



Lebanese Republic
Ministry of Social Affairs

The National Strategy for Older Persons in Lebanon 2020 - 2030



STATEMENT OF THE MINISTRY OF SOCIAL AFFAIRS

The National Strategy for Older Persons in Lebanon (2020-2030) is the primary response to recommendations of international conferences calling for ensuring the health-related, social and economic rights of older people, and for working to reduce social disparities and achieve justice and equal opportunities for all. It also reflects calls for developing societies to ensure a decent and dignified life that preserves the rights and human dignity of older people.

This goal has prompted the Ministry of Social Affairs to mobilize efforts, and to seek, in partnership with the United Nations Population Fund (UNFPA), to develop a national strategy that represents a guiding framework for action on this cross-sectoral issue. In its endeavour, the Ministry drew not only on the human rights system and development principles, but also on the outputs of a number of scientific studies and research, the most recent of which is a study prepared in the framework of its partnership with the Economic and Social Commission for Western Asia (ESCWA) in 2018 entitled “Socioeconomic Priorities for Older Persons in Lebanon: Means for Living with Dignity”. The recommendations of the study highlighted the need to develop a national strategy that would constitute an umbrella for all initiatives, programmes and projects for older people, particularly in light of the lack of national planning and funding that adequately address older people’s issues, in addition to limited social safety nets, poor coordination between the various stakeholders and the absence of sustainable private initiatives responding to the needs of older people.

Although older people have capabilities and experience, they are still undoubtedly among the most vulnerable groups. The impact of the Covid-19 pandemic, the Beirut port explosion and the economic crisis in Lebanon, which has exacerbated poverty rates and affected many of them, cannot be overlooked.

In addition, the progress made in recent years, particularly at the health level, with better life expectancy for older people, remains modest in the face of challenges in providing and maintaining a good quality of life, and promoting areas of participation of older people, while ensuring their access to appropriate

and quality services, and to old-age insurance in a way that preserves a dignified and decent life for them, and guarantees their health, food, social and economic security.

The current strategy was the result of joint action, discussions and dialogue with all relevant stakeholders in Lebanon. The human rights approach was primarily adopted and focused on the life-cycle approach and on the importance of empowering older people to achieve the Sustainable Development Goals (SDGs) on the basis of “leaving no one behind”, specifically the most vulnerable groups.

We thank all experts, specialists and stakeholders who have contributed to the completion of this National Strategy, in particular experts of the Permanent National Commission for Older Persons. We also extend our deep thanks and appreciation to our partners: the UNFPA, ESCWA and the Center for Studies on Aging in Lebanon (CSA) for all their support and efforts.

The launch of the National Strategy comes at a time that may be the most critical in Lebanon’s history, but it will certainly not break our will, rooted in the human rights system and development principles, as well as, more importantly, in a set of religious, moral and humanitarian values that form the essence of Lebanon and the secret of its resilience.

The Ministry of Social Affairs will continue to strive for the implementation of this strategy by devising operational action plans that will constitute an umbrella for all relevant interventions, programmes and activities. This will allow us to ensure the required financing, rational spending, good investment of resources and integration of efforts at the national level to uphold the rights and issues of older people in Lebanon.

PREAMBLE

The Lebanese Ministry of Social Affairs, the United Nations Population Fund (UNFPA), the Economic and Social Commission for Western Asia (ESCWA) and the Center for Studies on Aging in Lebanon (CSA) are pleased to present this “National Strategy for Older Persons” for the years 2020-2030, Lebanon’s first national strategy in this area. This work represents a milestone in advancing the issue of ageing. The strategy also provides the momentum needed to draw up a roadmap and develop a comprehensive multi-sector action plan for integrated policies and programmes that would map the necessary financial resources, especially in light of Lebanon’s stressful financial and economic conditions.

The World Economic Forum has described population ageing as one of the most important demographic and social developments in recent history. As in various parts of the world, the increase in the number and proportion of older people (over the age of 65) that Lebanon has witnessed over the past four decades is the result of social and medical progress that has enabled us to live longer lives and generally enjoy better health than ever before. Nevertheless, this rise in the number and proportions of older people is a challenge that will continue to grow significantly in the coming years due to migration waves of Lebanese youth searching for safer havens in the wake of recent social and political tensions and the economic collapse in 2020, exacerbated by the August 4th explosion.

The drafting of the strategy relied on multiple data sources that keep pace with international developments related to ageing and are compatible with the Lebanese context and values. It also followed a national participatory approach and is based on four guiding principles: firstly, the “Human Rights Charter” along with the gender perspective and the State's obligations to international conventions and to its citizens. Accordingly, this strategy is not only related to welfare, but is also formulated through the human rights lens. Secondly, the strategy emphasizes that addressing issues of older people and working towards a safety net in old age is a lifelong process that does not begin at a specific age or after retirement. Thirdly, it also sustains that the issue of ageing is a shared individual and collective responsibility that rests with several sectors and must be prioritized in all national policies, strategies and action plans. Finally, the strategy seeks to bring about a radical change, at the individual and collective levels, in how we understand and deal with the concept

of ageing. It promotes a positive image of the potential and contributions of older people to their communities and families. The National Strategy is based on a framework of six axes and four interrelated mechanisms, aimed at ensuring a healthy, safe and participatory life in a supportive environment for older people.

The two-year relentless work on this strategy, amidst the successive crises that have ravaged Lebanon, along with the participatory approach adopted between the public and private sectors, civil society and older people themselves to develop this strategy, make it comprehensive and responsive to the needs and priorities of older people in various sectors. Based on the direction set out in this strategy, there is a need to develop an "action plan" that facilitates the translation of the strategy's goals and objectives into programmes and interventions taking into account the interdependence of various sectors, and one that is based on an analysis of the necessary resources, timeframe, risks and available opportunities.

The CSA would like to thank all individuals and institutions who have contributed to the success of this strategy, as well as its partners in the Ministry of Social Affairs, the UNFPA and ESCWA for their commitment and continuous support. We thank, in particular, the Director General of the Ministry of Social Affairs, Judge Abdallah Ahmed, Ms. Fernande Abu Haidar and Ms. Samar Sliati from the Ministry of Social Affairs, Ms. Asma Kurdahi and Ms. Afdokia El-Khoury from the UNFPA, and Ms. Sara Salman from ESCWA for providing valuable guidance, reviewing several previous drafts of the strategy, facilitating data collection, streamlining our work, and enabling communication with many parties and stakeholders. We also thank consultants and specialists for sharing their experiences and views on various aspects of the strategy. More than 60 experts, including members of the Permanent National Commission

for Older Persons, have contributed to the strategy. We also convey our special thanks and gratitude to all those who have shared their experiences, opinions and perspectives during focus groups and interviews.

Last but not least, we stress the importance of continuing this participatory work approach among all parties to create an enabling environment that upholds the rights, health and well-being of older people, provides them with a decent life, supports families, and preserves our community values.

We extend our thanks and gratitude to all of you.

The consultative team

The present National Strategy is the culmination of the work carried out by the consultative team, who prepared and conducted the interviews and focus groups, coordinated and facilitated expert group meetings and other national meetings, reviewed sources and formulated the strategy.

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Consultants who contributed to the preparation of the strategy are Dr. Laurie Abi Habib, Mrs. Maha Abou Shawareb, Dr. Salim Adib, and Mr. Azzam Houry.

Ms. Noor El Boukhari also contributed to the work.

About the Center for Studies on Aging

The Center for Studies on Aging (CSA) in Lebanon is a non-governmental organization (NGO) led by a group of professionals committed to promoting evidence-based policies and practices in support of older persons in Lebanon and the Arab region. Its mission is to create a forum for research, education, policy formulation and training that addresses the issue of ageing in the region.

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INTRODUCTION

Population ageing is one of the most prominent contemporary demographic trends. While longevity is one of the key achievements of humanity, it is at the same time one of the major challenges. Life expectancy at birth has increased from 46 years in 1950 to 72 years nowadays. In addition, one in every 11 people in the world is currently over the age of 65 (9 per cent), and by 2050, one in six people in the world will be over the age of 65 (16 per cent).¹ The world is currently witnessing, for the first time in history, a significant transformation, with the number of people over the age of 65 exceeding the number of people under the age of five.² Lebanon is not excluded from this demographic change as it is experiencing the fastest population ageing among Arab countries.

Population ageing has been recognized since the First World Assembly on Ageing convened by the United Nations Organization in Vienna in 1982 and which culminated in the Vienna International Plan of Action on Ageing. In 1991, the General Assembly adopted the "United Nations Principles for Older Persons" and declared the first of October as the "International Day of Older Persons". The General Assembly of the United Nations also declared 1999 the "International Year of Older Persons".

The Programme of Action of the International Conference on Population and Development, held in Cairo in 1994, has dedicated a space focusing on older people. Some of the measures advocated were to call upon governments to create appropriate conditions enabling older people to lead a healthy and productive life and establish social security systems that would ensure equity and intergenerational solidarity, in addition to strengthening formal and informal support systems and safety nets while making good use of the skills and abilities of older people for the benefit of society.³

1. <https://www.un.org/en/sections/issues-depth/ageing/>.

2. <https://www.un.org/en/sections/issues-depth/ageing/>.

3. UNFPA, Programme of Action adopted by the International Conference on Population and Development held in Cairo from 5 to 13 September 1994.

Actions towards the welfare of older people continued in 2002 when the Second World Assembly on Ageing was held in Madrid. At that time, the Assembly adopted the Political Declaration and the Madrid International Plan of Action on Ageing (MIPAA), with the aim of developing international policies relevant for the twenty-first century. The MIPAA was adopted by 159 Member States of the United Nations, including Lebanon. It called for a change in attitudes, policies and practices at all levels to tap the enormous potential of older people in this century. It included specific recommendations for action to prioritize older people and development, improve health and well-being, including in old age, and create enabling and supportive environments for older people.

In February 2002, the political framework of the Arab Plan of Action on Ageing (APAA) was developed as part of the preparatory activities of the Second World Assembly on Ageing in Madrid. The APAA emphasized the main role of the family and the role of NGOs and civil society institutions in providing care and support for older people. The "Arab Strategy for Older Persons 2019-2029"⁴ falls within the international resolutions taken to guarantee the rights of older people and the calls emanating from Arab conferences, as well as international endeavours related to achieving the Sustainable Development Goals (SDGs) (the 2030 Agenda for Sustainable Development),

particularly with regard to reducing gaps between social groups, addressing all forms of inequality and achieving justice and dignity for all.

