

# A glimmer of **Hope** amidst the Pain



Voices of older people on social protection  
and the need for a social pension in Lebanon



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## A glimmer of Hope amidst the Pain

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Above all, we would like to thank the **32 older people** who met and shared their stories with us.

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This brief sheds light on older peoples' appeals, suffering and aspirations, and addresses issues of income security through social protection programmes and other channels of support that they have resorted to, especially amidst the country's economic, financial and banking sector collapse. It also presents testimonies that touch on social health protection and the impact of the crises on the availability of services and the scope of coverage. Additionally, it features the intersection of social protection with other key issues, including gender, intergenerational solidarity, family care, ageism, loneliness, isolation, mental health as well as the far-reaching impact of the successive crises on older people from all social classes in Lebanon.

Most importantly, this brief conveys the struggles endured by older people as a result of gaps in the social protection system in the country. It also sends a message of hope for the adoption of a non-contributory social pension that guarantees minimum income security for all older people and helps secure a decent living for workers in the informal sectors and for those who have never participated in the labour market, primarily older women.

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*..We plant, and we **wait**  
for **any kind of initiative**  
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government.*

Fayez, 86

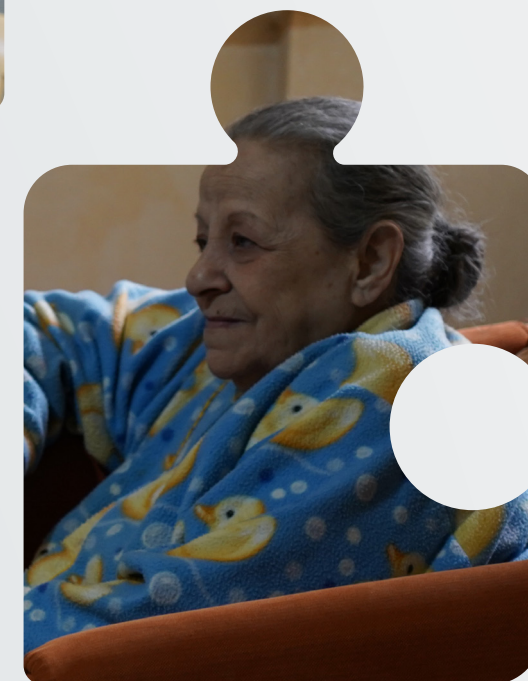




## Introduction

Lebanon has been facing compounded crises in recent years, beginning with a financial and economic collapse, through the outbreak of the COVID-19 pandemic, and culminating with the devastating explosions at the Beirut Port on August 4, 2020. These challenges continue to exact dire repercussions on Lebanon's entire society and especially on vulnerable groups such as older people, given their distinct health and socioeconomic conditions. The recent crises have also led to an increase in poverty and unemployment, thereby preventing millions of people in Lebanon, particularly older people, from meeting their basic needs.

This situation is exacerbated by the shortcomings of Lebanon's social protection system — which is characterised by vast discrepancies in levels of protection and major gaps in coverage — leaving a large segment of the population, especially older people, without adequate support. In fact, older people make up 11% of Lebanon's population - the highest proportion in the Arab region - with a life expectancy of 78 for men and 82 for women.<sup>3</sup> Yet, older people in Lebanon rarely find their causes or concerns addressed in the policies, programmes, and initiatives led by the public and private sectors, and their productive potential remains untapped. They do not enjoy adequate social protection, including health protection and social pensions, which are mainly provided to retirees of the public sector and security forces. As a result, nearly 56% of older people in Lebanon live in households that did not receive any form of social protection benefits in 2018, while 80 percent live in households that did not receive any form of old age benefits.<sup>4</sup>



This brief aims to amplify the voices of older people in Lebanon on social protection and their need for a fair and comprehensive system. It draws on the testimonies of 32 older people - 18 women and 14 men, who took part in four focus group discussions (FGDs) held in Beirut and West Bekaa in August 2021. The chosen sample comprises participants between 59 and 88 years old and includes 24 Lebanese nationals and eight Syrian refugees, residing in Beirut, South Lebanon and the Bekaa.

