The upward 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 an upward 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.

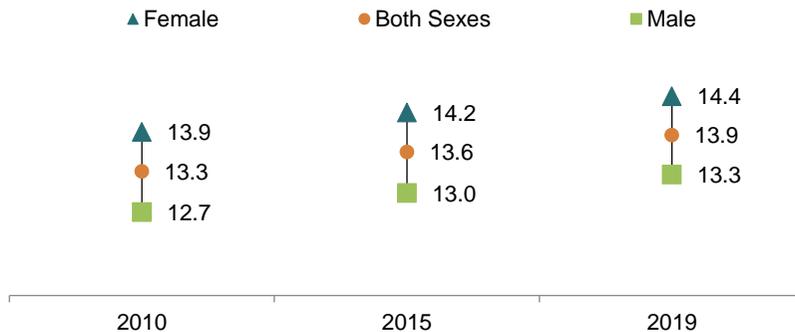
Figure 4.1: Healthy Life Expectancy at age 60 (Both sexes, Years)



Source: WHO. Global Health Observatory data repository

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.

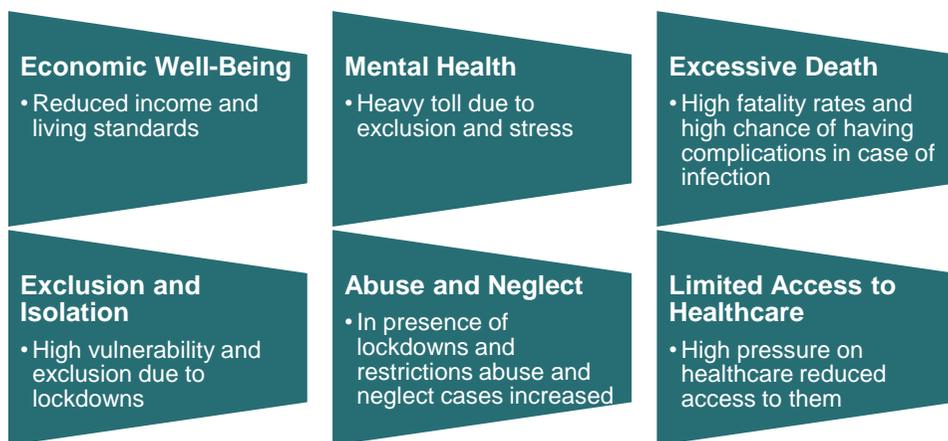
Figure 4.2: Healthy Life Expectancy at age 60 by Gender in OIC Countries, (Years)



Source: WHO. Global Health Observatory data repository

According to the World Health Statistics (2021), before COVID-19 pandemic, there have been significant improvements in global health, particularly in terms of life expectancy and healthy life expectancy at birth. This has been largely due to the decrease in mortality rates from various causes, including suicide, homicide, unintentional poisoning, and road traffic accidents. However, the emergence of COVID-19 pandemic derailed some of these progress and it has had devastating impact particularly on the elderly, who are at higher risk of severe illnesses and health complications. Deaths among the elderly during the pandemic exacerbated the decline in life expectancy at age 60 in many parts of the world. The UN World Population Prospects (2022) reported that the COVID-19 deaths have decreased the global life expectancy at birth from 72.8 years in 2019 to 71 years in 2021. In a similar direction, a case study conducted by Razeghi, & Sasanipour (2022) for a sample in Iran projected that COVID-19 deaths will reduce the life expectancy at birth by more than one year. As the proportion of older adults in the population has been on the rise around the globe, the multisectoral impacts of the pandemic on life expectancy and welfare of elderly is likely to be felt for years to come across the world (Box 4.1).

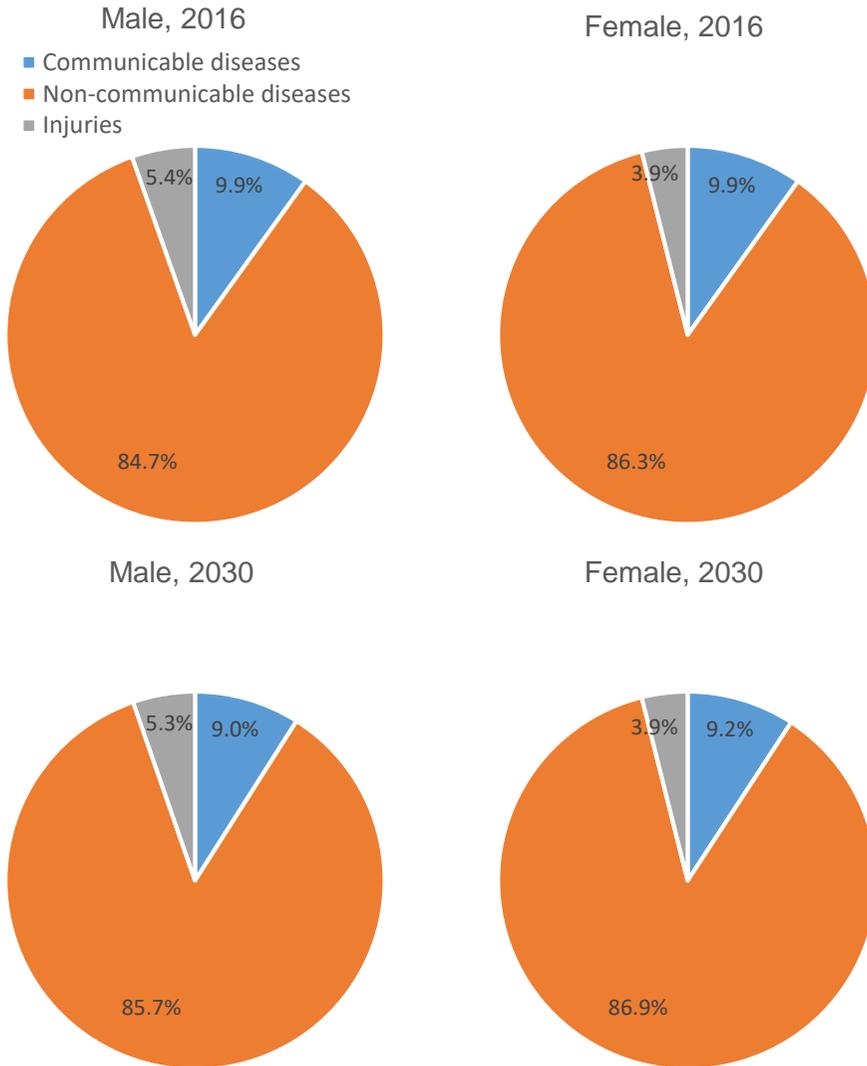
Box 4.1: Impacts of COVID-19 on Elderly



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

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).