While the SDGs of the 2030 Agenda did not directly mention older people, their basic guiding concept remains "leaving no one behind", which means reaching all segments of society, including older people. It is noteworthy that most SDGs address issues of concern to older people, including eradicating extreme poverty (Goal 1), ending hunger and achieving food security (Goal 2), ensuring healthy lives and promoting well-being for all at all ages (Goal 3), promoting lifelong learning opportunities (Goal 4), achieving gender equality (Goal 5), adopting social and economic protection policies that achieve greater equality and participation in society (Goals 10 and 16), making cities and human settlements inclusive, safe, resilient and sustainable (Goal 11), promoting just, peaceful and inclusive societies and reducing all forms of violence (Goal 16), and developing high-quality data (Goal 17).

Hence, the National Strategy for Older Persons in Lebanon represents a milestone at this stage to develop policies for older people in Lebanon, achieve their aspirations, meet their needs and invest their capabilities in line with demographic realities, national resources and constraints, objectives set out in the international plans of action for ageing and the 2030 Agenda goals.

⁴ The Arab Strategy for Older Persons 2019-2029 (League of Arab States, Council of Arab Ministers of Social Affairs in cooperation with the UNFPA, 2016).

1. NATIONAL CONTEXT

Population ageing is a global phenomenon. Contrary to the traditional view that considers population ageing as restricted to the developed world, current facts and data show that developing countries, including Arab countries, are also facing significant challenges as a result of the demographic shift that has led to the ageing of their populations.

A. Demographic changes in Lebanon

Lebanon is experiencing dynamic demographic shifts towards an ageing population. Decreased fertility and successes in reducing child mortality and infectious diseases have resulted in improved overall survival rates and an increase in the number and proportion of older people. In 1980, life expectancy at birth reached 68 years, and today, it stands at 81 years. People over the age of 65 represent more than 11 per cent⁵ of Lebanon's population, which is the highest percentage in the Arab region. This percentage is expected to increase to 14.0 and 23.3 per cent, respectively, by 2030 and 2050 (figure 1). By 2040, Lebanon will have more older people than children, and age dependency will shift from providing for children to supporting older people (figure 2). In addition, successive and increased migration waves of young adults seeking better work opportunities elsewhere, as well as counter-waves of 'return migration' of workers post-retirement further contribute to increasing the proportion of older people.

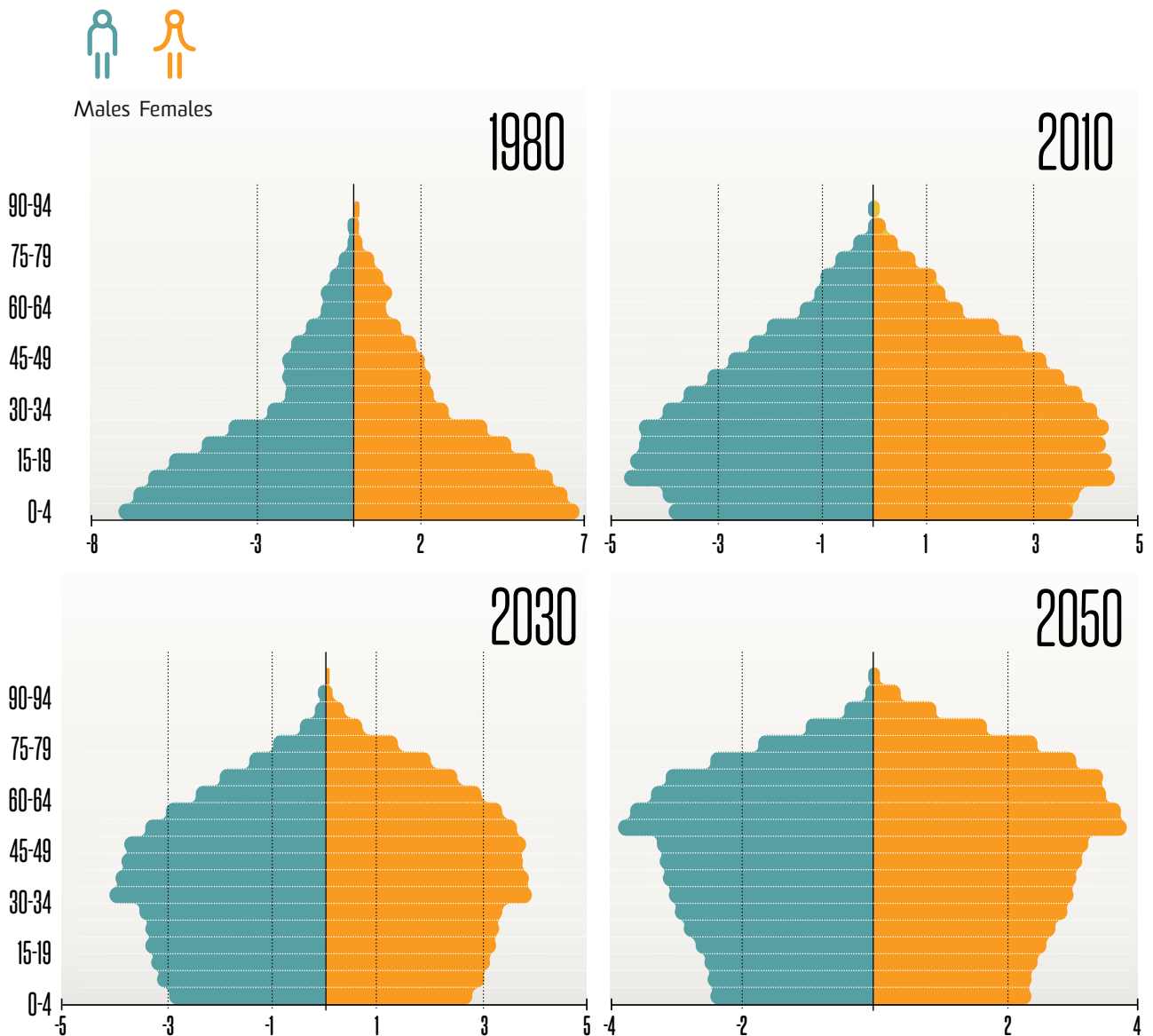
The dependency rate⁶ for the current year in Lebanon is 49.8 per cent and is expected to reach 59 per cent in 2050. The dependency rate, and only for a limited period, offers a "demographic dividend" to relieve pressure on the government in terms of providing for the unproductive young and older persons, through tangible savings in resource allocations (either educational support or health benefits and pensions) that can be used to promote economic and social development. This, in turn, increases the per capita gross domestic

⁵ <https://www.un.org/en/sections/issues-depth/ageing/>.

⁶ <https://www.un.org/en/sections/issues-depth/ageing/>.

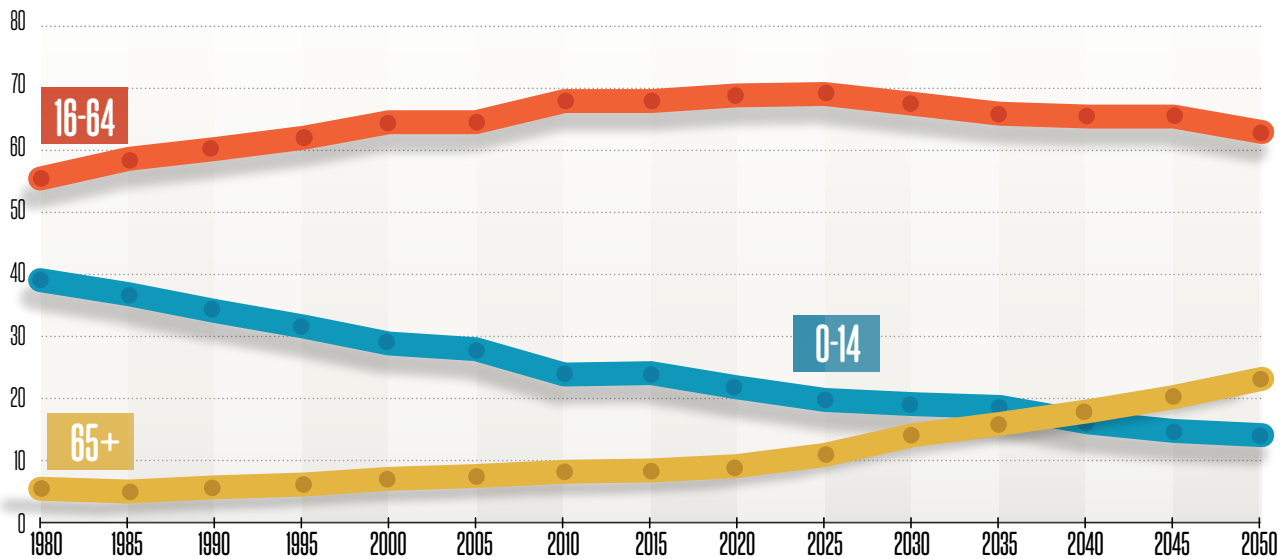
product (GDP), which leads to better well-being for the overall population. However, this did not happen. Economic development has generally stagnated in recent years, with a sharp decline since October 2019, due to protests, the financial collapse and the Covid-19 pandemic. This will lead, according to the estimates of the Ministry of Social Affairs, to a drop in the GDP to less than 15 per cent, an increase in the poverty rate to more than 60 per cent, and a rise in the unemployment rate to more than 50 per cent.⁷ There is therefore a need to plan in advance and find appropriate methods for reforms and interventions.

Figure 1. Population pyramid in Lebanon, 1980-2050



⁷ UNFPA, Programme of Action adopted by the International Conference on Population and Development held in Cairo from 5 to 13 September 1994.

Figure 2. Percentage of population distribution by age groups in Lebanon (1980-2050)



Source: Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, *World Population Prospects: The 2017 Revision*, <http://esa.un.org/unpd/wpp/index.htm>.

B. Implications of demographic changes

Demographic changes in Lebanon are accompanied by a health transition, with non-communicable diseases replacing communicable diseases as the leading causes of death and morbidity. While there are no specific national studies on older people in Lebanon, the Ministry of Public Health estimates that about 45 per cent of older people suffer from at least one non-communicable disease, consisting primarily of respiratory diseases, cardiovascular diseases and diabetes (ESCWA, 2017). Mental health problems including dementia (5.8 per cent) and lifelong mood disorders (9.3 per cent) are also pervasive (Karam, 2012).

This health transition comes against the backdrop of a severe shortage in human resources specialized in the care of older people and old age diseases, and a lack of geriatric facilities inside or outside hospitals. The debate continues about whether older

people, particularly women, are living better while living longer.

As households have shifted from extended to nuclear families and female participation in the labour market has increased, and in view of severe economic conditions and youth migration, the burden of providing health, economic or social care for older people is increasing for the family, particularly in light of significant gaps in health insurance, social security and pension systems. The current levels of inflation, unemployment, lockdown due to the Covid-19 pandemic and the consequences of the Beirut explosion are also expected to make it more difficult to meet the basic needs of older people and ensure their access to health, social and financial services. This will increase the obligation on part of governments and civil society to support families and ensure the well-being of older people in their environment.

