

# Caring about Our Elderly Today

## Is Caring about Ourselves Tomorrow...



By Yara Asad

“Common Good in Palestine” is a cultural, religious, and survival motto that characterizes us. Many of our institutions, youth initiatives, and basic efforts to extend support in helping the needy, feeding the poor, and educating our youth are all traits of a great community. They are also the legacy of an older generation that survived because of its communal support and organizing efforts.

But as we welcome 2017, I would like to highlight a segment of our society that is denied its basic right to a dignified life. I am talking about our elderly, our loved ones who in Palestine’s reality today lack the quality services they well deserve. To be more specific, I’d like to focus my short piece on the disease called dementia and shed some light on how it affects

patients in the world and, more close to us, in Palestine as well.

Dementia is a syndrome that is progressive in nature and affects the human cognitive function, including memory, thinking, orientation, comprehension, calculation, learning, capacity, language, and judgment. Dementia can also lead to deterioration in emotional control, social behavior, and motivation.

Signs linked to dementia are normally explained in three stages:

**Early Stage:** One can be forgetful, which includes losing track of time or feeling lost in familiar places.

**Middle Stage:** Signs of dementia are clearer as one becomes forgetful of recent events and people’s names, gets lost at home, has difficulty with communication, needs help with personal care, and experiences behavioral changes such as repeated questioning.

**Late Stage:** This is characterized by

1) The World Health Organization reports that one new case of dementia is diagnosed every four seconds.

2) The estimate of the prevalence of dementia cases in 2008 in Jerusalem reached 19.1 percent (some 117,000 individuals).

3) Health-care expenditure in Palestine as a share of the GDP is higher than that of France.

4) Government policies towards our elderly, lack of private-sector investments, and social stigmas are serious threats to the quality and quantity of Palestine’s health services.





Photo by Ammar Younis.

near total dependence and inactivity. While signs are obvious, one is unaware of time and place, has difficulty recognizing friends and relatives, is in increasing need of assisted self-care, and shows behavioral changes that could include aggression.

The World Health Organization (WHO) statistics released in April 2016 indicate that **there are 47.5 million people who have dementia, with more than half (58 percent) of the affected persons living in countries like Palestine, with low and middle income.** Every year, 7.7 million new cases are reported, which means that one new case is reported every four seconds.

One can't ignore the impact of this disease not only on those who are diagnosed or suffer from dementia, and on the caregivers as well, but even on our economic activity and the productivity of our national health budgetary system.

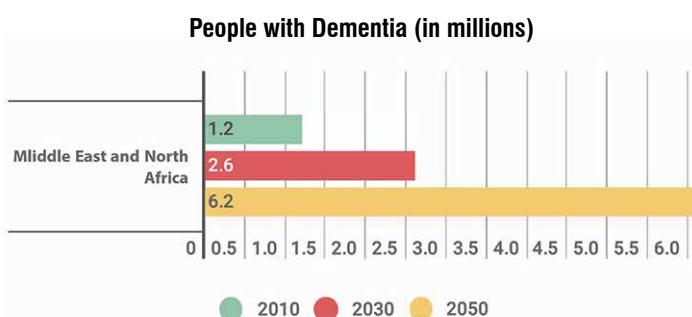
Palestine has a relatively youthful population, as those aged 65 and over are only 3 percent of the population today. By 2050, the rate of this age group is expected to more than double, reaching 7.8 percent, raising the number of our elderly from 150,000 in 2015 to 695,000 in 2050. Palestinians maybe lack access to accurate data that indicates the number of people diagnosed with dementia,

but regional reports, in addition to those recorded in Jerusalem, all raise serious flags about the need to give our elderly the attention and

health support they need. A study on cognition and aging in Jerusalem, published in 2008,<sup>i</sup> reveals that the prevalence of dementia among people aged 65 and over was estimated at 16.7 percent (98,000 individuals), whereas the estimate of the prevalence in both the community and institutions reached 19.1 percent (some 117,000 individuals). The WHO has recognized dementia as a public health priority since 2012, and has emphasized the need to raise awareness about it and to strengthen public and private efforts to improve care for people with dementia and their caregivers, who in most cases are the women in the family, a reality that is true not only in Palestine but all over the world. As men continue to emphasize their role as the financial providers, by default, women are expected to be the caregivers, a reality that can have negative implications on our efforts to empower women or even increase their participation in the labor force.

Today, I choose to highlight, raise awareness, and inform us as Palestinians about the need to serve this segment of our society or those who take care of our elderly, to take the WHO statistics and the available data seriously, and to act for the common good of Palestine and every Palestinian.

Thirty years from now, our youthful



population of today will be more vulnerable to cognitive diseases that will impact their lives as well as the lives of their children and grandchildren, who are likely to be the primary caregivers if we as a civil society, public and private sectors, continue to neglect the immediate attention, investment, and awareness required for us to face and address this devastating disease.

According to the World Bank report *Public Expenditure Review of the Palestinian Authority: Towards Enhanced Public Finance Management and Improved Fiscal Sustainability*, published in September 2016,<sup>ii</sup> “Health expenditures are on the rise, while health outcomes are below potential for current levels of spending.” The report signals that the financial sustainability of the health-care system is in doubt because “uncertain [influx of] foreign aid, the increasing costs of referrals, inefficiencies and duplications of service, and an excessive focus on tertiary care are together straining the fiscal position of the health sector.”

In 2012, 12 percent of the GDP, an amount that is equivalent to US\$1.3 billion, was spent as public and private health expenditure. This is one of the highest shares of GDP in the world: it is higher than the 11.7 percent of GDP share for health expenditure in France, just below the 12.4 percent of the Netherlands, surely exceeds the Middle East and North Africa regional average of 2.6 percent, and is way above the low- and middle income country average of 1.7 percent.

Policy measures are indeed crucial to reduce the cost of health expenditures on what the above-discussed report identifies as curative care, rather than preventative care. Also crucial are prioritizing tax exemptions and donor budgets to encourage private-sector investment and support to this societal segment that constitutes the

elderly, both those with dementia as well as others who can't afford to provide for their basic needs/rights. Possible actions worthy to consider include the institutionalizing of the Islamic Zakat donations, advising diaspora funds and investment projects to cover the expenditures that the government cannot fund, and making efforts to highlight the associated health sectors and offer information and data about the need to address issues related to dementia.

Finally, I want to highlight the important role of our civil society, which should take a proactive stand to support caregivers. We must stop stigmatizing and judging caregivers, who are as vulnerable as our elderly and who care about their families more than any outsider – they are losing their loved ones. To be stigmatized in the process contributes to the psychological, emotional, physical, and economic challenges that they are already facing while providing their loved ones with the utmost care and support possible.

We can all contribute to a better situation, now and in the future, by recognizing and believing that caring about our elderly today is caring about ourselves tomorrow...

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For more information, please see the *World Alzheimer Report 2010: The Global Economic Impact of Dementia*, at <https://www.alz.co.uk/research/files/WorldAlzheimerReport2010.pdf>.

<sup>i</sup> Cohort Profile: The Jerusalem longitudinal cohort study, *International Journal of Epidemiology*, Oxford Journals, available at <https://ije.oxfordjournals.org/content/38/6/1464.full>.

<sup>ii</sup> Available at <https://openknowledge.worldbank.org/handle/10986/25100>.