Figure 4.3: Causes of Global Death among Population 50+

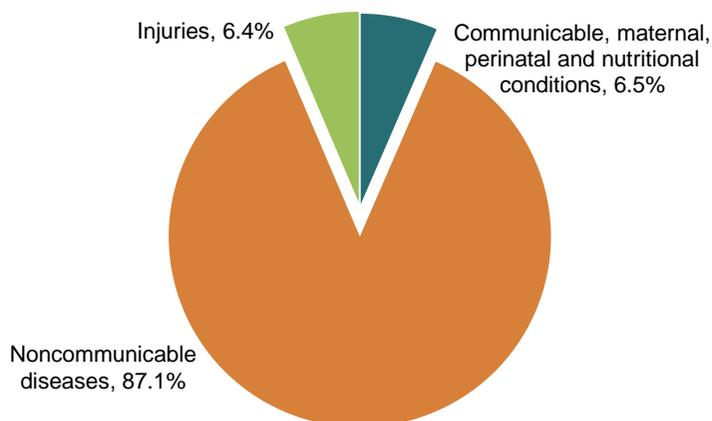
Source: Global Health Estimates, WHO. Note: Due to data limitations, the figure covers population above 50.

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.

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.

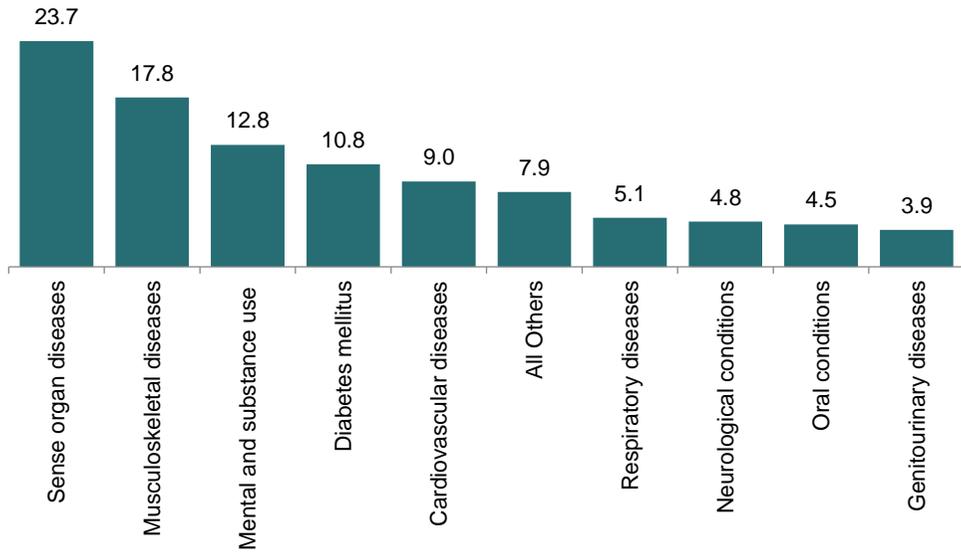
Figure 4.4: Main Causes of Years Lost due to Disability (YLD) among Elderly in OIC Countries, 2019



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.

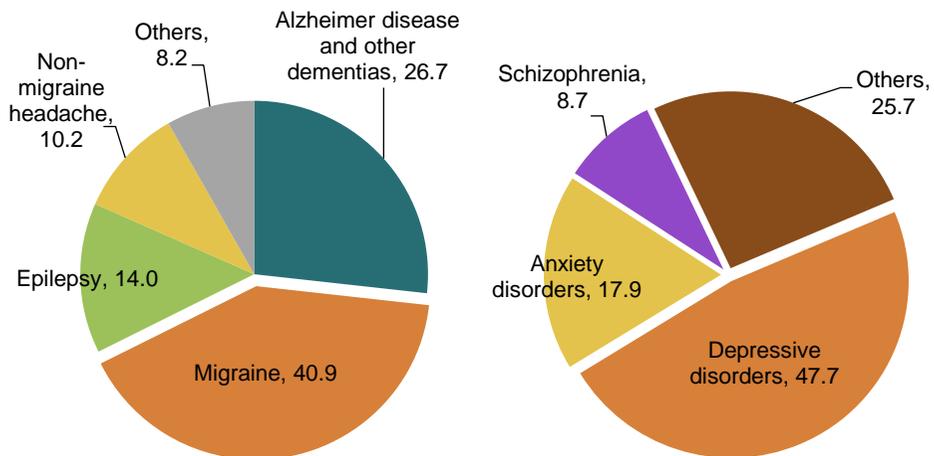
Sense organ diseases (23.7%), musculoskeletal diseases (17.8%), and mental & substance use disorders (12.8%) were the three major non-communicable diseases that caused disability among the elderly in OIC countries in 2019 (Figure 4.5). They are followed by diabetes mellitus (10.8%) and cardiovascular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

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



Source: Global Health Estimates, WHO.

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.

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 were responsible for 17.9% mental and substance use disorders that caused disabilities among the elderly in OIC countries in 2019 (Figure, 4.6, right).

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 4.2).

Box 4.2: 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 remain as a useful member of a society 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. Saudi Arabia, through its Vision 2030, has adopted a more comprehensive approach to healthcare, tackling both medical and societal factors such as chronic disease prevention, efficient mental health care, and improved healthcare for the elderly population (Saudi Vision 2030, n.d).

4.4. Policies on Healthy Ageing

Healthy aging is a continuous process; as the population continues to age, the demand for long-term care services increases. Healthcare is one of the vital care services that elderly people need due to their chronic conditions such as dementia and physical situations (UN 2018; WHO, 2015). A recent study has revealed that old age is a primary cause of several non-communicable diseases. This indicates that instead of focusing solely on specific non-communicable diseases like cancer, it is better to prioritize interventions and policies that slow down the aging process. This has led to an increasing focus on studying the underlying mechanisms of aging and discovering treatments that can significantly affect how age affects our bodies (Ellison, Sinclair, and Scott 2020; Sinclair 2019, as cited in Scott, 2020). However, the recent disproportionate effects of the COVID-19 pandemic on older populations, which might have also triggered the exacerbation of existing chronic conditions, might pose challenges to such efforts, as the long-term symptoms of COVID-19 might be difficult to distinguish from those perceived to be due to aging, particularly in older people (Mansell et al., 2022). In general, older people face a wide range of challenges especially in accessing health care and long-term care services across the globe (Box 4.3).

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.

