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Nisrine Yassine

Elderly Social Protection

Lebanon as a Case Study

ARMA, Arab Master's Programme in Democracy
and Human Rights

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Elderly Social Protection

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Foreword

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- Yassine, Nisrine, *Elderly Social Protection. Lebanon as a Case Study*. Supervisor: Nizar Hariri. Arab Master's Programme in Democracy and Human Rights (ARMA), coordinated by Saint Joseph University (Lebanon).

Biography

Nisrine Yassine holds a BA in Sociology, she has worked in the Humanitarian sector for the last 14 years. She is currently working as a country director for War Child Alliance in Lebanon.

Abstract

In this thesis, we address one of the major issues facing the globe's population, embodied by the demographic shift toward aging societies. This shift presents major challenges to national social protection systems as these systems are directly linked to the coverage of the social risks of aging. The first part aims to draw a theoretical framework intended to study elderly population from a human rights perspective. After tackling social protection as a concept from the different approaches that modelled the welfare state, we elaborate in the second part the previously drawn theoretical framework on the contextual elements of Lebanon as a case study. Combining to the secondary data analysis a primary data collection was acquired through a survey that was guided to assess the perception and practices of older persons as well as persons aged 64 and less over issues related to their current socio-economic situation from a social protection aspect, under the light of the Lebanese crisis.

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To my father

Table of Abbreviations

CAS	Central Administration of Statistics
CRPD	Convention on the Right of Persons with Disabilities
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
ILO	International Labour Organization
IMF	International Monetary Fund
LBP	Lebanese pound
NSSF	National Social Security Fund
UDHR	Universal Declaration of Human Rights
UN	United Nations
USD	US dollar
WHO	World Health Organization

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Introduction

Contemporary society is confronting a significant demographic challenge: the aging of the global population. This trend results from a dual phenomenon: a decrease in birth rates on one hand, and, on the other, an increase in overall life expectancy, largely driven by a decline in adult mortality rates. No country is immune to this shift, with virtually every nation witnessing an expansion in the proportion of older individuals within its population. This universal trend highlights the need for a global understanding and response to the implications of an aging society.¹ This shift in the world's population towards older age presents major challenges to social protection systems at the national level as these systems are directly linked to the coverage of the social risks of aging. Public spending on aging population and the deficit in national security systems are sent back to the shifting in the nature of disease, increased public transfers on health and social assistance and longer old-age income coverage. It seems that the existing welfare systems in almost all countries are not suited for this demographic shift.²

The post-war baby boom and the ensuing economic growth have led to significant increases in life expectancy and improvements in health, supported by advancements in genetics and medical treatments. Consequently, society in the twenty-first century is increasingly characterised by its aging population. This demographic trend, affecting both developed and developing nations, is projected to result in approximately 1.2 billion individuals aged 60 and above by 2025. These statistics underscore the global nature of aging, emphasising its impact across different economic and cultural landscapes.³

¹ United Nations Department of Economic and Social Affairs, *World Population Ageing 2019. Highlights* (United Nations 2019) 1.

² David E Bloom, David Canning and Alyssa Lubet, *Global population aging: Facts, challenges, solutions and perspectives* (Daedalus 2015).

³ Suzana Kraljic and Jasmina Klojenik, 'From an Individual to the European Integration – Discussion on the Future of Europe' (University of Maribor, Faculty of Law 2019).

In 2018, for the first time in history, persons aged 65 years or over worldwide outnumbered children under age five. Projections indicate that by 2050 there will be more than twice as many persons above 65 as children under five. By 2050, the number of persons aged 65 years or over globally will also surpass the number of adolescents and youth aged 15 to 24 years.⁴

But what is the elderly population? Trying to answer this question underlines the difficulty of defining the elderly as a distinct social group within a society.⁵ An age related definition of the elderly as being toward the end of a life cycle, though being an objective criterion that would help identifying elderly and thus underline their needs, seems unable to find a fixed number for 'being old' as it depends on different criteria like life expectancy and life style. Adopting the age of 60⁶ or 65⁷ as the cut-off date for being old and 80 for being the oldest of the old is used for purpose of statistics⁸ by almost all agencies leading research on the elderly (United Nations (UN), International Labour Organization (ILO), World Bank, International Monetary Fund (IMF) etc).

This approach diverges from the tendency to rely on non-biological definitions that use subjective criteria to identify the elderly. Such a method introduces the risk of depending on a broad and imprecise collection of characteristics, which could be inaccurately associated with old age. This shift towards subjective identification raises concerns about the clarity and reliability of defining who is considered elderly, highlighting the challenges of avoiding arbitrary or ambiguous classifications.⁹ Indeed, differentiating the elderly from the rest of the population is not as straightforward as it may seem, unlike the case with children. While other distinct groups, such as racial groups, also present challenges in definition, the elderly demographic adds an additional layer of complexity. This complexity stems from the subjective nature of

⁴ United Nations Department of Economic and Social Affairs Population Division, *World Population Prospects 2019. Highlights* (United Nations 2019) 1.

⁵ FN5: Frédéric Mégret, 'The Human Rights of the Elderly: An Emerging Challenge' (SSRN Electronic Journal 2010) 2. <https://papers.ssrn.com/sol3/papers.cfm?abstract_id=1584303> accessed April 2024.

⁶ UNHCR, 'Emergency Handbook' (3rd 2007). <<https://emergency.unhcr.org/>> accessed April 2024.

⁷ United Nations Department of Economic and Social Affairs, *World Population Ageing 2019. Highlights* (United Nations 2019) 1.

⁸ *ibid* iii.

⁹ John Williams, 'When I'm Sixty Four: Lawyers, Law and Old Age' (2003) 34 Cambridge Law Review 105.

aging: individuals within this age group may resist identifying as 'elderly'. Senior citizens represent a highly diverse segment of society, exhibiting a wide range of interests and priorities that are often influenced by factors such as gender, race and social class. This diversity underscores the challenge of categorising and understanding the needs and identities of older adults, highlighting the necessity for a nuanced approach that respects individual differences within this group.¹⁰ Navigating through the vast expanse of cultural differences, aging remains a deeply personal experience, which complicates the task of defining the elderly population with precision. This ambiguity in definition becomes particularly evident in discussions about the rights of the elderly. Unlike the more clearly defined rights frameworks established for women and children, there lacks a universally recognised set of laws specifically tailored to address the needs and rights of the elderly. This gap in international legal frameworks reflects the challenges posed by the absence of a clear, consistent definition of who is considered elderly, further complicating efforts to protect and promote their rights on a global scale.¹¹ Some argue that there is a legitimate fear of the rise of 'ageist' discrimination when elderly are defined as a distinct group with a special protection for its human rights while it may be a reflection of framing them under myths and assumptions about the elderly and aging.¹²

In certain political regimes, the concept of gerontocracy emerges, where the elderly disproportionately hold political power, potentially manipulating the social and political landscape contrary to the desires for change often expressed by younger generations. This concentration of power among older individuals can lead to a disparity in representation and policy-making, possibly stifling the innovation and progress sought by the youth. This dynamic highlights the complex interplay between age, power and societal change,¹³ and apart from the generally circulated image of the elderly, especially in developed countries, branding them as wealthy and prosperous individuals living their 'golden

¹⁰ EP Stoller and RC Gibson, *Worlds of difference: Inequality in the aging experience* (Sage Publications 1999).

¹¹ Jaclynn M Miller, 'International Human Rights and the Elderly' (2010 Spring) 11(2) *Marquette Elder's Advisor* 343.

¹² Becca Levy and others, 'Longevity Increased by Positive Self-Perceptions of Aging' (2002) 83(2) *Journal of Personality and Social Psychology* 261.

¹³ D Street and JS Cossman, 'Greatest generation or greedy geezers? Social spending preferences and the elderly' (2006) 53(1) *Social Problems* 75.

age', the elderly can be a particularly vulnerable group of population. Thus, they are in deep need of a particular set of laws that preserves them from any abuse related to their age characteristics.¹⁴ On the other hand, even with the above mentioned difficulty of setting a clear definition of the elderly population and the variety and contrast of certain interests related to the elderly, the identifications of common vulnerabilities of the elderly as a social group is a mandatory element in shaping this set of laws in an manner responds to the elderly needs and specifically addresses its vulnerabilities.¹⁵

While numerous documents and treaties address rights that hold specific importance for the elderly, there currently exists no comprehensive international legal instrument dedicated exclusively to addressing the unique needs and protections required for this demographic. This gap in the international legal framework highlights a significant oversight, as the particular vulnerabilities and requirements of the elderly necessitate tailored considerations that are distinct from those of other age groups. The absence of such a dedicated instrument underscores the need for a global commitment to developing and implementing a legal framework that can provide the elderly with the protections and rights they specifically need.¹⁶ Although numerous international legal instruments acknowledge rights applicable to all individuals, including the elderly, there remains a notable absence of a treaty specifically designed to address the unique needs of the elderly population. Unlike other vulnerable groups, the elderly do not benefit from an international binding agreement that compels governments to acknowledge and actively respond to their specific requirements, ensuring their access to rights and protection. This oversight is evident despite the inclusion of the elderly in broader human rights discussions, such as their mention in article 25(1) of the United Nations Declaration of Human Rights.¹⁷ The lack of a dedicated legal framework highlights the need for a more focused approach to safeguarding the rights and well-being of older individuals on a

¹⁴ Diego Rodriguez-Pinzon and Claudia Martin, 'The International Human Rights Status of Elderly Persons' (2003) 18 American University International Law Review 915.

¹⁵ Jaclynn M Miller, 'International Human Rights and the Elderly' (2010 Spring) 11(2) Marquette Elder's Advisor 343, 349-50.

¹⁶ Diego Rodriguez-Pinzon and Claudia Martin, 'The International Human Rights Status of Elderly Persons' (2003) 18 American University International Law Review 915, 917.

¹⁷ Universal Declaration of Human Rights (adopted 10 December 1948) UNGA Res 217 A(III) (UDHR).

global scale,¹⁸ as well as adopting the International Plan of Action on Aging at the 1982 World Assembly on Aging in Vienna,¹⁹ the main direction of the UN action is putting responsibility on national governments to put their own plan of action to ensure the economic and social protection of the elderly population. Another example lays in the International Covenant on Economic, Social and Cultural Rights (ICESCR),²⁰ which when enumerating discriminations, age is not explicitly referred to as a category protected from discrimination within this article.²¹ (To address this issue, The Committee on Economic, Social and Cultural Rights adopted General Comment 6, thus becoming the first UN mechanism to specifically focus on elderly).²² The International Covenant on Civil and Political Rights (ICCPR),²³ accepted by the Human Rights Committee to protect the rights of the elderly rights,²⁴ also does not provide the elderly with specific protections.

With the absence of binding international instruments, the implementation of protection services related to the elderly population is thrown back to the national level.²⁵ Operating under no clear and elderly targeted directives but those of ‘human dignity’, public policies related to the elderly, especially in terms of protection services, would vary from one state to the other and take multiple paths depending on the legal trends that influence the political and legal directions, going along with political tendencies on the national level from influencing the voters while keeping the standards of high tax payers.²⁶

¹⁸ Universal Declaration of Human Rights (adopted 10 December 1948) UNGA Res 217 A(III) (UDHR) art 25.

¹⁹ Jaclynn M Miller, ‘International Human Rights and the Elderly’ (2010 Spring) 11(2) *Marquette Elder’s Advisor* 343, 348.

²⁰ International Covenant on Economic, Social and Cultural Rights (adopted 16 December 1966, entered into force 3 January 1976) 993 UNTS 3 (ICESCR).

²¹ United Nations Committee on Economic, Social and Cultural Rights, ‘The Economic, Social and Cultural Rights of Older Persons: General Comment 6’ (12 August 1995) UN Doc E/C.12/1995/16/Rev. 1 1 10-11.

²² Jaclynn M Miller, ‘International Human Rights and the Elderly’ (2010 Spring) 11(2) *Marquette Elder’s Advisor* 343, 350.

²³ International Covenant on Civil and Political Rights (adopted 16 December 1966, entered into force 23 March 1976) 999 UNTS 171 (ICCPR).

²⁴ Diego Rodriguez-Pinzon and Claudia Martin, ‘The International Human Rights Status of Elderly Persons’ (2003) 18 *American University International Law Review* 915, 1008.

²⁵ John J Regan, ‘Protecting the Elder: The New Paternalism’ (1981) 32(5) *Hastings Law Journal* 1111.

²⁶ C Zucco, ‘Cash Transfers and Voting Behavior: Redistribution and Clientelism in Developing Democracies’ (Princeton University 2010).

While local legislations may fall into serious procedural flaws, in many cases protective services when provided by public agencies are becoming a mechanism to allow the public agency to assume total domination on over elderly ‘clients’.²⁷ Local legislations, unbound by international covenants and confronting limited resources for public interventions, can easily fall under severe conflicts with human rights laws. Some of these conflicts include the right to privacy versus the need to investigate abuse, the right to self-determination versus the need to protect the elderly from harm, the right to freedom from discrimination versus the need to provide specialised services.²⁸ While legislations vary from a state to another, the lack of a binding channel to conform protective services to human rights laws imposes that urgent reforms are to be implemented.

Regarding the issue of addressing the needs of the elderly, a reformist perspective suggests embracing voluntary services as an alternative to the more coercive, involuntary measures traditionally imposed by the public sector. This approach advocates for leveraging the goodwill and initiative of individuals and private organisations to support the elderly, promoting a model of care and assistance based on community involvement and voluntary participation. This strategy contrasts with top-down, mandatory interventions, proposing instead a more collaborative and compassionate framework that respects the autonomy of the elderly and harnesses the positive social capital of the wider community.²⁹ This reformist approach may take several depths from imposing small reforms onto various elements of the systematic oppressive and involuntary procedures of the public sector, to drawing a more in depth structural changes that affect elderly protection itself as a concept.³⁰

²⁷ John J Regan, ‘Protecting the Elder: The New Paternalism’ (1981) 32(5) *Hastings Law Journal* 1111, 1128.

²⁸ Linda K George and Linda Waite, *Elder Abuse and Neglect: A Public Health Perspective* (Springer 2008).

²⁹ John J Regan, ‘Protecting the Elder: The New Paternalism’ (1981) 32(5) *Hastings Law Journal* 1111, 1130.

³⁰ L Tessier, N De Wulf and Y Momose, ‘Long-term care in the context of population ageing: a rights-based approach to universal coverage’ (ILO Working Paper 82 2022) 21.

In opposition to the sensitivity of social protection as rights-based response to vulnerabilities of individuals or social groups pops the approach of social risk. This concept, reflecting on the preventive strategies of the social administration,³¹ criticises the disbandment of the individual by replacing it with combinatory factors, thus replacing human based interaction with numeric calculations and a bureaucratic process.³² The concept of danger as an existing potential on the individual level as well as on the social level is replaced by the concept of risk, embodied no longer in danger but in statistical probability. These preventive strategies may lead to a further developed attempts to programme populations based on their performance and deficiencies, thus instead of tackling the potential risks that may face a social group, this social group is flagged as a social risk.

The reformist approach is countered by an abolitionist approach, opposing adult protective services programmes from the outset, seeing in them the heavy hand of a paternalistic state taking over people's lives in the name of benevolence.³³ Based on an ideological fantasy emanating from a neo-conservative revival of laissez-faire individualism that goes along with neoliberal trends and even with some left wing ideological swings,³⁴ the abolitionist approach's does not only limit itself the anti-liberty measures limiting elderly rights, but goes toward drawing a theoretical critic to the whole welfare system.

The reformist approach addresses the welfare system by acknowledging the discrepancies and inefficiencies that have emerged throughout its development, viewing it as a continuously evolving entity that requires ongoing adaptation. This perspective emphasises the need for incremental changes and improvements to better meet the changing needs of society, including those of the elderly population.

On the other hand, the abolitionist perspective proposes a more radical solution, advocating for a complete overhaul or shut-down of the existing welfare system. This viewpoint is grounded in the criticism found in some literature, which argues that the

³¹ Robert Castel, 'From Dangerousness to Risk' [1983] *Actes de la Recherche en Sciences Sociales* 119.

³² *ibid.*

³³ John J Regan, 'Protecting the Elder: The New Paternalism' (1981) 32(5) *Hastings Law Journal* 1111, 1128.

³⁴ Claus Offe, 'Some Contradictions of the Modern Welfare State' in Christopher Pierson and Francis G. Castles (eds), *The Welfare State: A Reader* (Polity Press 2000) 67.

welfare system has become a significant detriment to modern society. According to abolitionist advocates, the system has fostered and exacerbated a culture of dependency among its beneficiaries, limiting individual initiative and self-reliance. This approach suggests that rather than reforming the welfare system, society should consider fundamentally rethinking or eliminating it to address its perceived failures and the dependency it purportedly cultivates.³⁵

The difference between the two approaches is not limited to the welfare system or to the social protection for the elderly but extends into almost all the layers of the social and political fields (judicial, child protection, education, women rights etc). The reformist approach bases its effort on reforming the existing while proposing structural and deep alterations in some cases while the abolitionist tends to demolish the existing but at the same time refuses or fails to propose new alternatives.³⁶

In the first chapter we will elaborate the theoretical frame of our thesis, thus presenting the general demographic trends that guide demographic studies on one hand before tackling the problematic of defining the elderly population and position this definition in the intersectionality context. On the other hand we will trace the vulnerabilities of the elderly population before engaging in specifying the detailed rights of the elderly that derive from these vulnerabilities and this by linking these rights to the concept of intergenerational justice. Having set a clear definition to the different notions elaborated earlier, we will tackle the notion of social protection in general, then by putting it in the context of the elderly population. The concept of social protection of the elderly will lead us to perceive the elderly population from a human rights approach by defining the position of the international human rights laws toward them. In contrast, we will undertake the perception of elderly as a social risk and the influence that it may have on the concept of social protection, before drawing the difference between the reformist approach and the abolitionist approach to social protection and to the welfare system in general.

³⁵ Nancy Fraser and Linda Gordon, “‘Dependency’ Demystified: Inscriptions of Power in a Keyword of Welfare State’ (University of Illinois 1994).

³⁶ AM Mitchell, ‘The Objects of Our Wisdom and Our Coercion: Involuntary Guardianship for Incompetents’ (1979) 52(5) Southern California Law Review 1405, 1448. 197.

Having set the theoretical framework related to the social protection of the elderly, in the second chapter, we will tackle this problem in the context of Lebanon, thus applying the notion elaborated in chapter one through the Lebanese contextual elements.

First, we will draw a picture of the existing demographic trends in the Lebanese case, the proportion of older adults in Lebanon being the highest with the fastest ageing population among all Arab countries.³⁷ The elderly population represents more than 11% of the Lebanese population with a life expectancy of 81 years, adding on consecutive waves of emigration of the younger population, the ‘rectangulation’³⁸ of the population pyramid in Lebanon seems to accentuate the shift toward a ‘grey’ population.

While population aging represents an enormous challenge on the world level, this phenomenon particularly affects Lebanon, with widespread poverty among the elderly, with studies showing that more of 50% of them are economically deprived, facing shortage on the health and housing level as well as in accessing their basic needs.³⁹ Setting a clear understanding to the elderly status requires a historical understanding of the instauration of the welfare state in Lebanon with the social security law drafted in 1963.⁴⁰ Thus an elaboration of the historical political background since Lebanon’s independence will give us a deeper understanding of context in which the concept of social protection was introduced to the Lebanese legislation. With President Shehab’s priority of building public institutions, and in the perspective of vast worker’s mobilisation, the enactment of the Lebanese social protection was achieved.⁴¹ The Lebanese welfare state was based, and still is, on two different schemes, the first related to the public sector through the cooperative of public servants on one hand and

³⁷ Z Chemali, LM Chahine and AM Sibai, ‘Older Adult Care in Lebanon: towards stronger and sustainable reforms’ (2008) 14(6) *La revue de sante de la mediterranee orientale* 1466.

³⁸ *ibid.*

³⁹ Mounir Rached, ‘Social Security and Pensions in Lebanon, A Non-Contributory Proposal: Research Study’ (Lebanese Economic Association 2012).

⁴⁰ Civil Society Knowledge Centre, ‘Timeline: Social Protection in Lebanon | September, 1946 to December, 2021’ (Civil Society Knowledge Centre, January 2022) <https://civilsociety-centre.org/cap/timeline-social-protection-in-lebanon#event-enactment-of-the-labor-code-in-lebanon-law-of-23-september-1946> accessed April 2024.

⁴¹ Kamal Salibi, ‘Lebanon under Fuad Chehab 1958–1964’ (1966) 2(3) *Middle Eastern Studies* 211.

the different sub-schemes covering the military/security personnel on the other, and the second related to the workers of the private sector with the instauration of the National Social Security Fund (NSSF).⁴²

With this approach to social welfare still active to our days with very small alterations, understanding social protection in the Lebanese context requires a detailed dissection of the protection mechanism in Lebanon. This scattered mechanism of protection targeting different groups with different schemes⁴³ does not vary from the public sector to the private sector, but also varies within these two by excluding a major part of the population both under the private and the public umbrella.

With no legislation or mechanisms related to elderly in Lebanon, the main problematic in the Lebanese context remains: who is socially protected? And what is protected? Thus elaborating the Lebanese social protection schemes one by one will help us understand the nature of the Lebanese model. In order to comprehend this problematic, we will tackle the private sector and the public sector schemes in all their elements, thus covering the nature of the formal social protection in Lebanon including safety nets, after which we will tackle the informal form of social protection.

With over half of the Lebanese population not being covered by any of the public or the private schemes, the informal system of social protection involves a wide panel of actors.⁴⁴ From non-governmental organisations to dominant sectarian political parties, this informal coverage system seems to complement the Lebanese political system on one hand and the Lebanese economic model on the other.⁴⁵ This elaboration will enable us to understand which model was the Lebanese model was created from. This model that we can barely describe as a welfare state, takes its roots from the Bismarckian model but with a spice of the Beveridgean model to match the economic and political form.

⁴² Civil Society Knowledge Centre, 'Timeline: Social Protection in Lebanon | September, 1946 to December, 2021' (*Civil Society Knowledge Centre*, January 2022) <<https://civilsociety-centre.org/cap/timeline-social-protection-in-lebanon#event-enactment-of-the-labor-code-in-lebanon-law-of-23-september-1946>> accessed April 2024.

⁴³ Nabil Abdo, 'Social protection in Lebanon: from a system of privileges to a system of rights' (Arab NGO Network for Development 2014) 6.

⁴⁴ M Cammett, 'Sectarian Politics and Social Welfare: Non-state Provision in Lebanon' in M Cammett and LM Maclean (eds), *The Politics of Non-State Welfare* (Cornell UP 2014) 137-56.

⁴⁵ Nabil Abdo, 'Social protection in Lebanon: from a system of privileges to a system of rights' (Arab NGO Network for Development 2014).

Based on this understanding of the characteristics of the Lebanese model, we can draw the gaps on each level and in under each scheme of this scattered social protection system. These gaps in both of the coverage schemes were not only accentuated by the Lebanese crisis, but the crisis actually highlighted the structural failures of the Lebanese model, as this model not only failed to maintain any of its basic elements through the crisis, but quiet on the contrary accentuated the effects of the Lebanese crisis on many levels.

With over half the population uncovered by any scheme,⁴⁶ the privileged covered group found itself covered by ghost schemes unable to cover basic hospitalisation or medication cost with the lift of all governmental subsidies.⁴⁷ This on the health coverage level, on the pension level and with the Lebanese currency losing 85% of its value, 54.3% in 2020, along with the devaluation of the Lebanese pound (LBP), 53.4% of older people found themselves living with less than 470,000 LBP or the equivalent of 5 US dollars (USD) a month.⁴⁸ Retired elderly who usually were regarded as privileged retirees found their pension value decrease dramatically to reach few tens of dollars. On the same level, retirees from the private sector had their end of service indemnity value decrease to few thousands of dollars, as they were paid in Lebanese pounds. The investments of the NSSF fund, concentrated in purchasing Lebanese treasury bonds,⁴⁹ linked the fate of an administrative-ly independent entity to the fate of the failed Lebanese treasury.

This detailed dissection of the Lebanese social protection system cannot extend beyond a descriptive narrative without reading it on the political economy level. The scattered nature of the Lebanese model expands beyond structural failures as it holds the roots of fragmentation of the workers status, rendering any attempt of their unification toward a more sustainable model impossible.⁵⁰

⁴⁶ Maya Abi Chahine, 'A glimmer of Hope Amidst the Pain' (ILO and Help Age International March 2022).

⁴⁷ Amnesty International, 'Lebanon: Government recklessness in medication subsidy reform violates right to health and life' (Amnesty International, 16 December 2021) <www.amnesty.org/fr/latest/news/2021/12/lebanon-government-recklessness-in-medication-subsidy-reform-violates-right-to-health-and-life/> accessed April 2024.

⁴⁸ Central Administration for Statistics and ILO, 'Labour Force and Household Living Conditions Survey 2018-2019' (2019).

⁴⁹ L Dandash, 'Paradox of the Lebanese Health care System and the Role of the NSSF' (MBA Thesis, Lebanese University, 2013).

⁵⁰ N Abdo, R Fakhry and F Kobeissy, 'Workers and syndicats without movement' (ISSAM Fares Institute for Public Policy and International Affairs 2017).

Such a model fits perfectly the standards of a rent-based economy⁵¹ that incites wealth accumulation outside the sphere of production. On the other hand, the existing model fits the Lebanese political system as well, as the Lebanese social protection model accentuates the failures on the formal to give a wider margin to informal coverage that fulfils its clientelist characteristics.⁵² Thus the informal welfare apparatus profits from the formal state apparatus, as many informal schemes profit from the state formal institutions like the existing safety net measures.⁵³ This mechanism is an essential factor in maintaining the political and sectarian hold over the Lebanese population, and the underdevelopment of the public welfare system is used to secure the dominance of the sectarian political parties to secure their dominance.⁵⁴

The abuse of informal social protection extends beyond health coverage to reach the employment mechanisms whether in the public sector by infiltrating the freezing of public employment by daily workers⁵⁵ and in the private sector by a consensus between the political and the economic elite, in which the latter secures a compromise of workplace mobilisation and the earlier secure jobs for their loyal supporters.⁵⁶

The Lebanese model of social protection reflects perfectly the rent-based economic model as well as the clientelism based sectarian political system. Which leads us to the question: can Lebanese social policies be considered reformist or abolitionist?

In parallel to the elaboration of our research in the contextual framework of Lebanon, we conducted a survey aiming to assess the perception and practices of the participants over issues related to their current socio-economic situation from a social protection aspect, covering many elements including health coverage, pension schemes as well as living arrangements, well-being and participation. The survey used a participatory approach using

⁵¹ Carolyn Gates, *Merchant Republic of Lebanon: Rise of an Open Economy* (IB Tauris 1998).

⁵² B Salloukh and others, 'Institutions, Sectarian Populism, and the Production of Docile'. In *The Politics of Sectarianism in Postwar Lebanon* (Pluto Press 2015) 32-51.

⁵³ M Cammett, 'Sectarianism and the Ambiguities of Welfare in Lebanon' (2015) 56(11) *Current Anthropology* 576.

⁵⁴ *ibid.*

⁵⁵ N Abdo, R Fakhry and F Kobeissy, 'Workers and syndicates without movement' (ISSAM Fares Institute for Public Policy and International Affairs 2017).

⁵⁶ M Zbib, 'Profits of 5 Billion dollars to the banks and big depositors from "the financial engineering" (in Arabic).' *Al-Akhbar newspaper*, January 13, 2017.

quantitative data collected from people, covering all the governorates of Lebanon, as well as the different age ranges, gender etc in order to cover as much as possible the Lebanese context. This data will be explored throughout our expansion on the Lebanese framework.