C. Social support and protection channels

As is the case in several countries in the Arab region, issues related to older people rest primarily with two ministries: the Ministry of Public Health and the Ministry of Social Affairs, in addition to the National Social Security Fund. The latter provides health benefits to about 210,000 older people aged 61 and above, either as insured persons, meaning that they are still working after reaching retirement age, or as beneficiaries of the system for insured retirees that came into force in 2017, or as insured persons through their children's or spouse's coverage. A small percentage of older people has private health insurance through private insurance companies and mutual funds. As for older people who do not enjoy any health coverage, they benefit from the hospitalization scheme of the Ministry of Public Health as a "social safety net" and insurance of "last resort". In addition, primary health care centres located on all Lebanese territories provide quality-assured health services to all individuals and families on an equal footing in return for a nominal fee that beneficiaries can afford.

In addition, the Ministry of Public Health provides services to the general population that older people can implicitly benefit from, such as the programme of non-communicable disease services within primary health care. The aim of this programme is early detection and diagnosis of non-communicable diseases, notably diabetes, hypertension, hyperlipidemia and cholesterol, in addition to assessing the overall risk of developing cardiovascular diseases, according to the World Health Organization (WHO) protocol for non-communicable diseases, and providing medications for these chronic diseases.

The Ministry of Social Affairs provides several programmes to support local communities. These programmes include

medical and nursing services, and social activities provided by more than 200 development services centres and 265 NGOs affiliated to local associations and religious bodies that have social centres and health clinics contracted by the Ministry of Social Affairs. These centres provide free medical examinations and medications for older people who are among groups that are exempt from paying tariffs, even symbolic ones. In addition, nearly 30 social care institutions have shelter and day care service, knowing that the percentage of older people residing in institutions is very low (it does not exceed 1 per cent of older persons over the age of 65). Furthermore, over 16,000 older people directly benefit from the "National Poverty Targeting Program" of the Ministry of Social Affairs, and a number of older people benefit from this program through their families.

On 9 August 2000, Law 248 allowing older people to register in the "optional" social security fund entered into force, and on 1 February 2002, this law was implemented (Cabinet Decision 7352). However, the fund soon ceased operations due to structural failures in its implementation.

It is worth noting that there are no pension schemes for retired workers in the private sector, offering periodic benefits for old age, disability and death. The lack of such schemes results in economic insecurity for people during old age and in the event of disability or death. The only system available to workers in the private sector is end-of-service indemnity under the National Social Security Fund, which provides one lump-sum payment upon retirement.

Since early 2020, the world has been facing the Covid-19 pandemic, which has locked down billions of people in the hope of slowing the spread of the virus by means of prevention and vaccines.

Lebanon was no exception and declared a state of emergency on 15 March. The pandemic, along with its health, economic and social consequences, has created risks for all community groups, particularly older people, due to their multiple co-morbidities on the one hand and the difficulty they face in accessing health and social services on the other hand. This came at a time when the country had already been facing an unprecedented political, economic and existential crisis with massive job losses, capital controls, escalating inflation and stagnation, and increasing levels of poverty. In this context, the need for social protection systems to confront such crises has become more urgent than ever.

D. Population ageing dividend

Despite the aforementioned challenges, population ageing also provides opportunities as today's older people differ from those in previous generations. They are generally better educated and enjoy longer life and better health. Both men and women, alike, enter old age with a wealth of life and professional experiences, and a precious historical and cultural memory in a rapidly changing world. Older people are a resource for their families and societies, and many of them aspire to remain active in the formal or informal workforce, thus contributing to the social and economic development of their societies. While some efforts led by NGOs to involve older people in volunteering activities are increasing, there is an urgent need for a paradigm shift that would see older people as an important social force and human capital. Thus, instead of viewing this age group as categorically in need, or as passive recipients of care, the strategy requires the recognition of older people as active citizens within their families and societies and as contributors to social and economic development.

E. Repercussions of the 2020 crises on older people

Lebanon has witnessed successive and unprecedented crises in 2020, starting with the financial and economic collapse, the Covid-19 pandemic, and finally the Beirut port explosion on 4 August. These crises have had significant repercussions on society as a whole, particularly on older people, given their special health, financial and social conditions.

In this context, the UNFPA commissioned the CSA, in cooperation with the Makassed Association and the University for Seniors at the American University of Beirut (AUB), to study the implications of the 2020 crises on the living conditions, financial situation, physical and mental health, and well-being of older people, and to document injuries and damages resulting from the August 4 explosion in Beirut. The sample included 580 persons between the ages of 50 and 94 years, 55 per cent of whom were women, 63 per cent were married, 8 per cent had no formal education, 34 per cent had university degrees, 21 per cent lived alone, 54 per cent lived with their children, 50 per cent rate their socioeconomic status as low, 90 per cent of them reside in Beirut, 72 per cent suffer from at least one chronic disease, 58 per cent have no health coverage and 86 per cent do not receive any pension.

Results showed that 60 per cent of respondents had their homes damaged by the August 4 explosion and 11 per cent lost their work or shops, as a result. The study also indicated that the multiple calamities, including total lockdown, financial collapse and the Beirut explosion, have had wide-ranging social and economic impact on older people. The living situation of 81 per cent of respondents was negatively affected, particularly since 84 per cent do not receive any pension. Moreover, 55 per cent of them faced difficulty in securing their basic needs, for themselves and their

families (food, electricity ...). In addition, the general lockdown has limited older people's access to health services and has resulted in the loss of livelihoods among those who cannot afford to stay at home. The results also pointed to the decrease in remittances from children residing abroad, self-quarantine, an increase of loneliness, and the absence of social interaction. These factors have prevented older people from meeting their basic needs or securing their livelihood. They pushed large numbers of them into deeper poverty and had a significant impact on their mental health, with high levels of depression, anxiety and fear of death. Close to 46 per cent of respondents noted that their health was negatively affected by the 2020 crises, and 63 per cent had difficulty paying health care costs for themselves and their families. As a result, 82 per cent of them had to postpone their visit to the doctor in 2020, 43 per cent had to postpone their medical examinations, while 25 per cent postponed surgery. Furthermore, 32 per cent of the postponement was caused by the pandemic and 62 per cent by the difficult financial conditions they were facing. Additionally, 57 per cent of respondents indicated that they felt sad and desperate and 10 per cent thought of self-harm. This percentage reached 13 per cent among the poorest groups compared to 4 per cent among other groups, which confirms the disparity in the impact of crises by community group.

In addition, health policies related to the Covid-19 pandemic, such as rationalizing

care services and rationing medical interventions and respiratory devices for the benefit of younger age groups, have increased the risk of discrimination for older people. This was confirmed by the results of the study on the implications of the 2020 crises, as more than 65 per cent of respondents expressed their fear, disgust and anger at age discrimination during the Covid-19 crisis. These policies and attitudes have created the perception that older people's lives were less valuable, reinforcing prejudices against them and limiting equitable access to health care. We have also seen and read several strategies for general mobilization and gradual unlocking, which imply the need to stay home and adhere to age-based prevention measures, and which call for more stringent measures against older people. However, these attitudes ignored the great disparity within this age group, and the important roles and contributions of older people in responding to the crisis, as health care workers and family caregivers, and the need for many of them who are wage earners and skilled workers to leave home and work to secure their livelihoods. The study on the implications of the 2020 crises indicated that many older people supported their families as follows: 39 per cent provided support for children, 8 per cent for grandchildren, and 12 per cent for other older relatives.

Hence, the need to develop health and social protection systems for older people is today more urgent than ever.



2. METHODOLOGY FOR PREPARING AND DRAFTING A NATIONAL STRATEGY FOR OLDER PERSONS

The formulation of the National Strategy was supervised by a group of experts, academics and advisors representing the Permanent National Commission for Older Persons in Lebanon, the Ministry of Social Affairs, the UNFPA, ESCWA and the CSA. The strategy was drawn from various sources including extensive desk review, consultations with stakeholders and several meetings with experts, stakeholders, and older people themselves, in addition to a number of panel discussions, consultations and focus groups. The approach was participatory and consensual.

A. Desk reviews

The desk reviews benefited from several international, regional and local publications and sources (the full list is included in annex 1). These references included the following:

1. **International and regional action plans and reports on older people, including:**
 - The 1982 Vienna International Plan of Action on Ageing;
 - The International Labour Organization (ILO) Older Workers Recommendation No. 162/1980;
 - The Programme of Action of the International Conference on Population and Development (ICPD), Cairo, 1994;
 - Madrid International Plan of Action on Ageing, 2002;
 - WHO Framework for Active Ageing - Policy Framework, 2002;
 - Guidelines for the Madrid International Plan of Action on Ageing and its Assessment for the years 2007, 2012 and 2017;
 - United Nations reports on the protection of the rights and dignity of older persons;
 - The Arab Plan of Action on Ageing, 2002-2012;
 - The 2030 SDGs adopted by the United Nations General Assembly in 2015;
 - Population and Development Report, Prospects of Ageing with Dignity in the Arab Region, 2017.
2. **National studies and reports on older people's issues:**
 - Population and Housing Survey -Statistical Data, 1997;
 - Household Living Conditions reports, 2004 - 2007 - 2014 - 2019;
 - The study of loss of independence and influencing factors among older people, 2013;

- The National Report on Services available to Older People in Long-stay Institutions in Lebanon, 2014;
- Review of legislation and policies affecting older people in Lebanon, 2014;
- Study on elderly abuse in Lebanon, 2017;
- A report on the socioeconomic priorities for older persons in Lebanon: Means for living with dignity 2020;
- CSA publications, including the national study on the status of older people in Lebanon (2011) and several policy briefs.

3. Review of studies published in scientific journals on older people in Lebanon:
These references included more than 210 scientific publications.

4. A sample of strategies for older persons in other countries:

The review included strategies from Arab and neighboring countries with similar demographic characteristics to Lebanon (Jordan, the State of Palestine, the Sudan and Turkey). It also encompassed the Arab Strategy for Older Persons (2019-2029) and strategies from Western countries (Austria, Malta, New Zealand and Singapore among others). In this context, several country representatives, who work in the public sector and NGOs, and have participated in the formulation of national strategies and have led their development in their own countries, were contacted to benefit from their experiences. Discussions focused on the approach adopted, good practices and lessons learned for developing national strategies; risk management and opportunities; time frame and invested human and financial resources, in addition to ways to gain the support of decision-makers as responsible partners in developing the National Strategy.