Box 4.3: 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)

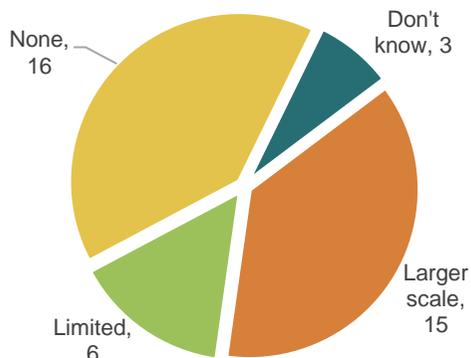
In OIC countries, on average, public financing covered 52% of total health expenditures compared to 74.2% in the world and 80.2% in developed countries in 2016 (SESRIC, 2019). Low financing not only reduces the accessibility of healthcare services but also tends to trigger poverty among the elderly, 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).

Amidst the challenges, some OIC countries have good policies on healthy ageing. In Türkiye, for example, individuals 65 years of age or older who lack financial support and have no family members to rely on are eligible for a pension under Law No.2022 of July 1976 (ILO, n.d). Again, under the Ministry of Family and Social Services of the Republic of Türkiye, a program called "Elderly Support Program (YADES)" was launched in 2016; the program continues to raise awareness about ageing, and supports elderly people in their homes. It also promotes the idea of elderly people living among their families and in familiar surroundings as they age, while also actively participating in all aspects of society (Ministry of Family and Social Services, 2016). In Albania, to address the growing need of long-term care for elderly population, the government has embarked on building effective and quality services for elderly people in every municipality of the country to replace the existing insufficient ones (ILO, 2022). Likewise, in Malaysia, there is a solid national policy for older persons, which empowers senior citizens, families, and communities by offering elderly-focused services and creating environments that enhance their well-being during their later years. The country has established centres for older persons that are spread throughout the country, which provide socialisation opportunities and arrange activities for the elderly ([Ministry of Women, Family and Community Development, 2017).

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 40 OIC countries for the period 2012-2014, 15 of them implemented larger scale caregiver support programmes to prevent elder abuse (Figure 4.7). Yet, 16 OIC countries 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

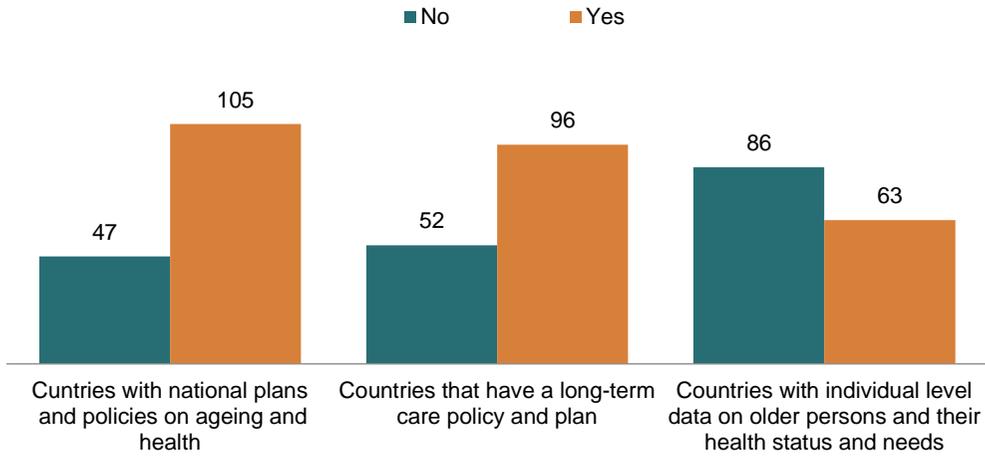


Source: WHO, Note: Dataset covers 40 OIC countries.

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. Providing 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 active² 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 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.

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

Box 5.1: Resilience of Age-Friendly Environments during the COVID-19 Pandemic

Cities and communities, as well as health institutions, have all been challenged by the COVID-19 pandemic. Age-friendly environments have been crucial in putting timely precautions in place to reduce dangers and assist senior residents. The COVID-19 pandemic disproportionately impacted older individuals, who also suffered greatly from prevention strategies against the spread of the virus.

Cities changed the platforms and formats to support people's involvement in social, cultural, and leisure activities and make it possible for them to interact with friends, family, and neighbours. The ability of cities and communities to adjust swiftly and help older people was increased by investments made in creating age-friendly settings prior to the epidemic. The WHO international guide to age-friendly cities, which implements programmes across eight areas of action, serves as an inspiration for age-friendly surroundings. These areas include activities to improve municipal services, change the physical and social settings, and satisfy the requirements of senior citizens. Investing in any of these areas of action can help seniors and encourage healthy ageing throughout the lifespan.

Source: WHO (2022)

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 primary³, secondary⁴, and tertiary⁵ 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 challenges in accessing 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

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.

private) are a viable alternative through which states can adequately care for older people in the future⁶.

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 meaningful 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).

Furthermore, 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 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 many 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).

⁶ See Section 6 for a detailed discussion on the nexus of family and culture.

The adoption of various regional and international initiatives on ageing is a stepping stone for OIC countries toward improving the well-being of the elderly. In particular, the adoption of the OIC Strategy on the Elderly in 2019 was an important step forward to foster intra-OIC cooperation and promote the exchange of experiences and good practices in various areas from healthy ageing to social protection. To this end, it is important for OIC countries to give impetus to the implementation of such regional and international strategic documents. 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.

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, & Emmanuel, 2015).

5.2. National Level Policies and 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,

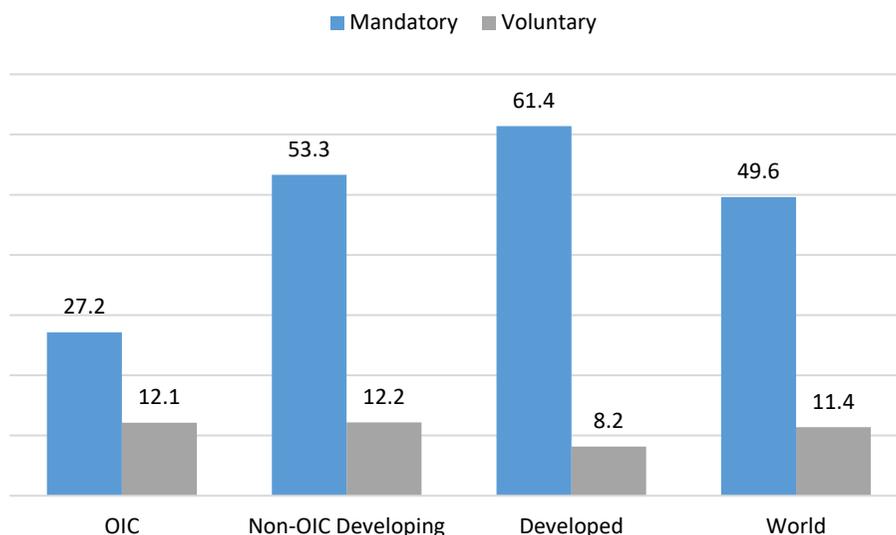
especially in the developing world. Moreover, a number of factors such as demographic shift, urbanization, and changes in traditional family structures further threaten the availability of existing support mechanisms such as physical care and family assistance for the elderly.