1. Theoretical framework: A human rights perspective

1.1 Elderly as a social group: From specific risks and vulnerabilities to intersectionalities

1.1.1 Demographic trends

Demographic studies are guided nowadays by ‘megatrends’. Mainly defined as four, these megatrends consist of population growth, population ageing, migration and urbanisation.⁵⁷ These demographic studies seize major implications on economic and social development as well as on key concepts like development and sustainability; with fertility, mortality and international migration as the demographic drivers of population change.⁵⁸ While fertility has fallen noticeably over recent decades,⁵⁹ considerable progress in reducing mortality was achieved though gaps between countries remain wide.⁶⁰ Life expectancy for the world reached 72.6 years in 2019 with more than eight years added since 1990.⁶¹ This decline in fertility and increase in longevity leads to a continuous growing share of older persons in the world population. With 703 million persons aged 65 and over in 2019 which consists of 9% of the world population with an increase of 3% since 1990, this number is projected to reach 1.5 billion persons in 2050 hitting the portion of 16% where one in six persons of the world population will be aged 65 and over.⁶² A person aged 65 years in 2015-20 could expect to live an additional 17 years and this figure would

⁵⁷ United Nations Department of Economic and Social Affairs Population Division, *World Population Prospects 2019. Highlights* (United Nations 2019) iii.

⁵⁸ *ibid* 23.

⁵⁹ *ibid* 24.

⁶⁰ *ibid* 30.

⁶¹ *ibid* 28.

⁶² United Nations Department of Economic and Social Affairs, *World Population Ageing 2019. Highlights* (United Nations 2019) 1.

attain 19 years in 2045-50, with women still outliving men by 4.8 years.⁶³ UN projections suggest that 25% of people in Europe and North America could be 65 or over by 2050, and the number of people aged 80 or over is set to triple between 2019 and 2050,⁶⁴ while the largest increase (+312 million persons) is projected to occur in Eastern and South-Eastern Asia, growing from 261 million in 2019 to 573 million persons aged 65 years or over in 2050.⁶⁵ Under these facts, what was always described as a success story for humanity in terms of public health, medical and pharmaceutical triumph over diseases as well as economic and social development accomplishments is nowadays perceived as a potential financial and economic threat suspected to increase pressure both on public and private transfers in societies all over the world.

Facing this rising demographic trend, several measures have been developed to account the impact of an increasingly older society both on the economical and social level. To calculating the old-age dependency ratio⁶⁶ as the number of people aged 65 and above per 100 persons of working age was added other unconventional measurement tools like the prospective old-age dependency ratio calculated as the number of persons closest to a remaining life expectancy of 15 years relative to the number of persons between the age of 20 and that age,⁶⁷ and the economic old-age dependency that uses information about consumption and production in a given economy based on age.⁶⁸ To this need to measure the relation between older societies and socio-economic trends is added the perception of elderly population as a vulnerable social category experiencing specific problems compared to other social

⁶³ United Nations Department of Economic and Social Affairs, *World Population Ageing 2019. Highlights* (United Nations 2019) 1.

⁶⁴ Hannah J Swift and Ben Steeden, 'Exploring representations of old age and ageing' (School of Psychology, University of Kent 2020) 2.

⁶⁵ United Nations Department of Economic and Social Affairs, *World Population Ageing 2019. Highlights* (United Nations 2019) 5.

⁶⁶ The Organization for Economic Co-operation and Development, 'OECD Glossary of Statistical Terms' (OECD Publishing, Paris, 2008). <<https://doi.org/10.1787/9789264055087-en>>.

⁶⁷ *ibid.*

⁶⁸ *ibid.*

segments,⁶⁹ thus requiring social protection of certain nature to address the vulnerability of this social category⁷⁰ and raising specific issues in terms of human rights so it can be said to have distinct 'human rights experiences'.⁷¹

Before elaborating the issue of vulnerability and the concept of social protection and approaching the concept of the human rights of the elderly, a definition of the elderly as a social group is required.

1.1.2 The elderly as a distinct social group: A complex definition

The position of the elderly is built on continuously evolving social representation.⁷² The image of the elderly differs from one society to another as it would match wisdom and social heritage in some societies or conservative gerontocracy in others. While demographic studies refer to the elderly as a group of the population that is of 64 years of age and older and this is to fit the technicality of numbers, this perception is contrasted with a tendency of defining old age based on non-biological approach which would lead to defining the older population based on certain common characteristics associated with the old.⁷³ The negative effect of this subjective understanding is that under this perception and through this categorisation process older people become at risk of being viewed through the lens of age stereotypes, and consequently at risk of experiencing prejudice and discrimination.⁷⁴ And while this 'essentialisation' defies this very diverse and elastic category of the society and may even feed society's rampant ageism,⁷⁵ being old as a quality should be related to the fact of being towards the end of a life cycle, even if finding a cut-off date for being old is difficult.

⁶⁹ Petru Popescu, 'Social Protection for Elderly. Social Exclusion and Poverty' (Ecological University of Bucharest, Department of Economics 2016) 37.

⁷⁰ David E Bloom, Emmanuel Jimenez and Larry Rosenberg, 'Social Protection of Older People' (Program on the Global Demography of Aging, Working paper No 83) 1.

⁷¹ Frédéric Mégret, 'The Human Rights of the Elderly: An Emerging Challenge' 2.

⁷² *ibid* 2.

⁷³ *ibid* 3.

⁷⁴ Hannah J Swift and Ben Steeden, 'Exploring representations of old age and ageing' (School of Psychology, University of Kent) 5.

⁷⁵ John Williams, 'When I'm Sixty Four: Lawyers, Law and Old Age' (2003) 34 Cambridge Law Review 105.

Unlike children or other social groups, the elderly population is merely distinguished from the rest of the population and not only based on cultural and geographical differences dependent on life expectancy and the life style of each society, but because elderly as a socially constructed category brings difficulty in term of the individuals belonging to it and not only as a category in itself.⁷⁶ Based on the wide variety that it contains with even conflicting populations within it, the elderly can be conceived as a category of the population more than a rigid constituted group of society. As the age experience remains to an extended margin a very personalised experience that depends on many factors like race, gender, class and lifestyle,⁷⁷ the belonging of an elderly individual to the elderly social group may take a secondary rank in the process of self-definition. As a matter of fact, and in some societies governed by their senior members in what is described as gerontocracy, power in the hands of the elderly does not mean power for the elderly as recent studies have suggested that the elderly are not simple supporters of programmes tailored for their benefits but dependent on of others.⁷⁸ On the other hand, the particular ideological, racial or sectarian belonging of the elderly in power may shadow his/her personal self-identification as an elder, thus the social welfare policy in the United States, for example, begins with an ideologically based premise that individuals are responsible for their own welfare and imposes expectations of self-sufficiency and independence on rich and poor, advantaged and disadvantaged alike,⁷⁹ though these ideological approaches were supported mainly by elderly members of the American power hub, enthusiasts of a non-universalised social welfare system.⁸⁰

1.1.3 Intersectionality as a key in understanding the elderly

The complexity of defining the elderly as a social group in its variety and elasticity renders the concept of intersectionality inevitable for the understanding of the elderly as a category in itself. The concept of intersectionality was first introduced by

⁷⁶ Frédéric Mégret, 'The Human Rights of the Elderly: An Emerging Challenge' 3.

⁷⁷ EP Stoller and RC Gibson, *Worlds of difference: Inequality in the aging experience* (Sage Publications 1999).

⁷⁸ D Street and JS Cossman, 'Greatest generation or greedy geezers? Social spending preferences and the elderly' (2006) 53(1) *Social Problems* 75.

⁷⁹ Martha Fineman, *The Autonomy Myth: A Theory of Dependency* (New Press 2004).

⁸⁰ Martha Fineman, "'Elderly' as Vulnerable: Rethinking the Nature of Individual and Societal Responsibility' (Emory University School of Law, 2012) 104.

Crenshaw⁸¹ to describe the interactions and multiplying effects of inequalities within individuals.⁸² Yet the intersectionality literature has paid very little attention to the nature of ageing,⁸³ though early papers underlined how intersectionality as an approach to interlocking factors can be used to understand how structural factors can shape ageing.⁸⁴ Intersectionality stress the fact that there are multiple social characteristics for people such as gender, ethnicity, age, class etc in a simultaneous way and the combination of these social characteristics leads to different intersectional subgroup.⁸⁵

Intersectionality studies the interlocking system of discriminations, essentially based on the relationship of domination and oppression in interlocked social hierarchies. In this light, stereotypes form an essential part of the discrimination process as the image of how a social group is perceived, for example, older people are seen as weak, sick and inefficient etc. Discrimination can be inter-personal as adopted between individuals, institutional as policies of states or non-state institutions or societal as how society fosters discrimination in totality.⁸⁶ While researchers focused their attention on the welfare state, there is a need to understand the effect of institutions as a major player in the concept of unequal ageing and how these institutions such as education and employment affect the positioning of individuals in the matter of ageing. Systems of domination are interconnected and rooted within the institutions as policies and practices and overlap in intersectional stereotypes.⁸⁷ Another task laying on researchers is how to

⁸¹ K Crenshaw, 'Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics' [1989] (1) University of Chicago Legal Forum 139.

⁸² Adrienne Cohen, 'The Challenges of Intersectionality in the Lives of Older Adults Living in Rural Areas with Limited Financial Resources' (2021) 7 *Gerontology and Geriatric Medicine* 1.

⁸³ T Alasanti and N King, 'Intersectionality and Age' in Julia Twigg and Wendy Martin (eds), *Routledge Handbook of Cultural Gerontology* (Routledge 2015) 193-200.

⁸⁴ Paula Dressel, Meredith Minkler and Irene Yen, 'Gender, Race, Class, and Aging: Advances and Opportunities' (1997) 27(4) *International Journal of Health Services* 579, <doi:10.2190/7XAY-PYBN-AA5L-3DRC> accessed April 2024.

⁸⁵ Daniel Holman and Alan Walker, 'Understanding unequal ageing: towards a synthesis of intersectionality and life course analyses' (2021) 18(2) *European Journal of Ageing* 239.

⁸⁶ Nancy Krieger, 'Discrimination and health inequities' (2014) 44(4) *International Journal of Health Services* 643.

⁸⁷ *ibid.*

categorise the axes of inequality, thus not missing variations of the population, and based on that categorisation is made, the decision of which intersectional position for the different combinations should be the centre of focus.⁸⁸

On the other hand, it is essential to move beyond the individual attribution of the conceptions like gender, race or class that can be controlled statistically, and understand these categories as social constructs, based on social values that influence the formation of identity. These social constructs are interlocking hierarchies that lead systems of privilege and disadvantage, dominance and oppression and the intersection of these systems lead to the understanding that older people can be disadvantaged in one dimension, while privileged in another, and that these social structures fall under race, gender and class etc.⁸⁹

1.1.4 Tracing the vulnerabilities of the elderly population

The concept of vulnerable population is linked to the concept of dependency.⁹⁰ Though the two terms have many variations, vulnerability as a concept is generally about individuals or groups of a society who are dependent in some way, such as children or people with disabilities. While the image of the elderly in some societies could be outlined in terms of wealth, independency and prosperity, the elderly can also be seen as a particularly vulnerable individuals as victims to diseases, death or other forms of exploitation and abuse.⁹¹ This contrast of the two images can be easily reduced in times of crisis, economic recession, financial restructuring and armed conflict,⁹² as well as being easy victims to scams in the times of technological advancement.

⁸⁸ Daniel Holman and Alan Walker, 'Understanding unequal ageing: towards a synthesis of intersectionality and life course analyses' (2021) 18(2) *European Journal of Ageing* 239.

⁸⁹ EP Stoller and RC Gibson, *Worlds of difference: Inequality in the aging experience* (Sage Publications 1999).

⁹⁰ Martha Fineman, "'Elderly' as Vulnerable: Rethinking the Nature of Individual and Societal Responsibility' (Emory University School of Law) 116.

⁹¹ Frédéric Mégret, 'The Human Rights of the Elderly: An Emerging Challenge' 4.

⁹² EB Ngo, 'When disasters and age collide: Reviewing vulnerability of the elderly' (2001) 2 *Natural Hazards Review* 80.

It is true that studies have shown that being old does not mean being poorer than the other age groups. The rate of poverty of 35% between the elderly in the US of 1960 has dropped to less than 10% after the millennium,⁹³ a much lower rate of that of the non-elderly. Similar studies during the ex-soviet states' transition in the 1990s showed that the elderly with state pension were better off than other age groups of the population⁹⁴ and recent studies showed that in many developing countries of Asia and Latin America, the rate of poverty between the elderly is similar to that of the rest of the population.⁹⁵

The root of that vulnerability image of the elderly rises first from being less able to rely on employment than the younger categories of society, thus their survival being dependent on fixed gathered assets or government pension and family support. While the first two can easily lose their values in times of crisis and inflation, the third source underlines the previously developed image of dependency.

On the other hand, the elderly being more likely to develop health issues because of age renders them extremely vulnerable. Statistics have shown that nearly 95% of the elderly in the US have at least one chronic disease and 80% of them have at least two.⁹⁶ While these numbers can vary from one country to another, the relation between major chronic illnesses and the functional loss among older adults is statistically set.⁹⁷ And with inadequate public medical care especially in developing countries and the extensive rely on private insurance that is considered to be a privilege for the well going individuals, leaves the elderly with lack of preventive care, left with untreated illnesses or counting on low quality medical services. With their inability to pay for their medical care, their capacity to remain independent is limited and often fall into dependency of other family members, which in some

⁹³ Gary Engelhardt and Jonathan Gruber, 'Social Security and the Evolution of Elderly Poverty' (NBER Working Paper 10466 2004).

⁹⁴ Asad Alam, Mamta Murthi and Ruslan Yemtsov, 'Growth, poverty, and inequality: Eastern Europe and the former Soviet Union' (World Bank 2005).

⁹⁵ David Robalino and Robert Holzmann, 'Overview and Preliminary Policy Guidance' in Robert Holzmann, David A Robalino and Noriyuki Takayama, *Closing the Coverage Gap: The role of social pensions and other retirement income transfers* (The World Bank 2009).

⁹⁶ National Council on Aging, 'Get the Facts on Healthy Aging' (NCOA, 20 October 2023) <<https://ncoa.org/article/get-the-facts-on-healthy-aging>> accessed April 2024.

⁹⁷ Joelle Fong, 'Disability incidence and functional decline among older adults with major chronic diseases' (National Library of Medicine 2019).

cases drain the family savings. Spending on health care is considered one of the major causes of families falling into poverty with the 12.9% of the world population spending at least 10% of their family budget on healthcare,⁹⁸ with the percentage hitting 40% of the household income in some countries.⁹⁹

Finally, older people are perceived as vulnerable because of their need of assistance and companionship.¹⁰⁰ The lack of companionship differs from one country to another as in Latin America only 10% to 23% of the elderly live on their own while in Japan this ration reaches 58%.¹⁰¹ But the percentage of elderly lacking daily physical assistance of their own families is expanding with societal trends like emigration in developing countries and individualism in developed countries.

These elements of vulnerabilities mark the difference between one individual to another, as an elderly person in good health is in a far better position than another with health issues, one with higher income or important saved assets will be far more settled than a poor one, and elderly with children have a higher percentage of companionship etc. In general, women are considered more vulnerable than men, having more likely left the labour force earlier and the 'oldest of the old' tend to have more complex needs and to be considered as the most vulnerable among the vulnerable.¹⁰²

These three basic descriptions of the vulnerability of the elderly mark the tendency to see their needs from the economic and basic social angle. While their economical and financial vulnerability, their vulnerability under the health angle and their need of assistance are basic vulnerabilities, many specific rights of the

⁹⁸ Abdalla Sirag and Norashidah Mohamed Nor, 'Out-of-Pocket Health Expenditure and Poverty: Evidence from a Dynamic Panel Threshold Analysis' (National Library of Medicine 2021).

⁹⁹ K Xu and others, 'Household catastrophic health expenditure: A multi-country analysis' in *The Lancet* (2003).

¹⁰⁰ David E Bloom, Emmanuel Jimenez and Larry Rosenberg, 'Social Protection of Older People' (Program on the Global Demography of Aging, Working paper No 83).

¹⁰¹ Daniel Cotlear and Leopoldo Tornarolli, 'Poverty, the Aging and the Life Cycle in Latin America' in D Cotlear (ed), *Population Aging: Is Latin America Ready?* (The World Bank 2011).

¹⁰² David E Bloom, Emmanuel Jimenez and Larry Rosenberg, 'Social Protection of Older People' (Program on the Global Demography of Aging, Working paper No 83).

elderly are the centre of immense violations. Those rights expand far more the basic needs of the elderly and can be considered proper to the elderly as a social group, as individuals of other age group rarely suffer from their violation.

1.2 From vulnerabilities to rights: A human rights perspective

1.2.1 From vulnerabilities to rights

We will evoke these vulnerabilities in terms of rights and elaborate each one.

First, the right to life, as the elderly are often the victims of abuse and/or neglect that may lead to their death.¹⁰³ These abuses of the right to life of the elderly go further than being individual incidents like leaving certain individuals to their fate in some elderly specialised institutions or the intended killing of elderly by mentally disturbed care givers.¹⁰⁴ These abuses take institutionalised form with the call to ration health care for the elderly, even calls to withhold treatment after certain age,¹⁰⁵ going even to describe the right to life of the elderly as the vain pursuit of immortality.¹⁰⁶ At first sight, similar calls can be interpreted as echoing among few radical voices, but the Covid 19 crisis showed that these approaches can take an actual institutionalised shape with the governing ethical principles of medical practice delineating in favour of prioritising younger patients.¹⁰⁷ When disruption in the medical supply chain had left many hospitals in a precarious conditions with shortage especially related to ventilators, there were many reports of personnel having to make decisions about which patient is to have priority.¹⁰⁸ Under the second main principle of ‘prioritising the worst-off’, younger patients were considered to be a priority as possessing more years to live after the crisis

¹⁰³ Mark S Lachs and others, ‘The Mortality of Elder Mistreatment’ (1998) 280(5) JAMA 428.

¹⁰⁴ See for example Martin Wainwright, ‘Nurse who killed four elderly patients jailed for life’ (The Guardian, 5 March 2008) <www.guardian.co.uk/society/2008/mar/05/nhs.ukcrime> accessed April 2024.

¹⁰⁵ Norman Daniels, *Just Health Care* (Cambridge University Press 1985)

¹⁰⁶ Alan Williams, ‘The rationing debate: Rationing health care by age: The case for’ (1997) 314 BMJ 820.

¹⁰⁷ EJ Emanuel and others, ‘Fair allocation of scarce medical resources in the time of Covid-19’ (2020) 382(21) New England Journal of Medicine 2049.

¹⁰⁸ CY Park, K Kim and S Roth, ‘Global shortage of personal protective equipment amid COVID-19: supply chains, bottlenecks, and policy implications’ (ADB Briefs No 130 April 2020).

and under the third main principle of ‘maximising social benefits’, younger patients were prioritised as possessing higher benefit to society due to their age.¹⁰⁹ Based on the Covid 19 experience, the elderly population has been shown to be the most vulnerable group of the population in terms of life preservation measures. It is true that the elderly were given the priority in the vaccination process, but their qualification as second grade patents during the peak of the emergency and in an institutionalised process underlines their vulnerability in that field.

The right to humane treatment and freedom from torture is the second right the elderly may lack. At first sight, there is no clear setting that may differentiate the elderly from other groups of society. But with a closer look, the elderly have shown vulnerability in that field as well, not only in terms of direct and clear abuse like malnutrition or insufficient medical treatment but of a psychological nature as well like humiliation.¹¹⁰ Some treatments that may appear for the higher best of the elderly may carry in them high forms of intimidation and may affect the dignity of the elderly, like making them wear diapers in a systematic way or leaving them in constraining places from where they cannot move under the consideration of being placed in safe spaces, like the systematic and obligatory use of wheel chairs in some institutions, in addition to sexual abuse of the elderly, cases of which have multiplied lately.¹¹¹ To this is added the extensive use of restraints of the elderly in institutional context which highly affect the dignity of the elderly.¹¹²

Thirdly, while placing some elderly individuals in institutions is legitimate in some cases, arbitrary detention, defined as interning elderly in institutions against their will, seems to carry a big potential of abuse. Arbitrary detention is linked to the general assumption that certain impairment or loss of functional ability may lead directly and systematically to institutionalisation under

¹⁰⁹ S J Rosenbaum and CDC Ethics Subcommittee members, *Ethical Considerations for Decision Making Regarding Allocation of Mechanical Ventilators during a Severe Influenza Pandemic or Other Public Health Emergency* (2011) <<https://stacks.cdc.gov/view/cdc/5961>> accessed April 2024.

¹¹⁰ John Ife, Katarina Soldatić and Lesley Briskman, *Human Rights and Social Work: Towards Rights-Based Practice* (4th edn, Cambridge University Press 2022).

¹¹¹ Katharine Jeary, ‘Sexual abuse of elderly people: would we rather not know the details?’ (2004) 6 *The Journal of Adult Protection* 21.

¹¹² L Nordenfelt, ‘Dignity and the care of the elderly’ (2003) 6 *Medicine, Health Care and Philosophy* 103.

the cause of necessity.¹¹³ Challenging arbitrary detention seems to require the attention of human rights specialists, especially with the full dependency of such measures on sets of local laws, which places this restriction on the elderly freedom as a major vulnerability of the elderly.

Fourth, parallel to arbitrary detention, there is the consideration of the elderly as individuals legally unfit to be heard or even represented in courts of law, especially in judicial procedures that seem to affect the elderly and their status in a deep way like cases of guardianship or conservatorship.¹¹⁴ On another note, the concept of fairness of legal procedures does not only involve being legally represented, but it takes the speediness of the trials as a major factor. The elderly may have a lot less time to live to tolerate long trials and unjustified delays. Under this light, the relation of the elderly to the legal system both in terms of fairness and legal representation seems to render them as a vulnerable group.

Fifth, as underlined by the Madrid International Plan of Action on Ageing,¹¹⁵ the right of the elderly to a family life should be financially and socially encouraged by local government, especially in cases of financially challenged families. This dependency of the elderly to family life may be challenged in separation cases when one of the elderly couple is to be displaced to an institution for example, while the other cannot adhere.¹¹⁶ While procedures related to elderly accommodation are generally perceived as related to the welfare system, seeing them from a human right perspective will increase the need to develop new procedures to limit the vulnerabilities of the elderly to matters related to family life. These measures would reach family members of the elderly who would have the right to take leaves to take care of them like in the case of parenting leaves.

Sixth, one of the most encountered vulnerabilities of the elderly population as individuals is the lack of privacy in their lives. In their private living space, since the elderly may be dependent on family assistance, their private lives are under continuous

¹¹³ Harriet McBryde Johnson and Lesly Bowers, 'Civil Rights and Long-Term Care: Advocacy in the Wake of *Olmstead v. L.C. ex Rel. Zimring*' (2002) 10 *Elder Law Journal* 453, 460.

¹¹⁴ Tricia M York, 'Conservatorship Proceedings and Due Process: Protecting the Elderly in Tennessee' (2005) 36 *University of Memphis Law Review* 491.

¹¹⁵ United Nations, Madrid International Plan of Action on Ageing (MIPAA) (2002) A/CONF.197/9.

¹¹⁶ Naill Hunter, 'HSE Keeping Elderly Couple Apart' online: Irishhealth.com.

breach as well as in institutions, as they are under fulltime surveillance for safety reasons.¹¹⁷ In fact, the elderly are the most vulnerable group of the population after the condemned prisoners placed in detention, and the concept of mandatory reporting on the elderly daily lives in specialised institutions uncovers an extremely intrusive practice.¹¹⁸ The elderly are deprived of a proper sexual life and such an activity between older members of the society is even considered abnormal, based on the societal preconception of the elderly population.

Seventh, on the political scene, the preconceived image of the elderly is that they are too conservative as well as being unable to pay for the bills they vote for. Depriving the elderly from their right to vote especially when entering a guardianship will not only deprive the elderly from his/her natural right, but also will deprive society from the diversity that may give representation to age representation.¹¹⁹ This deprivation of the political rights might not be as institutionalised in some cases, but a simple reflection on the circumstances accompanying the electoral process like long queues and inaccessibility to certain electoral centres are alone an underlining of the vulnerability of the elderly in the public political sphere.¹²⁰ The efficient participation of the elderly in the public sphere is the key to break their exclusion and the encouragement of the elderly to form specific movements not only related to their basic financial and health life is an attempt to break this vulnerability.¹²¹

From these several vulnerabilities, arise the concept of rights of the elderly, beyond the economic right of a decent living through pension and public transfers and beyond the basic right of a health care system. It is based on common vulnerabilities and thus common struggle toward acquiring rights that the complexity of the elderly as a social group in its variety and that led to the

¹¹⁷ Anna Essén, 'The two facets of electronic care surveillance: An exploration of the views of older people who live with monitoring devices' (2008) 67 *Social Science & Medicine* 128.

¹¹⁸ Lawrence R Faulkner, 'Mandating the Reporting of Suspected Cases of Elder Abuse: An Inappropriate, Ineffective and Ageist Response to the Abuse of the Older Adults' (1982) 16 *Family Law Quarterly* 69, 89.

¹¹⁹ Philippe Van Parijs, 'The Disfranchisement of the Elderly, and Other Attempts to Secure Intergenerational Justice' (1998) 27 *Philosophy and Public Affairs* 292.

¹²⁰ JA Fay, 'Elderly Electors Go Postal: Ensuring Absentee Ballot Integrity for Older Voters' (2005) 13 *ELDER LJ* 453.

¹²¹ LA Fenge, 'Empowerment and community care-projecting the "voice" of older people' (2001) 23 *Journal of Social Welfare and Family Law* 427.

complexity of self-identification as a distinct group of the population may be surpassed. This approach of self-definition as a group based on common struggle does not extend to the Marxist theory of class struggle¹²² but to view these vulnerabilities as the base for common rights that gather under it all the different subgroups that constitute the elderly as a defined and distinct social group. The elderly from different class backgrounds, from different genders, from different societal lifestyles etc share these common vulnerabilities and thus can be at some point victims of the lack of privacy for example or can have their political rights confiscated or their legal rights taken away under institutionalised procedures. This common ground of vulnerabilities and rights can be viewed as a common ground of self-identification for the elderly with values to struggle for as one and distinct social group.

1.2.2 Inter-generational justice

The misunderstanding of the nature of social groups is reflected in the popular misconception that different generations are distinct social groups at war with each other.¹²³ The concept of intergenerational justice concerns the nature of moral relations among different generations.¹²⁴ Although the mainstream intergenerational justice concepts are about the moral duties of the living toward the yet to be born, the elderly are deeply in the heart of this strong debate. This intergenerational justice debate revolves around the duties of the old toward the young and vice versa, under the concept of solidarity between generations in the confrontation of demographic change.¹²⁵ As political debate continues under recession and socio-political crisis, politicians draw the line between generations sketching the image of an undying generation that continue to live on the depends of younger generations and suggesting that the entitlement to social welfare benefits in old age is harmful to the younger generations and even destructive to the nation's well-being.¹²⁶ Thus economic recession coupled

¹²² Karl Marx, *Contribution to the Critique of Political Economy* (Progress Publishers 1977).

¹²³ Martha Fineman, "Elderly" as Vulnerable: Rethinking the Nature of Individual and Societal Responsibility' (Emory University School of Law) 114.

¹²⁴ Craig Duckworth, 'Intergenerational Justice' in S O Idowu, N Capaldi, L Zu and A Das Gupta (eds), *Encyclopedia of Corporate Social Responsibility* (Springer 2013) 1484-92, doi:10.1007/978-3-642-28036-8.

¹²⁵ European Commission, 'Confronting Demographic Change: A New Solidarity between the Generations' (Green Paper 16 March 2005).

