

Development of Geriatrics in the Middle East & North Africa

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ABSTRACT

Middle Eastern countries population is aging rapidly. These countries have certain cultural, social and economic characteristics in common with similar aspiration. Since aging is the main risk factor for NCD, the incidence and prevalence of these diseases are increasing among all the populations in the region. The improvement in the health care delivery led to increasing the percentage of elderly. These developments represent huge challenges to national and community based health services. There is a need to define the policies and programs that will reduce the burden of aging populations on the society and its economy. There is a need to ensure the availability of health and social services for older persons and promote their continuing participation in a socially and economically productive life. The morbidity burden of the geriatric population can quickly overwhelm fragile and under financed health infrastructures which are unable to meet fully the prevention and treatment needs of a younger population with relatively low-cost, easy-to-prevent, easy-to-treat illnesses.

The population of the world is aging rapidly, both in its absolute numbers and in its percentage relative to the younger population. It is estimated that by 2025-2030, the population over 60 will be growing 3.5 times as fast as the total population (2.8 % compared to 0.8%) (UNDPD, 2015). According to the WHO Department of Aging 2000 report, most Middle Eastern countries will be entering the window of opportunity during this decade, and the window is expected to last until midcentury. It is during this lucrative period that the groundwork for future geriatric services should be firmly

established and nurtured. Such services include retirement and rehabilitation centers, pension plans, home care agencies, palliative care programs, investment in geriatric-trained professionals and other human resources, public awareness campaigns, and much more (WHO, 2005; Abyad, 2017)

The challenge for developing countries is to reorient health sectors toward managing chronic diseases and the special needs of the elderly. Policymakers must take two steps: Shift health-sector priorities to include a chronic-disease prevention approach; and invest in formal systems of old-age support. More specifically, these countries should institute prevention planning and programming to delay the onset of chronic diseases, enhance care for the chronic diseases that plague elderly populations, and improve the functioning and daily life for the expanding elderly population.