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 effective 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).

Despite the global trend towards expanding both legal and actual coverage for pensions, significant disparities and gaps remain within pension systems of the OIC countries and other country groups. Around 27.2% of people in working age in OIC countries are covered by obligatory contributory pension schemes as of 2020, and 12.1% are by voluntary contributory schemes; as a result, once they reach the eligibility age; they are entitled for a contributed pension. It was lower than the coverage of contributory mandatory and contributory voluntary schemes in non-OIC developing countries, which was 53.3% and 12.2% of the working-age population, respectively. In developed countries, it was 61.4% and 8.2%, while the estimated global average was 49.6% and 11.4% (Figure 5.1). Nevertheless, there exists wide discrepancies at the individual OIC country level on the coverage of old-age protection. Overall, in OIC countries, the share of people receiving old-age pension and the coverage of social insurance programmes is 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). Local context and existing traditional family-oriented elderly care policies also influence the structure and coverage of such programmes.

Figure 5.1: Legal Coverage for Old-Age Protection: Percentage of Working-Age Population Aged 15+ years Covered by Contributory Pension Schemes, 2020



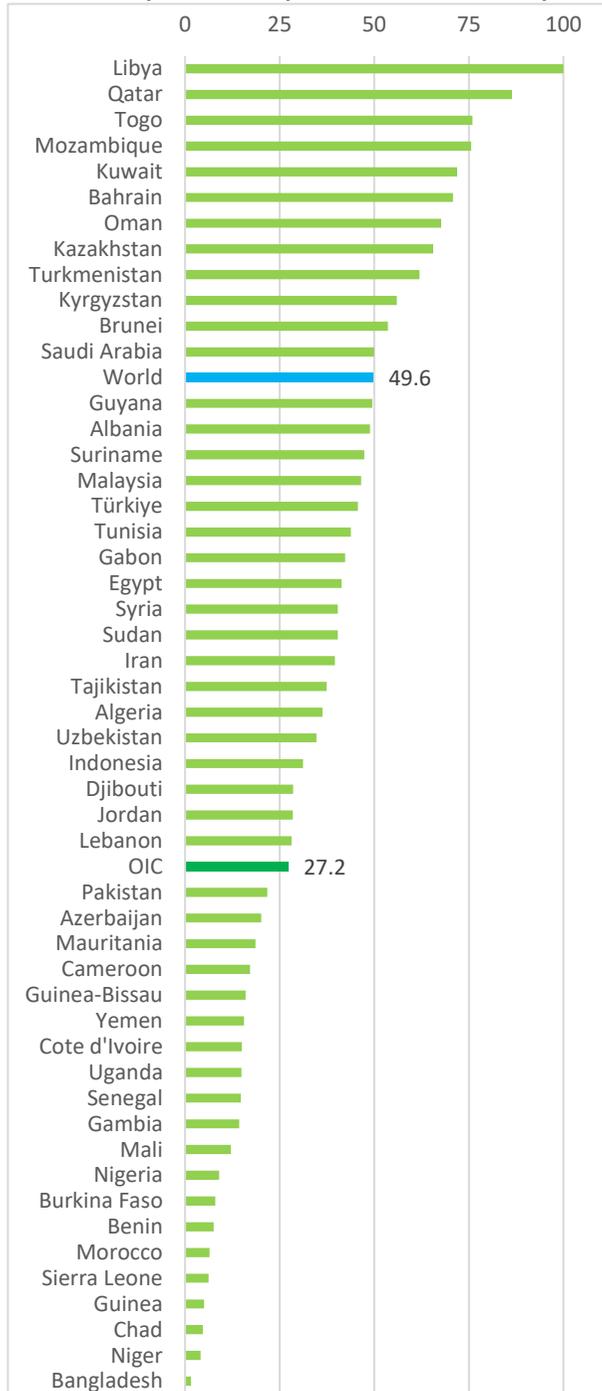
Source: SESRIC staff calculations based on data accessed from the ILO, World Social Protection Database

In addition to contributory schemes, voluntary pension coverage is offered under national legislative frameworks because of the substantial financial load and the perception that pensions are less important than urgent household requirements. Of the 50 OIC nations for which data are available, 20 have functioning voluntary pension schemes. Voluntary contributory pension schemes are used to varying degrees across the OIC, from 2% of the working-age population in Bahrain to 59.6% in Sudan (ILO, World Social Protection Database, 2022).

In a similar vein, coverage by mandatory contributory type of pension program is impacted by the availability of financial resources in OIC countries. All 50 OIC countries with available data use contributory mandatory pension systems to some level (Pillar 1⁷). Of that coverage of population is above the global average in 12 member countries (Figure 5.2). 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.

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).

Figure 5.2: Percentage of Working-Age Population Aged 15+ years Covered by Contributory Mandatory Pension Scheme by OIC Countries, 2020



Source: SESRIC Staff calculations based on the data accessed from ILO, World Social Protection Database.

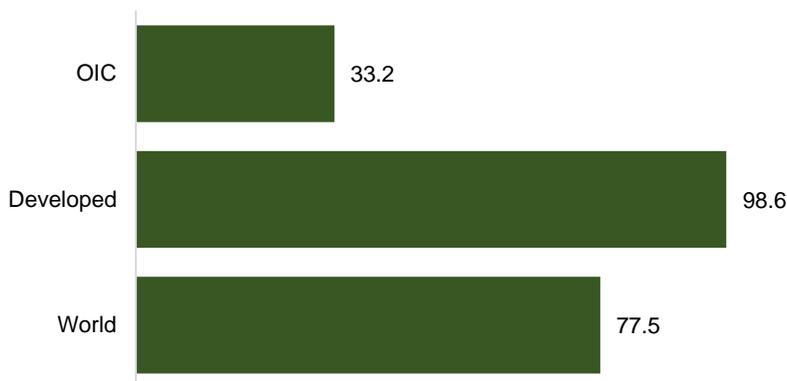
Policymakers and lawmakers should work towards a universal social protection system that includes both contributory and non-contributory pension options. ILO Social Protection Floors Recommendation, 2012 (No. 202) advocates for an optimal combination of these programs to ensure no senior is left behind.