¹²⁶ Martin Feldstein, 'Privatizing Social Security: The \$10 Trillion Opportunity' (CATO Institute 1997).

with the increase in numbers of the older population lead to radical suggestions on the subject of social welfare under the shadow of evading a national bankruptcy in welfare states.¹²⁷ From this rises demands to reduce the elderly benefits, to withdraw health benefits from them and to isolate them from the social welfare programmes. Proposals go even toward removing social citizenship from the elderly in order to focus the state's resources on younger generations.¹²⁸ However these arguments may seem far too radical to be adopted, but they remain lively especially in the health sector, for example when organ transplants are involved.¹²⁹ The intergenerational relationship between the young and the old, apart from general presumptions that in a more materialistic society, the young have lost their respect to the legacy of the elderly, rising economical stress and social burdens related to the increased number of older population, will inevitably lead to rising intergenerational tension, which is definitely a part of the dynamic aspect of their status.¹³⁰

1.2.3 Social protection of the elderly

The notion of social protection extends far more than the elderly. The modern concept of social protection is linked to the modern European welfare state aiming to keep a certain standard of living and to address transitory poverty.¹³¹ The notion of organised welfare and social protection appeared in the late nineteenth century with the unification of Germany and the establishment by Otto Von Bismarck of a welfare programme responding to the need of the population in a hope to avoid any socialist revolution.¹³² It is much later, after the great depression that the United States entered the era of the New Deal in 1935 with President Roosevelt implementing a permanent system of universal retirement pension as well as unemployment insurance and handicapped

¹²⁷ Martha Fineman, "Elderly" as Vulnerable: Rethinking the Nature of Individual and Societal Responsibility' (Emory University School of Law) 111.

¹²⁸ D Callahan, 'Terminating treatment: age as a standard' (1987) 17 The Hastings Center 21.

¹²⁹ Robert Veatch, 'How Age Should Matter: Justice as the Basis for Limiting Care to the Elderly' in Gerald R Winslow and James W Walters (eds), *Facing Limits: Ethics and Health Care for the Elderly* (Westview Press 1993).

¹³⁰ Frédéric Mégret, 'The Human Rights of the Elderly: An Emerging Challenge' 5.

¹³¹ United Nations Research Institute for Social Development (UNRISD), 'Combating Poverty and Inequality: Structural Change, Social Policy and Politics' (2010).

¹³² Jonathan Steinberg, *Bismarck: A Life* (Oxford University Press 2011) 416-17

and family support.¹³³ After the Second World War, and during a period of economic expansion and prosperity, the Scandinavians moved toward the implementation of broad social welfare system with Sweden leading the way of what is to be called the Nordic welfare state.¹³⁴ And later in the UK in 1942, the Beveridge Report tasked the state into establishing a ‘national minimum’ as a safety net below which no one could fall, based on a contributory system entitling the British population to maternity, child support, unemployment security, state pensions and even funeral allowance.¹³⁵ And it is during the independence wave of ex-colonies that various developing countries started implementing or expanding existing social protection systems.¹³⁶

The concept of social protection as defined by the UN is related to the prevention and management of situations that affect people’s well-being.¹³⁷ It consists of policies and programmes that aim to reduce poverty and vulnerability, by diminishing people’s exposure to risk and supporting their capacity to manage economic and social risks.¹³⁸ This definition adopted by the UN seems be centred on risk management and the importance to respond to economic and natural shocks, but it is important to underline that international agencies have different definitions of social protection.¹³⁹ Another approach is based on the rights approach. The Asian Development Bank defines social protection as ‘policies and programs designed to reduce poverty and vulnerability by promoting efficient labor markets, diminishing people’s exposure to risks, and enhancing their capacity to protect themselves against hazards and interruption/loss of income’.¹⁴⁰ The World Bank bases its definition on three main articulations which are social insurance that prevents against drop in well-being, social assistance

¹³³ Harvard Sitkoff, *Fifty Years Later: The New Deal Evaluated* (Knopf 1984).

¹³⁴ Guy Bäckman, ‘The Nordic Welfare Model in the Wake of Post-WWII Transformations and Algorithms of Changing Social Policy’ (2019) 6(3) *Athens Journal of Social Sciences* 177.

¹³⁵ Chris Day, ‘The Beveridge Report and the Foundation of the Welfare State’ (The National Archives 2017).

¹³⁶ Abhijit Banerjee, Rema Hanna, Benjamin A Olken and Diana Sverdlin Lisker, ‘Social Protection in the Developing World’ (2024) 62(4) *Journal of Economic Literature* 1349, doi:10.1257/jel.20241646.

¹³⁷ United Nations Research Institute for Social Development (UNRISD), ‘Combating Poverty and Inequality: Structural Change, Social Policy and Politics’ (2010).

¹³⁸ *ibid.*

¹³⁹ David E Bloom, Emmanuel Jimenez and Larry Rosenberg, ‘Social Protection of Older People’ (Program on the Global Demography of Aging, Working paper No 83) 3.

¹⁴⁰ Asian Development Bank, ‘Social Protection: Reducing risks, increasing opportunities’ (2010).

programmes that protects against catastrophes and livelihood that promote improved opportunities.¹⁴¹ It is important to underline the fact that the use of social protection as a term, besides being linked to the welfare state, is in continuous development as it appears to have re-emerged in the late 1990s as an improved and reborn version of the World Bank safety nets discourse and policies.¹⁴² There is a global consensus on the importance of social protection especially in developing countries but the divergence resides in the means to realise it.¹⁴³ The first divergence lays in the approach the social protection takes in Europe as centred on workers' protection¹⁴⁴ whereas in developing countries, social protection's framework focuses on poverty reduction and providing support for the poorest.¹⁴⁵ The second and most important divergence resides in the competing frameworks of the approaches of social protection, the instrumentalist and the rights-based approach.¹⁴⁶ The first approach regards poverty and vulnerabilities as detrimental to economic growth and development, which implicate the need of social protection,¹⁴⁷ whereas the second approach sees in social protection a protected right in international human right law, thus essential to social justice.¹⁴⁸ These two approaches, though in variance, have been both criticised in terms that they do not take into consideration structural inequalities which can cause and maintain vulnerabilities over generations,¹⁴⁹ which gave rise to the concept of transformative social protection seeking to extend protection to domain of transformation and

¹⁴¹ World Bank, Social Protection and Labor (World Bank, 2024) <<https://www.worldbank.org/en/topic/socialprotection/overview>> accessed 10 April 2025.

¹⁴² S Devereux and R Sabates-Wheeler, 'Editorial Introduction: Debating Social Protection' (2007) IDS Bulletin 7.

¹⁴³ Nabil Abdo, 'Social protection in Lebanon: from a system of privileges to a system of rights' (Arab NGO Network for Development 2014) 4.

¹⁴⁴ European Commission, 'Social Protection in European Union Development' (2012).

¹⁴⁵ A Barrientos, 'Social protection and poverty' (2011) 20(3) International Journal of Social Welfare 240.

¹⁴⁶ Nabil Abdo, 'Social protection in Lebanon: from a system of privileges to a system of rights' (Arab NGO Network for Development 2014) 5.

¹⁴⁷ S Devereux and R Sabates-Wheeler, 'Editorial Introduction: Debating Social Protection' (2007) IDS Bulletin 7.

¹⁴⁸ ILO, Social Security (Minimum Standards) Convention No 102 (1952).

¹⁴⁹ S Devereux and R Sabates-Wheeler, 'Transformative social protection' (IDS Working Paper 232, Institute of Development Studies 2004).

empowerment of existing unjust structures.¹⁵⁰ Transformative social protection seeks changing of legal environment, strengthening organised collectivises and targeting structures that provide social protection measures.

In practice, two main models of social protection systems shaped the notion of social protection worldwide, the Bismarck model and the Beveridge model, with variants deriving from both of them. The Bismarck model, also described as ‘the conservative model’,¹⁵¹ is a design intended to cover workers and their family against social risk that may deprive them temporarily or permanently from their source of income. The Bismarck model is an income-based contribution system guarantying replacement income to workers thus guarantying them with their previous living standard. On the other hand, the Beveridge model or the ‘liberal model’ is based on universal rights, aiming to cover the whole population against social risks. This model covers all residents of the country in a uniform way and is financed by taxpayers.¹⁵² From this model applied in the UK and more directed toward the poorest, raises a more generous variant applied in the Scandinavian countries as a more socio-democratic system that aims to ensure social cohesion and improve living conditions based on a universal principle.¹⁵³ The general tendencies, especially in the European countries, is to adopt elements deriving from both models, thus removing the differences between these two models and converging them into mixed systems that fit their needs and their abilities.¹⁵⁴

Addressing risks and vulnerabilities requires a cross-cutting approach linking many sectors together, thus social protection in definition encloses a broad panel of government programmes, because social protection as a notion does not have defined boundaries like more established sectors. The most commonly used conceptual framework describes the four essential functions of social protection which are ‘protective’ as in providing relief from deprivation, ‘preventive’ as averting deprivation, ‘promoting’ as in enhancing capabilities and income and ‘transformative’ as tending

¹⁵⁰ Nabil Abdo, ‘Social protection in Lebanon: from a system of privileges to a system of rights’ (Arab NGO Network for Development 2014) 6.

¹⁵¹ G Esping-Andersen, ‘The Comparative Macro-sociology of Welfare States’ in L Moreno (ed), *Social Exchange and Welfare Development* (Instituto de Estudios Sociales 1993).

¹⁵² *ibid.*

¹⁵³ *ibid.*

¹⁵⁴ Laurence Assous, ‘Long-term Health and Social Care for the Elderly: An International Perspective’ (2001) 26(4) *The Geneva Papers on Risk and Insurance* 667.

toward social equity and inclusion by targeting to achieve empowerment and rights.¹⁵⁵ Social protection is also considered as an investment in the human capital which increases the capacities and accumulation of productive assets¹⁵⁶ thus aiming to break the intergenerational transmission of poverty.

The concept of social protection generally encompasses three main elements, social insurance, social assistance and labour market policies. Social insurance refers to employment related financed by contributions both from employers and employees based on earnings.¹⁵⁷ Social insurance may include pensions, health, unemployment or disaster insurance and funeral assistance¹⁵⁸ and is closely linked to the formal labour market as being limited to formal workers. Social assistance is direct, regular and predictable transfers to poor and vulnerable individuals or households.¹⁵⁹ In the case of social assistance, the transfers are non-contributory and constitute the primary form of social protection in most developing countries. Social assistance main fields are cash transfers, social pensions, in-kind transfers and public works programmes.¹⁶⁰ As for the labour market interventions, they aim to provide protection for the poor who are able to work while insuring basic standards and rights.¹⁶¹ These interventions can take active shape as direct interventions to help the unemployed and most vulnerable find jobs and the passive shape in insuring maternity, sickness and injury benefits.

Formal systems of social protection inevitably exclude parts of the population which do not benefit from it, for example there is no direct implication for the market interventions on the status of the elderly. Thus the system of social care and support is highly complementary to the social protection system and may even

¹⁵⁵ S Devereux and R Sabates-Wheeler, 'Transformative social protection' (IDS Working Paper 232, Institute of Development Studies 2004).

¹⁵⁶ A Barrientos, 'Social protection and poverty' (2011) 20(3) *International Journal of Social Welfare* 240.

¹⁵⁷ Nabil Abdo, 'Social protection in Lebanon: from a system of privileges to a system of rights' (Arab NGO Network for Development 2014) 6.

¹⁵⁸ A Norton, T Conway and M Foster, 'Social protection concepts and approaches: Implications for policy and practice in international development' (Working Paper 143, ODI 2001).

¹⁵⁹ C Arnold, T Conway and M Greenslade, 'Cash Transfers Literature Review' (Department for International Development 2011).

¹⁶⁰ E Browne, 'Social protection: Topic guide' (GSDRC, University of Birmingham 2015).

¹⁶¹ Social Policy and Development Programme Paper Number 42; United Nations Research Institute for Social Development (UNRISD), 'Combating Poverty and Inequality: Structural Change, Social Policy and Politics' (2010); A Barrientos, 'Social protection and poverty' (2011) 20(3) *International Journal of Social Welfare* 240.

be considered as a part of the social protection system under the frame of social assistance.¹⁶² This recognition of the social support system was underlined by UNICEF as it helps addressing the interaction between social and economic vulnerability in family support services for example or in home-based care.¹⁶³

It is elementary to mention the political dimension of decisions about social protection,¹⁶⁴ on one hand it holds a major ideological level that reflects on the size of public contribution and the areas toward which social protection extends; on the other it holds many direct political repercussions as pensions for example are extremely popular for decision makers as they can increase popularity among voters.¹⁶⁵ This political dimension highly influences decision makers as they tend to reach equilibrium between gaining popularity and fitting into the standards convenient to high taxpayers, who usually do not benefit from social protection but are considered as the main contributors of such governmental policies. Public support and popular acceptance are key factors for politicians in protection policy decisions, as different factors affect the support of these policies by different groups of the population.¹⁶⁶

It is by definition that social support refers to public programmes and not to private effort,¹⁶⁷ thus eliminating two major elements from which elderly receive support: individual savings and family support. In addition, social protection aims to diversify risk, thus ensuring the distribution of the levels of protection to all the layers of society so it has less chance to deal with the consequences of poverty and vulnerability. Being funded by government, it holds a major concern in the development of its various policies, the concern of equity and based on that concept various rationales have supported social protection independently of the

¹⁶² E Browne, 'Social protection: Topic guide' (GSDRC, University of Birmingham 2015).

¹⁶³ UNICEF, 'Integrated Social Protection Systems: Enhancing Equity for Children – UNICEF 'Social Protection Strategic Framework' (UNICEF 2012).

¹⁶⁴ S Hickey, 'The politics of protecting the poorest: moving beyond the "anti-politics machine"?' (2009) 28(8) *Political Geography* 473.

¹⁶⁵ C Zucco, 'Cash Transfers and Voting Behavior: Redistribution and Clientelism in Developing Democracies' (Princeton University 2010).

¹⁶⁶ R Slater and J Farrington, 'Making Social Transfers Appropriate, Achievable and Acceptable: A Practical Tool for Good Targeting' (ODI 2009).

¹⁶⁷ David E Bloom, Emmanuel Jimenez and Larry Rosenberg, 'Social Protection of Older People' (Program on the Global Demography of Aging, Working paper No 83) 4.

age of the beneficiary as it applies to the population as a whole including the elderly as a group of the population.¹⁶⁸ In the context of an elderly population, what specificities should be underlined in the social protection system?

Despite the growth of social protection as a major field of government activity in both developed and developing countries, aiming to ensure efficient public support to vulnerable population groups, only a small portion of that effort addresses the vulnerabilities of the elderly.

The first element of social protection that concerns the elderly is the income security. Securing income security should be ensured throughout the life cycle from childhood to working age to old age as per ILO Recommendation No 202.¹⁶⁹ The concept of income security should fit three criteria, an adequate standard of living, resilience to contingencies and shocks, and smooth transition between work and retirement.¹⁷⁰ Income security has an essential affluence on the elderly in terms of assuring the ability to adopt a healthy diet, maintain appropriate housing and keeping social activities. These major results of income security especially the nutritional element are observed in well-designed old-age pensions.¹⁷¹ Income security across the life cycle is far from being a reality, as only 23.2% in low-income countries and 38.6% in medium income countries benefit from income security.¹⁷² Social insurance schemes aiming to accumulate rights to an old age are a privilege for a strict minority.¹⁷³ This with pensions reflecting a gender gap with less than half of the women in the labour force outside schemes for old-age pension and with women experiencing more interruptions in their careers.¹⁷⁴ On the other hand, the ability to keep resilience to shocks and contingencies also

¹⁶⁸ David E Bloom, Emmanuel Jimenez and Larry Rosenberg, 'Social Protection of Older People' (Program on the Global Demography of Aging, Working paper No 83) 4.

¹⁶⁹ L Tessier, N De Wulf and Y Momose, 'Long-term care in the context of population ageing: a rights-based approach to universal coverage' (ILO Working Paper 82 2022) 17.

¹⁷⁰ *ibid.*

¹⁷¹ E Dufo, 'Grandmothers and granddaughters: old-age pensions and intrahousehold allocation in South Africa' (2003) 17 World Bank Econ Rev 1.

¹⁷² ILO, 'World Social Protection Report 2020–22: Regional companion report for the Middle East and North Africa (MENA) region' (ILO 2021).

¹⁷³ L Tessier, N De Wulf and Y Momose, 'Long-term care in the context of population ageing: a rights-based approach to universal coverage' (ILO Working Paper 82 2022) 17.

¹⁷⁴ European Commission, 'Long-term care report: trends, challenges and opportunities in an ageing society. Volume I' (Publications Office of the European Union 2021).

concerns the elderly as these contingencies are not limited to earlier life cycle status like pregnancy or sickness, but extend to economic contingencies like inflation or economic crises which could immensely affect the income security of the elderly.¹⁷⁵ Thirdly, ensuring a smooth transition between the working life and retirement can make an important contribution to healthy ageing, as many researchers showed evidence between the pursuits of a level of professional activity by elderly who still have the capacity and wish to do so, which has positive benefits on their health.¹⁷⁶ This transition requires insuring flexible modalities to fit the elderly specificities while ensuring that social security systems could be adapted to the working ability of the older person.¹⁷⁷ As a matter of fact, the proportion of older workers of 55 to 64 years of age in the market is increasing and it is expected that in 2030 the share of older people will have increased by 76% in developed countries and by 80% in developing countries,¹⁷⁸ which accentuates the need of adaptation both of the social security systems and of the workplaces as well as the working conditions thus avoiding discrimination against the elderly and insuring retraining, reskilling and upskilling.¹⁷⁹

The second element of social protection that concerns the elderly is health care. The concept of universal health care satisfies the criteria of availability, acceptability, accessibility and quality to guarantee access to health care without hardship,¹⁸⁰ first of all by removing the financial barriers and including preventive health care insuring early detection of sickness.¹⁸¹ This approach fosters healthy aging through promotion, prevention, rehabilitation and early detection and ensures early access to health care thus preventing severe health outcomes and securing access to wide range

¹⁷⁵ With the Lebanese economic crisis, the elderly profiting from public pension lost almost 90% of their pension value due to inflation.

¹⁷⁶ WHO, 'Decade of healthy ageing: baseline report' (WHO 2021).

¹⁷⁷ ILO Convention No 128 art 15.

¹⁷⁸ L Tessier, N De Wulf and Y Momose, 'Long-term care in the context of population ageing: a rights-based approach to universal coverage' (ILO Working Paper 82 2022) 20.

¹⁷⁹ C Harasty and M Ostermeier, 'Population Ageing: Alternative Measures of Dependency and Implications for the Future of Work' (Working Paper, International Labour Organization 2020).

¹⁸⁰ L Tessier, N De Wulf and Y Momose, 'Long-term care in the context of population ageing: a rights-based approach to universal coverage' (ILO Working Paper 82 2022) 14.

¹⁸¹ The Medical Care Recommendation (1944) art no 69.

interdisciplinary services and rehabilitation services.¹⁸² The extension of this approach to multiple other services than basic health care may be perceived as a costly to public transfers, but in fact it constitutes a social and economic investment as it allows the beneficiaries to return to work thus avoiding invalidity pension and avoiding other health care expenses as the result of inefficient treatment especially in the case of the elderly who usually need additional support to recover. While universal health coverage seems to cover two-thirds of the world population, this proportion drops to 34% in medium income countries and 16% in low-income countries.¹⁸³ This absence of health coverage leads to immense out of pocket spending on health with 940 million households per year exceeding 10% of their income on health cost in 2015 and 996 million in 2017.¹⁸⁴ This out-of-pocket spending immensely affects the elderly population as per definition they become more vulnerable to health issues with age.

On the other hand, health care should include extended packages such as dental and optometry; these services are often excluded from social security standards. Such health issues highly affect the individual's daily performance and the need for such care increases with age, thus poor dental health can scientifically lead to malnutrition.¹⁸⁵

Thirdly, from the notion of social protection rises the notion of long-term care. Discussed more recurrently in the humanitarian sector literature, the definition of long-term care is still not unified. Some define it as equal to social care¹⁸⁶ while others consider it as a combination of health care and social care to all age groups,¹⁸⁷ the World Health Organization defines long-term care aim as to enable older people with significant declining in capacity

¹⁸² L Tessier, N De Wulf and Y Momose, 'Long-term care in the context of population ageing: a rights-based approach to universal coverage' (ILO Working Paper 82 2022) 14.

¹⁸³ ILO, 'Extending social health protection: Accelerating progress towards Universal Health Coverage in Asia and the Pacific (Regional Report)' (ILO 2021).

¹⁸⁴ WHO and World Bank, 'Tracking Universal Health Coverage: 2021 Global Monitoring Report' (World Bank 2021).

¹⁸⁵ A Astvaldsdóttir and others, 'Oral health and dental care of older persons—A systematic map of systematic reviews' (2018) 35 *Gerodontology* 290.

¹⁸⁶ D Roland, J Forlder and K Jones, 'What Is Out There and What Can We Learn? International Evidence on Funding and Delivery of Long-Term Care' (2022) 21 *Soc Policy Soc* 261.

¹⁸⁷ L Addati, U Cattaneo and E Pozzan, 'Care at work: Investing in care leave and services for a more gender equal world of work (Report)' (International Labour Organization 2022).

to receive care and support, allowing them to live a life according to their basic rights, fundamental freedoms and human dignity.¹⁸⁸ These different definitions reflect different perspectives on the concept of long-term care, and while long-term care could be needed across all age groups, it especially resonates as a complementary concept to the notion of social protection. While a small proportion of the elderly population may be in need of long-term care as this need increases with age, with the rise of the number of older people and longevity, the need for long-term care will rise.¹⁸⁹ Social protection policies should be flexible and offer tailored solutions for older persons and for care givers as well.

The concept of long-term care seems to address part of the older population's vulnerabilities as elaborated earlier from a social protection point of view, leaving the other part to proper legislations. First, long-term care covers the right to life of the elderly through the concept of coverage throughout a whole life-cycle,¹⁹⁰ as social protection will not be a matter of discussion whether for the elderly or for the younger population and voices calling to cut off public transfers to elderly for the benefit of other groups of the population will not find their echo, as the concept of long-term care is universal and works as a whole. On the other hand, elderly mistreatment that may lead to their death¹⁹¹ is covered by the concept of long-term care as it calls for tailored solutions based on each case, thus downsizing the percentage of potential abuse systematically which works for all solutions.

Second, long-term care responds directly to the right to humane treatment and freedom from torture as elaborated earlier and does so by covering a larger field of services than basic medical treatment by linking social assistance to social protection as a complementary concept. Thus, inhumane treatment that may

¹⁸⁸ WHO, 'Decade of healthy ageing: baseline report' (WHO 2021).

¹⁸⁹ L Tessier, N De Wulf and Y Momose, 'Long-term care in the context of population ageing: a rights-based approach to universal coverage' (ILO Working Paper 82 2022) 21.

¹⁹⁰ *ibid* 14.

¹⁹¹ *ibid* 20.

affect elderly dignity through systematic procedures adopted by the institutions¹⁹² will be reduced by adopting care at home service for example and the inclusion of preventive care and rehabilitation decreases the risk of institutionalisation.¹⁹³

On the same level, long-term care as a developed system of social assistance reduces the proportion of arbitrary detention. As per covering at home care and home-based assistance, the process of systematically interning the elderly under the cause of necessity¹⁹⁴ will be reduced and thus the potentiality of future abuse, which covers the third right elaborated earlier. The home-based care benefits expand by extending the coverage level to cover family members of the elderly who are taking him in charge and thus acting as private care givers, thus not only reducing the proportion of systematic institutionalisation but also tackling the fifth earlier elaborated right of the elderly, the right to family life. With financial and social support, especially in the case of financially challenged families, the dependency of the elderly to family life and its positive influence of his physical and psychological status¹⁹⁵ will be met under a fully structured social protection system. This transition from systematic institutionalisation to private home-based care will secure better levels of privacy with the absence of the generally adopted full time surveillance under safety measures.¹⁹⁶

With income security, health care and social assistance under the concept of long-term care, a social protection system could be structured to fit this vulnerable group of the population. Social assistance would cover five basic rights of the elderly or at least help in addressing them. Thus, the right to life, to humane treatment, to non-arbitrary detention, to family life and to privacy can be covered by a well-structured individual tailored social protection system. Still the right to legal representation and fairness of

¹⁹² L Nordenfelt, 'Dignity and the care of the elderly' (2003) 6 *Medicine, Health Care and Philosophy* 103.

¹⁹³ L Tessier, N De Wulf and Y Momose, 'Long-term care in the context of population ageing: a rights-based approach to universal coverage' (ILO Working Paper 82 2022) 14.

¹⁹⁴ Harriet McBryde Johnson and Lesly Bowers, 'Civil Rights and Long-Term Care: Advocacy in the Wake of *Olmstead v. L.C. ex Rel. Zimring*' (2002) 10 *Elder Law Journal* 453, 460.

¹⁹⁵ The Madrid International Plan on Ageing. MIPAA. 2002.

¹⁹⁶ Anna Essén, 'The two facets of electronic care surveillance: An exploration of the views of older people who live with monitoring devices' (2008) 67 *Social Science & Medicine* 128.

the legal system toward the elderly, as well as the right to be part of the political sphere, are to be addressed. These two basic rights should be part of proper legislation, aiming to redress the elderly status at these two levels under the national set of laws to fit human right laws.

As a matter of fact, one of the main issues of elderly rights from a human right perspective is the absence of a human rights body of laws especially tailored to fit this vulnerable group of society.

1.2.4 Human rights and the elderly

As a segment of the society and considering the unique experience of each individual among elderly population, older people are among groups who require specific attention in universal legal instruments and conventions. Despite the international instruments that make reference to the rights of the elderly, steps still need to be taken to ensure that both laws and enforcement policies are being created internationally and nationally to protect the elderly.¹⁹⁷ In other words, there is a need to create an international treaty specifically designed to protect the rights of the elderly and to have better enforcement mechanisms on the international and the national levels. Being at the end of the life cycle counts as a very distinctive feature of the human experience and the failure to recognise specific elderly needs in terms of human rights is an arguable part of a problematic construction of old age.¹⁹⁸ International instruments exist without recognising the elderly as a specific group but recognise specific rights of all persons including the elderly. No comprehensive international instrument exists that thoroughly attends to the specific needs of and required protections for the elderly.¹⁹⁹

The 1948 Universal Declaration of Human Rights (UDHR) directly makes reference to the rights of the elderly in article 25(1) where it provides that:

¹⁹⁷ Jaclynn M Miller, 'International Human Rights and the Elderly' (2010 Spring) 11(2) *Marquette Elder's Advisor* 343.

¹⁹⁸ Frédéric Mégret, 'The Human Rights of the Elderly: An Emerging Challenge' 2.

¹⁹⁹ Jaclynn M Miller, 'International Human Rights and the Elderly' (2010 Spring) 11(2) *Marquette Elder's Advisor* 343, 347.

Everyone has the right to a standard of living adequate for the health and wellbeing of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.²⁰⁰

In the UDHR, the elderly fall under principles of discrimination and equality of all humans but they are not explicitly mentioned. The elderly population remains a vulnerable group with no legal instrument tailored to its particular needs.²⁰¹ In the ICESCR, the elderly are mentioned explicitly in the work related rights under article 6(1): ‘The States Parties to the present Covenant recognize the right to work, which includes the right of everyone to the opportunity to gain his living by work which he freely chooses or accepts, and will take appropriate steps to safeguard this right’²⁰² and article 7:

The States Parties to the present Covenant recognize the right of everyone to the enjoyment of just and favorable conditions of work which ensure, in particular: (a) Remuneration which provides all workers, as a minimum, with: 3 (i) Fair wages and equal remuneration for work of equal value without distinction of any kind, in particular women being guaranteed conditions of work not inferior to those enjoyed by men, with equal pay for equal work; (ii) A decent living for themselves and their families in accordance with the provisions of the present Covenant; (b) Safe and healthy working conditions; (c) Equal opportunity for everyone to be promoted in his employment to an appropriate higher level, subject to no considerations other than those of seniority and competence; (d) Rest, leisure and reasonable limitation of working hours and periodic holidays with pay, as well as remuneration for public holidays.²⁰³

²⁰⁰ Universal Declaration of Human Rights (adopted 10 December 1948) UNGA Res 217 A(III) (UDHR).