B. Field work

Close to 30 interviews were conducted with stakeholders, including representatives of ministries and departments, NGOs, trade unions, civil society and service providers in addition to academics, media professionals, artists and others. Eight focus groups were also held as follows: six groups with older men and women from different social and

economic classes and from rural and urban areas, in addition to a focus group with caregivers and directors of nursing homes and day-care centres dealing with older people, and another focus group with representatives from municipalities, the Ministry of Tourism, and the Ministry of Interior and Municipalities (a list of all interviews and focus groups is included in annex 2). This process was conducted in consultation and cooperation with the Ministry of Social Affairs, the UNFPA, and ESCWA that facilitated many interviews and focus groups. Interviews and focus groups were held based on a number of tools (16 tools), which were used to conduct interviews and discussions. These interviews and focus groups contributed to raising awareness and gaining the support of stakeholders as responsible partners in the formulation, adoption and implementation of the National Strategy.

Additionally, a total of six national meetings were held with experts, including representatives from the Ministry of Social Affairs, the Ministry of Public Health, the Ministry of Tourism, the Permanent National Commission for Older Persons in Lebanon, the UNFPA and ESCWA in addition to experts and specialists in ageing and related fields, and representatives of the private sector and academia. The objective of involving this number of representatives was to ensure a broad and multi-disciplinary representation for the review of the draft National Strategy and to exchange views and ideas, all of which have enriched the draft.

Furthermore, two panel discussions were held with members of the Permanent National Commission for Older Persons in Lebanon headed by the Director General of the Ministry of Social Affairs. In the first meeting, participants discussed the general orientation, reviewed the stages for preparing the National Strategy, and examined the opinions and suggestions of the members of the Commission. It was also agreed that the timeframe for the National Strategy would cover the next ten years, in line with the United Nations 2030 SDGs. The second panel discussion was devoted to discussing the strategy and adopting its final version.

3. VISION, MISSION, AND GUIDING PRINCIPLES

A. Vision

Lebanon is a society for all ages, in which older adults enjoy a safe and dignified life that fulfills their aspirations for health and well-being, while ensuring their active participation in a nurturing environment.

B. Mission

To lay the foundation for a sustainable social protection system for older people, one that values their skills and appreciates their life and professional experiences, while providing opportunities for their participation in their surroundings in a way that corresponds with our culture and community values, respects human rights, and promotes international frameworks and recommendations that Lebanon has committed to implementing.

C. Guiding principles

1. The National Strategy was formulated through the “Human Rights Charter” lens, with a gender equality perspective, and is based on the State’s obligations to binding international conventions towards its citizens. It ensures the right to health and social care, safe income, autonomy and safe environments.
2. The circumstances and the quality of life of Lebanon older people are but a reflection of the circumstances and choices of people throughout the entire life cycle. Accordingly, the National Strategy for Older Persons is a call for action in accordance with the life-cycle approach.
3. Addressing issues of older people and ageing is a shared individual and collective responsibility that rests with several sectors (public and private, and civil society organizations). Thus, issues of ageing must be prioritized in all national policies, strategies, laws and action plans, and should be mainstreamed in broader development processes.
4. The National Strategy seeks to bring about a radical change, both at the individual and collective levels, in how citizens understand and deal with the concept of ageing. It also seeks to promote a positive image of ageing.

4. POLICY FRAMEWORK AND INTERVENTIONS

The National Strategy adopted a comprehensive framework inspired by the Arab Strategy for Older Persons and the Madrid International Plan of Action on Ageing, which focused on three priority areas (older persons and development, the provision of health services and well-being in old age, and an enabling and supportive environment). The framework espoused in this National Strategy includes six main interrelated axes and four mechanisms of intervention. This framework aims to ensure a healthy, safe and participatory life in an age-friendly environment (figure 3).

The six axes are:

- Promoting the physical and mental health of older people;
- Ensuring economic and social safety;
- Enhancing active participation and engagement of older people in society;
- Providing family support and promoting intergenerational solidarity;
- Creating a safe, supportive and age-friendly physical built environment;
- Preventing violence and supporting victims of violence and those in crisis and conflict situations.

The four mechanisms to be used individually and jointly to influence and induce change in any of the above six axes are:

- Policies and legislation;
- Institutional arrangements and governance;
- Capacity-building and awareness-raising;
- Research, data and documentation.

The framework focuses on the close and interactive linkages between axes on the one hand, and between axes and mechanisms on the other. It also allows stakeholders to identify their own axes and to formulate relevant policies and interventions using the four mechanisms, individually and/or jointly, which intersect with the six axes.

The National Strategy calls for a plan of action on two parallel levels, the first is to design and implement sectoral policies and programmes specifically targeting older people, while the second is to mainstream the issues of older people in all sectors through a networking approach.

Figure 3. Axes and mechanisms of the National Strategy for Older Persons



Axes

- Promoting the physical and mental health of older people
- Ensuring economic and social safety
- Enhancing active participation and engagement of older people in society
- Providing family support and promoting intergenerational solidarity
- Creating a safe, supportive, and age-friendly physical built environment
- Preventing violence and supporting victims of violence and those in crisis and conflict situations

Mechanisms

- Policies and legislation
- Institutional arrangements and governance
- Capacity-building and awareness-raising
- Research and data

Axes

First axis. Promoting the physical and mental health of older people

a. National goal

Promoting and providing preventive and therapeutic physical and mental health for older people in accordance with a life-cycle approach and from a holistic perspective.

b. Background

Health is a human right, and Lebanon has made progress in the field of preventive and therapeutic health services through an umbrella of services in the public and private sectors, some of them covering older people. Some of these services provided by the Ministry of Public Health include: Heart Diseases, Cancer and Dialysis Support Programmes, Medication for Chronic Illnesses Programme and Palliative Care Support Programme. However, as rapid ageing results in the growing burden of chronic diseases and in an increased number of people who need long-term care, health services remain insufficient to meet all needs, particularly those of the poorest older people.

Universal health coverage is considered a cornerstone for achieving Goal 3 of the 2030 SDGs, which Lebanon has committed to implementing, yet nearly half of older people in Lebanon lack any health coverage. In addition, those affiliated with the National Social Security Fund used to lose their health insurance upon retirement, that is, at a time when they needed it most. This scheme was amended by Law No. 27/2017, which allowed private sector retirees to benefit from a wider range of health care by having the pensioner pay a quarterly contribution equivalent to 9 per cent of the minimum wage.

It is known that chronic diseases such as cancer, dementia and palliative care deplete a large portion of household budgets and push older people and their families into extreme poverty. In this case, the Ministry of Public Health becomes the last resort for health coverage. In addition, insurance companies generally avoid health coverage for those above the age of 65, under various arguments related to their health status, and this negatively affects their economic and social security, particularly for women who are often unemployed or work in the informal sector. In addition, older persons face several other barriers that impede their access to health services, including geographical distance, disability and stigma surrounding mental health that makes people reluctant to seek help.

Health care in Lebanon is largely based on treatment rather than prevention, as the health care system is designed to respond to occasional health needs rather than complex and chronic needs, which often appear with age. This prompts older people to resort to several different specialists in a fragmented health care system that focuses on treating the disease and not the patient and lacks a holistic view of the condition of older patients.

The Covid-19 pandemic and the crises of 2020 have created significant risks for older people. Perhaps the most direct and largest impact has been the impact of these crises on their physical and mental health, as the pandemic and financial hardship have limited their access to health services. As mentioned earlier in the national context, the results of the field study showed that older people were unable to visit a doctor, conduct the necessary medical examinations, and undergo surgery in addition to the significant impact on mental health, and high levels of depression, anxiety and fear of death among older people.⁸

c. Strategic objectives and Intervention areas

1.1 Working towards universal health coverage

That includes unemployed persons and those working in the informal sectors such as seasonal agriculture, the artisanal sector and others, which mostly include women and older women. The need for this universal coverage becomes more urgent during emergency health crises, as is the case in the Covid-19 pandemic, which affected all segments of society, particularly older people.

1.2 Establishing and promoting the concept of health

In accordance with the life-cycle approach by means of awareness-raising campaigns, health education and community sensitization through school curricula, the media and other tools targeting citizens, particularly older people, to encourage them to follow healthy lifestyle and behaviors with a view to preventing diseases and preserving health and wellness during the third and fourth ages. These behaviors include adopting a balanced diet and an active lifestyle, avoiding smoking and pollutants, preventing risks of falls and injuries, and rationalizing drug consumption, among others. This holistic view takes into account the adoption of healthier lifestyles at an early age in parallel with environmental and physical incentives that provide opportunities for safe ageing.

1.3 Developing a comprehensive health care model that includes the provision of primary and specialized care, as well as physiotherapy and long-term care

- Incorporating the health assessment of older people within the services of primary health care centres and all governmental and non-governmental centres that provide primary care services; providing services that respond to the health and mental health needs of older people, including early detection of physical and mental diseases, with a focus on older people with special needs; and adopting primary health care centres as a mandatory stage before going to hospital;
- Coordinating with the National Mental Health Programme affiliated to the Ministry of Public Health and highlighting mental health in awareness-raising campaigns to sensitize older people and society as a whole and break the taboos associated with it;
- Strengthening programmes to prevent chronic diseases in view of the burden that these diseases pose in this age group;

⁸ COVID-19 Pandemic and Older People in Lebanon: Perils and Opportunities, Abba Mehio Sibai, CSA, 2020.

- Developing a comprehensive and integrated referral system that enables the transition from primary health care services to specialized care services, including hospitals, nursing homes and physical therapy centres;
- Incorporating long-term care and palliative care in the chain of specialized services provided in the public and private sectors;
- Incorporating home health services within the welfare system to support families that fulfill the role of primary caregivers for older people;
- Calling for the adoption and implementation of the quality standards and accreditation system related to institutions caring for older people in Lebanon and issued by the Ministry of Social Affairs in 2017 with the support of the UNFPA;
- Ensuring continuous communication and networking between nursing homes to exchange experiences and form a lobbying force to apply quality standards among them;
- Establishing a platform to monitor diseases suffered by older people and support documentation processes and a system for recording health information and exchanging it when needed by cross-checking data sources and supporting the issuance of a “health card” to document referrals in a standardized manner.

1.4. Strengthening human resources to care for older people

- Strengthening human resources to care for older people and raising awareness among health service providers in primary health care centres, civil organizations that deal with older people, hospitals, nursing homes and institutions.
- Organizing training workshops on how to deal with older people and preventing age discrimination in treatment decisions, including training family doctors (in light of the shortage of geriatricians), health and social workers, and the personnel of the civil defense, the Red Cross, Internal Security Forces and municipalities (including the municipal police) and others.