Worldwide 57 countries were reported to have 100% legal coverage that makes all its population eligible for non-contributory pension schemes upon reaching the retirement age. Among the OIC countries; Albania, Azerbaijan, Brunei, Darussalam, Guyana, Kazakhstan, Kyrgyzstan, and Suriname reported to have 100% legal coverage with non-contributory pension scheme in 2020. With approximately 83% coverage Mozambique comes next. (ILO, World Social Protection Database, 2022). In addition, in the beginning of 2022 Bangladesh announced to launch a universal pension scheme within the next six to 12 months (Annex II). 14 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. Only a few of these OIC countries offer non-contributory pensions universally, the rest determine eligibility through means-test⁸, pension-tests⁹, or both (ILO, 2017). Yet, determining the eligibility of beneficiaries through means-testing, income-testing, or pension-testing can limit the participation of some 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.

As a result, the share of elderly people actually receiving pension benefits from various schemes, on average, was the lowest in OIC countries (33.2%) when compared to other country groups and the world average (77.5%). In developed countries group, nearly 100% of the elderly population are receiving pension benefits (Figure 5.3). At the sub-regional level, wide discrepancies exist in the OIC group. Particularly, MENA sub-region exceeded the OIC group average, while in the ECA sub-region almost all-elderly population are receiving pensions.

Figure 5.3: Percentage of Persons above Retirement Age Receiving a Pension, 2020*



Source: SESRIC staff calculations based on data accessed from the ILO, World Social Protection Database. Note: * Latest year available data 2000-2020.

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).

Reason why actual figures of elderly pension beneficiaries in many OIC countries are well below the other country groups can stem a number of social and economic factors. For instance, the existing structure of social protection systems may discourage some elderly people who were employed informally in private sector enterprises what makes them eligible for non-contributory and universal pension schemes' only. It is important to note that non-contributory pension scheme is generally separate procedures to contributory pension scheme in terms of eligibility with separate procedures and retirement age criteria. The social and family ties are very strong in some societies that also encourage some elderly to stay away from formal social protection systems.

The level of benefit received by elderly people (in USD terms) varies markedly amongst OIC countries that offer non-contributory pension schemes¹⁰. 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, Mozambique, Uganda, and Tajikistan this amount is below 10 USD per month (see *Annex I*). However, the cost of retirement or the cost of living comfortable retired life also differs considerably across the world and among OIC countries.

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.

OIC countries are making efforts to change and reform pension systems, particularly to increase pension benefits, to adjust it to inflation and other price

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

volatilities in consumer products and services. Overall, concerning the elderly people 680 measures were announced from January 1, 2010 to January 31, 2023 globally. Out of that, 81 are specifically related to COVID-19 and remaining 599 are the regular measures addressing old-age people. Based on available data for 27 OIC countries in ILO Social Protection Monitor, 72 measures were announced with regard to the elderly and 12 of which were related to supporting them during the COVID-19 pandemic (Table 7.1 and Annex II) . For instance, in Mozambique, new legal provision accepted in 2017 increases the amount of the minimum pension, from 60% to 90% of the lowest national minimum wage. The provision also introduces possibility of paying by the government the difference of the missing contributions for access to the pension by elderly that had to be paid during the employment period. Qatar announced an increase in the pensions both in public and private sector retirees in April 2022. Senegal announced 10–25% pension increase to civil and military pensioners in 2014. In 2018, Uganda announced to increase the number of elderly eligible for grants that enable senior citizens to buy food, medicine and pay transport fares.

Along with the increasing life expectancy, many OIC countries have announced to increase the statutory retirement age (Annex II). In other words, 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. According to ILO Social Protection Monitor, 291 reforms were made with the intention of rationalizing expenditures on pension schemes, mostly contributory pension schemes, across the globe, over the period 2010-2020. Of that, 150 were related to delaying pension receipt (ILO, 2022).

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. 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 prejudice 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).

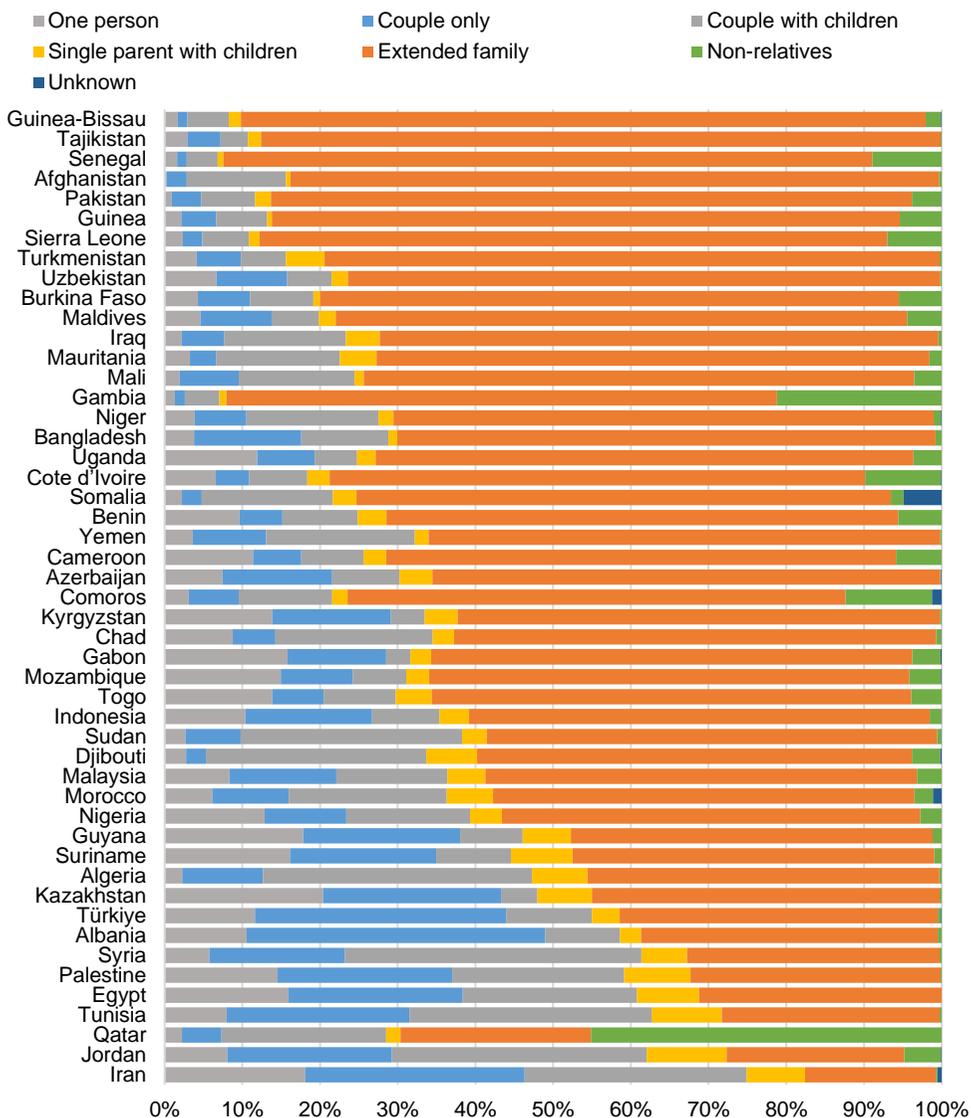
A large part of caring for elderly persons is framed within the context of the family unit through intergenerational relations and kinship ties. “Islam promotes a ‘zero-tolerance policy’ when it comes to the ill-treatment of parents and elderly persons” (Abu Sway, as cited in Abdullah, 2016). In the Holy Quran, Surah Ala-Maududi (Ayah 36), Al-An'am (Ayah 151), Al-'Ankabut (Ayah 8), Luqman (Ayah 14), and

