Social coverage, solidarity and promoting the rights of the elderly people

Najat El Mekkaoui

Introduction
Social security schemes in the MENA region face challenges in terms of effectiveness, sustainability and governance. Large groups of the population remain out of the social security system. Access to basic pension, health services and education are essential to the well-being, and the lack of these services contributes to the persistence of poverty. All MENA countries – except Lebanon – have mandatory public pension schemes for at least part of the employees. In the region, the coverage rate is low with less than 40% of the working population covered by a public pension scheme. The Gulf States, Iran, Lebanon and Yemen suffer from the lowest coverage rates (between 5-30%). Morocco had one of the lowest levels of pension benefits and health insurance in the MENA region and populations were not able to afford the cost of access to health care, housing.

In this study, we focus on economic and social situation, and rights of old age people in Morocco. Over the past years Morocco has recorded good economic performance and made notable progress in reducing poverty. Since 2000, the growth rate is positive. The average growth rate between 2001 and 2008 was 5.1% in real terms, against 2.8% in the 1990's. In 2011, the growth rate reached 4.6%. Since the beginning of the 90's, structural reforms have been implemented: a law on public limited-liability companies was adopted in 1996, a commercial code in 1997, a law on the setting-up of commercial courts in 1998, a new customs code, a new insurance code in October 2002 and a new labor code in June 2004.

Significant progress has been made in terms of poverty reduction and access to education. According to the High Commission for Planning (HCP), during the period 2001-2007, the poverty rate has decreased from 15% to about 9%, representing approximately 2.7 million people under the poverty line. It should be noted that there are significant geographical disparities and a strong gender dimension. Poverty affects mainly rural areas. The poverty rate in urban areas represents 4.8% against 14.5% in rural areas.

The most vulnerable are the elderly and young women without schooling. Life expectancy for women is higher than for men, therefore women may be in poverty for a longer period. With a
protection system covering a small proportion of the population, a pension system for less than 20% of retirees, elderly in Morocco and particularly older women, represent a very vulnerable population. Seniors are, in fact, in most cases, without a pension or health coverage and likely to suffer from chronic diseases. In the absence of adequate social coverage and adequate financial resources, the elderly face the risk of poverty, disease and disability. Most of them do not have an access to public social protection system.

In this context, what is the role of the family, of intergenerational solidarity?

The elderly should be considered as an asset and should be protected by society. Convinced that human rights are universal, laws guaranteeing elderly benefits have recently advanced in Morocco. Indeed, the new constitution adopted in Morocco in July 2011 reinforce the Moroccan rights to public social protection and provide access to social protection, to health care and to an healthy economic and social environment. These are parts of the fundamental rights guaranteed by the Moroccan Constitution which promote the equal access of citizens to health care, social welfare, medical coverage, modern education, decent housing, work access to public service according to merit, access to water and a healthy environment and sustainable development (Article 31 of the constitution of July 1, 2011).

The National Council of the Human Rights (CNDH), created in March 2011, is an institution of protection and promotion of the human rights. Article 1 of the Dahir N° 1-11-19 from 25 rabii 1 1432 (1st March 2011), gives CNDH the mission of protection of the human rights and their freedom, guarantee of their full promotion, as well as the preservation of the dignity and rights of individuals and collective citizens. Promoting the rights of the elderly is an essential task of the CNDH.

Morocco has also implemented a set of innovative social plans as the National Initiative for Human Development to fight against poverty. This initiative is based on solidarity approach involving the population and the civil society organizations.

This study, first, presents the main challenges related to the protection of the elderly. It focuses on current demographic changes and presents the economic and social challenges. The second section deals with laws and solidarity actions dedicated to seniors. The last section concludes with lessons to be drawn from the experience of Morocco.

1. Key challenges of the protection of the elderly
1.1 Social protection and intergenerational solidarity

The elderly, and in particular, widows and disabled, usually support a higher risk of poverty than other citizens. An abundant literature puts into perspective this overexposure in different countries. However, researchers also underline the decline of this poverty through retirement related spending programs (Albuquerque, 2003; Rupp et al., 2003; Engelhardt and Gruber, 2004, Franco et al., 2008). Poverty in retirement period is no longer the major issue of retirement policies in developed countries, as the standard of living improves. Engelhardt and Gruber (2004) conclude that the growth of Social Security, directly explains the decline in poverty among the elderly in the period of post-World War II. In developing countries, social protection is organized by many institutions.