The brief sheds light on older peoples' appeals, suffering and aspirations, and addresses issues of income security through social protection programmes and other channels of support that they have resorted to, especially amidst the country's economic, financial and banking sector collapse. The brief also presents testimonies that touched on social health protection and the impact of the crises on availability of services and the scope of coverage. Additionally, it features the intersection of social protection with other key issues, including gender, intergenerational solidarity, family care, ageism, loneliness, isolation, mental health as well as the far-reaching impact of the successive crises on older people from all social classes. For Syrian refugees, it also looks at distinct struggles linked to the declining value of aid, resulting from the devaluation of the Lebanese Pound.

Finally, the brief explores the recommendations brought forth by older people in Lebanon regarding the establishment of a fair social protection system that guarantees income security and decent living conditions both now and in the future.

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*I would very much  
like to **retire and rest**..*

Farah, 62

”







*For **twenty years**, we have been asking for a pension and health insurance, but the government has yet to meet our demands.*

**Suhail, 60**



### What is Social Protection?

Individuals face different vulnerabilities throughout their lives, affecting their health, wellbeing, and ability to maintain an adequate standard of living for themselves and their families. Based on human rights frameworks, certain contingencies such as maternity, childhood, illness, unemployment, work injuries, disability, and old age are considered critical and require the establishment of systems to support individuals who face them. These are known as “social protection systems,” and their purpose is to mitigate poverty, lack of income security, and inequality, as well as to promote economic growth. Social protection systems generally include retirement pensions and disability, unemployment, illness, maternity, and childhood allowances.



*Older people have become a **heavy burden on everyone else.***

**Samira, 67**



Social protection, including retirement pensions, is considered as a human right in the Universal Declaration of Human Rights (1948), particularly Articles 22 and 25 thereof; the International Covenant on Economic, Social, and Cultural Rights (1966); the Convention on the Elimination of All Forms of Discrimination against Women (1979) – Article 11; the Convention on the Rights of Persons with Disabilities (2008) – Article 28; International Labour Organization (ILO) Convention 102 on Social Security (1952); ILO Convention 128 on Invalidity, Old-Age, and Survivors' Benefits (1967); and ILO Recommendation 202 on Social Protection Floors (2012).<sup>1</sup> Conventions 102 and 128 provide income security for all older persons based on contributions (also known as retirement pension), in addition to guaranteeing a minimum level of income, through non-contributory social pensions, which is sufficient to ensure the family's health and dignity.<sup>2</sup>

## Social Protection and Lebanon's Older People

### Income Security

Social protection coverage of older people in Lebanon remains limited; retirement pensions are paid almost exclusively to **retirees of the public sector and security forces**, who collectively comprise 10% of the labour force.<sup>5</sup> Private-sector employees, on the other hand, benefit from end-of-service indemnities through the National Social Security Fund (NSSF), while workers in informal sectors and those who never participated in the labour market do not benefit from any compensations.

Older people who receive retirement pensions reported during the FGDs that these regular payments had previously allowed them to live a somewhat decent life. However, in light of the deteriorating economic situation, the pensions are no longer sufficient to even meet basic needs, such as food, water and electricity.

Such is the case with Youmna, 71, who explained: *"We receive our retirement pension at the official exchange rate of LBP 1,500 for every US dollar, and, today, the market exchange rate has reached LBP 20,000 for every US dollar. The difference is staggering. In the beginning, our pension was enough for us to make ends meet, and I thanked God every day for it. Now, however, that pension is far from enough."*

Lamia, 66, told a similar story: "I worked for 34 or 35 consecutive years in the education sector, and, at first, I was very happy with my retirement pension. But now, it pains me to tell you what that pension is worth."



*I have only **one meal a day**: lunch. Breakfast and dinner have become luxuries beyond our reach.*

Joumana, 61



Despite their struggles, Youmna and Lamia are counted among the lucky few who do benefit from retirement schemes. Indeed, FGD participants who have never received any pension, end-of-service indemnity, or any form of social protection - and who make up the vast majority of older people in Lebanon - described a situation as becoming worse with every passing day as the situation further deteriorates.