²⁰¹ *ibid.*

²⁰² International Covenant on Economic, Social and Cultural Rights (adopted 16 December 1966, entered into force 3 January 1976) 993 UNTS 3 (ICESCR).

²⁰³ *ibid.*

Article 9 states the rights to social security: ‘The States Parties to the present Covenant recognize the right of everyone to social security, including social insurance’.²⁰⁴ Article 11: ‘adequate standard of living: recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions’.²⁰⁵ Article 12 covers the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and article 13 is the right of everyone to education. They agree that education shall be directed to the full development of the human personality and the sense of its dignity and shall strengthen the respect for human rights and fundamental freedoms.²⁰⁶ The ICESCR recognises that the rights it conveys are derived from the inherent dignity of the human person and state parties guarantee that the rights enumerated will be exercised without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status²⁰⁷ so age is not adequately addressed within the listed categories as a specific category to be protected from discrimination.

The ICCPR²⁰⁸ (articles 18, 19, 21, 25 and 26) emphasises the equality and non-discrimination of all persons and not specifically the elderly.²⁰⁹ Whereas the Convention on the Elimination of All Forms of Discrimination Against Women²¹⁰ and the Convention on the Protection of the Rights of All Migrant Workers and the Members of their Families²¹¹ both mention age but from the principles of equality and non-discrimination.²¹² Article 13(1) of

²⁰⁴ International Covenant on Economic, Social and Cultural Rights (adopted 16 December 1966, entered into force 3 January 1976) 993 UNTS 3 (ICESCR).

²⁰⁵ *ibid.*

²⁰⁶ *ibid.*

²⁰⁷ Jaclynn M Miller, ‘International Human Rights and the Elderly’ (2010 Spring) 11(2) *Marquette Elder’s Advisor* 343, 349-50.

²⁰⁸ International Covenant on Civil and Political Rights (adopted 16 December 1966, entered into force 23 March 1976) 999 UNTS 171 (ICCPR).

²⁰⁹ Jaclynn M Miller, ‘International Human Rights and the Elderly’ (2010 Spring) 11(2) *Marquette Elder’s Advisor* 343, 349-50.

²¹⁰ Convention on the Elimination of All Forms of Discrimination against Women (adopted 18 December 1979, entered into force 3 September 1981) 1249 UNTS 13 (CEDAW).

²¹¹ Convention on the Protection of the Rights of All Migrant Workers and Members of their Families (adopted 18 December 1990, entered into force 1 July 2003) 2220 UNTS 3 (ICMW).

²¹² Jaclynn M Miller, ‘International Human Rights and the Elderly’ (2010 Spring) 11(2) *Marquette Elder’s Advisor* 343, 349-50.

the Convention on the Right of Persons with Disabilities (CRPD)²¹³ requires state parties to provide age appropriate accommodation and article 16(2) requires age sensitive assistance and support.²¹⁴ Article 3 of the CRPD is particularly relevant to older persons in terms of respectful dignity, non-discrimination, inclusion and participation in society²¹⁵ while article 8 mentions the age in its obligation to states to combat stereotypes related to persons with disabilities.²¹⁶ In article 25(b) of the CRPD older persons are referred to in concerns related to health services and article 28(2) (b) refers to older persons as well in the right to access to social protection and poverty reduction programmes, as well as other articles from the CRPD from which older persons could benefit even though they are not explicitly mentioned such as article 9 on accessibility, article 19 on independent living, article 20 on personal mobility and article 26 on habitation. A further implication of the elderly in the CRPD rules would help solving some normative gaps like long term settings for both caregivers and persons receiving care, legal planning for older age and the abolition of mandatory retirement age.²¹⁷

Though many assemblies were organised: the Vienna International Plan of Action on Aging and the Madrid International Plan of Action on Aging (MIPAA) which focuses on ways to assist and protect the elderly following the UN principles for older persons: independence, participation, care self-fulfilment and dignity²¹⁸ and aims to eliminate neglect, abuse and violence toward older people. There is still a lack of instruments that tackles elderly rights specifically and are not able respond to the demographic expected changes. The UN Resolution 46/91²¹⁹, *UN secretary general report in 2011* does not contain legally binding obligations. Even the regional systems like the European and Inter-American systems and the Protocol to African Charter on Human and Peoples' Rights on the rights of older persons in Africa and the

²¹³ Convention on the Rights of Persons with Disabilities (adopted 13 December 2006, entered into force 3 May 2008) 2515 UNTS 3 (CRPD).

²¹⁴ Frédéric Mégret, 'The Human Rights of the Elderly: An Emerging Challenge' 2.

²¹⁵ CRPD.

²¹⁶ *ibid.*

²¹⁷ Suzana Kraljic and Jasmina Klojenik, 'From an Individual to the European Integration-Discussion on the Future of Europe' (University of Maribor, Faculty of Law January 2019).

²¹⁸ Jaclynn M Miller, 'International Human Rights and the Elderly' (2010 Spring) 11(2) *Marquette Elder's Advisor* 343, 348.

²¹⁹ UN GA Res 46/91 (1991).

International Labor Organization Convention (C102) Concerning Minimum Standards of Social Security also addresses this topic.²²⁰ Conventions draw on existing principles established on non-binding and soft law. In the light of the mentioned instruments, many international organisations such as the World Health Organization along with other international agencies are advocating for policy changes to address elderly needs as well as the development of a legally binding international charter of rights for the elderly.²²¹

The focus of human rights law on older people is considered to be recent, though there are many international treaties and conventions that include the protection of the elderly under more generic human rights protection, and though there are many soft law provisions assisting the legally binding human rights law, many international organisations as well as UN member states argue that these instruments fail to provide explicit support to elderly. Some organisations would underline the need of a new international human rights instrument explicitly for the protection of elderly. Bringing together in one binding text all the provisions necessary to protect the elderly would bring clarity to the rights of the elderly and necessary responsibility to protect them as it was once done successfully for the rights of women, children and disabled people.

1.2.5 From individuals to numbers: The elderly as social risk

Opposition to the perception of social protection as a rights-based response to the vulnerabilities of individuals and social groups raises the approach of social risk. The concept of social risk reflects on the preventive strategies adopted by social administration.²²² These strategies disband the notion of the individual, replacing it with a combinatory factor, the risk factors. Initially departing from a critical observation of the development of the medical field and the field of psychiatry from a direct face to face between two individuals, the care giver and the care receiver, the professional and the client, to collation of abstract factors establishing population flows responsible to produce risk factors. This

²²⁰ Diego Rodriguez-Pinzon and Claudia Martin, 'The International Human Rights Status of Elderly Persons' (2003) 18 American University International Law Review 915, 919.

²²¹ *ibid* 349.

²²² Robert Castel, 'From Dangerousness to Risk' [1983] *Actes de la Recherche en Sciences Sociales* 119.

approach is projected to the mechanisms and strategies of the whole social intervention on population as a modern trend glorifying the power of numbers.²²³ In the medical field the doctor's assessment of a patient is replaced by the examination of the patient dossier as filed by the successive specialists in a form of cold bureaucratic procedure. In psychiatry, the notion of risk was linked to the notion of danger as in the unpredictable and probably violent actions, but the vagueness of the notion of danger lays in the eminence of the existence of danger along with the uncertainty of that eminent danger.²²⁴ The unpredictability of pathological act is shifted toward risk calculation with the shift from dangerousness to risk. Thus the risk is no longer embodied in a precise danger but in abstract factors that allow the calculation of the probability of the risk occurrence.²²⁵

This shift of approaches leads to a shift in strategies, as the starting point is no longer the conflict situation but the danger that one needs to avoid, from which rises the concept of pre-detection as a form of surveillance with the precise aim to prevent undesirable events.²²⁶

This preventive approach is no longer related to individuals but to factors, statistics and abstract elements aiming to prevent a situation and not to confront it, thus the transformation of the caring function of one individual to another to a statistical expert activity and removing the on-field power of the technician and offering it to the managers. In the case of social intervention, the human-to-human interaction that may generate certain by case approach is replaced by the need to fulfil requirements previously set by earlier analysis of factors.

The result of such strategies will remove the power of separating, removing, correcting or reintegrating undesirable elements of a social body with assigning social destinies to individuals or social groups in the shadow of the pre estimated capacity they statistically present.²²⁷ Such a result leads to the probability of a future feasible programming of a population based their

²²³ Graham Burchell, Colin Gordon and Peter Miller, *The Foucault Effect. Studies in governmentality* (Harvester Wheatsheaf 1991) 281-89.

²²⁴ Robert Castel, 'From Dangerousness to Risk' [1983] *Actes de la Recherche en Sciences Sociales* 119.

²²⁵ *ibid.*

²²⁶ *ibid.*

²²⁷ Graham Burchell, Colin Gordon and Peter Miller, *The Foucault Effect. Studies in governmentality* (Harvester Wheatsheaf 1991) 294.

performances and deficiencies. The power to profile different groups of the population based a factorial definition which is a major challenge in the case of the elderly population, as this group as any other group of potential vulnerability as instead of identifying the potential risks that may arise in that group, the social group becomes flagged as a social risk.

1.2.6 Abolitionism: Another point of view

The ideas elaborated in our thesis are based on a reformist approach of the social protection concept. Reformist approach could take the shape of a simple adaptive exercise aiming to fit the theoretical framework of social protection into a certain case or certain field of intervention and can go much deeper as we elaborated, into introducing a structural reformist approach to the concept of social protection as a whole. Thus introducing structural changes and new notions to the concept of social protection is basically the essence of the reformist approach. This approach is adopted by the vast majority of scholars, non-government organisations, governmental research tanks and theorists of sociological, economic or political backgrounds.

While efforts on reforming social security systems by leading theoretical and practical research are taking different approaches in that area, another point of view rises concerning social protection and the welfare state in general, the abolitionist point of view.

Critics of this approach emphasize the downside of the state intervention by underlining the dark side of the adult protective services, aiming to ‘protect’ older people who often have health, social, economic or environmental problems²²⁸ but especially targeted toward elderly who suffer from mental health degeneration due to old age. The adult protective services were created as a system of social health services including home care with visiting nurses, house maintenance support, visitors and mail delivery. But this was rarely limited to elderly who voluntarily accepted the services; thus it was linked to a guardianship or conservatorship system²²⁹ ruled by the legislation. This was followed by protective services proceedings that ignored many rights of the elderly like the opportunity to be present for a hearing, adequate notice, high

²²⁸ John J Regan, ‘Protecting the Elder: The New Paternalism’ (1981) 32(5) *Hastings Law Journal* 1111.

²²⁹ P Horstman, ‘Protective Services for the Elderly: The Limits of *Parens Patriae*’ (1975) 40 *Mo L Rev* 215.

standard of proof and the right to council.²³⁰ Thus unjustified and excessive standards of intervention and a systematic deprivation of the elderly of their basic rights as well as a systematic recourse to institutionalisation were the result.²³¹ Under these sad realities, rose abolitionist voices asking to abolish these anti-liberty measures, hurting the dignity of the elderly as well as the dignity of nations who glorify liberty. But the abolitionist model was for the abolition of the whole system of protective services and with no alternative proposed except literature about freedom and dignity.²³²

The abolitionist approach goes way deeper than a reaction toward unjust measures limiting the elderly rights, as its critical towards the welfare system in general and goes along to propose the complete abolition of the system as a movement of radical social change. As a matter of fact, the abolitionist approach to welfare underlines the notion of dependency as the mother notion of all the social welfare system. It defines dependency in the economic register as the transition from gaining one's livelihood by working to relying on charity and welfare support.²³³ Tackling the stereotyping of the new moral register, which has drawn portraits of dependent individuals such as housewives, natives and poor black teenage single mothers, the abolitionist approach underlines the subjection to an external governing power rendering the individual political rights of normative value. The abolitionist approach gathers radical anti-reformist approaches from both right and left. From the right with the laissez-faire and the monetarist economic doctrines, as for right wing critics the welfare state imposes a burden on taxation and form a disincentive to investment.²³⁴ As from the socialist left perspective, although the welfare state is the result of the struggle for labour protection legislation, social security and unions which was led by the working class movement for

²³⁰ P Horstman, 'Protective Services for the Elderly: The Limits of Parens Patriae' (1975) 40 Mo L Rev 215.

²³¹ M Blenkner, M Bloom, M Nielson et al, Final Report: Protective Services for Older People: Findings from the Benjamin Rose Institute Study (The Benjamin Rose Institute 1974).

²³² AM Mitchell, 'The Objects of Our Wisdom and Our Coercion: Involuntary Guardianship for Incompetents' (1979) 52(5) Southern California Law Review 1405, 1448. 197.

²³³ Nancy Fraser and Linda Gordon, "'Dependency' Demystified: Inscriptions of Power in a Keyword of Welfare State' (University of Illinois 1994).

²³⁴ Claus Offe, 'Some Contradictions of the Modern Welfare State' in *The Welfare State: A Reader* (Polity Press 2000) 67.

more than a century, the fundamental critic is based on the inefficiency of the welfare state, on being repressive and on creating a false ideological understanding of reality of both social and political level, thus misleading the working class.²³⁵

While at first glance, abolitionist theories hold a widely standing point view against the transformation of social protection into a wide field of factors and numerals on the values of the individual as a finality, the basic critic of the abolitionist approach on the question of social protection and the welfare state does not lay only in its radicalism. In the various papers of abolitionist background, it is rare to find a feasible alternative to the concept of social protection even on the theoretical level. This lack of alternatives can lead to a full discrediting of the rationales behind abolitionist approach with the exception of the conservative *laissez-faire* rationales that fully fit the abolitionist literature.

²³⁵ Claus Offe, 'Some Contradictions of the Modern Welfare State' in *The Welfare State: A Reader* (Polity Press 2000) 72.

2. Lebanon as a case study

2.1 An overview of the social protection landscape in Lebanon

2.1.1 Methodology

Our second chapter applies the theoretical framework described in Chapter One on the contextual elements of the Lebanese case. This application will start by examining the facts and figures through secondary data after which we will draw a historical background of the social protection in Lebanon that will enable us to elaborate the concept of social protection of the elderly by dissecting the several schemes applied in the Lebanese model. Our dissection will reach both private and public sectors, safety nets and the informal social protection. This will be underlined by the characteristics of the Lebanese model, thus, highlighting its gaps from an elderly guided perspective. We will then be studying the repercussions of the socio-economic crisis on the Lebanese model.

To enhance what was studied as a secondary data, we conducted a primary data research through a quantitative survey which aimed at assessing the perception and practices of older persons as well as persons aged 64 and less over issues related to their current socio-economic situation from a social protection aspect. The survey covered many elements of the social protection in Lebanon including health insurance, pension schemes, social safety nets and informal social protection. It tackled issues as well related to living arrangements, accessibility, well-being and social participation.

The research used a participatory approach using quantitative data collected with persons from different age range (below 64 and 65 and above).

The quantitative data was conducted through a survey that was shared randomly with people in the different governorates through a Kobo link to ensure anonymity and freedom of expression of respondents. Data collection spanned the period from 13 July until 14 August 2023. Responses were collected online, with the survey being disseminated through social media and email.

The final number of survey respondents reached 302 who filled the questionnaire via the online platform. The number of respondents varied across the eight governorates with BML having the higher representation.

The survey was shared through the Kobo platform to ensure the confidentiality of participating persons. It was developed in English and made available in Arabic to ensure inclusivity and clarity for all people participating taking into consideration the age and ability to understand the formulation of questions. To ensure confidentiality, names of participants were not required at any stage. The completion rate was over 95% which shows that the survey was easy to access, questions were formulated in a simple language and accessible language.

Limitations

Due to time frame limitations, it was difficult to reach a high number of respondents, though the survey was conducted via Kobo with a very accessible form including only closed questions and fixed list of answers to facilitate on one hand the access through any electronic device, and on the other hand to limit the time of participation.

The ratio of people of 65 years old and above compared to people of 64 and below that participated in this survey is 50/302 respondents, thus approximately 17% of the participants which is a very satisfactory representation as compared to a national population survey that was conducted by ILO and the Central Administration of Statistics (CAS) that indicates that the elderly proportion consists of 11% of the Lebanese population.²³⁶ The survey wasn't limited to older people in order to reflect the facts concerning elderly.

²³⁶ ILO and Central Administration of Statistics, 'Lebanon Follow-up Labour Force Survey' (January 2022) <www.cas.gov.lb/index.php/latest-news-en/201-labour-force> accessed April 2024.

An equal representation within the eight governorates was not reflected in this survey, as participants filled their place of residence, and a big concentration of the Lebanese population reside in the governate of Mount-Lebanon and Beirut. Yet the sample includes a representation from all the governorates and the regional distribution shows a good level of participation.

2.1.2 Facts and figures

As the world population is ageing in both developed and developing countries, Arab countries are facing significant challenges as a result of the dynamic demographic shift that is leading to this phenomenon. As in other countries of the world, Lebanon is starting to experience these demographic shifts. Decreased fertility and successes against child mortality and infectious diseases have resulted in improved overall survival rates and an increase in the number and proportion of the older population.²³⁷ In 1980, life expectancy at birth reached 68 years, and today, it stands at 81 years. People aged 65 years and older will represent more than 11% of Lebanon's population by the year 2025²³⁸ similar to contemporary Europe. The proportion of older adults in Lebanon is currently the highest and the fastest population ageing among the Arab countries, there is widespread poverty among the elderly; over half of the elderly are 'economically' deprived, as they face shortages in health services, water, electricity and housing.²³⁹ This will translate into the highest current and projected dependency ratio in the MENA region which is defined as the population 65 and older relative to the working age population; this ratio is projected to exceed 30% for Lebanon by 2050.²⁴⁰

Adding to this dynamic shift, youth are seeking better work opportunities and safer environments which led to increased waves of emigration and older Lebanese reinstalling themselves back in Lebanon after years of work in neighbouring countries which is contributing further to the 'rectangulation' of the

²³⁷ Z Chemali, LM Chahine and AM Sibai, 'Older Adult Care in Lebanon: Towards Stronger and Sustainable Reforms' (2008) 14(6) East Mediterranean Health Journal 1466

²³⁸ Lebanese Republic, Ministry of Social Affairs, 'The National Strategy of Older Persons in Lebanon 2020-2030' 12.

²³⁹ Mounir Rached, 'Social Security and Pensions in Lebanon, A Non-Contributory Proposal: Research Study' (Lebanese Economic Association 2012).

²⁴⁰ Mariusz Jarmuzek and Najla Nakhle, 'Sustainability and Equity Challenges: Some Arithmetic on Lebanon's Pension System' (IMF Working paper WP/16/46 2016) 7, 14.

population pyramid.²⁴¹ Emigration is also leading to family disintegration where individuals and families are forced to live apart due to the need to find better opportunities abroad. This has social consequences on families and affects their well-being and social cohesion, putting the elderly in a more vulnerable position with increased social insecurity for the elderly and for retirees due to the lack of legal and social protection.²⁴²

2.1.3 Historical background on social protection in Lebanon

Historically, Lebanon's political and economic systems after the French mandate were based on the civic and religious citizenship with 18 'religious families' as well as the presence of civic laws and religious customary laws for each sect both controlling the Lebanese political scene through each sect's political leader and through familism, nepotism and clientelism. The mandate was the establishing point of a ruling consortium, linking a few financially dominating families to dominate the Lebanese economic and political sector.²⁴³ The government of Bechara El Khoury (1943-52), Lebanon's first post-independence president, was noted for its poor governance, nepotism and high degree of administrative corruption. The following government, Camille Chamoun's (1952-58), was similarly propped up by the country's important business elites, oligarchs and its banking sector. As a result, the government did not resolve any of these issues carried over from its predecessor, instead, it too became marred by minimal state intervention in the economy and little to no effort to eliminate public sector corruption.²⁴⁴ For these reasons, Lebanon's social policies have been shaped by two main forces: those promoted by the state's elites within the framework of sectarian power-sharing (the 'consociational pact') and those pushed by social mobilisations-organising around socioeconomic claims.²⁴⁵ Charitable

²⁴¹ Z Chemali, LM Chahine and AM Sibai, 'Older Adult Care in Lebanon: towards stronger and sustainable reforms' (2008) 14(6) *La revue de sante de la mediterranee orientale* 1466.

²⁴² Nizar Hariri, 'Discrimination and exclusion mechanisms in Lebanon's labor and employment market. Discrimination intersectionality based on sex, sexual orientation, gender identity, nationality, age and disability' (to be published) 5.

²⁴³ Fawwaz Traboulsi, *A History of Modern Lebanon* (Princeton UP, Pluto Press 2012).

²⁴⁴ *ibid.*

²⁴⁵ Civil Society Knowledge Centre, 'Timeline: Social Protection in Lebanon | September, 1946 to December, 2021' (*Civil Society Knowledge Centre*, January 2022) <<https://civilsociety-centre.org/cap/timeline-social-protection-in-lebanon#event-enactment-of-the-labor-code-in-lebanon-law-of-23-september-1946>>.

associations were politically connected to sectarian elites and institutions were the first to ensure forms of social assistance. Fouad Chehab (1958–64) had a fundamentally different view regarding the role of the state. Chehab and his administration, tried to introduce genuine administrative reform, root out corruption and formulate policies to bring about socio-economic development.²⁴⁶ He is considered the initiator of social policies in Lebanon, with social security schemes for public and private sector employees being adopted during his mandate.²⁴⁷

In January 1963, social security coverage was granted to the employees of public sector through the establishment of different cooperatives for civil servants, security forces and military personnel. In September 1963, the NSSF was established, providing social security coverage to workers formally employed in the private sector.²⁴⁸ The priority of building public institutions that Shehab aimed at supported the introduction of more protective social security schemes for public servants and military personnel compared to private sector employees' social security schemes. However, it must be noted that social protection policies were introduced in a context of workers' mobilisations which, especially during the 1930s and 1940s, had put pressure on Lebanese governments to achieve the enactment of the Labor Code in 1946.²⁴⁹ The pension scheme has remained unchangeable since its introduction and Lebanon in its social safety net for the elderly is considered highly inadequate by international standards.²⁵⁰ Social protection coverage of older people in Lebanon remains limited and retirement pensions are paid almost exclusively to retirees of the public sector and security forces, who collectively comprise 10% of the labour force. Private-sector employees, on the other hand, benefit from end-of-service indemnities through the NSSF, while workers in informal sectors and those who never participated in the labour market do not benefit from any compensation.²⁵¹

²⁴⁶ Karim Merhej, 'Breaking the curse of corruption in Lebanon' (2021).

²⁴⁷ Civil Society Knowledge Centre, 'Timeline: Social Protection in Lebanon | September, 1946 to December, 2021' (*Civil Society Knowledge Centre*, January 2022) <<https://civilsociety-centre.org/cap/timeline-social-protection-in-lebanon#event-enactment-of-the-labor-code-in-lebanon-law-of-23-september-1946>>.

²⁴⁸ *ibid.*

²⁴⁹ *ibid.*

²⁵⁰ Mariusz Jarmuzek and Najla Nakhle, 'Sustainability and Equity Challenges: Some Arithmetic on Lebanon's Pension System' (IMF Working paper WP/16/46 2016) 3.

²⁵¹ Maya Abi Chahine, 'A glimmer of Hope Amidst the Pain' (ILO and Help Age International March 2022).

The Lebanese labour law of 1946 and the social security law of 1963 constituted two major phases in the course of workers and trade union struggle in Lebanon, despite numerous deficiencies and gaps that accompanied their adoption, which still until today undermining from the rights of many social groups.²⁵² While the civil service and military personnel are covered by the public sector schemes, the private sector and contractual government employees are covered by the private sector scheme. This shows the discrimination between public and private sector employees in the social protection scheme. Another example are the cooperatives of the public sector that provide a retirement scheme while the NSSF only opens to end-of-service indemnities that equal three years of salary for a 45-year-long service activity.²⁵³ Moreover, mandatory schemes of social security only cover employees operating in the formal private sector, in a context of a labour market that is structurally and historically dominated by informal labour. Third, social security schemes exclude professional categories that are already precluded from the Labor Code, such as agricultural workers, domestic workers and the daily workers employed in public institutions and facilities. Last but not least, they exclude non-Lebanese workers from equal access to the NSSF benefits.²⁵⁴ The NSSF does not offer health insurance, family allowance or maternity leaves to non-Lebanese workers, it only offers end of service indemnities and certain professions are only inclusive to Lebanese nationals.

Retired pensions payments were somehow enough for older people to live a decent life, however, when the country started facing an unprecedented socio-economic crisis, as the World Bank has estimated that Lebanon's economic and financial crisis may rank among the world's worst since the mid-nineteenth century,²⁵⁵ these payments do no longer cover elderly basic needs.

²⁵² Nizar Hariri, 'Labor forms and contracts in Lebanon developments and challenges. Towards a holistic and fair labor law' (to be published) 2.

²⁵³ Civil Society Knowledge Centre, 'Timeline: Social Protection in Lebanon | September, 1946 to December, 2021' (*Civil Society Knowledge Centre*, January 2022) <<https://civilsociety-centre.org/cap/timeline-social-protection-in-lebanon#event-enactment-of-the-labor-code-in-lebanon-law-of-23-september-1946>>.

²⁵⁴ *ibid.*

²⁵⁵ World Bank Group, 'Lebanon Sinking into One of the Most Severe Global Crises Episodes, amidst Deliberate Inaction' (World Bank Group, 1 June 2021) <<https://www.worldbank.org/en/news/press-release/2021/05/01/lebanon-sinking-into-one-of-the-most-severe-global-crises-episodes>>.

Today, the legacy of these networks still stands strong with political parties and sectarian leaders alike, as well as religious institutions, offering a broad range of social services and assistance, and mirroring a well-entrenched clientelistic system.

In this second chapter, we will inspect in detail the existing social protection in Lebanon through the concepts and notions developed in the first chapter, after which we will dig deeper into the elderly related section of the existing social protection system. In the light of earlier developed variances in defining social protection, the Lebanese context will be reviewed under the perspective that social protection encloses three main elements, social insurance, social assistance and labour market policies as elaborated earlier in Chapter One.

Social protection apparatus in Lebanon consists of widely diversified and sectioned mechanisms targeting different groups of the population and offering different sets of benefits depending on the covered section of the population.²⁵⁶ Social security schemes are based on a contributory system and widely vary between workers in the private and public sectors, while the remaining uncovered groups of the population benefit from different social protection mechanisms.²⁵⁷ To these public instruments is added a distinguished presence of the private sector especially on the level of health insurance,²⁵⁸ many private social protection schemes established by syndicates and orders of liberal professions²⁵⁹ as well as a widely spread mechanism of inter families support²⁶⁰ and informal protective systems by non-governmental organisations and political parties.

²⁵⁶ Nabil Abdo, 'Social protection in Lebanon: from a system of privileges to a system of rights' (Arab NGO Network for Development 2014) 6.

²⁵⁷ Mounir Rached, 'Social Security and Pensions in Lebanon, A Non-Contributory Proposal: Research Study' (Lebanese Economic Association 2012) 10.

²⁵⁸ Roger Melki, 'La protection sociale au Liban: entre réflexe d'assistance et logique d'assurance' (UNDP Conference on Economic and Social Growth in Lebanon, Development linking 2000).

²⁵⁹ Dr Marie-Noëlle AbiYaghi and Léa Yammine, 'Understanding the social protection needs of civil society workers in Lebanon' (Lebanon Support 2019) 12.