Al-Ahqaf (Ayah 15) calls for kindness, affection, gentleness and necessitates caring for older parents. Particularly, in Surah Isra (Ayah 23) Allah says “For your Lord has decreed that you worship none but Him. And honour your parents. If one or both of them reach old age in your care, never say to them ‘even’ ‘ugh,’ nor yell at them. Rather, address them respectfully.” 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

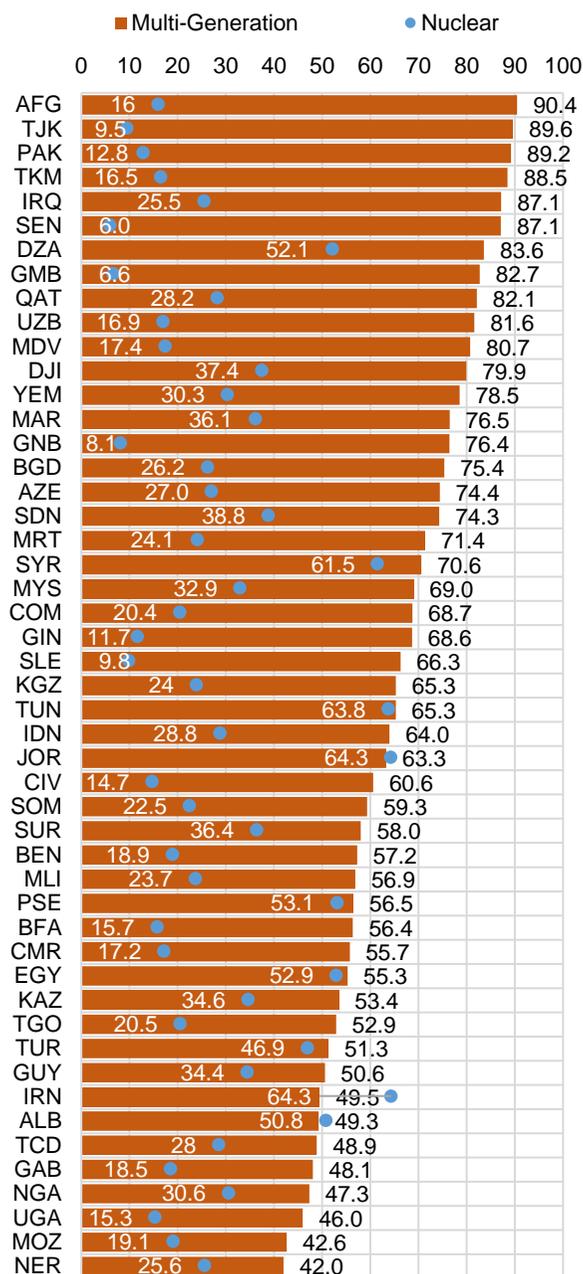
In many OIC countries, institutional arrangements for the elderly are closely associated with families. In many family-centred societies in OIC countries, it is often considered shameful to send an elderly parent to a nursing home, because it would violate the general social and religious feelings of commitment towards family and community (SESRIC, 2018). According to the United Nations Department of Economic and Social Affairs (UN DESA), Population Division Database on the Older Persons in Collective Living Quarters 2022, 12 out of 20 countries globally with the lowest percentage of older persons residing on boarding house or in institutions or educational or religious group dwellings are OIC countries. 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 UN DESA Database on the Households and Living Arrangements of Older Persons 2022 sheds a light on how and where elderly people reside in 49 OIC countries. In most cases, elderly people are more likely to reside with their extended families. In 36 of the 49 OIC countries, more than half of the elderly population lives with their extended families. The second most common living arrangement for elderly couples is to reside with their children and the least popular type of household amongst elderly people is ‘non-relative’ household (Figure 6.1).

Figure 6.1: Elderly Persons Aged 65+ years by Basic Household Type (%)



Source: United Nations, Department of Economic and Social Affairs, Population Division (2022). Database on the Households and Living Arrangements of Older Persons 2022. Note: Latest data available between 2000 and 2021.

Figure 6.2: Living Arrangements of Elderly by Intergenerational Household Types (Percentage of Elderly 65+ years)



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 18 of the 49 OIC countries, more than half of the elderly population resides in a household of six or more members. An average household size in the OIC countries is comprised of 5-6 people (UN DESA, 2022).

OIC countries with the largest household sizes, on average, are the Gambia with 14 members, Senegal (12), Afghanistan (9), Guinea-Bissau (9), and Pakistan (8). In comparison, families with smaller household sizes with around 3 to 4 members are becoming widespread in OIC countries, for example, in Iran, Albania, Guyana, Kazakhstan, Tunisia, Suriname, Jordan, Türkiye, Palestine, and Indonesia (UN DESA, 2022).

Source: United Nations, Department of Economic and Social Affairs, Population Division (2022). Database on the Households and Living Arrangements of Older Persons 2022. Note: Latest data available between 2000 and 2021.

In addition to living with extended family and in large households, it is also more common for elderly people to live in multi-generational¹¹ households as opposed to nuclear units.¹² For example, in 41 of the 49 OIC countries with available data, more than 50% of elderly people live in multi-generational households (Figure 6.2). Whereas, more than half the elderly population lives in nuclear households in only 8 of the 49 OIC countries.

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.

¹¹ Multi-generational households include two or more generations of related members aged 20 years or over.

¹² Nuclear households include couple only, couple with children, and single parent with children households.

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 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).

The Ministry of Social Affairs of the Republic of Indonesia (2021) highlights that family-based home care has been the main approach in caring for the elderly who need long-term care in the strategy of the country on long-term care for geriatrics. 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 elder abuse, its various forms, and ways to protect the elderly from abuse (Arab News, 2019).