Second axis. Ensuring economic and social safety

a. National goal

Creating an enabling environment that guarantees economic and social security for all members of society and for older people in particular, based on the principles of equality, equity, solidarity and human rights.

b. Background

The United Nations Institute for Social Development Research defines social protection as developing policies and programmes aimed at reducing poverty and vulnerability to achieve social welfare. The issue of social protection has been a priority for the Government in recent years, through support programmes provided by the Ministry of Social Affairs. Older people

benefit from these programmes, including the National Poverty Targeting Program (which expanded the scope of its benefits during the Covid-19 pandemic), the card for persons with special needs card and the food card service. However, these benefits remain limited, as they only cover a small number of older people. We note that the disparity in economic security for older people is affected by the level of educational and professional attainment, gender, and living arrangements.

The unfair pension and insurance schemes have negatively affected the standard of living of older people in Lebanon. Whereas retirees of the (formal) public sector receive pensions (including the custody system from which parents, brothers and sisters benefit) and enjoy health insurance,

albeit unequally among public sectors (administrative, educational, military...), most of the private sector retirees do not have such pension schemes, and they only receive end-of-service indemnity. In addition, until 2017, employees used to lose health coverage insurance upon their retirement, but this last scheme was amended, and retirees in the private sector now benefit from a lifetime health insurance. This represents an important step towards protecting older people. As for pension schemes in the private sector, the Lebanese Council of Ministers approved on 19 December 2004 a draft law establishing a retirement and social protection scheme (the Old Age Security Law) and referred it to the Parliament to enact a law in this regard. However, political disputes and funding shortages prevented it from being approved until now. Today, the need to pass this law has become more urgent to ease the burden on the family and parents in view of the economic crisis we are enduring and the Covid-19 pandemic. The family will not remain the provider for long as it may collapse in the face of the current living conditions. It is worth noting here that the Government, social partners and the ILO are currently working on establishing a pension scheme for workers in the private sector to protect them after retirement and in long-term emergencies such as disability. In this regard, the ILO prepared an actuarial and legal study (2018) on pension reforms.⁹

c. Strategic objectives and Intervention areas

2.1 Strengthening programmes to combat poverty and protect the most vulnerable groups

- Creating and updating a database, which allows identifying the neediest older people on the basis of objective criteria;
- Integrating ageing issues into development strategies, including poverty reduction, and in women's empowerment programmes, with a focus on older women, especially illiterate ones, older people with disabilities, and those who lack any family support.

2.2 Ensuring comprehensive and fair coverage based on the principles of rights, equality, transparency and solidarity

- Reforming the end-of-service indemnity to be replaced by a fair and adequate pension scheme based on solidarity and providing adequate protection against inflation, taking into account the implications of the financial collapse that has reduced retirement savings and the value of pensions, which has thrown a new category of older people into poverty;
- Preparing a pension scheme that is not based on the payment of monthly contributions, as old-age pension is a right that is not related to work and retirement,¹⁰ with a view to covering unsecured and marginalized older people, including Lebanese immigrants who return to retire in their homeland, in addition to those working in informal work sectors, particularly women.

2.3 Promoting employment and retirement policies that are favourable to old age

- Motivating employers in the public and private sectors to implement flexible retirement policies, including progressive retirement options and voluntary retirement schemes, and to reduce (legislative and practical) barriers that prevent individuals from continuing to work as they age;

⁹ Legal Assessment of the Draft Law setting out a Retirement and Social Protection System in Lebanon, ILO, 2019.

¹⁰ Towards a Rights-Based Social Protection System for Lebanon, Sibai AM, Juergens F, Côte A, CSA, HelpAge International and ILO (2020).

- Enhancing intergenerational communication in the workplace to transfer the experiences of older people to younger generations by returning older people to the labor market on a voluntary basis or in the capacity of consultants or mentors;
- Educating community members and preparing older people among them to find additional financial savings throughout their working lives and preparing them for their post-retirement life;
- Establishing a national database for jobs for older people to encourage them to engage in small commercial projects, and granting them bank loans to support their initiatives, which would reduce the burden of dependency on the family and the State.

Third axis. Enhancing active participation and engagement of older people in society

a. National goal

Promoting a positive image of ageing and enhancing active participation of older people and their engagement in all aspects of life, including political, economic, social, cultural and recreational life, depending on their needs, priorities and abilities.

b. Background

Lebanon is witnessing a remarkable demographic shift, and the current generation of older people in general live longer and enjoy better health than their parents. Men and women alike enter the stage of retirement and old age with valuable professional and life experiences, and precious historical and cultural memory in a rapidly changing world. They further contribute to the social and economic affairs of the family, yet their contributions often remain invisible, undocumented and unnoticed in studies. The field study of the implications of the 2020 crises highlighted the major role that older people play in their families, even during crises, and we saw that 39 per cent of them provided support for children, 8 per cent for grandchildren, and 12 per cent for other older relatives.

Although religious and community values praise the wisdom of older people and their

life experiences, and show appreciation for the advice they provide, a negative stereotype prevails about older people in Lebanon, as they are portrayed as weak, marginalized, more vulnerable and in need of support. Older people are stigmatized with this stereotype in several outlets, including the media, social media, arts, and textbooks... The Covid-19 pandemic revealed the extent to which negative stereotypes of ageing were deeply rooted in our society and in the souls of older people themselves. Accordingly, older people need to see their potential and abilities recognized as workers, volunteers, activists and carriers of heritage who are able to transfer their experience, memory and wisdom, and to support their families and communities, in line with the Madrid International Plan of Action on Ageing.

Studies confirm that continued engagement in life activities while ageing is associated with better mental and physical health and independence. Accordingly, in old age-friendly communities, we notice that the culture of inclusion and solidarity stems from structures, policies and service programmes aimed at supporting and empowering all age groups with their various abilities to participate effectively and to feel that they are an active part of society. In Lebanon, there are some initiatives to integrate older people and enhance their participation in the fields of lifelong

volunteering and learning.¹¹ The field study conducted on the implications of the 2020 crises showed the positive impact of lifelong learning programmes, such as the AUB University for Seniors, on the mental and social health and intellectual stimulation of older people, as acknowledged by 80 to 90 per cent of respondents.

c. Strategic objectives and Intervention areas

3.1 Establishing a positive outlook on ageing

- Combating age discrimination by spreading awareness at the level of various sectors (health, education in schools and universities, the media...) to combat the negative stereotypes about older people;
- Raising awareness in society about the concept of citizenship and the active participation of older people through their many contributions as voters, qualified workers, consultants, caregivers, consumers and volunteers. Consequently, older people are essential contributors to the economic cycle and to public and private life.

3.2 Promoting opportunities for older people to participate in society

- Creating sustainable opportunities and removing barriers and impediments (structural, financial, and behavioral...) to the participation and engagement of older people in the political, economic, social, cultural and recreational life of their local communities and municipal bodies;
- Enhancing the role of older people, particularly the retirees among them, in the volunteering field to invest their skills and competencies, benefit from their experiences, and involve them in the development process;
- Supporting and encouraging lifelong learning opportunities and initiatives to develop the skills of older people (including in the field of technology), as this has a positive impact on their active participation, life and independence.

Lobbying and advocating for older people:

Lobbying and advocacy action for older people (such as older people associations and coalitions) that enable older people to fight for their rights and pressure decision-makers in governments, political parties and civil society organizations to prompt them to embrace the demands and rights of older people, and turn them into laws, policies and programmes, for example.

Fourth axis. Providing family support and promoting intergenerational solidarity

a. National goal

Re-strengthening the values of intergenerational family and community solidarity, and developing initiatives to support home care and ageing in place.

b. Background

In light of the demographic and sociological change that Lebanon is witnessing, the

transition from the extended family to the nuclear one, the stressful economic conditions, the migration of young people and globalization, there is a significant change in the concepts of family and community solidarity. It is well known that the contributions of older people towards the younger generation remain greater than the contributions of youth towards the older generation, as long as older people are able to remain productive.

¹¹ The "University for Seniors" programme at AUB, the "University for All" programme at Saint Joseph University (USJ), and the "Elderly Empowerment Project" in Byblos with the Ministry of Social Affairs.

These contributions constitute an invisible economic resource, and a strong pillar of community solidarity and economic stability. However, intergenerational contributions are reversed and become directed from children to parents when older people begin losing their health and financial capabilities.

In the absence of old-age pension and the lack of care and home support provided by the State and civil society, caring for older people becomes a burden that many families cannot bear. Those who have the financial means seek the help of domestic workers, who are foreign women in many cases. These workers fulfill several roles, including health care, often without the necessary qualifications. Yet, the greatest burden of care usually falls on a family member, especially women, leading to health and mental health problems, as the role of foreign workers declines due to the current financial and economic crisis. Non-governmental institutions also face the same problems as families in caring for older people. A cost study prepared by Foyer Saint Georges showed that the current residence cost of an older person in a long-stay institution was LL 145,000 per day, which is a high cost compared to what the ministries concerned with caring for older people pay for institutions.

One of the fundamental principles of the Madrid International Plan of Action on Ageing is “ageing at home”, a principle that is not only based on the culture of intergenerational solidarity within the family but extends it to intergenerational solidarity in the community as a whole. In light of globalization and the rapid development of technology and others, we see a widening intergenerational gap in society, which has a negative impact on social support networks.

c. Strategic objectives and Intervention areas

4.1 Supporting caregivers at home

- Establishing a national plan to support home caregivers, whether they are family members or paid workers by providing vocational training, mental health support programmes and respite services to caregivers, and developing more flexible work policies for employees to reconcile their professional lives with their caregiving role. In addition, innovative models of financial support for family members who are caregivers should be introduced (such as cash-for-care policies and tax policy adjustments as incentives);
- Supporting and expanding the range of home care services (such as mobile units to ensure home delivery of meals...) and bridging the gap between health services in centres and at home;
- Encouraging and supporting the establishment of programmes targeting older people who live alone and receive no care (“older people care”, “surrogate family” and “senior sitters”...) and encouraging the private sector to fulfill a role in this field through social responsibility initiatives.

4.2 Disseminating and strengthening the culture and values of intergenerational solidarity

- Encouraging the establishment of joint programmes in schools¹², clubs and municipalities;
- Supporting civil society initiatives to organize activities that involve all generations;
- Seeking to consolidate the principles of age-friendly cities, as they are a key aspect of social solidarity, cooperation and networking at the local level to serve and support older people.

¹². Decree of the Ministry of Education and Higher Education for the Community Service Programme in Private and Public Schools (Decree No. 8924 dated 21 September 2012).