According to Harvey et al. (2007), who summarize the definitions of social protection in various papers, social protection “refers to interventions implemented by the state, or those operating in the public interest, such as NGOs, to respond to levels of vulnerability, risk and deprivation which are deemed socially unacceptable within a given polity or society.” It responds to the dual goal of addressing both economic and social risk and vulnerability through protective, preventative and transformative actions. Van Ginneken (1999) offers a wider, but similar, definition: “The provision of benefits to households and individuals through public or collective arrangements to protect against low or declining living standards arising from a number of basic risks and needs”. Only few people in developing countries have an access to formal social security system.
According to Van Ginneken, half of the global population is excluded from any form of social protection, and in Sub-Saharan Africa and South Asia, social security only covers between 5 and 10% of the working population. In most cases, informal sector workers are excluded from social security programs. They are often unable to join social insurance programs due to their financial situation or due to government regulations, and many prefer to invest in business, land or housing because they rely on their children to support them when they reach retirement. He notes, however, that healthcare costs can be devastating to a household, and most households, including poor households, spend 5-10% of their income on healthcare. In addition to expanding public health insurance schemes, Van Ginneken proposes some ways to promote self-financed schemes. In Morocco, older people and particularly single older women experience the highest risk of poverty.

The elderly in Morocco benefit from intergenerational solidarity but the societal changes are likely to reverse the traditions that gave the family and the children the main role in providing assistance to the elderly.

The elderly live in different type of households. 58.3% live in complex households where coexist the elderly person's spouse, ascendants, descendants and / or other members (nephews, nieces, cousins, uncles, fathers, stepfathers, small son, brothers, sisters … and other unrelated persons); 34.9 percent live in nuclear households and 6.8% live in isolated households.

The support and solidarity of the family is essential for the elderly in Morocco. The family provides assistance in the form of money or services provided by its members. 77.5% of seniors reported receiving assistance in the form of in-kind or in cash, against 22.5% who did not receive any assistance. This family or intergenerational solidarity is more likely to prevail in the rural areas where 78.8% of the elderly declared that they benefited from this solidarity against 76.4% in urban areas. It is also more likely to be oriented toward women (86.4%) than toward men (67.8%). Among the women who receive assistance the majority is widowed (67.3%), but married women also receive help (28.7%).

The children are the main providers of assistance. 58.6% of the elderly reported receiving assistance only from their children and 40.7% declared receiving assistance from multiple sources. The children's assistance is regular in 61.7% the case and occasional in 38.3% of cases. Only 0.2% of the elderly declared receiving assistance from specialized institutions.

The children do not only provide cash assistance. They also support the elderly through help with household domestic tasks and tasks outside the home and give them moral support. Residential proximity or cohabitation is important to the provision of this type of assistance. A large proportion of elderly people think that it is, first of all children (44.6%) and the State (35.5%) and, finally, the family (11.3 %) that have to support and provide them with assistance.
Table 1: Evolution of the structure of the population in Morocco by major age groups (%), 1960-2050

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</thead>
<tbody>
<tr>
<td>0-14 ans</td>
<td>44.39</td>
<td>45.90</td>
<td>42.16</td>
<td>37.03</td>
<td>31.03</td>
<td>27.44</td>
<td>24.25</td>
<td>21.03</td>
<td>18.22</td>
<td>17.17</td>
</tr>
<tr>
<td>15-59 ans</td>
<td>48.43</td>
<td>46.98</td>
<td>51.54</td>
<td>55.89</td>
<td>61.01</td>
<td>64.17</td>
<td>63.13</td>
<td>62.08</td>
<td>58.35</td>
<td></td>
</tr>
<tr>
<td>60 ans et+</td>
<td>7.18</td>
<td>7.11</td>
<td>6.30</td>
<td>7.08</td>
<td>7.96</td>
<td>8.39</td>
<td>11.84</td>
<td>15.84</td>
<td>19.70</td>
<td>24.47</td>
</tr>
<tr>
<td>Total</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
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</tbody>
</table>

Source: HCP


Definition: Age dependency ratio = people younger than 15 years old + people older than 64 years old/population between 15 years old and 64 years (working age population). Source: WDI
1.3 Main challenges: Improving the financial resources of the elderly and their social coverage

- The financial resources of the elderly, and especially the resources of older women, are very low. One of the main challenges is to enable the elderly to have a pension insurance.