²⁶⁰ Maya Abi Chahine, 'A glimmer of Hope Amidst the Pain' (ILO and Help Age International March 2022).

In order to draw a clear picture of the elderly status, we must understand the realities of social protection system in Lebanon. Tackling the existing structures of social protection will enable us not only to identify to nature of the Lebanese model but to evaluate its features and gaps, thus to answer the most obvious questions: who is protecting? And what is protected? Is aging a social risk in the Lebanese context?

2.1.4 Social protection schemes in Lebanon

Social security for the private sector

There are six compulsory contributory schemes covering different population groups, with disparities across benefits and contribution fees, the largest of which is the NSSF, covering formal private sector workers.²⁶¹ Under this sectioned repartition, the NSSF which was established in 1963 is responsible for covering the private sector formal workers, which constituted 81% of the total employment in Lebanon in 2022,²⁶² and this under a contributory system funded by 23.5% of each private sector worker with the ratio of 21.5% from the part of the employer and 2% of the employee salary.²⁶³ Though falling under the authority of the Lebanese council of ministers, the NSSF is an independent fund both administratively and financially and its administration of 26 members regroups representatives of the Lebanese government (six members), the employers (ten members) and the employees (ten members).²⁶⁴ By its constitution, the NSSF coverage extends to four divisions. The first division is the insurance for sickness that covers the worker and his family in circumstances leading to an interruption of income and death. The second is related to occupational incidents but is not active. The third covers family allowance that offers allowance for each child and for the worker's wife,

²⁶¹ ILO, 'Social Protection: Lebanon' accessed April 2024.

²⁶² ILO and Central Administration of Statistics, 'Lebanon Follow-up Labour Force Survey' (January 2022) <www.cas.gov.lb/index.php/latest-news-en/201-labour-force> accessed April 2024.

²⁶³ Mariusz Jarmuzek and Najla Nakhle, 'Sustainability and Equity Challenges: Some Arithmetic on Lebanon's Pension System' (IMF Working paper WP/16/46 2016) 17.

²⁶⁴ ILO, Social Security Code (Decree No 13955 26 September 1963) <https://labordoc.ilo.org/discovery/fulldisplay?docid=alma991238233402676&context=L&vid=41ILO_INST:41ILO_V1&lang=en&adaptor=Local%20Search%20Engine> accessed April 2024.

while female workers receive allowance on her children only if her husband is not covered by NSSF or other public coverage scheme. The fourth branch is the end of service indemnity service which offers lump-sum cash transfer upon the retirement of the worker.²⁶⁵

The NSSF covers all workers of the private sector under all types of contracts including temporary and seasonal as well as workers under several employers and public sector employees who are not categorised as public servants as well as foreign workers but under a different benefit scheme.²⁶⁶ The NSSF scheme is optional for self-employed and mandatory for the employed.²⁶⁷ Under its scheme, the NSSF covers approximately 1.6 million Lebanese citizens, thus 23% of the Lebanese population,²⁶⁸ thus a deeper understanding of each branch of the NSSF scheme is an essential, the NSSF being the social security scheme that covers the largest part of the population.

The first branch related to maternity and health insurance²⁶⁹ includes under its premises four sub-branches and operates through contributions funds that are paid out when the insured needs help. The first sub-branch covers medical care including treatment services as well preventive services like consultations, analysis as well as medication coverage etc.²⁷⁰ The NSSF covers directly 90% of the hospitalisation bills and reimburse the patients 85% of fees paid for ambulatory care including medications with the coverage expanding up to 95% for cancer patients.²⁷¹ Maternity indemnity is paid only if employer does not pay maternity leave and funeral expenses cover the insured and his/her family members. Under the health and maternity insurance, the insured is effectively well protected when related to short- and medium-term

²⁶⁵ ILO, Social Security Code (Decree No 13955 26 September 1963) <https://labordoc.ilo.org/discovery/fulldisplay?docid=alma991238233402676&context=L&vid=41ILO_INST:41ILO_V1&lang=en&adaptor=Local%20Search%20Engine> accessed April 2024.

²⁶⁶ Nabil Abdo, 'Social protection in Lebanon: from a system of privileges to a system of rights' (Arab NGO Network for Development 2014) 7.

²⁶⁷ Mounir Rached, 'Social Security and Pensions in Lebanon, A Non-Contributory Proposal: Research Study' (Lebanese Economic Association 2012) 13.

²⁶⁸ ILO, 'Extending Social Health Protection in Lebanon: The role of the National Social Security Fund (NSSF) in achieving Universal Health Coverage' (2020).

²⁶⁹ Decree No 2957 (1965).

²⁷⁰ Decree No 14035 (1970), amended by Decree No 5101 (2001).

²⁷¹ FN271: MoPH, 'Chapter Three: Health System Financing' in Walid Ammar, Health Beyond Politics (Ministry of Public Health 2009) <<https://www.moph.gov.lb/userfiles/files/Publications/HealthBeyondPolitics/Chapter3-HealthSystemFinancing.pdf>> accessed April 2024.

illness as long term illnesses and disabilities are not covered; the health and maternity insurance does not cover retired individuals thus underlining one of its most flagrant gaps when covering the most vulnerable.²⁷²

The second division as mentioned earlier was never put into action as mentioned earlier.

The third division is the family and education allowance²⁷³ is a need-based service that offers to the insured extra help in the education of his children and dedicated for the insured male spouse if unemployed²⁷⁴ with a maximum coverage for five children per family. The female worker receiving family and education allowances only in case her husband is not covered by any public scheme, referring to a familialistic approach where the male is the head of the family.²⁷⁵

The fourth division concerns the end of service indemnity regroups just 8.3% of the Lebanese population with 70% benefits from the sums deposited in their personal accounts.²⁷⁶ This branch is funded by employers with 8.5% contribution to the scheme from which 0.5% is deducted to cover administrative fees.²⁷⁷ When the end of service indemnity is claimed, employers have to add the salary of one month for every year of work the employee spent with them up to 20 years and 1.5 months' salary for a period exceeding 20 years.²⁷⁸ This fund being funded by contributions, these contributions are invested by the NSSF to generate interest on the insured account, generally investments are made through treasury bonds.²⁷⁹

²⁷² Mounir Rached, 'Social Security and Pensions in Lebanon, A Non-Contributory Proposal: Research Study' (Lebanese Economic Association 2012) 14.

²⁷³ Decree No 1519 (1965).

²⁷⁴ *ibid.*

²⁷⁵ E Longuenesse, M Catusse and B Destremau, 'Le travail et la question sociale au Maghreb et au Moyen-Orient' (2005) 105-106 *Revue des mondes musulmans et de la Méditerranée* 15.

²⁷⁶ Mounir Rached, 'Social Security and Pensions in Lebanon, A Non-Contributory Proposal: Research Study' (Lebanese Economic Association 2012) 14.

²⁷⁷ Lebanese Labor Law of 1946. Amendments 1962, 1959, 1999, 2000 and 2001.

²⁷⁸ *ibid.*

²⁷⁹ Mounir Rached, 'Social Security and Pensions in Lebanon, A Non-Contributory Proposal: Research Study' (Lebanese Economic Association 2012) 15.

To accumulate full coverage of the end of service indemnity, a minimum working period of 20 years is required with no specified early retirement age but with contributors unable to exceed their contributions after the age of 64 and enabled to liquidate their account at the age of 60.²⁸⁰

Social security for the public sector

The public sector employees in Lebanon are divided between civil servants and military/security personnel and each group is covered by a separate social security scheme, though both considered being more generous than that of the NSSF. The civil servants are covered by the cooperative of civil servants that was established in parallel to the NSSF in 1963.²⁸¹ On top of all the social security elements covered by the NSSF, the cooperative of civil servants covers work incidents, sickness and offers marriage, birth and education benefits along with a long list of social services.²⁸² On the other hand, civil servants have the option upon retirement to choose between an end of service indemnity and a lifetime pension equal to 85% of their last salary and paid in monthly payments. The cooperative's social security scheme is based on a contributory system funded by deducting 6% of each civil servant salary monthly in a pay as you go method, while any shortfall should be covered by the Lebanese government.²⁸³ With no minimum age of retirement, individuals benefiting from the cooperative's service must at least have a contribution of 20 years to the scheme, and benefit of a fixed accrual benefit rate of 2.13% on their account.²⁸⁴

On the health coverage front, the cooperative directly covers 90% of hospitalisation costs and 75% of consultations, medication and dental treatment.²⁸⁵

²⁸⁰ Lebanese Labor Law of 1946. Amendments 1962, 1959, 1999, 2000 and 2001.

²⁸¹ Dr Marie-Noëlle AbiYaghi and Léa Yammine, 'Understanding the social protection needs of civil society workers in Lebanon' (Lebanon Support 2019) 12.

²⁸² Nabil Abdo, 'Social protection in Lebanon: from a system of privileges to a system of rights' (Arab NGO Network for Development 2014) 7.

²⁸³ Mounir Rached, 'Social Security and Pensions in Lebanon, A Non-Contributory Proposal: Research Study' (Lebanese Economic Association 2012) 19.

²⁸⁴ *ibid.*

²⁸⁵ NM Kronfol, 'Rebuilding of the Lebanese health care system: health sector reforms' (WHO 2006).

As for the military and security personnel, they are covered by their own social security schemes placed under the authority of each agency and all linked to the government through the Ministry of Public Finance. These schemes are generally considered even more generous than the cooperative of public servants²⁸⁶ as for example an army retiree receives a lump sum payment as an end of service indemnity as well as a permanent retirement covering a large percentage of his last salary and paid in monthly payments. The contributors benefit from a fixed accrual rate of 2.66% on their account.²⁸⁷ Pension is calculated as 85% of the final salary but with a restriction of choice for couples, as if a married couple benefits from both military and civil pension, end of service indemnity is to be opted by one person and permanent pension by the other.²⁸⁸

The Lebanese army is covered through the Ministry of Defense, the internal security forces have their own plan under the Ministry of the Interior and Public Security, and customs personnel and state security are covered by two different funds under the Prime Minister's Office. Health insurance covers all military and security personnel along with their dependents and their parents which push the scheme to second rank after the NSSF's scheme with a very generous coverage of 100% of hospitalisation and medical expenses for the member, 75% for spouse and children and 50% for dependent parents.²⁸⁹

The expenditure of the public sector pension schemes both for civil servants and military personnel extends to almost 3.2% of the GDP, which make the social security scheme for the public sector a major constituent of the Lebanese social security cost. This is expected to exceed 5.2% in 2030, and accelerate significantly after that, reaching around 9% of GDP in 2050.²⁹⁰

²⁸⁶ Nabil Abdo, 'Social protection in Lebanon: from a system of privileges to a system of rights' (Arab NGO Network for Development 2014) 8. 2014.

²⁸⁷ Mounir Rached, 'Social Security and Pensions in Lebanon, A Non-Contributory Proposal: Research Study' (Lebanese Economic Association 2012) 19.

²⁸⁸ *ibid* 20.

²⁸⁹ NM Kronfol, 'Rebuilding of the Lebanese health care system: health sector reforms' (WHO 2006).

²⁹⁰ Mariusz Jarmuzek and Najla Nakhle, 'Sustainability and Equity Challenges: Some Arithmetic on Lebanon's Pension System' (IMF Working paper WP/16/46 2016) 8.

Social safety nets

To the public social security schemes elaborated above is added many private social protection schemes established by syndicates and orders of liberal professions. These schemes, though not being part of the Lebanese social protection system as not being of public transfer, constitute a refuge for a Lebanese person working in the private sector and not covered by the NSSF. The Lebanese social security system has a poor and inequitable coverage relatively to the country's income level.²⁹¹ But even with such schemes, 53.3% of the Lebanese population are not covered by any social insurance scheme.²⁹² One individual can be covered by more than one scheme while workers of a category of risk remain totally uncovered.²⁹³ Under these coverage facts, individuals who are covered by any formal social security scheme are entitled to benefit from the Ministry of Public Health for health coverage of 85% of the treatment cost,²⁹⁴ under the constraint to demonstrate their inability to afford hospitalisation costs. To this health coverage, the Ministry of Social Affairs conducts many safety net programmes like the national poverty targeting programme developed in collaboration with the World Bank. Officially, this programme provides full health coverage, school aid, food vouchers etc for the registered households.²⁹⁵ These programmes are conceived as social safety net programmes in theory, fall in practice under the dominance of a widely complicated system of sectarian and political intervention,²⁹⁶ combined with a lack of public transfers and poor governance.

Informal social protection

With over half the population not covered by any public or private social protection scheme, an informal system of arrangement is made between Lebanese citizens and a panel of actors like non-governmental organisations, sectarian parties, dominant

²⁹¹ D Robalino, 'Pensions in the Middle East and North Africa Time for Change' (World Bank 2005).

²⁹² Francesca Bastagli, Rebecca Holmes and Rana Jawad, 'Social Protection in Lebanon: A Review of Social Assistance' (UNICEF and MoSA 2019).

²⁹³ A Karam, G Zureiqat and N Rammal, 'Social protection and social safety nets in Lebanon' (IDS and WFP 2015).

²⁹⁴ MoPH, 'Chapter Three. Health system financing'.

²⁹⁵ WFP, 'The National Poverty Targeting Program of Lebanon' (2022).

²⁹⁶ M Cammett, 'Sectarian Politics and Social Welfare: Non-state Provision in Lebanon' in M Cammett and LM Maclean (eds), *The Politics of Non-State Welfare* (Cornell UP 2014) 137-56.

political parties and families. These actors operated in 2006 over 800 health clinics as non-state providers account for 90% of the delivery of services.²⁹⁷ The influence of such actors massively gained presence both with the flow of Syrian refugees starting in 2011 and the Lebanese economic crisis. Under the informal protection resides the stronghold of the Lebanese sectarian political system. On one hand, these sectarian parties controlling the Lebanese political system collectively operate the care infrastructure in Lebanon by obtaining preferential treatment for their supporters,²⁹⁸ on the other hand they abuse their political influence to guarantee employment for their followers whether in the formal structure through pushing toward prioritising their applications in the public sector or by securing contractual status with the public sector.²⁹⁹ This influence of the dominant sectarian parties does not limit itself to the public sector but surpasses it towards the private sector, where sectarian leaders use their power to guarantee private employment to their supporters as part of a services exchange system with the financial elite.³⁰⁰ In this complicated system of informal social protection, the family structure occupies the role of a major protection system as 74.8% of the elderly depend on support from their children³⁰¹ for their monthly income, especially with the emigration wave after the Lebanese crisis of 2019, where families income depended on transfers of foreign currency from their relatives. Lebanon is the most remittance-dependent country on the planet, with remittances accounting for a staggering 53.8% of GDP in 2021.³⁰²

²⁹⁷ *ibid.*

²⁹⁸ M Cammett, 'Sectarian Politics and Social Welfare: Non-state Provision in Lebanon' in M Cammett and LM Maclean (eds), *The Politics of Non-State Welfare* (Cornell UP 2014) 137-56.

²⁹⁹ N Abdo, R Fakhry and F Kobeissy, 'Workers and syndicates without movement' (ISSAM Fares Institute for Public Policy and International Affairs 2017).

³⁰⁰ Fawwaz Traboulsi, *Social Classes and the Political Power in Lebanon* (DarAl Saqi 2016).

³⁰¹ R Tohme and others, 'Socioeconomic resources and living arrangements of older adults in Lebanon: who chooses to live alone?' (*Ageing & Society* 2010).

³⁰² Mercy Corps, 'Thematic Report: Understanding Remittances as a Coping Strategy Amidst Lebanon's Crises - Opportunities and Challenges for Aid Actors' (November 2022) ReliefWeb. <<https://mercycorps.org.lb/wp-content/uploads/2022/11/Understanding-remittances-as-a-coping-strategy-amidst-Lebanons-crises-opportunities-and-challenges-for-aid-actors-1.pdf>> accessed April 2024.

2.1.5 The Lebanese model

The social protection system in Lebanon, though not easily classified as a conventional welfare state, incorporates a unique approach rooted in the Bismarckian model, as detailed in the first chapter. This model, characterised by social security systems that provide protection primarily to formal wage earners, bases eligibility and benefits on the contributions made by both employees and employers. Such a system inherently links social protection to formal employment, emphasising the role of work in accessing social benefits.

Adding complexity to this model, the Lebanese approach integrates elements of the Beveridgean system, evident in the array of schemes administered by the Ministry of Public Health and the Ministry of Social Affairs. This hybridisation introduces a broader coverage that extends beyond mere employment-based contributions, aiming to provide a safety net through public health and social services.

By grounding its approach in the Bismarckian model, Lebanon adopts the traditional market policies characteristic of welfare state capitalism, which is typically associated with the industrial citizenship model. This foundation suggests a system where social welfare is closely tied to one's participation in the labour market, albeit with an attempt to blend in the universalistic aspirations of the Beveridgean approach, thus creating a distinctive social protection landscape.³⁰³ Historically, the Lebanese labour market has been predominantly characterised by informal employment. In 1970, independent workers made up 24% of the workforce, while daily wage labourers accounted for 22.1%, combining to total 46.1% of the workforce. This trend showed little change by 1997, with independent workers representing 25.1% and daily wage labourers 16.9%, making up 42% of the Lebanese population engaged in work. This prevalence of informal employment indicates a significant aspect of Lebanon's economic landscape, which has historically operated under a *laissez-faire* economic system. Notably, the implementation of social policies in Lebanon was not accompanied by complementary economic policies, leading to the conclusion that there was no active state

³⁰³ G Standing, 'Labour Market Policies, Poverty and Insecurity' (2011) 20 *International Journal of Social Welfare* 260.

intervention aimed at achieving welfare state status. This disconnect underscores a broader issue in Lebanon's approach to social welfare, where economic realities and social protection efforts remain unaligned.

To fully understand the position of the elderly within the Lebanese social protection system, it's crucial to delve into the specifics of this system's shortcomings and inconsistencies. The Lebanese social protection system is notably fragmented, with each component or scheme having its own set of gaps and issues that need to be analysed independently before a cohesive overview of the entire system can be formulated. This approach is essential for identifying the specific challenges faced by the elderly within this scattered framework and for developing targeted strategies to address these challenges effectively.

2.1.6 Gaps in NSSF: An elderly-oriented review

The status of the NSSF in Lebanon as an independent entity is somewhat ambiguous, primarily due to the lack of clarity in the Lebanese legislature regarding this matter. Despite its ostensibly independent administrative structure, the NSSF's relationship with the Ministry of Labor positions it more akin to a public sector entity. This perception is further reinforced by the significant influence the government holds over the NSSF, particularly evident in the practice of investing the fund's resources exclusively in Lebanese treasury bonds. Such investment strategies underscore the close ties between the NSSF and governmental operations, blurring the lines between independence and state control. This arrangement raises questions about the autonomy of the NSSF, especially in terms of its financial management and decision-making processes, reflecting broader issues of transparency and governance within Lebanon's social security system.³⁰⁴ This reflects in the lack of diversity of investment that could jeopardise the future of thousands of contributors' accounts, especially individuals close to the elderly age and ready to take their end of service indemnity. This excessive investment in the treasury bond,³⁰⁵ in response to the 1990s devaluation of the Lebanese pound, cannot

³⁰⁴ Mounir Rached, 'Social Security and Pensions in Lebanon, A Non-Contributory Proposal: Research Study' (Lebanese Economic Association 2012) 15.

³⁰⁵ D Robalino, 'Pensions in the Middle East and North Africa Time for Change' (World Bank 2005).

be explained but as helping the Lebanese government finance its loans and accumulate more debts on the expense of the contributors, especially the near elderly contributors and will reflect itself during the Lebanese crisis as we will elaborate later.

On the other hand, the only branch of the NSSF generating positive reserves is the end of service indemnity branch, while the family and education allowance branch and the maternity and health are showing negative reserves as their expenditure always exceeds their revenues.³⁰⁶ The financial independence of each branch as per the law is breached by covering the two branches with a deficit via the end of service indemnity branch,³⁰⁷ thus introducing another risk on the whole system of the NSSF.

The end of service indemnity branch, unique within the NSSF for maintaining a positive reserve, is nevertheless fraught with structural deficiencies that place the coverage system at significant risk. A particularly critical flaw, especially relevant to the elderly, is the loss of health insurance for beneficiaries and their families upon retirement. This issue emerges precisely at a life stage when the need for medical coverage is most acute. Such a gap in coverage not only exposes retired individuals and their dependents to potential health and financial vulnerabilities but also underscores a broader systemic failure to provide continuous and comprehensive support to the elderly population. This oversight in policy design highlights the urgent need for reforms within the NSSF, specifically tailored to address the healthcare needs of retirees and ensure their protection against the health challenges commonly associated with aging.³⁰⁸ On the other hand, the contributions to the NSSF being too heavy for the enterprises, the employers prefer to give their employees their rises in term of bonuses, thus reducing the value of the basic salary which will constitute the base on which the indemnity is calculated, rendering the received amount at the end of service unfitting the reality of the salaries.³⁰⁹ The lump-sum payment made as an end of service indemnity is calculated based on the contributions made earlier by the

³⁰⁶ Mounir Rached, 'Social Security and Pensions in Lebanon, A Non-Contributory Proposal: Research Study' (Lebanese Economic Association 2012) 17.

³⁰⁷ *ibid.*

³⁰⁸ Dr Marie-Noëlle AbiYaghi and Léa Yammine, 'Understanding the social protection needs of civil society workers in Lebanon' (Lebanon Support 2019) 12.

³⁰⁹ Mounir Rached, 'Social Security and Pensions in Lebanon, A Non-Contributory Proposal: Research Study' (Lebanese Economic Association 2012) 18.

employers and the employees, in addition to being inefficient in terms of longevity, which concerns the elderly in particular and makes it automatically an easy prey for inflation as we will elaborate later on while tackling the crisis in Lebanon.

2.1.7 Gaps in the public sector schemes: An elderly-oriented review

The public sector schemes, encompassing both civil and military branches, differ from the NSSF by providing health coverage after retirement and offering the choice of a lifetime pension instead of lump-sum payments. However, these schemes are not without their own significant flaws. Similar to the NSSF, the autonomy of entities like the cooperative of civil servants and the various schemes serving military/security personnel is questionable, which casts doubts on the security of their funds. This concern is particularly acute given the political decisions that often influence these funds, especially the practice of financing the Lebanese government through the purchase of treasury bonds.

This approach puts the financial stability of these schemes at risk, as it ties their fortunes closely to the fiscal health of the government, which can be volatile and uncertain. Such financial strategies may compromise the long-term sustainability of the funds, potentially affecting the reliability of retirement benefits for public sector employees, including their health coverage and pensions. The lack of independence and the vulnerability to political and economic fluctuations highlight the need for a more robust framework that can safeguard the interests of beneficiaries, ensuring that their rights and benefits are protected regardless of the broader financial or political context.³¹⁰ As mentioned earlier, the rates of returns from the investment are considered unsustainable by many World Bank reports.³¹¹ On the other hand, there is no minimum pension as the maximum replacement rates of 85% of the final salary penalises workers with salaries which peak in the middle of their careers.³¹² As elaborated earlier, public pension schemes have special reserves for couples with both military and civil service pension, as they cannot opt both for the lifetime

³¹⁰ D Robalino, 'Pensions in the Middle East and North Africa Time for Change' (World Bank 2005).

³¹¹ *ibid.*

³¹² Mounir Rached, 'Social Security and Pensions in Lebanon, A Non-Contributory Proposal: Research Study' (Lebanese Economic Association 2012) 20.

pension option. This measure may have very negative repercussions on a gender basis, as under such circumstances, women may find themselves victims to dependency to their male partners for retirement pensions.

Upon examining the shortcomings within each social protection scheme, it becomes evident that the fragmentation of the current system has resulted in the creation of a dichotomous landscape of workers: those who are privileged and those who are disadvantaged. On one side of this divide, there are formally employed individuals who are either part of the private sector and covered by the NSSF or employed within the public sector as civil servants or military/security personnel, with coverage provided by their respective schemes. On the other side, there exist workers engaged in informal employment, who constitute 54% of the labour force.

This disparity highlights a significant issue within Lebanon's social protection framework, wherein a large segment of the workforce, the informally employed, is left without the safety nets afforded to their formally employed counterparts. Such a division not only exacerbates social inequalities but also undermines the overall efficacy of the social protection system. The lack of comprehensive coverage for all workers, regardless of their employment status, points to a pressing need for systemic reform. Addressing this gap is crucial for ensuring that social protection measures are inclusive, equitable and capable of providing support to all segments of the workforce, thereby reducing the binary between privileged and disadvantaged workers.³¹³ Informal work includes the agriculture sector, domestic and construction workers, daily waged workers of the public sector etc, with the result that 44% of the Lebanese households are not covered by any kind of insurance including private insurance.³¹⁴ On the other hand, while social assistance programmes are originally designed to serve excluded individuals or group of individuals outside the formal frame of work, in Lebanon the image is reversed with the exclusion of own-account workers and individuals under disguised working contracts (like non-governmental organisation employees

³¹³ N Abdo, R Fakhry and F Kobeissy, 'Workers and syndicates without movement' (ISSAM Fares Institute for Public Policy and International Affairs 2017).

³¹⁴ Dina Antonios and Marwan Mikhael, *Lebanese Household Conditions in 2015* (BLOMINVEST Bank, 2015) <<https://blog.blominvestbank.com/wp-content/uploads/2018/03/Lebanese-Living-conditions-2015.pdf>> accessed April 2024.

etc) find themselves out of coverage, while coverage is exclusive to wage-employment only.³¹⁵ The nature of the required contributions from the part of the employers does not separate large scale firms from medium and small-scale enterprises, where studies showed that the majority of small and micro scale enterprises, that represent in fact 90% of the Lebanese enterprises, find it difficult to pay the by-law required contributions.³¹⁶ Finally, the economic nature of Lebanon as established after independence and reestablished after the civil war as a ‘merchant republic’³¹⁷ with an economic *laissez-faire* constructed on the commercial and banking sectors³¹⁸ with the industrial sector contributing negatively to job creation with -8% between 2004 and 2009³¹⁹ whereas the real estate transactions doubled between 2000 and 2009 with 16% of GDP³²⁰ reveals that significant part of wealth is generated outside the production process and outside the centrality of formal employment, thus away from contribution to the central social protection system.

2.2 Should it be this hard to grow old in Lebanon today? Seniors of Lebanon in time of crisis

2.2.1 Social protection in Lebanon in time of crisis

Since 2019, Lebanon has been experiencing an economic downturn that the World Bank has classified as one of the ten worst economic crises globally since the nineteenth century. This severe financial crisis has had profound impacts on the country’s economy, leading to skyrocketing inflation, a plummeting currency and severe shortages in basic goods and services. The crisis underscores the vulnerabilities in Lebanon’s economic structure, including its heavy reliance on foreign investments and remittances, as well as deep-seated issues such as corruption and mismanagement. The situation has dramatically affected the daily lives

³¹⁵ Nabil Abdo, ‘Social protection in Lebanon: from a system of privileges to a system of rights’ (Arab NGO Network for Development 2014) 11.

³¹⁶ K Hamdan, ‘Micro and Small Enterprises in Lebanon’ (Consultation and Research Institute 2004).

³¹⁷ Carolyn Gates, *Merchant Republic of Lebanon: Rise of an Open Economy* (IB Tauris 1998).

³¹⁸ Beatrice Hibou, *La privatisation des États* (Karthala Editions 1999).

³¹⁹ D Robalino and H Sayed, ‘Good Jobs Needed’ (World Bank Group 2012).