As part of a national programme to achieve sustainable development in rural regions, headed by the Ministry of Planning and Economic Development, Egypt's Decent Living initiative was launched in 375 villages in 2019. The effort as a whole

is focused on lowering poverty and improving access to infrastructure and fundamental services. The Frequent Medical Caravans project—mobile clinics that offer free medical consultations and treatments, including minor surgeries—to rural communities—is especially pertinent to elderly persons in the country. While the ageing pattern is slow in the country, some studies anticipate that rural communities will age quicker than urban ones. This is mostly because young individuals are migrating from rural to urban regions, and there is a pattern of out-migration to rural areas after retirement. A total of 1,500 communities will be included in the Decent Living programme as announced in 2021, covering an estimated 20% of the country's population. With assistance from the Ministry of Health and Population, the Regular Medical Caravans programme will also be expanded as part of this development (Egypt Today, 2021).

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

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 projected 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 widely available especially for older workers. In this way, they can be encouraged to stay active in old age. In fact, the COVID-19 pandemic has enabled such a transformation in the labour market of several countries. 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 many 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)	Age of Eligibility	Level of Benefit (USD) and Year	Legal Requirements
Albania	Social Pension (2015)	70	54.4 (2016)	IT, PT
Algeria	Allocation forfaitaire de solidarité (1994)	60	28.4 (2015)	IT, PT
Azerbaijan	Social Allowance (old-age) (2006)	67(m) 62(w)	57.3 (2015)	Citizenship, PT
Bangladesh	Old-Age Allowance (1998)	65(m) 62(w)	6.4 (2015)	Citizenship, Residency, IT, PT
Brunei	Old-Age Pension (1984)	60	179.2 (2015)	Residency
Egypt	Ministry of Social Assistance Social Solidarity pensions (2008)	65	38.3 (2014)	PT
Guyana	Old-Age Pension (1944)	65	83.7 (2015)	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)	70	14.9 (2015)	IT
Iraq	Social Welfare Programme Old-Age Allowance (2014)	60(m) 55(w)	N/A	Citizenship, Residency, IT, PT
Kazakhstan	Universal State Basic Pension (1991)	63(m) 58 (w)	34.7 (2016)	Citizenship
	Old-age State Social Benefit 1997	63(m) 58(w)	34.7 (2016)	Residency, IT, PT
Kyrgyzstan	Social assistance allowance (old age) (1922)	63(m) 58(w)	14.5 (2010)	PT
Malaysia	Bantuan Orang Tua (Elderly Assistance Scheme) (1982)	60	72.3 (2016)	IT
Maldives	Old-age Basic Pension (2010)	65	150.3 (2015)	PT
Mozambique	Programa de Subsídio Social Básico (PSSB) (Basic Social Subsidy Programme) (1992)	60(m) 55(w)	6.6 (2015)	IT
Nigeria	Ekiti State Social Security Scheme for Elderly (Ekiti State only) (2011)	65	25.1 (2014)	PT
	Agba Osun Elderly Scheme (Osun state only) (2012)	N/A	50.3 (2015)	IT

Country	Name of Non-Contributor Pension Scheme (Year introduced)	Age of Eligibility	Level of Benefit (USD) and Year	Legal Requirements
Suriname	State Old-Age Pension (Algemene Oudedags Voorzieningsfonds (AOV)) (1973)	60	159.1 (2013)	N/A
Tajikistan	Old-Age Pension (1993)	65(m) 58(w)	8.4 (2012)	PT
Türkiye	Means-tested Old Age Pension (1976)	65	43.4 (2015)	IT
Turkmenistan	Social Allowance	62(m) 57(w)	48.4 (2016)	IT, PT
Uganda	Senior Citizens Grant (2011)	65	6.8 (2015)	IT, PT
Uzbekistan	Old-Age Social pension	60(m) 55(w)	53.1 (2015)	Residency, IT, PT

Source: Extracted from 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: Announced Measures on Retirement in OIC Countries, 2010-2023

Date	Country	Short description of the measure
1-Jun-2016	Algeria	End of early retirement
1-Jul-2018	Azerbaijan	The average monthly size of labour pension in Azerbaijan increased by 5.2 percent, the Ministry of Labour and Social Protection of the Population reported. Thus, on July 1 the size of the pension reached 219.15 manats (\$128.9), moreover the size of the pension by the age increased and reached 246.36 manats (\$144.9). By the order of President Ilham Aliyev, the total amount of labour pensions was reindexed in accordance with the growth rate of the average nominal wage in 2017.
1-Mar-2017	Azerbaijan	Government approves gradual increase in retirement age, from 63 to 65 years for men (by 2021) and from 60 to 65 years for women (by 2027). The measure will enter into force on 1 July 2017.
1-Feb-2016	Azerbaijan	Adjustments on the budget of the State Social Protection Fund
1-Jan-2015	Azerbaijan	Introduction of pension indexation
1-Oct-2010	Azerbaijan	Increase in retirement age from 62 years to 63 for men and from 57 to 58 years for women
2-Mar-2022	Bangladesh	Bangladesh will launch a universal pension scheme within the next six to 12 months
1-Jun-2019	Bangladesh	Increased budget allocation to increase the coverage and benefit amount of the old age pension.
1-Nov-2016	Bangladesh	Revised pension scheme to change pension rules for civil servants: instead of having the option to withdraw up to 100 per cent of their gross pension money at a time once they retire, now public servants will only be able to withdraw half of their gross pension money at one go and the remaining half will be paid on monthly basis with annual increment (starting July 2017)
1-Jun-2015	Bangladesh	Increase in the number of old age allowance beneficiaries from 2.73 million to 3 million
4-May-2020	Cameroon	The 20% increase in the level of old pensions that did not benefit from the automatic revaluation that occurred as a result of the 2016 reform
5-Aug-2019	Cameroon	Launch of digital receipt of contributions
1-Apr-2018	Cote d'Ivoire	Government announced on April 4 the establishment of a supplementary funded pension scheme for the benefit of civil servants and state agents
21/03/2022	Egypt	13% pension increase by April 2023
1-Jan-2020	Egypt	On January 1, 2020, the government implemented a new law that makes major changes to the country's social security pension system, including coverage, financing, qualifying conditions, benefit formulas, and benefit adjustments. The new law (Law No. 148 of 2019) replaces many existing social security laws and regulations, and consolidates several different social insurance programs into one. Key provisions of the new law affecting old-age pensions (effective as of January 1) include: <ul style="list-style-type: none"> - expansion of covered categories workers - reduction of contribution rate - gradual increase of retirement age and of minimum contributions time required - implementation of early retirement - adjustment in benefit formula