Fifth axis. Creating a safe, supportive and age-friendly physical built environment

a. National goal

Promoting and developing built environments (public buildings, outdoor spaces, transportation and housing) that take into account the needs of older people in urban and rural areas.

b. Background

Research in environmental gerontology (branch of gerontology addressing older people's environment) has demonstrated the close relationship between well-being, the built environment, and age-appropriate designs. In 2007, the WHO issued a guide to study the distinctive features of age-friendly cities¹³ that provide a friendly urban environment in four areas: public buildings and facilities, outdoor spaces, transportation and housing. The adoption of an age-friendly environment has a fundamental and direct impact on movement, safety from injuries, and access to available services. In addition, a friendly environment for older people facilitates their involvement in the private and public life and enables them to remain active and independent and to participate and interact with their communities.

With the exception of two attempts to establish age-friendly cities in Tripoli in 2007¹⁴ and Zgharta in 2017,¹⁵ Lebanon largely lacks interventions in this area. We also lack studies on the relationship between age-friendly cities and well-being. Compared to younger age groups, older people in Lebanon suffer from obstacles in the built environment on the four levels mentioned above. Public buildings and

facilities are not equipped to meet the special needs of older people. This includes access for wheelchair users (in accordance with Law 220/2000 for the disabled in Lebanon), elevator fittings, ramps, low stairs, waiting rooms, and private toilets. Outdoor spaces also lack sidewalks and wide pedestrian walkways with light slopes, safe crossings and bridges for pedestrians, as well as signs and warning symbols printed in large character. Public parks are also scarce and public transportation is lacking in Lebanon, which prevents older people from reaching service centres, especially in remote areas, and increases their isolation, particularly for those who cannot drive and cannot afford the cost of private transportation. As for housing, it is not fully qualified for the needs of older people, such as handrails, staircase lighting, stairs that are not high or too steep, wide entrances and corridors, and safe bathrooms... This lack of public safety standards increases the risk of falls and injuries, which are one of the main causes of permanent disabilities and deaths in older people.

c. Strategic objectives and Intervention areas

This axis targets several entities in the public and private sectors, including ministries, municipalities, architects, developers, civil society institutions, and policymakers.

5.1 At the public sector level

- Motivating municipalities and educating them about the characteristics of age-friendly and safe cities and about their crucial role in developing cities and villages

¹³ WHO (2007). Global Age-Friendly Cities: A Guide. Geneva, World Health Organization. http://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf.

¹⁴ Kronfol, N. M. (2010). Tripoli: one of the first cities in the world seeking to become an 'age friendly city'. *Human and Health*, 10: 5-12.

¹⁵ The initiative of the Ministry of Social Affairs to prepare a guide of friendly cities for older people in Lebanon in cooperation with the experts of the Permanent National Commission for Older Persons in Lebanon and in partnership with "Mnekbar Sawa" association, Zgharta, 2017.

towards this model, because friendly cities for older people are friendly to all ages;

- Promulgating decrees to oblige relevant ministries, municipalities, designers and architects to adopt international standards relating to public buildings and safe outdoor spaces that take into account the specificities and needs of older people;
- Improving age-friendly public transportation so as to ensure that older people can use it and afford its costs;
- Integrating the needs of older people in the various strategies and programmes related to built environment and

transportation, as well as involving older people when developing programmes.

5.2 At the private sector level

- Raising the awareness of architects to build safe housing and residential complexes suited to the needs of older people and flexible enough to be updated in line with changes in the physical and mental abilities of older people at home;
- Fostering cooperation between the unions of engineers and occupational therapists, as well as older people themselves to secure the designs most suited to the needs of older people.

Sixth axis. Preventing violence and supporting victims of violence and those in crisis and conflict situations

a. National goal

Preventing violence and protecting, supporting and empowering older people victims of violence and those in crisis and conflict situations in line with the 2030 SDGs embodied by the principle of “leaving no one behind”.

Besides, the current demographic changes and the transition from the extended family to the nuclear family, in addition to the stressful economic conditions weaken traditional family care networks and may exacerbate violence and neglect.

b. Background

Studies have shown that rates of older people’s abuse (including violence and neglect) worldwide range between 7 and 15 per cent.¹⁶ Older people’s abuse takes different forms, including physical, psychological, emotional, sexual or financial violence, and often occurs at home or in nursing homes, and most of the time the abuser is a person trusted by the vulnerable older person. This issue remains taboo in Lebanon, hence the inadequacy of available information and figures in this regard, in addition to failure to report.

On the level of legal protection, the National Strategy for Women (12/4/2011) stated that older women are among the groups most vulnerable to violence, but the Law on the “Protection of Women and All Family Members from Domestic Violence” (Law 293/2014) did not address older people in particular. In addition, some NGOs that provide protection for abused women offer limited support to victims of older age groups. It is worth noting here that, in 2017, the Ministry of Social Affairs,¹⁷ in cooperation with the UNFPA and the CSA, conducted a comprehensive multi-component study on violence against older people in Lebanon, which included several recommendations to

¹⁶. Yon Y, Mikton CR, Gassoumis ZD, Wilber KH. Elder abuse prevalence in community settings: a systematic review and meta-analysis. *Lancet Glob Health* 2017; 5: e147-56.

¹⁷. Elder Abuse in Lebanon: An Updated Version. Prepared by Jinan Osta and Nabil M. Kronfol and Abba Mehio Sibai, UNFPA, Ministry of Social Affairs in Lebanon and the CSA. Beirut, Lebanon, 2017.

reduce violence on several levels. In addition, a draft law is being drafted to protect older people from financial violence, which is one of the most secretive forms of violence.

Lebanon is going through many crises, starting with the Covid-19 pandemic, to the August 4 explosion, in addition to the financial and economic collapse. It is well known that crises increase the vulnerability of older people to risks, to mental and physical illnesses, and to neglect.

For decades, Lebanon has been living through many conflicts, wars and invasions, and has been affected by regional security crises. In the midst of these wars and conflicts, the needs of older people are often overlooked in governmental policies and programmes and in the initiatives of humanitarian aid agencies that usually focus on younger age groups. Studies¹⁸ have also shown that ageing phenomena and health problems among older people have accelerated as a result of conflicts whose effects do not end with the end of the crisis but extend for years after. Older women pay the highest price in war because of discrimination and cross-sectoral deprivation suffered by women for life.

In addition, the role of older people and their ability to contribute in times of wars and conflicts are not recognized, although older people play vital roles in supporting their families, preserving heritage and culture, as well as contributing to conflict resolution within their societies.¹⁹

c. Strategic objectives and Intervention areas

6.1 Preventing violence and protecting older people from violence and neglect

- Reviewing the approved laws on domestic violence and the penal and civil laws to include older people, as well as implementing relevant action plans;
- Highlighting violence and neglect incurred by older people as a social reality and urging reporting, referral and prosecution, through the implementation of awareness-raising programmes and campaigns and the dissemination of relevant educational materials to older people and other groups of society through the media and various means of communication;
- Training workers in the social and health care sectors, as well as members of the police, security forces and relevant authorities, about the specificity of violence and neglect against older people and how to prevent and address it.

6.2 Protecting older people in situations of crisis and conflict

- Integrating older people in all policies and programmes at the governmental level and at the level of international and local relief agencies to ensure that their rights are protected and that their special needs are met in times of local crises and wars;
- Raising the awareness of service providers and training them in order to better meet the needs of older people;
- Promoting the contributions of older persons, leveraging their abilities during conflicts, emergencies and wars, and facilitating their participation in humanitarian relief programmes and the rehabilitation of their communities;
- Seeking the participation of older women in negotiations, conferences and dialogues in order to promote civil peace within the National Action Plan on Security Council Resolution 1325 (Women, Peace and Security) that was approved by the Council of Ministers.

¹⁸ Sibai AM, Kronfol N, Sen K (2007). Needs assessment of older adults in emergencies: the July 2006-War on Lebanon. For the WHO-HQ, Geneva and the Population and the Development Strategies (PDS) sub-programme (project leb/02/p01), Ministry of Social Affairs and UNFPA.

¹⁹ Ibid Sibai et al. (2007).

Mechanisms

First Mechanism. Policies and legislation

The formulation of policies and legislation is the State's responsibility to guarantee the rights of older people. These rights were enshrined in the Universal Declaration of Human Rights (1948), and in the International Covenant on Economic, Social and Cultural Rights (1966). Lebanon is committed to these international conventions that it had previously ratified as a member of the United Nations. It is worth noting that the ILO mandate covers social protection, including Convention No. 102 relating to social security minimum standards and Recommendation No. 202 on national social protection floors, which provides guidance in building comprehensive social security systems and expanding social security coverage by establishing minimum social protection limits that are available to all. Although Lebanon has not ratified them, they can be relied upon as guiding tools during the development of policies and legislation on social protection.

Lebanon has also ratified the Madrid International Convention on Ageing (2002) and the 2030 SDGs. It has consecrated its commitment by establishing the Permanent National Commission for Older Persons in Lebanon. This body issued several studies and proposals, which did not translate into laws, policies and programmes due to the lack of necessary budgets and to institutional gaps.

Recommendations

- Assessing legislation, policies (including other national strategies such as the National Mental Health Strategy, the National Strategy for Women in Lebanon, the Youth Strategy...), and financial legislation related to pension policies and current treaties that govern or pertain to the well-being of older people with a view to identifying gaps and integrating aspects relevant to the rights of older persons in these strategies and in those under preparation;
- Developing and approving the necessary policies and legislation based on the aforementioned analysis under the umbrella of the Permanent National Commission for Older Persons, with the participation of relevant ministries and parliamentary committees in addition to civil society organizations, academics, specialists, associations of retirees and older people themselves;
- Mapping and increasing funding for older people's issues in all sectors, both in terms of health, social and economic care (including employment) and in terms of protection.

Second Mechanism

Institutional frameworks and governance

The Madrid International Plan of Action on Ageing (2002) highlights the importance of institutional and regulatory frameworks and their influence in guiding governments towards developing policies and implementing programmes and services for older persons. A study conducted in 2015²⁰ in the Arab region showed the nexus between institutional arrangements, such as governmental departments (ministries, administrations, councils...), national committees or bodies, and the availability of programmes and services that enhance the well-being of older people.

In Lebanon, the Permanent National Commission for Older Persons serves as the national institutional body responsible for following up on issues of older people and implementing the Madrid Plan of Action. This body was established on 17/2/1999 by virtue of Decision No. 31 of the Council of Ministers and its amendments. In the Commission, the public sector is represented by 10 delegates (four representatives from the Ministry of Social Affairs and one representative from each of the following bodies: the Ministry of Education and Higher Education, the Ministry of Public Health, the Ministry of Labor, the National Social Security Fund Administration, the Central Administration of Statistics, and the Ministry of Interior and Municipalities); civil society is represented by six delegates; and the private sector is represented by four delegates and one expert.