³²⁰ World Bank Group, ‘Using Lebanon’s Large Capital Inflows to Foster Sustainable Long-Term Growth’ (World Bank Group 2012).

of Lebanese citizens, with many facing increased poverty, unemployment and a lack of access to essential services, further exacerbating the country's social and economic challenges.³²¹ The Lebanese crises started with a total financial collapse, continued with the COVID-19 pandemic and found its culminating point with the Beirut port explosion that was considered one of the most powerful artificial non-nuclear explosion in history.³²² The ongoing Lebanese crisis continues to have profound effects across all strata of Lebanese society, with particularly severe impacts on vulnerable groups in economic, social and health aspects. Among these groups, the elderly population stands out as especially affected, given their distinct vulnerabilities. The crisis has exacerbated existing challenges for the elderly, including access to healthcare, social services and financial security. With poverty rates soaring, an additional 3.28 million Lebanese have been thrust into income poverty since the onset of the crisis in 2019. This dramatic increase highlights the deepening economic hardship faced by the nation, further compounding the difficulties for the elderly, who may lack the resources or support networks to adequately navigate these challenges.³²³ As approximately 52.8% of the Lebanese population did not have any access to any kind of social protection in the pre-crisis period,³²⁴ post crisis reports show that 80% of elderly have full dependency on their family for financial support and on the remaining savings they may have.³²⁵ The Lebanese crisis has not only highlighted the existing gaps and discrepancies within Lebanon's social protection system, as previously discussed, but it has also revealed deep structural flaws that have exacerbated the economic and social plight of the Lebanese population. These structural cracks go beyond the immediate effects of the crisis, indicating systemic issues that undermine the stability and resilience of Lebanon's social and economic frameworks. The

³²¹ World Bank Group, 'Lebanon Sinking into One of the Most Severe Global Crises Episodes, amidst Deliberate Inaction' (World Bank Group, 1 June 2021) <<https://www.worldbank.org/en/news/press-release/2021/05/01/lebanon-sinking-into-one-of-the-most-severe-global-crises-episodes>> accessed April 2024.

³²² United States Geological survey.

³²³ Human Rights Watch, 'Lebanon: Rising Poverty, Hunger Amid Economic Crisis' (Human Rights Watch, 12 December 2022) <<https://www.hrw.org/news/2022/12/12/lebanon-rising-poverty-hunger-amid-economic-crisis>> accessed April 2024.

³²⁴ International Labour Organization (ILO), World Social Protection Data Dashboard <<https://www.social-protection.org/gimi/WSPDB.action?id=32>> accessed April 2024.

³²⁵ Maya Abi Chahine, 'A glimmer of Hope Amidst the Pain' (ILO and Help Age International March 2022).

crisis has thus served as a stark reminder of the urgent need for comprehensive reforms to address both the symptoms and root causes of Lebanon's vulnerabilities, ensuring a more equitable and sustainable future for all its citizens, especially the most vulnerable groups.

While as elaborated earlier the retirement pension schemes are exclusive only to the public sector workers whether civil or military/security personnel comprising 10% of the labour force in Lebanon,³²⁶ in the light of the Lebanese crisis, these pensions became insufficient to fill their basic needs such as food, water and electricity³²⁷(Figure 1). Retired workers of the private sector who relied on the end of service indemnity, having no access to a lifetime pension, and with the banking sector crisis, found their savings frozen in the banks, while at the same time and as elaborated previously, the indemnities paid in Lebanese pounds, lost 85% of their values (Figure 1). The percentage of older people who lived on 470,000 LBP was 28.4% in 2018 and increased up to 54.3% in 2020, along with the devaluation of the Lebanese pound,³²⁸ thus the only alternative to older people was to stay or rejoin the labour market as 41% of elderly between the age of 64 and 69 years are still working, as well as 29% of elderly between 70 and 75 years of age.³²⁹ Recourse for the elderly population was the informal social protection channels such as family support and the assistance of non-governmental organisations with the entire psychological burden that it may carry along as ageist sentiments filled with culpability as they perceive their lives less worthy than the lives of their children and grandchildren³³⁰ (Figure 2).

³²⁶ Central Administration for Statistics and ILO, 'Labour Force and Household Living Conditions Survey 2018-2019' (2019).

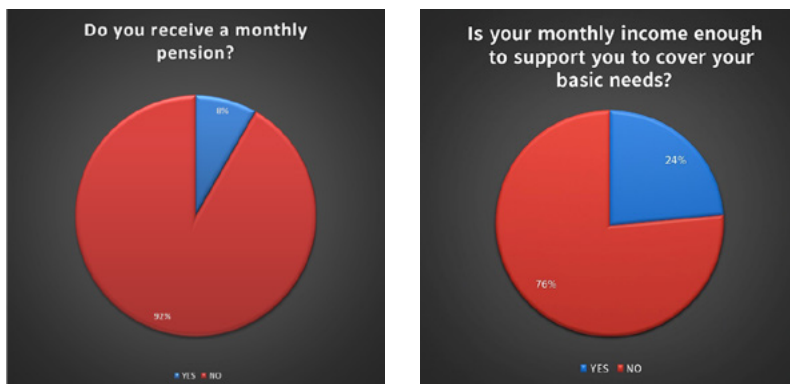
³²⁷ Maya Abi Chahine, 'A glimmer of Hope Amidst the Pain' (ILO and Help Age International March 2022).

³²⁸ Central Administration for Statistics and ILO, 'Labour Force and Household Living Conditions Survey 2018-2019' (2019).

³²⁹ Center for Studies of Aging (CSA), HelpAge International and Centre for Inclusive Policy, 'Towards a Rights-Based Social Protection System for Lebanon – Ensuring income and dignity in older age and moving towards an inclusive and rights-based social protection system' (2020).

³³⁰ WHO, 'Global Report on Ageism' (WHO 2021).

Figure 1: Monthly pension



As shown under Figure 1, only 8% responded having a monthly pension. The value of their monthly pension varies with the amount of 700\$ as the ceiling. Whereas, when asked about covering their basic needs from this amount, only 24% answered that it is sufficient.

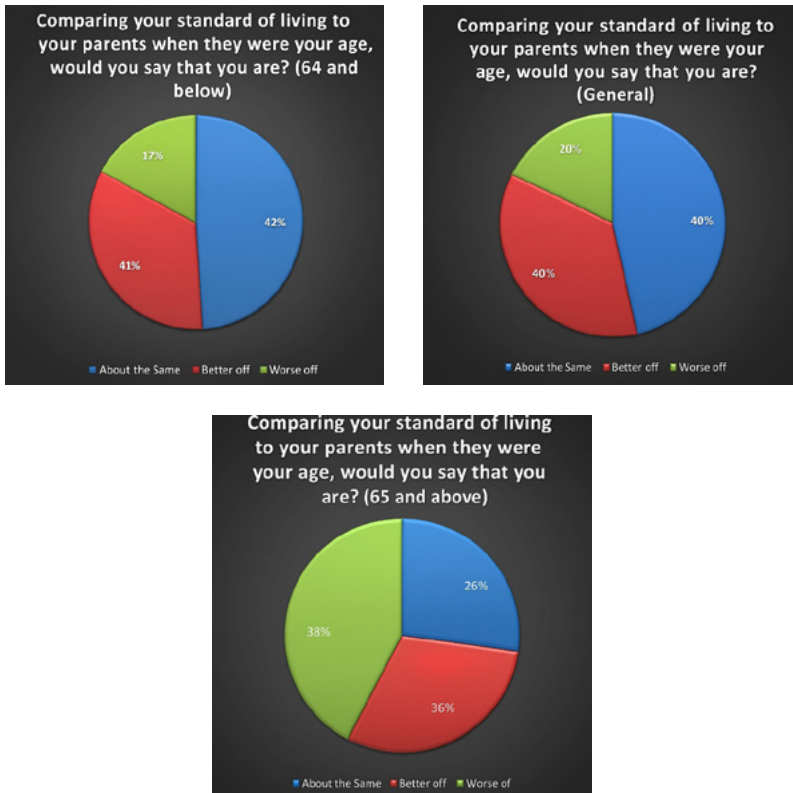
This reflects that even those who are subject to a retirement pension,³³¹ and were considered to be privileged among the rest of the population, found themselves as elaborated earlier not able to fulfil their basic needs. Whereas most private sector workers who relied on end of service indemnity, with the devaluation of the LBP and the increase of the basic needs prices along with the lifting of all governmental subsidies, are unable to live decently and are struggling to fulfil these basic needs.³³² The repercussions of the Lebanese crisis were devastating on the level of the purchasing power, these repercussions echoed especially on the elderly population relying on their savings, their end of service indemnity or their monthly pension. As many elderlies rejoined the labour market,³³³ others will find themselves relying on the informal support channels, from family to non-governmental organisations.

³³¹ Maya Abi Chahine, 'A glimmer of Hope Amidst the Pain' (ILO and Help Age International March 2022).

³³² Central Administration for Statistics and ILO, 'Labour Force and Household Living Conditions Survey 2018-2019' (2019).

³³³ Center for Studies of Aging (CSA), HelpAge International and Centre for Inclusive Policy, 'Towards a Rights-Based Social Protection System for Lebanon – Ensuring income and dignity in older age and moving towards an inclusive and rights-based social protection system' (2020).

Figure 2: Living standards



People’s perception of living standards reflects either a deteriorating state of wellbeing or a positive perception of wellbeing. Data from the survey under Figure 2 showed that 20% of respondents considered that their living standard nowadays is worse than their parents when they were their age. This differs when it de-segregates the age group where we observe that the high percentage for those who are 64 and below goes to feeling that their living standard is the same as their parents, who witnessed the civil war and had at that time many challenges related to having to provide for their families during the war time whereas 38% of the elderly respondents considered their living standards worse than their parents’ living standards. This takes us back to the situation of the elderly in general as we are a country who relies the most on informal social protection and support networks whom because

of the crises are facing a burden to continue which is leading to the elderly rejoining the labour market or not working but feeling guilty as they consider themselves as a burden on their family members.³³⁴

The consequences of such a negative self perception of the elderly will reflect in both the short and the long term, as psychological ageism is of major significance and opens the door to multiple other health issues, as the elderly population starts identifying itself as a burden on their families along with the consideration of the value of an elderly life as less worthy than younger family members.³³⁵

On the health coverage level, as 70% of the Lebanese elderly population suffer at least from one chronic disease, and with health care coverage limited to public sector retirees and privileged elderly population with private health care access, nearly 50% of the elderly are not covered under any health scheme.³³⁶ But even with health coverage, the crisis transformed the previously considered privilege into a ghost fund with limitations on coverage, medication lack and inaccessibility of reimbursement or compensation in LBP, while hospitals charged in fresh US currency³³⁷ and these exceptions of coverage, were also followed by private insurance as well. On the other hand, the lack of medication in the market as well as the astronomical rise in the prices of pharmaceutical products due to the lifting of all governmental subsidies on medication³³⁸(Figure 3).

³³⁴ WHO, 'Global Report on Ageism' (WHO 2021).

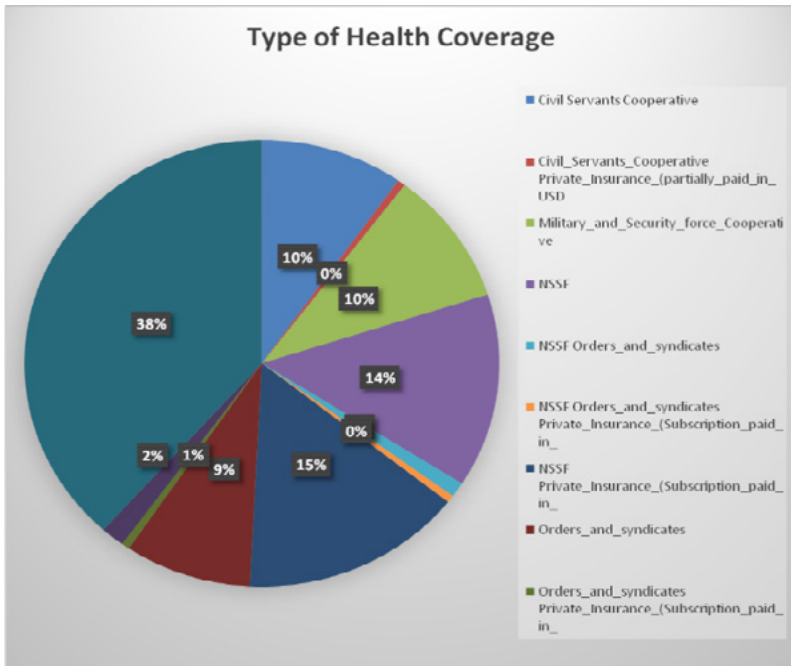
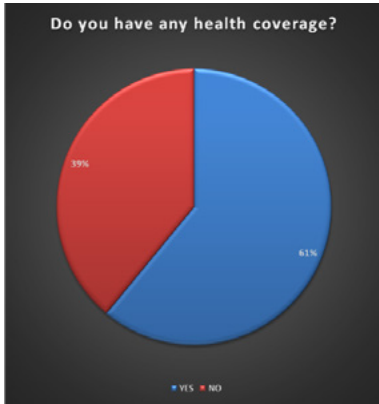
³³⁵ *ibid.*

³³⁶ Center for Studies of Aging (CSA), HelpAge International and Centre for Inclusive Policy, 'Towards a Rights-Based Social Protection System for Lebanon – Ensuring income and dignity in older age and moving towards an inclusive and rights-based social protection system' (2020).

³³⁷ Maya Abi Chahine, 'A glimmer of Hope Amidst the Pain' (ILO and Help Age International March 2022).

³³⁸ Amnesty International, 'Lebanon: Government recklessness in medication subsidy reform violates right to health and life' (*Amnesty International*, 16 December 2021) <www.amnesty.org/fr/latest/news/2021/12/lebanon-government-recklessness-in-medication-subsidy-reform-violates-right-to-health-and-life/>.

Figure 3: Health coverage

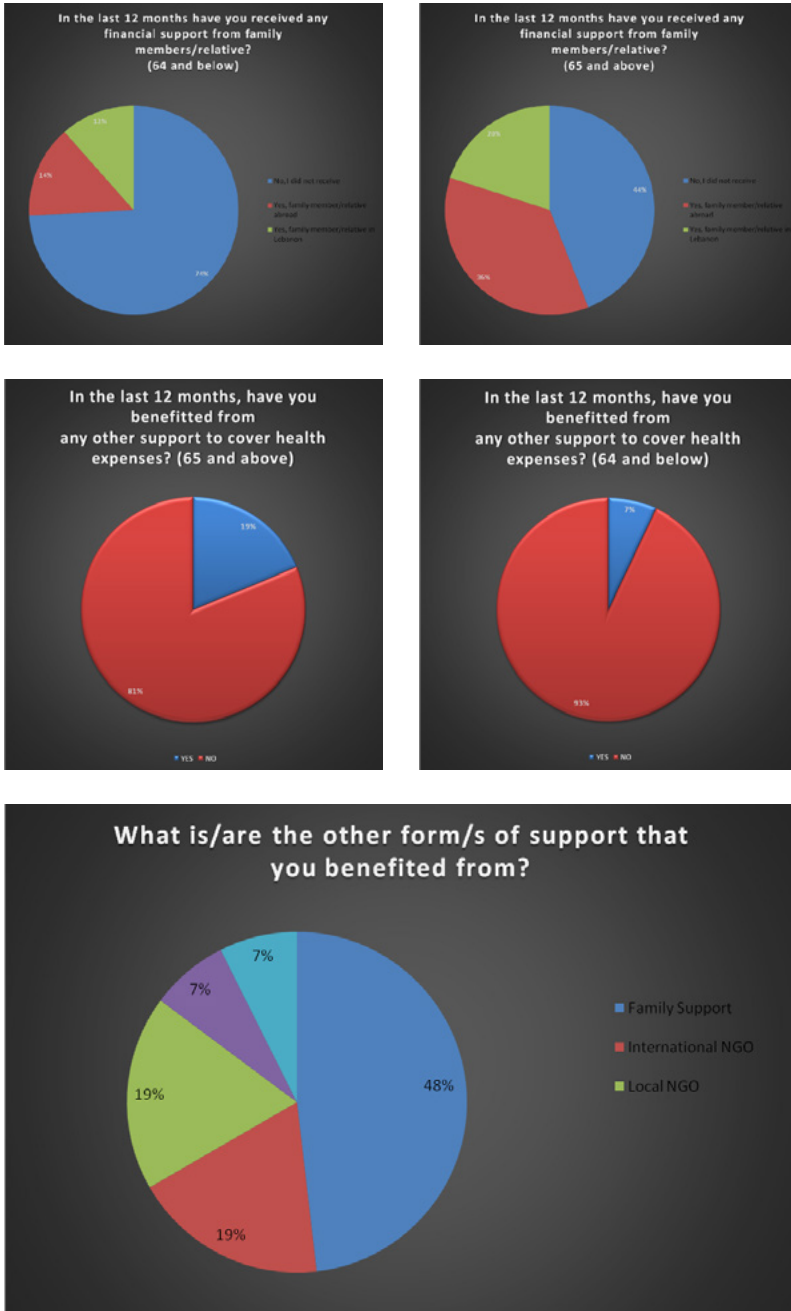


61% of the respondents have health coverage including public schemes coverage and private insurance. Only 49% of those 61% are covered by public schemes alone with the majority being under the NSSF scheme, meaning that when they will reach the elderly age, health coverage will be interrupted. Only 10% of the 61% benefit from sustainable health coverage that will accompany them along their life span, while 41% of the covered participants are under private schemes or combining private schemes to public coverage. Apart from showing the gaps in health coverage that exclude a majority of the Lebanese population from the public scheme, the wide diversity of schemes that are active on the health cover level underline even more the scattered characteristic of the Lebanese model, thus the high potentiality of corruption and abuse of the existing coverage.

If any gap of the Lebanese social protection system escaped researchers along the way, it is with the Lebanese crisis that all the structural failures of this system came into spotlight as this system failed to maintain any of its basic elements like pension and health coverage. The Lebanese population and the elderly in particular as the most vulnerable social group on these two levels were left uncovered facing the challenges of the Lebanese pound devaluation, inflation and lack of medical coverage, especially that when challenges rise on the national levels, the needs of the most vulnerable groups tend to be marginalised and placed as secondary elements³³⁹ (Figure 5). With such breaches of the basic human rights of the elderly, the public policy completely surrendered to the informal social protection systems, mainly represented by the non-governmental organisations, with the complete lack of any social policy to lift up the challenge (Figure 4).

³³⁹ Petru Popescu, 'Social Protection for Elderly. Social Exclusion and Poverty' (Ecological University of Bucharest, Department of Economics 2016).

Figure 4: Informal social security

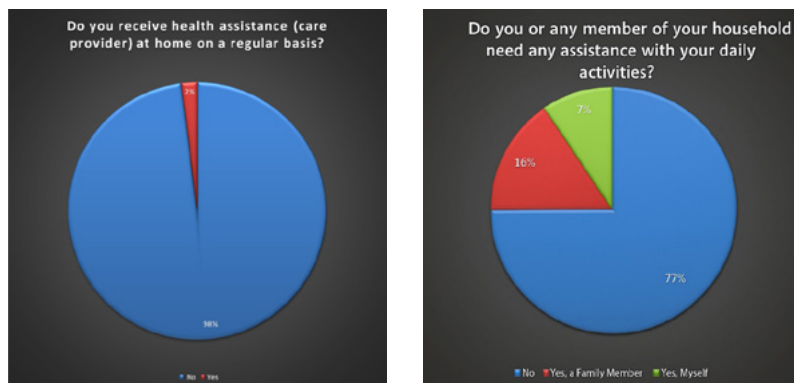


56% of the elderly respondents have received support from family members and/or relatives residing either in Lebanon or abroad. While this reflects the weight of family support as a major informal social security element, these numbers underline the importance of remittance under the Lebanese crisis as well.³⁴⁰

While family support takes the first place on the informal social security with 48%, behind it 38% is covered by international and local non-governmental organisations NGOs equitably, while the remaining 7% is covered by a social safety net like the official programmes funded by governmental bodies.

This poverty in coverage of the official safety net programmes reflects the inefficiency of these measures in fulfilling the coverage gaps left by the non-universal coverage schemes which may be due to lack of public funds, clientelist abuse or poor governance.

Figure 5: Assistance with daily activities



Poverty in coverage of the safety net measures is also reflected on the health assistance at home, as from the 16% who confirmed being in need of such assistance, only 2% are able to receive it. These figures particularly concern the elderly population as they form a major part of the population in need of such services.

³⁴⁰ reliefweb, 'Thematic Report: Understanding remittances as a coping strategy amidst Lebanon's crises - Opportunities and challenges for aid actors' (November 2022).

The Lebanese crisis has underscored the necessity of delving deeper into the political economy underpinning Lebanon's social protection system to move beyond merely descriptive analyses. This crisis has laid bare that the Lebanese social protection model is intrinsically linked to, and a continuation of, the broader political and economic frameworks that have been established since Lebanon's independence and were reinstated following the Lebanese civil war. This connection suggests that any attempt to understand, critique or reform the social protection system must consider the entangled relationships between Lebanon's political governance, economic policies and social welfare mechanisms. The crisis acts as a clarion call for a holistic approach to reform, highlighting the imperative to address not just the symptoms but the systemic roots of the challenges facing Lebanon's social protection infrastructure, within the context of its unique political and economic history.

2.2.2 Social protection system in Lebanon: A political economy view

The implementation of a Bismarckian-based social protection system in Lebanon, as opposed to a Beveridgean system that offers universal coverage, is reflective of a broader state philosophy at the political economy level. With more than half of the population either working independently or on a daily wage, the choice of a system that ties social protection benefits directly to employment status and contributions rather than providing universal coverage highlights a deliberate policy direction. This approach legislates distinct programmes for different social classes, each with its own set of privileges, thereby emphasising the individuality of workers. Such differentiation not only deepens divisions among workers but also serves to secure the loyalty of privileged groups to the central political system. This strategy suggests a calculated use of social protection as a means to both maintain social stratification and reinforce the existing political and economic order, rather than as a tool to promote inclusive social welfare and cohesion.³⁴¹

³⁴¹ Gøsta Esping-Andersen, 'The Three Political Economies of the Welfare State' in Julia S O'Connor and Gregg M Olsen (eds), *Power Resource Theory and the Welfare State: A Critical Approach* (University of Toronto Press 1998) 123.

This characteristic of the Bismarckian social protection system introduces a hierarchy among workers with civil servants on the top followed by wage employees, leaving the remaining part of the workers at the bottom was typically applied in Lebanon.³⁴² Thus, a very generous scheme for military/security personnel and civil servants, as well as lifetime pension coverage and financial and social assistance for their families, gives this first category of workers a privileged status compared to all other workers. On another hand, the formal private sector worker enjoys lesser privileges, as their coverage is linked to their contributions and their employer's contributions to the NSSF, thus do not benefit from any pension and their retirement depends only on the end of service indemnity.³⁴³ Apart from these two schemes covering the formal workers of both in public and private sectors, the big mass of other workers, considered informal in both sectors, are left to social and financial vulnerabilities. Adopting such a scattered structure of social protection led to a fragmented status of the workers, as each category would seek to adjust its proper scheme and its proper scheme only, thus the possibility of unification of the workers in a joint action toward a united social protection scheme filling the gaps of each existing scheme seems unreachable. Mobilisation toward adjusting the minimum wage for example will be led by formal private sector workers excluding the informal workers, as the latter are not included in the minimum wage benefits, being undeclared. On a similar note, mobilisations of the civil servants toward adjusting the salary scale will not be joined by informal public workers such as contractual workers for the same reason.³⁴⁴ The division between workers will be more accentuated when a conflict of interest leads to a group not backing the minister of labour proposition in 2011,³⁴⁵ in decreasing the employers' part of the contribution to the NSSF on the basis of replacing it by a new

³⁴² Nabil Abdo, 'Social protection in Lebanon: from a system of privileges to a system of rights' (Arab NGO Network for Development 2014) 12.

³⁴³ *ibid.*

³⁴⁴ N Abdo, R Fakhry and F Kobeissy, 'Workers and syndicates without movement' (ISSAM Fares Institute for Public Policy and International Affairs 2017).

³⁴⁵ Mohamad Zbib, '300 300,000] ألف ليرة حداً أقصى للزيادة [Lira Maximum Increase]' Al-Akhbar (10 October 2011) <https://www.al-akhbar.com/Community/95893/300-%D8%A3%D9%84%D9%81-%D9%84%D9%8A%D8%B1%D8%A9-%D8%AD%D8%AF%D8%A7-%D8%A3%D9%82%D8%B5%D9%89-%D9%84%D9%84%D8%B2%D9%8A%D8%A7%D8%AF%D8%A9?utm_source=mango-search&utm_medium=title_and_relatives&utm_campaign=%D9%85%D8%AD%D9%85%D8%AF%20%D8%B2%D8%A8%D9%8A%D8%A8> accessed April 2024.

taxing system, funded on real estate and other rent based activities that may provide universal health care fund. Such a proposition was opposed by the general federation of labour, considering it as a threat to the formal private sector workers privileges.³⁴⁶

Another structural failure of the social protection system is apart from being scattered, is that it opens the way to informal security schemes to cover its gaps. These informal security schemes are summarised by the patron-client relation developed between informal vulnerable workers and the political sectarian establishment under a sectarian welfare system based on clientelism.³⁴⁷ Clientelism as an informal protective apparatus replaces the state welfare and embodies itself on all levels of social protection from health care to employment and education.

The informal welfare mechanism profits from the state apparatus as many informal schemes profit from the state formal institutions like the existing safety net measures.³⁴⁸ Thus the sectarian political players use the blurred boundaries between public and private sectors in order to develop sectarian administered welfare networks, profiting from public resources, and redistribute those privileges to the informal workers as an act of political entitlement.³⁴⁹ The Ministry of Social Affairs, for instance, distributes 70% of its budget to religious entities providing health care linked to the network of sectarian political elite³⁵⁰. In a similar process, the health coverage scheme of the Ministry of Public Health, responsible in theory for covering the uncovered citizens, offer its support in practice through the political elite and the dominant political parties in a clear abuse of power to secure their loyal supporters.³⁵¹ This mechanism is an essential factor in maintaining political and sectarian clientelism and even expanding it in periods of political events like legislative elections. Thus,

³⁴⁶ Nabil Abdo, 'Social protection in Lebanon: from a system of privileges to a system of rights' (Arab NGO Network for Development 2014) 13.

³⁴⁷ B Salloukh and others, 'Institutions, Sectarian Populism, and the Production of Docile' in *The Politics of Sectarianism in Postwar Lebanon* (Pluto Press 2015) 32-51.

³⁴⁸ M Cammett, 'Sectarianism and the Ambiguities of Welfare in Lebanon' (2015) 56(11) *Current Anthropology* 576.

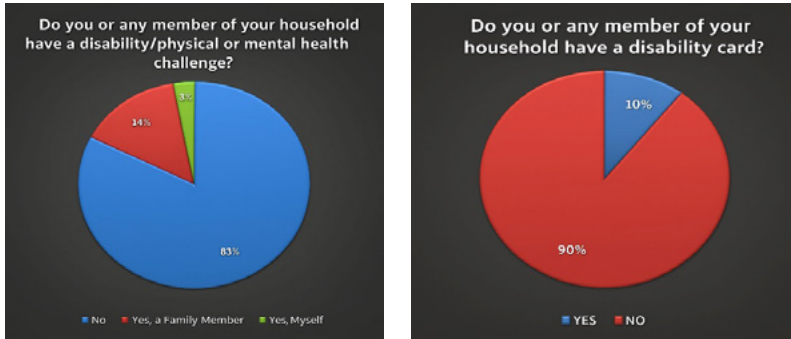
³⁴⁹ *ibid.*

³⁵⁰ B Salloukh and others, 'Institutions, Sectarian Populism, and the Production of Docile' in *The Politics of Sectarianism in Postwar Lebanon* (Pluto Press 2015) 32-51.