The income of the elderly comes from different sources: wages, social benefits from social security retirement and family support.

In the Census of 2004, out of the 2.4 million Moroccans having the retirement age and above, nearly 540,000 reported to continue exercising an economic activity, which represents a participation rate of around 22%. The participation rate of older people is higher in rural areas compared to urban areas, respectively 30% versus 15%.

Few individuals are covered by the public pension system. According to the HCP survey in 2006, only 16.1% of the elderly respondents reported receiving a retirement pension 30.4% for men compared to 3% for women. Moreover, the coverage is higher for individuals living in urban areas, 26.9% compared to 4.1% in rural areas.

This is compounded by the fact that the size of the informal sector is important in Morocco and that people working in the informal economy or in rural areas do not contribute to pension schemes during their working life.

The large majority of the elderly cannot read (82.6%), live with their children (52.4%) and grandchildren (36.3%) in urban areas. Over one-third of the population of the elderly live in the regions of Casablanca and Rabat-Salé-Zemmour-Zaer. Almost 50% of them live in the regions of Doukkala Abd, Taza Al Hocima Taounate and Souss Massa Draa, Marrakech Tensift Al Haouz. A large part of the population of the elderly, and particularly older women, are deprived and must be supported by their family. As we have seen previously, children support the elderly. Indeed, for nearly two-thirds (58.6%) persons aged over 60 years, children are the only source of economic support. Only 1.4% of surveyed elderly have received material assistance from an institution. The problem here is that, the family support might be more limited in future because of declining intra-family support.

Some seniors, without family or having very poor descendants, live in houses for the aged, homes charities. Their passage in these institutions was made necessary by the lack of family.

Table 2: Distribution (%) by age group, for elderly people receiving or not a retirement pension.

<table>
<thead>
<tr>
<th>Receiving pension benefits</th>
<th>Age : 60-65</th>
<th>Age : 65-70</th>
<th>Age : 70-75</th>
<th>Age : 75 et+</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>27.5</td>
<td>28.4</td>
<td>27.2</td>
<td>23.0</td>
<td>26.5</td>
</tr>
<tr>
<td>NO</td>
<td>72.5</td>
<td>71.6</td>
<td>72.8</td>
<td>77.0</td>
<td>73.5</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>


- With very limited health coverage, the elderly and especially women are a highly vulnerable group in the population. One of the main challenges is to provide access to healthcare for seniors living in rural and urban areas.

Persons aged 60 years or above are reported to be more susceptible to diseases when they live in urban rather than rural areas. The morbidity rate appears more elevated in urban areas than in rural areas, with respectively 35% and 28% (HCP). Also, more than one third (33.4%) of elderly persons do not have access to health care services and for nearly two-thirds, this is due to the lack of financial resources. More women (62.8%) than men (55.1%) do not have health care.

Table 3 presents the 1995-2010 data on both public health expenditure relative to GDP and the relative importance of public health expenditure as a proportion of government expenditure.
and total health expenditure in Morocco. Public spending in health increased very slowly during the period of 1995-2010. During this period, public health spending rose only from 1.26 to 1.89 as percentage of GDP. Public health expenditures remain still very low and insufficient to protect people. We could expect better health insurance coverage in the future. Indeed, in terms of the extension of health insurance coverage, two measures have been planned recently in Morocco: a contributory scheme (AMO, “Compulsory health insurance”) for all employees, professionals and workers in the informal economy who earn more than 500 dirhams per month (around 50 euros), and a medical assistance scheme (RAMED; Medical Assistance scheme for the Economically Destitute) for poor people. The AMO health insurance scheme is being phased in over five years beginning in 2006 and will cover costs arising from illness, accident, maternity and rehabilitation. AMO will provide health insurance for 1.6 million wage earners in the private sector who are not currently covered. Together with others already participating in civil service and private schemes and mutual societies, the new system will provide health insurance for over 5 million people.