The Commission is formed and headed by the Minister of Social Affairs. The Family Affairs Department in the Ministry of Social Affairs is its executive body. The Commission is mainly responsible for following up on all ageing issues at the global, regional and local levels. It seeks to highlight ways of responding to the reality of ageing in Lebanon with a view to achieving

a better life for older people and facilitating their full participation in society. However, the work of the Commission remains limited, and its role is restricted to advice without enforcement due to its purely advisory role and the lack of any budget of its own.

Recommendations

- Restructuring the Permanent National Commission for Older Persons in Lebanon, reviewing its structure, role, governance, membership of all sectors, involving older people therein, and working to empower it with financial resources so that it becomes an executive body. The role of the Family Affairs Department should also be strengthened for it to play the role of the Commission's executive secretariat. A monitoring and accountability mechanism should be established and a relevant body should be appointed. In addition, criteria and an official role should be defined for the Commission's delegates in the various ministries and sectors to act as focal points, in order to facilitate the implementation of agreed decisions and the mainstreaming of the ageing perspective and older people's issues in the concerned departments and sectors;
- Creating a coordination mechanism with municipalities due to their important role as a prototype of the State; the pillar of this mechanism will be the Ministry of Social Affairs and the representative of the Commission from the Ministry of Interior and Municipalities in the various regions; the Commission will encourage voluntary local initiatives in cooperation with the civil society and private sector and in cooperation with associations of retirees and older people associations, to involve older people themselves as agents of change in their communities.

²⁰ A survey of knowledge-to-action pathways of aging policies and programs in the Arab region: The role of institutional arrangements. Prepared by Anthony Rizk, Nabil M. Kronfol, Suzanne Moffatt, Shahduz Zaman, Soha Fares, and Abla Mehio Sibai (2015). *Implementation Science*: 10 (1): 170-doi: 10.1186/s13012-015-0360-8.

Third Mechanism

Capacity-building and awareness-raising

The rapid ageing that Lebanon is witnessing and the increase in the number and percentage of older people with chronic diseases, in addition to the increase in the number of people with special needs, will require from health and social care professionals to acquire new skills. Gerontology and geriatrics both lack the prestige of other disciplines, so they are rarely mentioned in the educational curricula in Lebanon, and geriatric wards are obviously absent in public and private hospitals. We are also witnessing a significant shortage of social workers, home care providers, nurses, physiotherapists, physical and speech therapists, nutritionists, and psychologists specializing in gerontology, in addition to specialists working with older people directly.

Moreover, it is important that human resource development, training and awareness include people who have a role in educating and raising the awareness of society as a whole, such as school teachers, media professionals and others. These people can contribute to changing the negative stereotype prevailing in society about ageing, which negatively affects the health of older people and limits the specialization of human resources in gerontology and related fields.

Recommendations

- Preparing a ten-year road map for human resources and labor force readiness in the field of ageing in Lebanon. The roadmap identifies gaps in the workforce and the extent of future needs to be met. The map should also include an assessment of gaps in home care, including for caregivers who are family members and migrant workers. The map produces an action plan to develop and promote gerontology curricula in universities, in addition to organizing training workshops for caregivers outside and inside the home;
- Strengthening the capacities of workers/ service providers in public and private entities concerned with older people, and activating the role of these entities to develop special programmes targeting older people. It is also important to involve older people themselves in identifying and implementing relevant activities and priorities;
- Coordinating with the Center for Educational Research and Development, the Ministry of Culture, the Ministry of Information, and other newspapers, radio and television programmes, theaters, cinemas, and social media forums of all kinds in order to raise public awareness and promote a positive image of ageing

Fourth Mechanism

Research, data and documentation

Research and data help increase knowledge, raise awareness, and formulate policies and programmes that respond to older people's needs, as well as mobilize resources, induce change, and monitor progress in this area. Several bodies play active roles in producing a large number of important national reports, data and policy briefs, such as the Permanent National Commission for Older Persons in Lebanon at the Ministry of Social Affairs, the CSA, other research centres and some local

associations with the support of the United Nations agencies, in addition to the Central Administration of Statistics.

However, research and studies related to ageing in Lebanon are still limited, and their production is restricted to academia. Most of these research and studies do not note the specificity of older people in terms of social and economic needs. Rather, they entirely focus on health conditions, in the absence of a mechanism

that would translate outcomes into policies and implement programmes targeting this age group. In addition, educational institutions and universities lack researchers and scholars who are committed to and interested in the issues of older people.

Recommendations

- Preparing a road map for ageing research in Lebanon. The roadmap identifies the shortage of researchers, as well as gaps in data and indicators. In addition, a cooperation mechanism should be adopted between the National Council for Scientific Research and the Central Administration of Statistics. The importance of networking between academics, policymakers, service providers, NGOs, the private sector and older people must be emphasized;
- Establishing a national observatory on ageing issues, consisting of representatives of the Permanent National Commission for Older Persons in Lebanon, the National Council for Scientific Research, the Central Administration of Statistics, and academics. Its functions include building a dynamic information system on various demographic, social and economic indicators, responding to urgent needs, adopting standards for monitoring and evaluating programmes, and building bridges with regional and international networks;
- Mapping and securing funding to carry out research and collect the data and indicators mentioned in the aforesaid roadmap, in addition to supporting relevant studies and financing the National Observatory.

5. SUCCESS STORY 1

“The Quality Standards for Elderly Institutions in Lebanon”

Under the supervision of the Permanent National Commission for Older Persons in Lebanon and the Family Affairs Department of the Ministry of Social Affairs as the executive body of the National Commission, and with the support and funding of the UNFPA, the Ministry of Social Affairs prepared “The Quality Standards for Elderly Institutions in Lebanon”, whose launch in 2017 was a qualitative achievement at the national level. It is considered as a pioneering step aimed at ensuring the quality of services provided to older people through various residential care and day-care institutions in a manner that preserves the rights of older people at all levels. These standards were prepared by Lebanese experts in the field of ageing and issues of older people, based on the latest international standards in this field. Throughout its preparation, the Ministry relied on a participatory approach with all governmental and non-governmental bodies concerned with older people.

The standards were prepared based on the results of the “National Report on Services Available to Older People in Lebanon”, prepared by the Ministry of Social Affairs in 2010. This report showed gaps, deficiencies and obstacles facing the real work of institutions, hence the need to adopt modern and transparent scientific standards that provide these institutions with the technical reference framework necessary for their work in the welfare, health and social sectors.

The standards include seven basic chapters: care environment, human resources, epidemic transmission control, information management, care and service provision, quality management and development, the rights of older people and the family, in addition to three ad hoc chapters covering the services of day-care institutions such as clubs and restaurants, as well as institutions providing services for Alzheimer’s patients.

In order to ensure implementation, an accreditation mechanism was established to devise improvement action plans aimed at upgrading the quality of services provided to older people through home care institutions that are contracted or not by the Ministry of Social Affairs. The mechanism takes into account the reality of each institution and the nature of its services, and institutions undertake to apply the standards according to a specific timetable under the supervision of specialized experts.

In parallel, the training of female social workers at the Ministry was initiated to enable them to prepare and follow up on the implementation of the quality improvement plan in institutions, as part of a two-stage training programme. The first stage of general training has been completed and covered the concepts of quality, old age, and the reality of older people in Lebanon. The second stage of specialized training has not yet started. It will empower social workers to prepare quality improvement plans and follow up on their implementation.

6. SUCCESS STORY 2

“AUB University for Seniors”: a community intervention for social and health goals

Today, older people generally enjoy a longer life and better health compared to their parents. They enter the retirement age, carrying with them rich and valuable life experiences, and memories laden with a valuable historical and cultural wealth in a changing world, and a number of them aspire to maintain intellectual and social engagement.

This programme was born of the dream of two professors at AUB, Abla Mehio Sibai and Cynthia Minty, who aspired that Lebanon’s older people would enjoy an intellectually and socially active old age. They established the University for Seniors, a lifelong learning programme, in order to keep older people intellectually alert, socially connected to their surroundings, and active therein. Since the programme was launched in 2010, its results have exceeded all expectations. The number of courses increased from 10 in 2010 to 100 in 2020, and the number of enrolled students from 50 in 2010 to about 600 per year. The year 2020, with its crises, posed a great challenge for older people in Lebanon, so the University for Seniors adopted distance learning via Zoom platform to help its students cope with these crises. Distance learning was well received by seniors who extensively participated in classes and lectures, and demonstrated the positive role that the University for Seniors had played during the 2020 crises to keep them active, efficient and positive in the face of challenges.

Built on gerontological theories and evidence linking increased social engagement and learning opportunities with positive health outcomes for older people, the programme has been increasingly recognized for its public health value. Therefore, the goals of the University for Seniors are aligned with the WHO guidelines calling to promote the active engagement of older people for better wellbeing in old age. The programme also combats age-based discrimination also called ageism. It has recently been selected by WHO and RAND Europe as one of the 10 most innovative community-based social interventions in middle-income countries that seek to empower older persons and promote social cohesion and inclusiveness.

For further information about the University for Seniors, please visit www.aub.edu.lb/seniors.

Facebook page: www.facebook.com/aub.universityforseniors.

Instagram: www.instagram.com/aub.universityforseniors.

Annex I.