*"I need to pay rent and buy medication, Joumana", a 61-year-old widow, said, adding, "I cannot even afford to pay for electricity. We have to borrow money to pay the bills because otherwise, our electricity would be cut off. We feel utterly humiliated. I sometimes cannot afford to buy a bottle of water, and I pray I do not have any visitors who may need or expect me to offer them a drink. I have only one meal a day: lunch. Breakfast and dinner have become luxuries beyond our reach."*

Joumana's struggles echo those of Nour (64), another widow, who said: "My husband was self-employed so [we have] no indemnity or social security. When he passed away, he did not leave me any money. I have not done [paid] work once in my entire life. The situation is terrible. My children can barely secure their livelihoods in these circumstances. I live alone at home, and I suffer from diabetes and blood pressure, but I am left to fend for myself with no help whatsoever."





Rafiq (60), a taxi driver, had his own hardships to share: *"In those dark times, I struggle to even pay for my red license plate, which costs me LBP 400,000 per month. I can barely afford to put food on my table. I have to waste an entire day waiting in line to fill my car with gasoline just so I can work the following day. My car has been out of gas for the past two days. Two days without work. Two days without any income."*

The **banking crisis** and currency devaluation have also had heavy repercussions on older people who were somehow better off before the crisis. Their savings – whether their retirement pensions or end-of-service indemnities – are frozen in their bank accounts, and every visit to the bank to withdraw money leaves them feeling humiliated. In this context, Anis (71) said: *"I used to work in the private sector. I don't have a retirement pension, but I did benefit from an end-of-service indemnity. Unfortunately, my money is stuck in the bank, and I can only withdraw it in small instalments."*

The lack of social and retirement pensions has forced older people to resort to **alternative channels of support** and to seek new sources of revenue

*It is **incredibly difficult** for a person to have to ask other people for help.*

Lamia, 66



that can help them meet their basic needs, amidst ongoing crises and increasing poverty. A recent ILO study found that 28.4% of older people (65 and above) lived on an income of less than LBP 470,000 per month in 2018, and estimated this figure at 54.3% for 2020; a 91% increase – making it the highest increase across different population groups.<sup>5</sup>

For many older people, one way to secure their livelihoods is to remain in the labour market long after they reach retirement age. In fact, 41% of older people between the ages of 65 and 69, and 29% of those between 70 and 75, are still working.<sup>6</sup> The testimonies and experiences of participants in the FGDs confirmed this reality, reaffirming the **need to continue working** for many years after they reach retirement age.

Fayez is an 86-year-old farmer who, as an informal worker, does not benefit from any retirement pension: *"I do not sit at home. I work in farming and agriculture, and I cannot afford to stop. I have to keep working. We plant, and we wait for any kind of initiative or support from our government, but our government only takes and gives nothing in return."*

Farah (62) is also forced to continue working because her husband is retired, and their savings are inaccessible due to the banking crisis. *"I would very much like to retire and rest, but it is out of the question," Farah explains. "As long as I receive an income, I must continue to work... We were cautious throughout our life and did everything we were supposed to do, thinking this would allow us to rest in our old age... but we are not living the way we should be living as older people."*

For her part, Hiba (60) said: *"I worked for 30 consecutive years... I have never benefitted from social security or received an end-of-service indemnity. Today, I am sixty years old, and I work in a programme for older people to secure a living. When the programme was suspended for four months and I had to stay at home, I endured some incredibly difficult days, because my son has three children... so how could I possibly ask him for money?"*

Older people who do not engage in paid work depend on other channels of support, such as **assistance from civil society organisations** and "Good Samaritans". Yet, it was clear that resorting to such forms of support imposes a heavy psychological burden on older people and undermines their sense of dignity. "It is incredibly difficult for a person to have to ask other people for help," Lamia laments, "and [it is incredibly difficult] for older people to live their later years feeling ashamed and humiliated." However, their **children remain the primary channel of support** for older people, though this nonetheless makes them feel like an additional burden, especially during these trying times. Samira (67) voiced these concerns, saying, *"older people have become a heavy burden on everyone else."* The FGDs also revealed a sense of guilt amongst older people who need assistance from their children, especially when grandchildren are involved. Participants collectively emphasised that they would prefer to have their