³⁵¹ M Cammett, 'Sectarianism and the Ambiguities of Welfare in Lebanon' (2015) 56(11) *Current Anthropology* 576.

the underdevelopment of the public welfare system is sustained by political influent parties in order to secure their dominance over the electoral base and in consequence to sustain their dominance over the political system³⁵²(Figure 6) (Figure 7).

Figure 6: Physical or mental disability

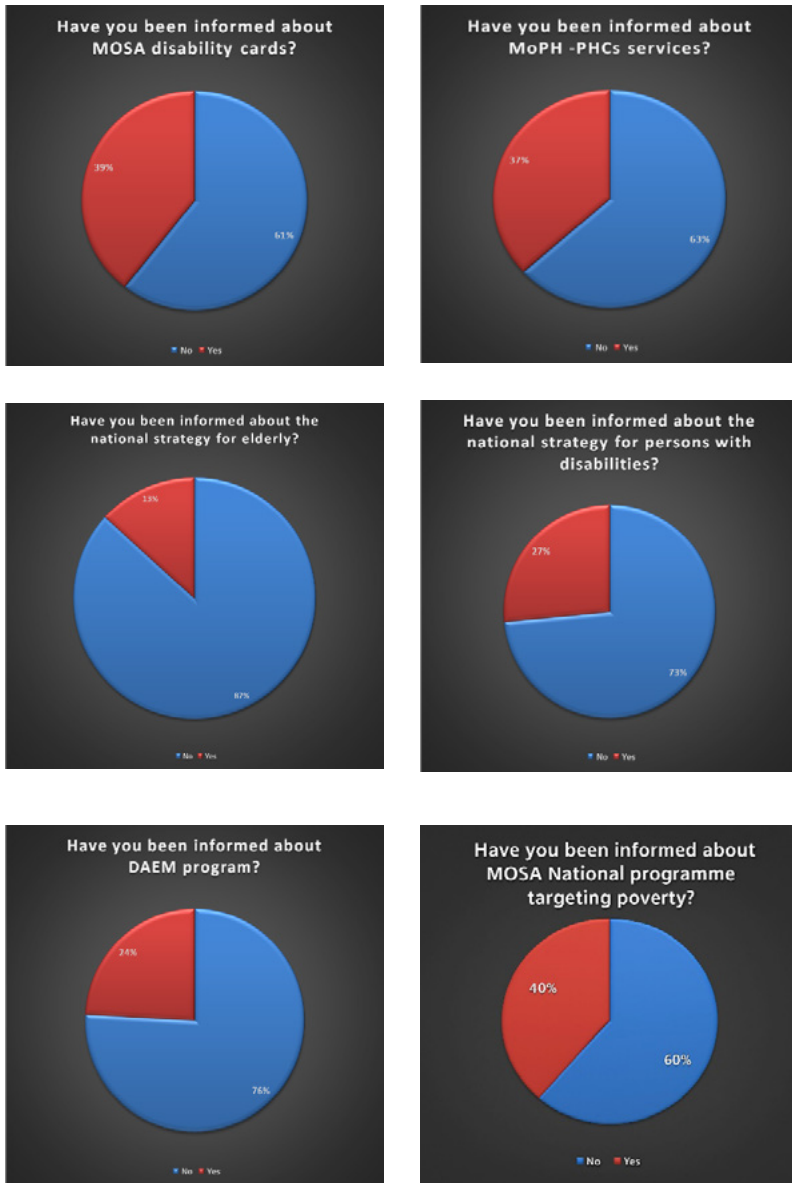


The abuse of the informal social security system is highlighted in Figure 6, as 17% of the participants confirmed having themselves or a member of their family physical or mental disabilities, but only 10% have access to the disability card provided under one of the MoSA programmes. This underlines the major role played by the political dominant individuals or organisations in the redistribution of the complementary safety net measures.³⁵³

³⁵² M Cammett, 'Sectarianism and the Ambiguities of Welfare in Lebanon' (2015) 56(11) Current Anthropology 576.

³⁵³ M Cammett, 'Sectarianism and the Ambiguities of Welfare in Lebanon' (2015) 56(11) Current Anthropology 576.

Figure 7: Safety net measures visibility



While these programmes seem inaccessible to a politically unprivileged population, this inaccessibility starts with lack of access to information about such programmes. As they are perceived as a privilege to political loyal supporters, these programmes are invisible to the masses. The majority of the population being unaware of even the existence of such programmes, as in shown in Fig. 7, the majority of the participants who responded positively, as in they were aware of such programmes, linked their awareness to personnel effort or to family or friends shared information.

The consolidation of the sectarian political loyalties is not ensured only through the misdistribution of the formal public fund via the informal mechanisms but goes further to shape the employment mechanism. This mechanism is observed in the public sector in the hiring process of the daily workers following the freezing of employment in the public sector. While daily paid jobs in the public sector do not provide any benefits on the social security level, the numbers of daily workers exceeded in some cases the number of formal civil servants.³⁵⁴ This process does not only secure the loyalties of the sectarian political parties but also provides to those a major dominance over the labour mobilisation as in the case of the *Électricité du Liban (EDL)*³⁵⁵.

From this 'universal' informal protection that presents itself as cumulative scheme to the existing social protection schemes derives a new shape of the hierarchy among workers. On the top on the pyramid are the military and formal civil servants with a formal package of privileges including pension, following them are the formal private sector workers with the NSSF scheme, followed by the unprotected workers of the informal private and public sectors but who benefit from the clientelist network and to reach the unprotected population outside the clientelist network that find itself at the base of the pyramid.³⁵⁶

³⁵⁴ Nabil Abdo, 'Social protection in Lebanon: from a system of privileges to a system of rights' (Arab NGO Network for Development 2014) 14.

³⁵⁵ N Abdo, R Fakhry and F Kobeissy, 'Workers and syndicats without movement' (ISSAM Fares Institute for Public Policy and International Affairs 2017).

³⁵⁶ Nabil Abdo, 'Social protection in Lebanon: from a system of privileges to a system of rights' (Arab NGO Network for Development 2014) 14.

Understanding the social protection landscape in Lebanon allow us to draw a clear picture of the clientelism system in Lebanon but to the economic model under which the country operates. The Lebanese economic model is labelled as a rent-based economy of a merchant economic model,³⁵⁷ which means a model that incites wealth creation outside the sphere of production, is highly compatible with the social protection models as developed by social policies. Sectors like real estate and the banking sector produce benefits to the economic elite while the NSSF through the purchase of treasury bonds finances the state debt.³⁵⁸

This cumulative character between the economic model and the social protection system in Lebanon is further underlined by the model on which the health sector operates. The public expenditure on the health sector in 2012 reached 30.7% of the total health expenditure, right behind the out-of-pocket expenditure on the same sector representing 37.6%.³⁵⁹ While public hospital bed capacity decreased from 26% prior to the Lebanese civil war to 10% and less in 1984, in the post war period, this capacity was reduced to 700 beds.³⁶⁰ The private health sector in contrast created 56% of its bed capacity during the same period.³⁶¹ 154 of 160 of the existing hospitals are faith-based hospitals, only six operate under the direct administration of the Ministry of Public Health,³⁶² while 71% of the ministry's budget is dedicated to hospital care. Thus the Ministry of Public Health spend funds these faith-based institutions through contractual agreements. To this we add the private insurance schemes that raised from 57 million dollars per year in 1991 to 355 million dollars in 2000, benefiting from the gaps of the public health sector policy. These private insurances as well as the pharmaceutical importing firms belong in majority to the ruling political class in partnership with the economic elite.³⁶³

³⁵⁷ Carolyn Gates, *Merchant Republic of Lebanon: Rise of an Open Economy* (IB Tauris 1998).

³⁵⁸ L Dandash, 'Paradox of the Lebanese Health care System and the Role of the NSSF' (2013).

³⁵⁹ BLOMINVEST Bank (2015).

³⁶⁰ Kasturi Sen and Abla Mehio-Sibai, 'Transnational Capital and Confessional Politics: The Paradox of the Health Care System in Lebanon' (2004) 34(3) *International Journal of Health Services* 527, 527-51 <<https://doi.org/10.2190/6X2V-GE4T-9BQF-WYXB>>.

³⁶¹ *ibid*.

³⁶² B Salloukh and others, 'Institutions, Sectarian Populism, and the Production of Docile' in *The Politics of Sectarianism in Postwar Lebanon* (Pluto Press 2015) 32-51.

³⁶³ Fawwaz Traboulsi, *Social Classes and the Political Power in Lebanon* (DarAl Saqi 2016).

2.2.3 The Lebanese social policies: Abolitionist or reformist?

This reading of the Lebanese social protection system from a political economy lens allow us to answer an essential question: can we describe the Lebanese social policies as abolitionist or reformist?

Analysing the Lebanese social protection system through a political economy lens provides insightful perspectives into the nature of Lebanon's social policies, particularly when questioning whether these policies can be classified as abolitionist or reformist.

At first glance, Lebanese social policies appear to support a reformist stance, emphasising legal backing for social policies alongside financial and administrative autonomy for entities managing these schemes. The composition of the NSSF board exemplifies this, featuring a tripartite arrangement of 26 members that includes six government representatives, ten employer representatives and ten employee representatives. This setup suggests a system designed to balance interests and provide a degree of oversight and participation across government, employers and employees.

However, the mere structure of representation does not necessarily guarantee the effectiveness or fairness of the policies enacted. The critical assessment should consider how these policies function in practice, the extent to which they meet the needs of the diverse population, especially the vulnerable and informally employed, and whether they truly facilitate social welfare improvements or merely perpetuate existing disparities. Given the systemic issues and the social and economic stratifications deeply embedded in the Lebanese context, categorising the social policies as purely reformist might be overly simplistic.

While the framework might suggest a reformist intention, the actual impact, effectiveness and inclusivity of these policies require deeper scrutiny. The challenges faced by the Lebanese social protection system, including the fragmentation of social services, the inadequacy in addressing the needs of the informal sector and the influence of political economy dynamics, complicate the classification. Thus, while Lebanese social policies may aspire to a reformist model in theory, the realities on the ground reflect a complex interplay of reformist ideals and systemic limitations that fall short of achieving the goals of comprehensive social

welfare reform.³⁶⁴ As for the cooperative of civil servants, the Lebanese government covers by law any shortfall in its fund in order to secure its continuity and well-functioning.³⁶⁵ On another hand, the safety net measures implemented as part of the Lebanese public policies insure to a certain extent the coverage of the uncovered groups of the population. Thus the Lebanese model of social protection as elaborated earlier, based on the Bismarckian model,³⁶⁶ implemented measures from the Beveridgean model in order to reform its structure to the extent of the financial capacity of the Lebanese state. To this, we can add the cooperation of the related ministries with the international and local non-governmental organisations on different programmes, in order to achieve reforms to the existing structure of the social protection system.³⁶⁷ All these elements reflect a reformist approach of the Lebanese social policies, but in a closer look and based on the earlier elaborated notions, these official social policies are conducted by an abolitionist approach that we will underline in its various dimensions.

First, on the economic level, the implementation of social policies in Lebanon was never accompanied by economic policies that prove active state intervention to achieve a welfare state.³⁶⁸ The Lebanese economy adopted the *laissez-faire* approach since independence, and the protection policies were introduced in a context of workers' mobilisations which, during the 1930s and 1940s, that put pressure on Lebanese governments to achieve the enactment of the Labor Code in 1946.³⁶⁹ Second, it is to be noted that the labour law of 1946 is still unchanged, except minor modifications introduced every while,³⁷⁰ in a country that witnessed a major civil war, two great financial and currency crisis and multiple political and social instabilities. This economic *laissez-faire*

³⁶⁴ ILO, Social Security Code (Decree No 13955 26 September 1963) <https://labordoc.ilo.org/discovery/fulldisplay?docid=alma991238233402676&context=L&vid=41ILO_INST:41ILO_V1&lang=en&adaptor=Local%20Search%20Engine>.

³⁶⁵ Mounir Rached, 'Social Security and Pensions in Lebanon, A Non-Contributory Proposal: Research Study' (Lebanese Economic Association 2012) 19.

³⁶⁶ G Standing, 'Labour market policies, poverty and insecurity' (2011) *International Journal of Social Welfare*.

³⁶⁷ Ministry of Public Health <www.moph.gov.lb/>; Ministry of Social Affairs <www.socialaffairs.gov.lb/>.

³⁶⁸ Nabil Abdo, 'Social protection in Lebanon: from a system of privileges to a system of rights' (Arab NGO Network for Development 2014) 10. 2014.

³⁶⁹ Civil Society Knowledge Centre, 'Timeline: Social Protection in Lebanon | September, 1946 to December, 2021' (*Civil Society Knowledge Centre*, January 2022) <<https://civilsociety-centre.org/cap/timeline-social-protection-in-lebanon#event-enactment-of-the-labor-code-in-lebanon-law-of-23-september-1946>>.

³⁷⁰ Lebanese Labor Law of 1946. Amendments 1962, 1959, 1999, 2000 and 2001.

was accentuated at the end of the civil war with the neoliberal policies adopted by the Lebanese governments. So no attempts of reforms were actually performed by the Lebanese state more than 75 years, while as elaborated earlier, the private insurance schemes raised from 57 million dollars per year in 1991 to 355 million dollars in 2000,³⁷¹ and the private health sector in contrast created 56% of its bed capacity in this post war period.³⁷²

Why would an abolitionist approach keep any social protection scheme?

The inherent structure of the Lebanese social protection model inherently encourages policymakers to maintain its status quo. Characterised by its extensive fragmentation, this system creates a segmented landscape among workers, with each group inclined to optimise its specific scheme in isolation. This fragmentation effectively hinders the potential for collective action among workers, aiming for a unified approach to social protection. The design of such a scattered system acts as a barrier against the possibility of worker mobilisation, reminiscent of the collective movements seen in the 1930s and 1940s. By keeping the workforce divided across various schemes, it not only dilutes their collective bargaining power but also undermines any concerted effort towards achieving comprehensive social protection reform.³⁷³ Such a scheme would prevent any workers mobilisation similar to the 1930s and 1940s that led the instauration of the labour law of 1946, while any change in the status quo may initiate popular rising, as many groups may consider their privileges in danger.

Furthermore, the current social protection system in Lebanon, by failing to cover more than half of the population, paves the way for alternative, informal systems of protection. As previously discussed, these informal networks serve as crucial instruments of clientelism, skilfully utilised by the dominant sectarian political parties. This strategic use of informal protection mechanisms enables these parties to secure the loyalties of those segments of the Lebanese population left unprotected by the official system. This dynamic not only exacerbates the fragmentation and inequality

³⁷¹ Fawwaz Traboulsi, *Social Classes and the Political Power in Lebanon* (DarAl Saqi 2016).

³⁷² K Sen and A Mehio-Sibai, 'Transnational Capital and Confessional Politics: The Paradox of the Health Care System in Lebanon' (2004) *International Journal of Health Services*.

³⁷³ Nabil Abdo, 'Social protection in Lebanon: from a system of privileges to a system of rights' (Arab NGO Network for Development 2014) 12.

within the social protection landscape but also strengthens the grip of sectarian politics on the social and economic well-being of the citizenry, entrenching the existing power structures and deepening the dependence of vulnerable populations on political patronage for their basic needs and security.³⁷⁴ Thus the informal welfare mechanism profits from the state apparatus as many informal schemes profit from the state formal institutions like the existing safety net measures³⁷⁵ to sustain their dominance over the political system. This abuse of the existing system extends from health care to employment in the public and the private sector.³⁷⁶

Third, the existing social protection schemes, though with an independent façade both financially and administratively, fall in the hands of the existing political establishment. This political influence transformed the existing funds both in the private sector with the NSSF and the public sector with the cooperative of public servants into one of the major financing entities of the Lebanese government through their sole investment of its fund in the Lebanese treasury bonds.³⁷⁷ Both schemes, accumulating millions of dollars, supposedly for the interest of the contributors, invested their funds in Lebanese treasury bonds, thus the state debt, which reflected dramatically on the status of both fund during the Lebanese crisis accompanied by inflation and economic collapse.

These factors underline the nature of the Lebanese social policies as governed by an abolitionist approach. This abolitionist approach, though hidden under a reformist cover, refuses to opt for any reforms; no matter how minor it might be, in any of the existing programme of social protection, while as elaborated previously the existing system showed its failure and the Lebanese crisis highlighted these structural failures.

³⁷⁴ B Salloukh and others, 'Institutions, Sectarian Populism, and the Production of Docile' in *The Politics of Sectarianism in Postwar Lebanon* (Pluto Press 2015) 32-51.

³⁷⁵ M Cammett, 'Sectarianism and the Ambiguities of Welfare in Lebanon' (2015) 56(11) *Current Anthropology* 576.

³⁷⁶ Fawwaz Traboulsi, *Social Classes and the Political Power in Lebanon* (DarAl Saqi 2016).

³⁷⁷ Mounir Rached, 'Social Security and Pensions in Lebanon, A Non-Contributory Proposal: Research Study' (Lebanese Economic Association 2012) 15.

Conclusion

Our thesis tackled one of the main issues facing modern societies, the ‘greying’ of the globe’s population.³⁷⁸ As this shift in the world’s population towards older age presents a major challenge to social protection systems on the national level, it seems that the existing welfare systems in almost all countries are not suited for this demographic shift,³⁷⁹ with projection indicating that by 2050, the number of persons aged 65 years or over globally will also surpass the number of adolescents and youth aged 15 to 24 years.³⁸⁰

In order to cover this demographic issue, our first chapter consisted of posing a theoretical framework that covers the different notions related to the elderly population as well to social protection and the concept of welfare. The position of the elderly being built on a continuously evolving social representation,³⁸¹ unlike children or other social groups, the first tackled concern was the definition of the elderly population as a social group. The elderly population is merely distinguished from the rest of the population being as a socially constructed category.³⁸² While demographic studies refers to the elderly as a group that is 64 years old and above and this for technical reasons, the elderly can be conceived as a category of the population more than a rigid constituted group of society, as the age experience remains to an extended

³⁷⁸ United Nations Department of Economic and Social Affairs, *World Population Ageing 2019. Highlights* (United Nations 2019) 1.

³⁷⁹ David E Bloom, David Canning and Alyssa Lubet, *Global population aging: Facts, challenges, solutions and perspectives* (Daedalus 2015).

³⁸⁰ United Nations Department of Economic and Social Affairs Population Division, *World Population Prospects 2019. Highlights* (United Nations) 1.

³⁸¹ Frédéric Mégret, ‘The Human Rights of the Elderly: An Emerging Challenge’ 2.

³⁸² *ibid.*

margin a very personalised experience that depends on many factors like race, gender, class and life style etc.³⁸³ Thus the belongings of an elderly individual to the elderly as a social group may take a second rank in the process of self-definition.

The intricate nature of defining the elderly as a social group necessitates an examination from an intersectional perspective. This approach offers a nuanced understanding of how various forms of inequality intersect and amplify the effects on individuals and social groups. By delving into the interwoven system of discrimination that operates on interpersonal, institutional and societal levels, intersectionality facilitates a deeper exploration of the dimensions of inequality. It moves beyond mere statistical attributes such as age, race, gender and class, urging us to comprehend these categories as social constructs rather than fixed identifiers. This methodological shift enables a more comprehensive analysis of the challenges faced by the elderly, recognising that their experiences of discrimination and marginalisation are not homogeneous but are shaped by a complex matrix of factors that interact in diverse and significant ways.³⁸⁴

Through this inter-sectional approach, we advanced into tracing the vulnerabilities of the elderly population as a concept linked to the concept of dependency.³⁸⁵ Apart from the outlined image of the elderly population in term of wealth and prosperity, the root of the older population vulnerability resides in three basic elements covering the economic and social angle. First, their survival depends on fixed gathered assets, government pension and family support. Second, they are more likely to develop health issues for biological reasons.³⁸⁶ Third, they present a need for assistance and companionship.³⁸⁷ While these elements of vulnerabilities can vary between one individual to another, based on them

³⁸³ EP Stoller and RC Gibson, *Worlds of difference: Inequality in the aging experience* (Sage Publications 1999).

³⁸⁴ *ibid.*

³⁸⁵ Martha Fineman, “Elderly” as Vulnerable: Rethinking the Nature of Individual and Societal Responsibility’ (Emory University School of Law) 116.

³⁸⁶ National Council on Aging, ‘Get the Facts on Healthy Aging’ (NCOA, 20 October 2023) <<https://ncoa.org/article/get-the-facts-on-healthy-aging>> accessed April 2024.

³⁸⁷ David E Bloom, Emmanuel Jimenez and Larry Rosenberg, ‘Social Protection of Older People’ (Program on the Global Demography of Aging, Working paper No 83).

many specific rights of the elderly are the centre of immense violations, and they expand far more the basic needs of the elderly and can be considered proper to the elderly as a social group, as individuals of other age group rarely suffer from their violation.

This set of rights start with the right to life, the right to humane treatment, the right to freedom against arbitrary detention, the right to legal fairness, the right to a family, the right to privacy and political rights. From these several vulnerabilities arise the concept of rights of the elderly, beyond the economic right of a decent living through pension and public transfers and beyond the basic right of a health care system. The struggle to acquire these rights can gather under it all the different subgroups that constitute elderly as a defined and distinct social group, thus advancing the process of self-definition based on a common struggle. And along with this set of rights rises the concept of intergenerational justice, defying the misunderstanding of the nature of social groups is reflected in the popular misconception that different generations are distinct social groups at war with each other,³⁸⁸ revolving around the duties of the old toward the young and vice versa, under the concept of solidarity between generations in the confrontation of demographic change.³⁸⁹ Intergenerational justice is a primordial approach to face the political debate continue under recession and socio-political crisis, politicians draw the line between generations sketching the image of an undying generation that continue to live on the depends of younger generations.³⁹⁰

After sketching these basic notions, our thesis tackled the concept of social protection, not only as related to the elderly population but as being linked to the modern European welfare state aiming to keep a certain standard of living and to address transitory poverty.³⁹¹ Departing from a historical description of the evolution of social protection, we traced its two main approaches. The first being related to the prevention and management of situations that affect people's well-being³⁹² and the second being

³⁸⁸ Martha Fineman, '“Elderly” as Vulnerable: Rethinking the Nature of Individual and Societal Responsibility' (Emory University School of Law) 114.

³⁸⁹ European Commission, 'Confronting Demographic Change: A New Solidarity between the Generations' (Green Paper 16 March 2005).

³⁹⁰ Martin Feldstein, 'Privatizing Social Security: The \$10 Trillion Opportunity' (CATO Institute 1997).

³⁹¹ United Nations Research Institute for Social Development (UNRISD), 'Combating Poverty and Inequality: Structural Change, Social Policy and Politics' (2010).

³⁹² *ibid.*

based on the rights approach. The first approach regards poverty and vulnerabilities as detrimental to economic growth and development, which implicate the need of social protection³⁹³ whereas the second approach sees in social protection a protected right in international human right law, thus essential to social justice.³⁹⁴ While many models originated from these two approaches, two main models of social protection systems shaped the notion of social protection worldwide, the Bismarck model and the Beveridge model, with variants deriving from both of them. The Bismarckian model described as the conservative model, is a design intended to cover workers and their family against social risk that may deprive them temporarily or permanently from their source of income³⁹⁵ while the Beveridge model or the 'liberal model' is based on universal rights, aiming to cover the whole population against social risks.³⁹⁶

The concept of social protection generally encompasses three main elements, social insurance, social assistance and labour market policies, but it is elementary to mention the political dimension of decisions about social protection.³⁹⁷ Social protection is by definition that social support refers to public programmes and not to private effort, but despite the growth of social protection as a major field of government activity in both developed and developing countries, only a small portion of that effort addresses the vulnerabilities of the elderly. So, in the context of the elderly population, what specificities should be underlined in the social protection system?

The first element of social protection that concerns the elderly is income security.³⁹⁸ The second element of social protection that concerns the elderly is health care.³⁹⁹ Thirdly, from the notion of social protection rises the notion of long-term care⁴⁰⁰ that covers the five basic rights of the elderly or at least help in addressing

³⁹³ S Devereux and R Sabates-Wheeler, 'Editorial Introduction: Debating Social Protection' (2007) IDS Bulletin 7.

³⁹⁴ ILO, Social Security (Minimum Standards) Convention No 102 (1952).

³⁹⁵ G Esping-Andersen, 'The Comparative Macro-sociology of Welfare States' in L Moreno (ed), *Social Exchange and Welfare Development* (1993).

³⁹⁶ *ibid.*

³⁹⁷ S Hickey, 'The politics of protecting the poorest: moving beyond the "anti-politics machine"?' (2009) 28(8) *Political Geography* 473.

³⁹⁸ L Tessier, N De Wulf and Y Momose, 'Long-term care in the context of population ageing: a rights-based approach to universal coverage' (ILO Working Paper 82 2022) 17.

³⁹⁹ *ibid.*

⁴⁰⁰ WHO, 'Decade of healthy ageing: baseline report' (WHO 2021).

them. Thus, the right to life, to humane treatment, to non-arbitrary detention, to family life and to privacy can be covered and establish a well-structured individual tailored social protection system. With the right to legal representation and fairness of the legal system toward the elderly, as well as the right to be part of the political sphere to be addressed, rises the need for proper legislation, aiming to redress the elderly status. As a matter of fact, one of the main issues of elderly rights from a human right perspective is the absence of a human rights body of laws especially tailored to fit this vulnerable group of society.

Despite the international instruments that make reference to the rights of the elderly, no comprehensive international instrument exists that thoroughly attends to the specific needs of and required protections for the elderly.⁴⁰¹ The focus of human rights law on older people is considered to be recent, though there are many international treaties and conventions that include the protection of the elderly under more generic human rights protection, and though there are many soft law provisions assisting the legally binding human rights law, many international organisations as well as UN member states argue that these instruments fail to provide explicit support to elderly. This urgent need to bring together in one binding text all the provisions to protect the elderly would bring clarity to the rights of the elderly and the necessary responsibility to protect them as has been done successfully for the rights of women, children and disabled people.

Contrasting with the view of social protection as a rights-based response to individual and group vulnerabilities, the approach focusing on social risk shifts attention towards preventive strategies implemented by social administrations. This perspective emphasises the anticipation and mitigation of potential hazards that could impact society's well-being, rather than solely addressing problems after they have arisen. By identifying and managing social risks, this approach aims to prevent vulnerabilities from becoming more severe issues, thereby reducing the need for remedial interventions. This proactive stance on social protection involves a comprehensive understanding of the complex factors that contribute to social vulnerabilities, allowing for the design of strategies that not only protect individuals and groups but also

⁴⁰¹ Jaclynn M Miller, 'International Human Rights and the Elderly' (2010 Spring) 11(2) *Marquette Elder's Advisor* 343, 347.

strengthen the resilience of communities against future risks.⁴⁰² These strategies disband the notion of individual, replacing it with combinatory factors, the risk factors, and this shift of approaches leads to a shift in strategies, as the starting point is no longer the conflict situation but the danger that one needs to avoid, from which rises the concept of pre-detection as a form of surveillance with the precise aim to prevent undesirable events,⁴⁰³ which leads to the probability of a future feasible programming of a population based their performances and deficiencies. Thus, instead of identifying the potential risks that may arise in that group, the social group becomes flagged as a social risk.

As efforts to reform social security systems continue, involving both theoretical and practical research exploring diverse methodologies, a distinct perspective emerges within the discourse on social protection and the welfare state at large: the abolitionist viewpoint. This approach delves significantly deeper than mere opposition to policies that restrict the rights of the elderly or other unjust measures. The abolitionist critique extends to the welfare system as a whole, advocating for its complete dismantlement as a means to instigate radical social change. This radical stance challenges the foundational assumptions and structures of the current welfare system, arguing that incremental reforms cannot adequately address the systemic flaws and inequalities ingrained within it. Instead, the abolitionist perspective suggests a reimagining of social support mechanisms that would fundamentally transform how societies address the needs and rights of their members, aiming for a more equitable and just social order.⁴⁰⁴ At first glance, abolitionist theories argue strongly against transformation of social protection into a system that is driven by numbers and not individual values. They further argue that it is rare to find a feasible alternative to the concept and practice of social protection, even on the theoretical level. While the abolitionist approach gathers radical anti-reformist approaches from both right and left, it is the conservative *laissez-faire* rationales that fully fit the abolitionist literature.