Table 3: Health expenditure in Morocco

<table>
<thead>
<tr>
<th>Year</th>
<th>Health Expenditure (1% of GDP)</th>
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<tbody>
<tr>
<td>1995</td>
<td>1.26</td>
</tr>
<tr>
<td>1996</td>
<td>1.30</td>
</tr>
<tr>
<td>1997</td>
<td>1.32</td>
</tr>
<tr>
<td>1998</td>
<td>1.35</td>
</tr>
<tr>
<td>1999</td>
<td>1.38</td>
</tr>
<tr>
<td>2000</td>
<td>1.42</td>
</tr>
<tr>
<td>2001</td>
<td>1.47</td>
</tr>
<tr>
<td>2002</td>
<td>1.52</td>
</tr>
<tr>
<td>2003</td>
<td>1.57</td>
</tr>
<tr>
<td>2004</td>
<td>1.62</td>
</tr>
<tr>
<td>2005</td>
<td>1.67</td>
</tr>
<tr>
<td>2006</td>
<td>1.72</td>
</tr>
<tr>
<td>2007</td>
<td>1.77</td>
</tr>
<tr>
<td>2008</td>
<td>1.82</td>
</tr>
<tr>
<td>2009</td>
<td>1.87</td>
</tr>
<tr>
<td>2010</td>
<td>1.92</td>
</tr>
</tbody>
</table>

Source: WDI

2. Laws and solidarity actions for the elderly

The 1982 Vienna International Plan of Action on Ageing is the first international document on ageing, created by the first World Assembly on Ageing, and later endorsed by UN General Assembly resolution 37/51.

General references are made to human rights via reaffirmation of the applicability of the principles and objectives of the Universal Declaration of Human Rights to older people.

The Second World Assembly on Ageing adopted the Madrid International Plan of Action on Ageing (MIPAA) in 2002. It concerns mainly development, health and well-being, and enabling environments. Eliminating age-based discrimination and promoting the human rights of older people are issues that do emerge in this document. According to HelpAge International, “it does not constitute a comprehensive human rights framework and important human rights issues for older people, such as equality before the law, non-discrimination, access to effective remedies, and freedom from torture or other cruel, inhuman or degrading treatment or punishment, are not included.”

2.1 Laws dedicated to older people


Morocco adopted a new constitution in 2011. This constitution affirms the right to equality, the access to social protection, health care, decent housing, and advocates the implementation of public policies for vulnerable people.
The new constitution adopted in 2011, states in its preamble that ‘(...) the Kingdom of the Morocco, united completely sovereign State belonging to the great Maghreb, reaffirms the following and commits “to” ‘(...) banish and combat discrimination against anyone, because of sex, color, beliefs, culture, social or regional origin, language, disability or any personal circumstances whatsoever”.

The new constitution stipulates in article 22 “it cannot be infringed the physical or moral integrity of anyone, under any circumstances whatsoever and by any person, public or private. No person shall impose to others, cruel, inhuman, degrading treatments or relating to dignity. The practice of torture in all its forms by anyone is a crime to be punished by the law”.

Also article 31 stipulates that “the State, public institutions and local authorities work towards the mobilization of all means at disposal to facilitate equal access of citizens to health care, social welfare, medical coverage and mutual solidarity or decent housing which are organized by the State, access to healthy water and environment, to encourage sustainable development.

Under article 34, “the public authorities develop and implement policies for persons and categories with specific needs. For this purpose they shall particularly treat and prevent the vulnerability of certain groups, namely, women and mothers, children and the elderly, to rehabilitate and integrate them into the social and civil life and facilitate their access to their rights and freedom.”

• Law 14.05 on social protection institutions (2006) - source: Bulletin officiel N ° 5480, of 7/12/2006 promoting law No. 14-05 concerning the conditions for opening and managing institutions of social protection.

Promulgated by Dahir No. 1.06.154 of November 22, 2006, this law indicate in article 1, that “the provisions of this Act shall apply to welfare institutions whose purpose is to support all people, both sexes, in insecurity or poverty situation, including:

• Abandoned children with the meaning of article 1 of law No. 15.01;
• Women in situations of family abandonment or exclusion;
• Elderly people without support.
• Persons with disabilities.