National and regional reports

Title	Agency/Author	Year	Link/Source
National			
The older people in Lebanon: Health and social welfare	ESCWA	1993	ESCWA/SD/1993/WG. 1/18
Ageing in Lebanon	WHO	1997	WHO, Geneva, No. 4, pp: 36.
The older people in Lebanon: Their demographic, socioeconomic, social and health characteristics	Sibai AM	1998	
Older people Lebanese women in an ageing world	Sibai AM, Beydoun M	1999	Al-Raida Special Issue - 1999: International Year for Older Persons. XVI, No. 85, pp: 11-21. http://www.alraidajournal.com/index.php/ALRJ/article/view/637
The older people in Lebanon (Book Chapter)	Sibai AM	2000	The status of disadvantaged population groups in Lebanon – Population and Housing Survey. Ministry of Social Affairs and UNDP
Dependency in the older population of Sin El Fil in Lebanon	Haddad B	2000	
Integrated response to ageing: Lebanon a case study	Kronfol N	2001	
Living Conditions of Households	Ministry of Social Affairs United Nations Development Programme ILO Central Administration of Statistics of Lebanon	2004/ 2007/ 2014	http://www.databank.com.lb/docs/Living%20conditions%202004%20-%20CAS.pdf

Title	Agency/Author	Year	Link/Source
National			
Experiences, Needs Vulnerabilities and Resources of Older Adults: The July 2006 War on Lebanon	Sibai AM, Kronfol N, Sen, K	2007	For the WHO-HQ, Geneva and the Population and the Development Strategies (PDS) sub-program (project leb/02/p01), Ministry of Social Affairs and UNFPA
Assessment of the preparedness and responsiveness of Lebanese NGOs, social clubs and clinics in the provision of services to seniors in Lebanon during and after the July-2006 war	Sibai AM, Ghanem M, Wall E	2007	For the Population and Development Strategies (PDS) sub-programme (project leb/02/p01), Ministry of Social Affairs and UNFPA
The National Survey of Households Living Conditions: Selected characteristics of the older people population in Lebanon (2004 and 2007)	Central Administration of Statistics of Lebanon	2009	http://www.pdslebanon.org/UserFiles/Factsheet8en.pdf (Link does not work)
Older people in Lebanon: voices of the caregivers	Sibai AM, Kronfol N	2009	Policy Brief, CSA, Issue 1
Reference Guide on Residential and Out-patient Care Institutions for Older People in Lebanon	Ministry of Social Affairs UNFPA	2010	
National Report on Services available to Older People in Lebanon	Ministry of Social Affairs UNFPA	2010	http://unfpa.org.lb/Documents/National-report-on-older-people-services-in-Lebanon-050.aspx
Seniors in emergencies: A call for action	Sibai AM, Kronfol N, Ghanem M	2010	Policy Brief, CSA, Issue 4
Age-friendly cities: An opportunity for friendly ageing	Sibai AM, Kronfol N	2010	Policy Brief, CSA, Issue 5
Older Population in Lebanon: Facts and Prospects. A country profile (English and Arabic).	Sibai AM and Kronfol N For UNFPA	2011	CSA, Lebanon www.csa.org.lb
Population and Housing in Lebanon	Central Administration of Statistics of Lebanon	2012	http://www.cas.gov.lb/images/PDFs/SIF/CAS_Population_and_housing_In_Lebanon_SIF2.pdf
A study on the loss of autonomy among older people and factors affecting it in the Mount Lebanon Governorate	Rafik Baddoura UNFPA Ministry of Social Affairs	2013	http://www.socialaffairs.gov.lb/docs/studyeldery.pdf (link does not work)

Title	Agency/Author	Year	Link/Source
National			
Forgotten voices: an insight into older persons among refugees from Syria in Lebanon	Caritas Lebanon	2013	https://reliefweb.int/report/lebanon/forgotten-voices-insight-older-persons-among-refugees-syria-lebanon
Older people Care Post Hip Fracture Surgery in Lebanon: A Qualitative Assessment	R. Assadi, El Helou R, Hout M, Karzai S, Osman S, Ramia P	2014	http://www.csa.org.lb/cms/assets/archives%202014/public%20health%20paper.pdf
National Report on Services available to Older People in Long-stay Institutions in Lebanon	Ministry of Social Affairs	2014	
Review of legislation and policies that affect older people in Lebanon, Final report	Lebanese Union for Consumer Protection UNFPA Ministry of Social Affairs	2014	
Assessing the Lebanese Older people Welfare Pension Reform: time for a new policy	Hamade AS, Ghobeira MG, Yassin N	2015	http://www.csa.org.lb/cms/assets/archives%202014/hamade%20ghobeira%20and%20yassin%202015.pdf
Guide of institutions for older people in Lebanon	Ministry of Social Affairs	2016	
Elder Abuse in Lebanon: A Call for Policies and Programs	Usta J, Kronfol N, Sibai AM	2017	UNFPA Ministry of Social Affairs http://www.socialaffairs.gov.lb/admin/NewsImages/1175_1.pdf
Standards of institutions for older people	Ministry of Social Affairs	2017	
National report on issues related to older people/ National Questionnaire on Older People's Issues	Ministry of Social Affairs The Permanent National Commission for Older Persons	2017	
TAIEX mission report to the Ministry of Social Affairs by the Presidency of the Government and a team of two French experts in 2017 on the response to older people in Lebanon		2017	
A study of the mental abilities of older people in Lebanon			
The 2018 Ageing Readiness & Competitiveness Report: Small Innovative Economies: Lebanon	AARP	2018	https://arc2018.aarpinternational.org/files/2018_Lebanon.pdf

Title	Agency/Author	Year	Link/Source
National			
Community-based social innovations to support older people in middle-income countries: the case of the University for Seniors programme.	Abi-Chahine M, Sibai AM	2018	RAND WHO (https://extranet.who.int/kobe_centre/en/project-details/community-based-social-innovations)
Global AgeWatch: Trends in ageing and health-Lebanon	HelpAge International and AARP	2018	http://www.globalagewatch.org/countries/country-profile/?country=Lebanon
A standard study for the detection of memory deficiencies and mental abilities among older people in Lebanon	Rita El-Hayeck and Rafic Baddoura	2019	Ministry of Social Affairs & USJ-Faculty of Medicine
A guideline for transforming society into an age-friendly environment Zgharta-Zawiya model		2019	
COVID-19 and Older People in Lebanon: Perils and Opportunities	Sibai AM	2020	Lebanese Center for Policy Studies- LCPS http://lcps-lebanon.org/agendaArticle.php?id=185
Towards a rights-based social protection system in Lebanon	Sibai AM, Juergens F, Côte A	2020	CSA, HelpAge International and ILO Brief https://www.socialprotection.org/discover/publications/towards-rights-based-social-protection-system-lebanon-ensuring-income-and
2020 Report on the Socioeconomic Priorities for Older Persons in Lebanon: Means for Living with Dignity	Ministry of Social Affairs & ESCWA	2020	
Regional			
A strategy for active, healthy ageing and old age care in the Eastern Mediterranean Region 2006-2015	WHO	2006	http://applications.emro.who.int/dsaf/dsa542.pdf
Population Ageing in the Arab countries: Priority directions and recommendations for action	ESCWA	2007	https://www.unescwa.org/sites/www.unescwa.org/files/publications/files/sdd-07-tm2-e.pdf
Situation analysis of population ageing in the Arab countries: the way forward towards implementation of MIPAA	ESCWA	2008	http://www.databank.com.lb/docs/Situation%20Analysis%20of%20Population%20Ageing%20in%20the%20Arab%20Countries.pdf

Title	Agency/Author	Year	Link/Source
Regional			
Demographic Profile of the Arab Countries: Analysis of the ageing phenomenon	ESCWA	2011	http://www.csa.org.lb/cms/assets/2013/un%20escwa_sdd_11_.pdf
The youth bulge and the changing demographics in the MENA region: Challenges and opportunities?	Nabil Kronfol	2011	https://ideas.repec.org/p/wda/journal/y2010i1.html
The Demographic Profile of Arab Countries	ESCWA	2013	https://www.unescwa.org/sites/www.unescwa.org/files/publications/files/e_escwa_sdd_13_tp-14_e.pdf
Ageing in the Arab Region: Trends, implications and policy options	Sibai AM, Rizk A, Kronfol N	2014	CSA UNFPA ESCWA http://www.csa.org.lb/cms/assets/csa%20publications/unfpa%20escwa%20regional%20ageing%20overview_full_reduced.pdf
Demographic Profile of the Arab Region Realizing the Demographic Dividend	ESCWA	2016	
Ageing in ESCWA Member States-Third Review and Appraisal of the Madrid International Plan of Action on Ageing	Sibai AM, Rizk A, Semaan A, Khabsa	2017	ESCWA https://www.unescwa.org/publications/ageing-escwa-member-states
Age-Structural Transitions and Sustainable Development in the Arab Region	ESCWA	2017	https://www.unescwa.org/publications/age-structural-transitions-arab-region
Population and Development Report Issue No. 8: Prospects of Ageing with Dignity in the Arab Region	ESCWA	2018	https://www.unescwa.org/publications/population-development-report-8
The Arab Strategy for Older Persons (2019-2029)	League of Arab States	2019	

Annex 2.

List of interviews and focus groups

1. Interviews		
No of interviews	Entity/area	Names
3	Ministry of social Affairs	Interview with representatives from four sectors at the Ministry of Social Affairs: The Department of Development Services, the Directorate of Social Services and its various departments: Department of Social Welfare, the Department of Family Affairs, and the Department of Local Associations and Institutions
		Two meetings with the Permanent National Commission for Older Persons in Lebanon
1	Ministry of Public Health	Dr. Walid Ammar (Former Director General of the Ministry of Public Health)
	Parliamentary Public Health, Labour and Social Affairs' Committee	MP Dr. Assem Arajji (Chairman of the Committee)
1	Ministry of Finance	Mr. Ali Hassan Khalil (Former Minister of Finance)
1	Parliamentary Human Rights Committee	MP Dr. Michel Moussa (Chairman of the Committee)
1	Center for Educational Research and Development	Dr. Nada Oweijan (Former Director General)
1	Central Administration of Statistics	Dr. Maral Tutelian (Director General)
5	Cooperatives / unions	Dr. Yahya Khamis (General Director of the State Employee Cooperative)
		Retired Colonel Nassif Obeid (on behalf of retired Army staff)
		Dr. George Gholmiyeh (Chairman of the National Council for former State Employees)
		Mrs. Nadia Badran (President of the Social Workers' Syndicate)
		Dr. Mirna Doumit (President of the Order of Nurses in Lebanon)

No of interviews	Entity/area	Names
1	National Commission for Lebanese Women	Mrs. Martine Najem
1	Draft Law Proposal on Older people's Abuse	Dr. Georges Karam
1	Social Security	Professor Joseph Khalifeh (expert and consultant in social security issues)
2	Media and Art	Mrs. Maguy Farah Mrs. Nidal Al Ashkar
6	Geriatricians	Dr. Georges Assaf Dr. Salam Jalloul Dr. Nabil Naja Dr. Joyce Haber Dr. AbdelRazzak Abyad
4	Universities/ Academia	Universite Saint Joseph Lebanese University University of Balamand American University of Science and Technology

2. Focus groups

No of Focus groups	Entities/Target groups	Details
6	Older people	3 Beirut + 1 North + 1 South + 1 Bekaa
1	People in charge of care institutions	Joyce Eid (Moadieh Evangelical Center), Azzam Houry, Maha Abu Shawareb (Foyer Saint Georges), Amal Rasamny (Older people Care Centre - Ain Wazein), Vera Eid (Ghedras), Sanaa Koreh (Hamlin), Nisrene Labban (Long life), Sebouh Terzian (Armenian Nursing Home), Sister Hoda Haddad (Dar el Rahmeh), Asaad Haidar (Al-Mabarrat), Dr. Nabil Naja (Dar Al Ajaza Al Islamiya), Dr. Zouhair El-Imad (Older people Care Centre - Ain Wazein)
1	Ministries/municipalities	Ministry of Interior and Municipalities Ministry of Tourism Ministry of Public Works and Transport Nabatiyeh Municipality