Date	Country	Short description of the measure
		<ul style="list-style-type: none"> - creation of minimum and maximum pensions - substitution of End-of-Service-Benefit by one based in individual accounts - automation of Benefit Adjustment
10-Jun-2022	Guyana	In Guyana all old age pensioners will receive one-off cash grant.
1-Jul-2016	Guyana	Government puts in place measure to halt access of Guyanese living overseas to Old Age Pension, so as to conform to the law ruling the Old Age Pensions Act
1-Jul-2015	Indonesia	Pension program for salaried and non-salaried workers
1-Jan-2014	Indonesia	Increase in the retirement age for civil servants (from 56 to 58 years old)
1-Apr-2013	Kuwait	Raise in retirement age to 65 for Kuwaitis and expatriates work in the public sector
1-Jul-2018	Kyrgyzstan	The Off-Budget Pension Fund under the Uzbek Finance Ministry and the Social Fund of Kyrgyzstan signed an agreement on cooperation in the field of social insurance and pension provision.
21-Oct-2019	Lebanon	Approval of social security benefits for the elderly
30-Aug-2022	Malaysia	RM350 pension increase in Jan 2023
7-Jan-2019	Malaysia	Reduction of contributions for staff aged 60 and above
1-Jun-2013	Malaysia	Set minimum retirement at age of 60 for private sector workers (compared to 55 before)
6-Jul-2021	Morocco	Liquidation of the pension scheme for members of the Second Chamber of Parliament.
1-Jul-2021	Morocco	Progressive increase in retirement age to 63 years of age.
30-Dec-2020	Morocco	Increase in retirement age of certain public workers from 55 to 60 years of age
1-Jan-2020	Morocco	From 2020, the obligation to declare domestic workers is finally in place, and the methods of execution and social protection are in place. They are entitled to social security contributions and pensions
1-Jun-2018	Morocco	The Speaker of the House of Representatives, Habib El Malki, and the presidents of the parliamentary groups in the House of Representatives have agreed on a new formula for the MPs' pension plan, based on own resources
1-Feb-2018	Morocco	The Minister Delegate for Relations with the Parliament and Civil Society, the government spokesman Mr. Mustapha al-Khaliji, said Thursday that 74,000 retirees at the level of the Moroccan Pension Fund will benefit this year from raising the minimum pension to 1500 dirhams (351 EUR)
1-Jul-2016	Morocco	New law raises the retirement age from 60 to 63 for public sector employees, by 2022. The change will be introduced gradually from 2017 onwards.
1-Jul-2016	Morocco	Morocco's Pension Reform changes conditions for early retirement: from now on, men will have to reach 24 - instead of 21 - years of service in order to be eligible for this benefit while women will have to reach 21 - instead of 18 - years of service in order to apply for early retirement

Date	Country	Short description of the measure
1-Jul-2016	Morocco	Morocco's Pension Reform lowers annuity rate from 2.5% to 2%
1-Jul-2016	Morocco	Morocco's Pension Reform rises contribution rates from 10% to 11% in 2016 and progressively to 14% by 2019
1-Jul-2016	Morocco	Morocco's Pension Reform establishes that pension benefits will be based on the average wage obtained during the last eight years before retirement instead of on the pensioner's final salary
1-Jul-2016	Morocco	Morocco's Pension Reform increases the minimum pension benefit from 1,000 to 1,500 DH per month (progressive change, to be completed by 2018)
1-Jan-2018	Mozambique	The new regulation, approved at the 30th Session of the Council of Ministers in 2017, reduces the calculation base for the old-age pension from 120 to 60 months, and also increases the average monthly salary of reference from 50% to 100%. The new legal device also increases the amount of the minimum pension, from 60% to 90% of the lowest national minimum wage, and introduces, in Article 32, the possibility of paying the difference of the missing contributions for access to the pension by old age.
1-Jan-2018	Mozambique	Increase of contributory period, and decrease of pension accrual rate.
1-Jan-2018	Mozambique	Increased 10 years of contributions for access to the old-age pension
21-Oct-2019	Nigeria	Jigawa State Government appoints private administrator to manage State Pension Fund
1-Apr-2019	Nigeria	Extension of social security to informal sector
1-Aug-2016	Nigeria	Oyo state: New retirement age for tertiary institutions staff raised from previous 60 years to 65 years
24-Jan-2019	Palestine	Protest against implementation of social security scheme
9-Jul-2019	Pakistan	Increased budgetary allocation for Bahimat Buzurg (old age) program
20-Apr-/2022	Qatar	Pension increase to all citizens in the public and private sectors
20-Apr-/2022	Qatar	Qatar incentivises late retirement
2-Aug-2019	Saudi Arabia	Government implemented a royal decree that increased the official retirement age for women under the country's public PAYGO pension program, from 55 to 60, to match the retirement age of men. (Retirement ages in Saudi Arabia are based on the Hijri calendar; age 60 in the Hijri calendar is equivalent to around age 58 in the Gregorian calendar.)
20-Jul-/2022	Senegal	10–25% pension increase to civil and military pensioners
1-Dec-2014	Senegal	Increase in retirement age from 55 to 60 in the private sector
19-May-2019	Tunisia	Tunisia introduces a mobile application called Ahmini ("Protect Me") to integrate female agricultural workers into the social security (pension) system.
1-Jun-2018	Türkiye	Turkish employers with 10–49 employees in both the public and private sectors must automatically enroll their citizen employees younger than age 45 into a defined contribution pension plan under the country's Private Pension System (Bireysel Emeklilik Sistemi, BES). (The BES consists of a voluntary program and an auto-enrollment program.)
1-Dec-2010	Türkiye	Increase in subsidized pensions by 60 Turkish Liras

Date	Country	Short description of the measure
20-Jul-2021	Uganda	Makerere University staff have been exempted from the mandatory contribution to the National Social Security Fund-NSSF
1-Aug-2018	Uganda	This year Government plans to increase the number of elders getting grants. The grants enable senior citizens to buy food, medicine and pay transport fares. The grant amount is sh25,000 per month.
1-Mar-2018	Uganda	Workers will be able to access their savings with the National Social Security Fund (NSSF) before clocking the mandatory age of 55
1-Mar-2018	Uganda	Uganda has ditched a long-standing plan to liberalise private-sector pensions after concluding the reform would hand foreign firms an advantage over their local counterparts
1-Aug-2015	Uganda	Government has expanded the social protection grants
2-Jul-2019	UAE	Launch of pension mobility between local and federal schemes
1-Feb-2016	UAE	(Abu Dhabi) Increasing retirement age to 49 in accordance to the UAE pension law of 2007, which stipulated a gradual increase of the retirement age up to 50 years

Source: Extracted from ILO's World Social Protection Database

Annex III: 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)	Türkiye (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 (ARE)
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 IV: 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	Türkiye	

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