⁴⁰² Robert Castel, 'From Dangerousness to Risk' [1983] *Actes de la Recherche en Sciences Sociales* 119.

⁴⁰³ *ibid.*

⁴⁰⁴ Nancy Fraser and Linda Gordon, "'Dependency' Demystified: Inscriptions of Power in a Keyword of Welfare State' (University of Illinois 1994).

Our second chapter applied the theoretical framework described in Chapter One on the contextual elements of the Lebanese case, while combining the studied secondary data with a primary data research through a quantitative survey which aimed at assessing the perception and practices of older persons as well as persons aged 64 and less over issues related to their current socio-economic situation from a social protection aspect. The survey covered many elements of the social protection in Lebanon including health insurance, pension schemes, social safety nets and informal social protection. It tackled issues related to living arrangements, accessibility, well-being and social participation, and the resulting data was inserted throughout the secondary data and its analysis.

Lebanon, like many countries globally, is witnessing significant demographic shifts towards an aging population. Currently, Lebanon has the highest proportion of older adults and the fastest rate of population aging among Arab countries. This demographic trend brings to light the extensive poverty experienced by the elderly in Lebanon, with over half of this demographic facing economic deprivation. The challenges for the elderly extend beyond financial hardship; they encounter notable shortages in essential services, including healthcare, water, electricity and housing. This situation underscores the pressing need for comprehensive social protection measures and targeted support systems to address the multifaceted vulnerabilities faced by the elderly, ensuring their well-being and dignity in a rapidly aging society.⁴⁰⁵

Historically, Lebanon's political and economic systems, established in the aftermath of the French mandate, were characterised by a unique blend of civic and religious citizenship across 18 recognised 'religious families'. This period marked the establishment of a ruling consortium that forged strong links between a handful of financially dominant families and the control of Lebanon's economic and political sectors. The French mandate played a pivotal role in laying the groundwork for this complex socio-political structure, which has profoundly influenced Lebanon's governance and societal dynamics. This arrangement facilitated the emergence of a power-sharing system that, while intended to maintain a balance among the diverse religious groups,

⁴⁰⁵ Mounir Rached, 'Social Security and Pensions in Lebanon, A Non-Contributory Proposal: Research Study' (Lebanese Economic Association 2012).

also entrenched sectarian divisions and contributed to the perpetuation of economic and political power within a select elite. This historical legacy continues to shape the challenges Lebanon faces in achieving equitable governance and inclusive economic development.⁴⁰⁶ In 1963, Chehab and his administration tried to introduce genuine administrative reform, root out corruption and formulate policies to bring about socio-economic development.⁴⁰⁷ Thus, social security coverage was granted to the employees of public sector through the establishment of different cooperatives for civil servants, security forces and military personnel, and the NSSF was established, providing social security coverage to workers formally employed in the private sector.⁴⁰⁸

The social protection schemes implemented in Lebanon reveal stark disparities in coverage between public and private sector employees, as well as between formal and informal workers. Mandatory social security schemes exclusively cover employees in the formal private sector, despite the labour market being historically and structurally characterised by a predominance of informal labour. This fragmentation within the social protection system necessitates a detailed examination of each scheme individually to fully understand the Lebanese model of social protection and the status of the elderly within it. Such an analysis involves addressing critical questions: who is being protected, and what forms of protection are provided?

Among the social protection schemes in Lebanon, there are six compulsory contributory schemes catering to different segments of the population, each with its own set of benefits and contribution rates. The most significant of these is the NSSF, which is designed to serve workers in the formal private sector. This differentiation in coverage and benefits underscores the need for a comprehensive analysis to identify the scope and effectiveness of protection offered by each scheme, especially in terms of how they address the needs of the elderly and other vulnerable groups within the Lebanese social fabric.⁴⁰⁹ The NSSF coverage extends to four divisions. The first division is the insurance for sickness that

⁴⁰⁶ Fawwaz Traboulsi, *A History of Modern Lebanon* (Princeton UP, Pluto Press 2012).

⁴⁰⁷ Karim Merhej, 'Breaking the curse of corruption in Lebanon' (2021).

⁴⁰⁸ Civil Society Knowledge Centre, 'Timeline: Social Protection in Lebanon | September, 1946 to December, 2021' (*Civil Society Knowledge Centre*, January 2022) <<https://civilsociety-centre.org/cap/timeline-social-protection-in-lebanon#event-enactment-of-the-labor-code-in-lebanon-law-of-23-september-1946>>.

⁴⁰⁹ ILO, 'Social Protection: Lebanon' accessed 15 July 2023.

covers the worker and his family in circumstances leading to an interruption of income and death, which covers directly 90% of the hospitalisation bills and reimburses the patients 85% of fees paid for ambulatory care including medications. The second is related to occupational incidents but is not active. The third covers family allowance that offers allowance for each child, and the fourth branch is the end of service indemnity service which offers a lump-sum cash transfer upon the retirement of the worker,⁴¹⁰ with no pension scheme related to the NSSF. Having no pension under the NSSF coverage relates to the fact that the NSSF end of service indemnity was essentially to be twinned with a universal pension scheme to complement it,⁴¹¹ which is considered as a major gap in the NSSF system, especially concerning the elderly, as well as the fact that health coverage stops with retirement which renders all elderly of the formal private sector uncovered.

As for the public sector social security, it is divided between civil servants and military/security personnel and each group is covered by a separate social security scheme, though both considered being more generous than that of the NSSF. Civil servants are covered by the Cooperative of Public Servants and have the option upon retirement to choose between an end of service indemnity and a lifetime pension equal to 85% of their last salary and paid in monthly payments. On the health coverage front, the cooperative directly covers 90% of hospitalisation costs and 75% of consultations, medication and dental treatment.⁴¹² The schemes reserved to the Lebanese army and security personnel is even more generous than that of the CPS with a coverage of 100% of hospitalisation and medical expenses for the member, 75% for spouse and children and 50% for dependent parents.

⁴¹⁰ ILO, Social Security Code (Decree No 13955 26 September 1963) <https://labordoc.ilo.org/discovery/fulldisplay?docid=alma991238233402676&context=L&vid=41ILO_INST:41ILO_V1&lang=en&adaptor=Local%20Search%20Engine> accessed 15 July 2023.

⁴¹¹ Mounir Rached, 'Social Security and Pensions in Lebanon, A Non-Contributory Proposal: Research Study' (Lebanese Economic Association 2012).

⁴¹² NM Kronfol, 'Rebuilding of the Lebanese health care system: health sector reforms' (WHO 2006).

Under those schemes 53.3% of the Lebanese population is not covered by any social insurance scheme,⁴¹³ as one individual can be covered by more than one scheme while workers of a category of risk remain totally uncovered.⁴¹⁴ Under these coverage facts, individuals who are covered by any formal social security scheme are entitled to benefit from the Ministry of Public Health for health coverage of 85% of the treatment cost, and the Ministry of Social Affairs conducts many safety net programmes like the national poverty targeting programme. These programmes conceived as social safety net programmes in theory, fall in practice under the dominance of a widely complicated system of sectarian and political intervention.

In Lebanon, where over half the population lacks coverage by any formal public or private social protection scheme, an informal system of arrangements has emerged between citizens and a range of actors, including non-governmental organisations, sectarian parties, dominant political parties and influential families. This informal system plays a critical role in the country's social fabric, especially given the absence of comprehensive state-led support.

Sectarian parties, which wield considerable control over the Lebanese political landscape, play a dual role within this informal care infrastructure. Firstly, they operate a significant portion of the country's care services, often securing preferential treatment for their supporters. This approach not only reinforces their political influence but also establishes a dependency among the populace on these parties for access to essential services. Secondly, these parties leverage their political power to secure employment for their followers, further entrenching their position within the societal and economic systems.

This informal network of support and employment, while providing necessary relief to some, perpetuates a cycle of political patronage and dependency. It undermines efforts to establish a more equitable and universal social protection system by cementing the role of sectarian and political affiliations in accessing basic services and opportunities. This system highlights the complex

⁴¹³ Francesca Bastagli, Rebecca Holmes and Rana Jawad, 'Social Protection in Lebanon: A Review of Social Assistance' (UNICEF and MoSA 2019).

⁴¹⁴ A Karam, G Zureiqat and N Rammal, 'Social protection and social safety nets in Lebanon' (IDS and WFP 2015).

interplay between politics, social welfare and employment in Lebanon, underscoring the challenges of reforming the social protection landscape in a way that dismantles these entrenched networks of influence and support.⁴¹⁵

Through a detailed analysis, it becomes apparent that while the Lebanese model scarcely fits the conventional definition of a welfare state, the social security system introduced during President Fouad Shehab's era draws primarily from the Bismarckian model. This system is enriched with Beveridgean elements, evident in the array of schemes provided by both the Ministry of Public Health and the Ministry of Social Affairs. Despite the ostensibly independent nature of their administration, a significant challenge in both the private and public schemes is the political control exerted over the funds, which undermines their operational independence.

The economic situation in Lebanon has dramatically worsened since 2019, with the World Bank categorising the downturn as one of the ten worst economic crises globally since the nineteenth century. This crisis has had a profound impact on the socio-economic fabric of Lebanon, with poverty rates surging and pushing an additional 3.28 million Lebanese into income poverty since the onset of the crisis. This severe economic decline underscores the critical vulnerabilities within Lebanon's social protection system and highlights the urgent need for comprehensive reforms to address both the immediate impacts of the crisis and the systemic weaknesses of the social security model.⁴¹⁶ The Lebanese crisis did not only outline the previously elaborated gaps and discrepancies of the social protection system in Lebanon, but underlined structural cracks that worsened the economic and social status of the Lebanese population. In the light of the Lebanese crisis, these pensions became insufficient to fill their basic needs such as food, water and electricity,⁴¹⁷ and retired workers of the private sector who relied on the end of service indemnity, as

⁴¹⁵ M Cammett, 'Sectarian Politics and Social Welfare: Non-state Provision in Lebanon' in M Cammett and LM Maclean (eds), *The Politics of Non-State Welfare* (Cornell UP 2014) 137-56.

ibid.

⁴¹⁶ Human Rights Watch, 'Lebanon: Rising poverty, hunger amid economic crisis' (*Human Rights Watch*, 12 December 2012) <www.hrw.org/news/2022/12/12/lebanon-rising-poverty-hunger-amid-economic-crisis>.

⁴¹⁷ Maya Abi Chahine, 'A glimmer of Hope Amidst the Pain' (ILO and Help Age International March 2022).

having no access to a life time pension, and with the banking sector crisis, found their savings frozen in the banks, while at the same time and as elaborated previously, the indemnities paid in Lebanese pounds lost 85% of their values. The ongoing crisis in Lebanon has drastically altered the landscape of health coverage, turning what was once considered a privilege into an increasingly ineffective system plagued by limitations on coverage, shortages of medication, and challenges in accessing reimbursement or compensation in Lebanese pounds, while hospitals have resorted to charging in fresh US dollars. This shift has exposed and exacerbated the structural deficiencies within Lebanon's social protection system, highlighting its inability to sustain fundamental components such as pensions and health coverage.

As the crisis illuminated these structural failures, the gaps in the social protection system, previously overlooked, became glaringly apparent. The system's collapse under the weight of the crisis has left the Lebanese population, especially the elderly – who are particularly vulnerable to disruptions in pension and health coverage – without the necessary protections. Facing the Lebanese pound's devaluation, rampant inflation and a dire shortage of medical services and supplies, the elderly population stands at the forefront of those most adversely affected. This situation underscores the critical need for urgent and comprehensive measures to address the failings of the social protection system and to safeguard the well-being of Lebanon's most vulnerable groups amidst an unprecedented economic and social crisis.

In order to surmount the descriptive aspect of the analysis, the Lebanese social protection model cannot be read but as a continuity of the Lebanese political system and economic system that was set since Lebanon's independence and reinstalled after the Lebanese civil war. Legislating distinct programmes for different classes each with its own set of privileges is designed to deepen divisions between workers from one side and to secure the loyalty of the privileged groups to the central system.⁴¹⁸ Another structural failure of the social protection system is apart from being scattered, that it opens the way to informal security schemes to cover its gaps, thus clientelism as an informal protective apparatus replaces the state welfare and embodies itself on all levels of social

⁴¹⁸ G Esping-Andersen, 'The Three Political Economies of the Welfare State' (1990) 3(2) *International Journal of Sociology*.

protection from health care to employment and education. The informal welfare mechanism profits from the state apparatus as many informal schemes profit from the state formal institutions like the existing safety net measures, and the underdevelopment of the public welfare system is sustained by political influential parties in order to secure their dominance over the electoral base and in consequence to sustain their dominance over the political system. The consolidation of the sectarian political loyalties goes further to shape the employment mechanism, this process secures the loyalties of the sectarian political parties but also provide to those a major dominance over the labour mobilisation, and it extends as well toward the private sector in a form of consensus between the sectarian political elite and the business elite.

This reading of the Lebanese social protection system from a political economy lens allowed us to answer an essential question: can we describe the Lebanese social policies as abolitionist or reformist?

The official social policies are conducted by an abolitionist approach that we will underline in its various dimensions, as on the economic level, the implementation of social policies in Lebanon was never accompanied by economic policies that prove active state intervention to achieve a welfare state.⁴¹⁹ The present social protection system perfectly reflects the interests of the dominant political and economic elite, first being a widely scattered system that produces a fragmented status of the workers, as each category would seek to adjust its proper scheme and its proper scheme only. Second, the existing social protection system leaving more than half of the population with no coverage opens the door to the informal protection systems presents an essential tool to clientelism and is used by the dominant sectarian political parties to secure the loyalties of the uncovered groups of the Lebanese population.⁴²⁰ Third, the political influence transformed the

⁴¹⁹ Civil Society Knowledge Centre, 'Timeline: Social Protection in Lebanon | September, 1946 to December, 2021' (*Civil Society Knowledge Centre*, January 2022) <<https://civilsociety-centre.org/cap/timeline-social-protection-in-lebanon#event-enactment-of-the-labor-code-in-lebanon-law-of-23-september-1946>>.

⁴²⁰ B Salloukh and others, 'Institutions, Sectarian Populism, and the Production of Docile' in *The Politics of Sectarianism in Postwar Lebanon* (Pluto Press 2015) 32-51.

existing funds both in the private sector with the NSSF and the public sector with the cooperative of public servants into one of the major financing entities of the Lebanese government through their sole investment of its fund in the Lebanese treasury bonds.⁴²¹

The Lebanese social policies, ostensibly governed by a reformist guise, actually align more closely with an abolitionist approach that paradoxically resists implementing genuine reforms. Despite the facade of reformist intentions, there is a reluctance to engage in the substantive, radical changes necessary to address the deep-seated structural issues plaguing the Lebanese social protection system. The crisis has not only spotlighted these failures but has also underscored the inadequacy of half-measures that fail to confront the system's foundational problems.

In this context, asserting that any initiative falls short of being a true reform unless it targets the structural foundations of Lebanon's social protection system is a fair critique. Such a radical overhaul is essential for rectifying the system's chronic inefficiencies and inadequacies. Until these foundational changes are enacted, the most vulnerable segments of the population, particularly the elderly, will continue to bear the brunt of the system's shortcomings. As the weakest links in an already fragile framework, their plight highlights the urgent need for a comprehensive reevaluation and restructuring of Lebanon's approach to social protection, moving beyond superficial fixes to enact meaningful, lasting reforms.

⁴²¹ Mounir Rached, 'Social Security and Pensions in Lebanon, A Non-Contributory Proposal: Research Study' (Lebanese Economic Association 2012) 15.

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Annex I: Questionnaire in English and in Arabic

This survey is part of a thesis for a student conducting a Master's degree Programme in Human Rights and Democratisation at Saint Joseph University. The thesis aims to explore and assess policies, practices and legislations that are put in place in Lebanon to support the elderly population within the current situation in the country. This survey is looking into the perception of elderly caregivers and elderly persons towards the national policies, practices and strategies set in the country to support their social security and their protection. The survey is completely anonymous and participating members are not identified in order to ensure confidentiality.

هذا الاستبيان هو جزء من رسالة لطلبة في برنامج الماجستير في حقوق الإنسان والديمقراطية في الجامعة اليسوعية. تهدف الرسالة إلى استكشاف وتقييم مختلف السياسات والممارسات والتشريعات المعمول بها في لبنان لدعم المسنين في ظل الوضع الراهن في البلاد، وذلك عن طريق فهم التصور الذي يملكه مقدمو الرعاية والأشخاص المسنون عن السياسات والممارسات والاستراتيجيات الوطنية المطبقة في البلاد لدعم أمنهم الاجتماعي وحمايتهم. ومن أجل ضمان خصوصية المشاركين سوف تبقى هوية المشاركين في هذا الاستبيان مجهولة.

Link to Survey on Kobo: <https://ee.kobotoolbox.org/x/6MC0iTFa>

Age	العمر
.....
Governorate	المحافظة
Baalback-Hermel	بعلبك-الهرمل
Nabatieyh	النبطية
South	الجنوب
Bekaa	البقاع
Beirut	بيروت
Akkar	عكار
North	الشمال
Mount Lebanon	جبل لبنان
Nationality (multiple choice)	الجنسية
Lebanese	لبناني/ة
Syrian	سوري/ة
Palestinian	فلسطيني/ة
Armenian	ارمني/ة
Other.....	جنسية أخرى.....
Gender	الجندر
Male	ذكر
Female	أنثى
Other	خيار آخر
Marital status	الوضع العائلي
Single	أعزب/عزباء
Married	متاهل/ة
Divorced	مطلق/ة
Widowed	أرمل/ة
Educational Level	المستوى العلمي
Illiterate	أمي/أمية
Primary school	تعليم إبتدائي
Secondary school	تعليم ثانوي
University	تعليم جامعي

Employment Status	الوضع المهني
Unemployed (Looking for a job)	عاطل عن العمل (أبحث عن عمل)
Self-employed	مهنة حرة
Employee	موظف/ة
Retired (with pension)	متقاعد/ة (مع معاش تقاعدي)
Retired (without pension)	متقاعد/ة (دون معاش تقاعدي)
Inactive (not looking for a job)	لا أعمل (لا أبحث عن عمل)
Entrepreneur	صاحب/ة مؤسسة

Monthly Income in USD	الدخل الشهري بالدولار الأميركي
Between 1-200	بين ١ و ٢٠٠ د.أ
Between 200-500	بين ٢٠١ و ٥٠٠ د.أ
Between 500-800	بين ٥٠١ و ٨٠٠ د.أ
Between 800-1000	بين ٨٠١ و ١٠٠٠ د.أ
Between 1000-2000	بين ١٠٠١ و ٢٠٠٠ د.أ
Over 2000	فوق ٢٠٠١

Social Protection الحماية الاجتماعية

Do you receive a monthly pension?	هل تحصل/ين على معاش شهري تقاعدي؟
Yes	نعم
No	كلا
If yes	إذا كان الجواب نعم
How much do you receive	ما قيمة هذا المعاش التقاعدي؟
.....

Is it enough to support you to cover your basic needs?	هل يكفي لتلبية حاجاتك الأساسية؟
Yes	نعم
No	كلا
If no, please indicate a sufficient amount	إذا كان الجواب كلا، يرجى ذكر قيمة تكفي لتلبية حاجاتك الأولية
.....

Do you have a health coverage?	هل لديك تغطية صحية؟ (جواب متعدد الإجابات)
(Multiple choice)	
Yes	نعم
No	كلا
NSSF	ضمان اجتماعي
الدولة تعاونية موظفي الدولة Civil Servants Cooperative	تعاونية موظفي الدولة
المسلحة Military and Security force Cooperative	تعاونية الجيش والقوى المسلحة
Orders and syndicates	
Private Insurance	
(Subscription paid in USD)	نقابات
Private Insurance	تأمين خاص مدفوع بالدولار الأميركي
(Subscription paid in LL)	
Private Insurance	تأمين خاص مدفوع بالليرة اللبنانية
(partially paid in USD, partially paid in LL)	تأمين خاص نصفه مدفوع بالدولار الأميركي ونصف بالليرة اللبنانية

In the last 12 months, have you benefitted from any other support to cover health expenses?	خلال الأشهر الإثني عشرة الأخيرة، هل استفدت من أي دعم آخر لتغطية حاجاتك الصحية؟
Family support	نعم
Ministry of Public Health	كلا
Ministry of Social Affairs	دعم عائلي
Local NGO	وزارة الصحة العامة
International NGO	وزارة الشؤون الاجتماعية
Political party	منظمة محلية
Religious Institution	منظمة دولية
	حزب سياسي
	مؤسسة دينية

Do you or any member of your household have a disability card?	هل لديك أو لدى أي فرد من عائلتك بطاقة معوق؟
Yes	نعم
No	كلا

In the last 12 months have you received any financial support from family members/relatives	خلال الأشهر الإثني عشرة الأخيرة، هل حصلت على أي مساعدة مالية من أفراد عائلتك/أقاربك
Yes, family member/relative in Lebanon	نعم، من أحد أفراد العائلة/قريب في لبنان
Yes, family member/relative abroad	نعم، من أحد أفراد العائلة/قريب في الخارج
No, I did not receive	كلا، لم أحصل على أية مساعدة

Living Arrangement

ترتيب المعيشة

Which of the following statements best describes your housing arrangements?	أي من العبارات التالية تصف واقعك السكني؟ (سؤال متعدد الإجابات)
I live independently in my own house	أقيم باستقلالية في منزلي الخاص
I live in an elderly institution	أقيم في مؤسسة خاصة بكبار السن
I live in my parents' house	أقيم في منزل والدي
I live in my daughter's house	أقيم في منزل ابنتي
I live in my son's house	أقيم في منزل ابني
I live with my relative	أقيم مع أقاربي

Do you have a permanent domestic worker living with you?	هل لديك عاملة منزلية تقيم معك؟
Yes from a Lebanese nationality	نعم من الجنسية اللبنانية
Yes from Arab nationality	نعم من جنسية عربية
Yes from non-Arab country	نعم من جنسية غير عربية
No	كلا

Do you receive health assistance (care provider) at home on a regular basis?	هل تتلقى مساعدة صحية (ممرض/ة) في المنزل بشكل منتظم؟
Yes	نعم
No	كلا

Do you or any member of your household have a disability/physical or mental health challenge?	هل تعاني أو يعاني أي فرد من أفراد عائلتك من إعاقة جسدية أو تحد نفسي/عقلي
Yes, myself	نعم، أنا
Yes, a family member	نعم، فرد من عائلتي
No	كلا

Do you or any member of your household need any assistance with your daily activities?	هل تحتاج أو يحتاج أي فرد من أفراد عائلتك إلى أي مساعدة للقيام بالأنشطة اليومية؟
Yes, myself	نعم، أنا
Yes, a family member	نعم، فرد من عائلتي
No	كلا

Do you own or rent your home?	هل تملك منزلك أو تسكن بالإيجار؟
I own my home	أملك منزلي
I rent my home (old rent)	أستأجر منزلي (إيجار قديم)
I rent my home (new rent)	أستأجر منزلي (إيجار جديد)
I live with someone else but I do not pay a rent myself	أقيم مع شخص آخر دون بدل إيجار

Transportation

المواصلات

What type of transportation do you usually use? (multiple choice)	ما الوسيلة التي تستخدمها عادة للتنقل؟ (سؤال متعدد الإجابات)
Private car	سيارة خاصة
Public transportation (bus, van)	نقل عام (قار، باص)
Bicycle	دراجة هوائية
Motorcycle	دراجة نارية
Taxi/service	تاكسي/سرفيس
Uber/Kareem/Bolt	أوبر/كريم/بولت
Rely on relatives/friends for transportation	أعتمد على الأصدقاء والأقارب في تنقلاتي

Are you able to get to the places you need to go to?	هل بإمكانك الوصول إلى الأماكن التي تريد الوصول إليها؟
Yes	نعم
No	كلا

What are the main challenges related to transportation? (multiple choice)	ما هي التحديات الأساسية المتعلقة بالموصلات؟ (سؤال متعدد الإجابات)
High cost of transportation	غلاء كلفة المواصلات
Lack of public transportation	غياب وسائل النقل العامة
Disability problem	وسائل النقل غير ملائمة لذوي الاحتياجات الخاصة
Absence of private means of transportation (car, bicycle)	لا أملك وسيلة نقل خاصة (دراجة، سيارة)

Well Being

حسن الحال

How would you describe your state of health these days	كيف تصف وضعك الصحي حالياً؟
1= very good,	جيد جداً
2=good,	جيد
3= fair,	مقبول
4=poor,	ضعيف
5=very poor	ضعيف جداً

How much would you say you are happy in your life	إلى أي مدى تعتبر أنك سعيد في حياتك؟
1= very happy,	سعيد جداً
2=rather happy,	سعيد قليلاً
3= not very happy,	تعييس قليلاً
4=not at all happy	تعييس جداً

Comparing your standard of living to your parents when they were your age, would you say that you are	مقارنةً بأهلك عندما كانوا في مثل سنك، هل تعتبر أن مستوى حياتك:
1=better of,	أفضل
2=worse of,	أسوأ
3=about the same	بحال مماثلة

Social Participation

المشاركة الاجتماعية

Are you an active member of any of the following institutions?

هل أنت عضو فاعل في أي من المؤسسات التالية (سؤال متعدد الإجابات)

Member of a sports organisation

عضو/ة في منظمة رياضية

Member of religious organisation

عضو/ة في منظمة دينية

Member of art/music organisation

عضو/ة في منظمة موسيقية/فنية

Humanitarian/charitable organisation

عضو/ة في منظمة إنسانية/خيرية

Member of a political party

عضو/ة في حزب سياسي

Women's group

عضوة في جمعية نسائية

Member of a labour union

عضو/ة في نقابة عمالية

Member of a professional association

عضو/ة في اتحاد مهني

Self-help/mutual aid group

عضو/ة في مجموعة مساعدة متبادلة

Other type of organisations

عضو/ة في منظمة من نوع آخر

1= active member,

1- عضو/ة فاعل/ة

2=not very active,

2- عضو/ة غير فاعل/ة

3=I don't belong

3- لا انتمي إلى أي منظمة

Participation

المشاركة

How much do you consider that you have a say in what your family does?

إلى أي مدى تعتبر نفسك مقررًا ضمن عائلتك

I fully participate in decisions

أنا أشارك في القرارات بشكل كلي

I partially participate in decisions

أنا أشارك في القرارات بشكل جزئي

I rarely participate in decisions

نادرا ما أشارك في القرارات

I do not participate in decisions

أنا لا أشارك في القرارات

I participate but my participation is not considered

أنا أشارك في القرارات ولكن مشاركتي لا تؤخذ بعين الاعتبار

Are you informed about the national strategy for elderly	هل أنت على دراية بالاستراتيجية الوطنية الخاصة بكبار السن
Where did you get this information?	من أين حصلت على هذه المعلومة
Friends/relatives/neighbours	أصدقاء/أقارب/جيران
Social media	وسائل التواصل الاجتماعي
Personal search	بحث شخصي
Media	وسائل الاعلام
Flyers	منشورات ورقية
Are you informed about the national strategy for persons with disabilities	هل أنت على دراية بالاستراتيجية الوطنية الخاصة بذوي الاحتياجات الخاصة
Are you informed about DAEM programme	هل أنت على دراية ببرنامج دعم
Are you informed about MOSA disability cards	
Are you informed about MOSA national programme targeting poverty	هل أنت على دراية ببطاقة ذوي الاحتياجات الخاصة التي تقدمها وزارة الشؤون الاجتماعية
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