People mentioned above should be supported for their accommodation, food, health care and socio-educational follow-up, in respect for the physical integrity of persons supported their dignity, their age, their sex and their physical, mental and psychological capacity. This support may, depending on the type of the institution of social protection, be permanent or temporary, total or partial.

Article 2 of Act 1405 stated that the institutions covered by article 1 referred to the house for elderly and to public policies and actions of the elderly.

In 2009, the Government had adopted a national strategy for the elderly. The priorities of the national strategy for the elderly focused on housing and living conditions. This strategy has not been implemented. With the current Government, there is no national strategy targeting the elderly but the Government effort to support associations and family supporting the elderly without resources.

The current Government policy is to promote the family component in order to keep seniors at home. The plan is to provide support to the families that host the elderly. Forms of these supports are not yet defined.

Another effort by the government is in providing qualifications for accommodation centres welcoming the elderly without family support, and improving health care for the elderly.

2.2 Solidarity actions for older people

For the elderly without family support and in poverty, the national assistance acts through the management of 44 centers for the protection of the elderly in different cities in the Kingdom. Government also supports financial and human resources of the charitable organizations helping...
elderly people with no family support. These are charitable associations, who provide shelter for the elderly.

In 2011, 3224 elderly (1627 women and 1597 men) have benefited from these services and benefits of the national assistance under the social assistance programme through the homes for the elderly.

Next to the government actions some prominent associations undertake programs to help the elderly. The Mohamed V Foundation and the National Initiative for human development (INDH) implement actions in favor of older persons.

**The Mohamed V Foundation:**
Mohamed V Foundation for solidarity (created in 1999) provides diversified categories of benefits to all population including the elderly. Its role is to rehabilitate and maintain all the charity houses under the national assistance and to welcome seniors who have no support. The Foundation has implemented 3 accommodation centers for seniors without financial resources and family support.

**The National Initiative for Human Development (NIHD):**
To address the problem of poverty and health inequity, the National Initiative for Human Development (NIHD) was launched in 2005 by King Mohammed VI with the participation of the Government, local authorities and NGOs.

NIHD started with a budget of 250 million dirhams (about 25 million US dollars). The NIHD is a program aimed at reducing overall poverty. It has a budget provided by the general state budget (60%), international cooperation (20%) and local communities (20%). Consistent with the improvements in the care of the elderly, the NIHD operates through:
- Supporting actions of associations for the elderly (building capacities and awareness);
- Establishment of centers for seniors: 89 centers have been created between 2005 and 2011 for 9,377 direct beneficiaries;
- Improving quality of services offered in these centers and homes for the elderly.

**Conclusion and policy recommendations**
To ensure the right of retirement in dignity, access to health, decent housing and financial resources are listed in the report of the second National Assembly on Ageing (Madrid, 8-12 April 2002, United Nations).

The elderly should be considered as an asset for the society and should be protected by law. Large parts of the elderly in Morocco and in most MENA region are not covered by social security system and do not have family support. The development of effective social protection (social assistance and social insurance) covering all citizens is one of the necessary conditions for the preservation of the dignity and respect of human rights.

To meet economic and social rights of the elderly, it is necessary to extend coverage and to redesign public pension systems in order to maintain a decent standard of living after retirement. A retirement income source could avoid a strong increase in the poverty risk among old people. The development of non-contributory basic pension is the most effective solution to reduce poverty among the elderly.

In the absence of adequate social coverage and adequate financial resources, keeping within the family the elderly is a way to protect them. To maintain intergenerational solidarity, social links, private transfers should be supplemented by public transfers targeting family.

Improving the living conditions of the elderly includes also affordable access to essential healthcare services, particularly, for women and persons with disabilities.

Targeted income transfer program allow the reduction of severe poverty among vulnerable population such as elderly women. Policy could attempt to address this gender gap.

Furthermore, as less-educated workers have less coverage, policy could also push for formal
insurance expansion among low-skilled labor.

To follow up economic and social programs targeting the elderly by gender and age, to monitor the conditions of the elderly living in residential institutions and to implement effective information system covering the economic and social situation of the elderly are all effective means to address the older people's rights.

References