*We were cautious throughout our life and did everything we were supposed to do, thinking this would allow us to rest in our old age... but **we are not living the way we should be living** as older people.*

Farah, 62



children dedicate resources and care to their grandchildren instead. For Sumayya (68), *"young children should be given priority, not older people."* Lamia (66) also explains *"I am ready to deprive myself of everything, but I refuse to deprive my grandchildren of what they need."* Umayma's opinion was also clear: *"Instead of feeding me, (my son) should provide food for his children."*

There could be no doubt that such sentiments - guilt and prioritizing the needs of children and grandchildren - are familiar to any person who provides for their family. Still, with such testimonies, a critical question arises: to what extent are these sentiments and line of thought linked to **ageism (age-based discrimination)**?

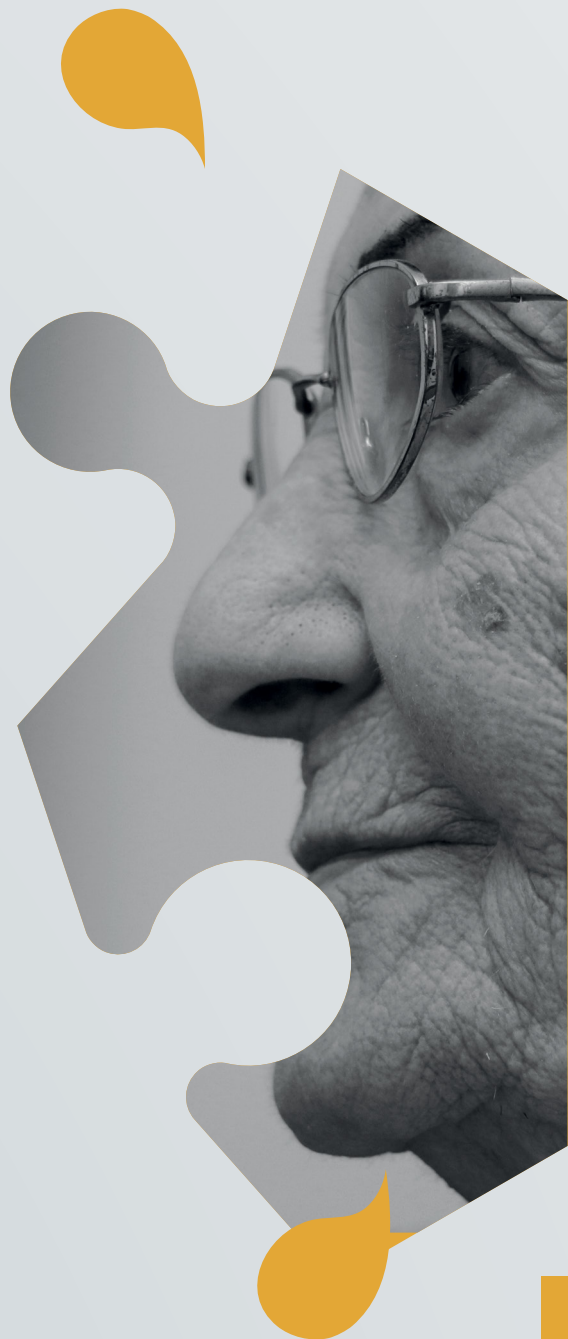
According to an international report issued by the World Health Organization (WHO) in 2021, one of the most common and most dangerous forms of ageism is self-directed ageism. It makes older people feel that their lives are less valuable than those of younger people and, as a result, they are not worthy of receiving care or enjoying their rights to the fullest extent.<sup>7</sup> Yet, for many older people, dependence on their children is inevitable. Indeed, several participants spoke of relying heavily on their expatriate children for financial support and medications that were no longer easily accessible in Lebanon. The story of Nabil (87) summarises the experiences of many older Lebanese people who can no longer work and thus are left



dependent on their expatriate children for financial support and on their children in Lebanon for help with everyday tasks. Nabil's story also sheds light on the **loneliness** that older people, particularly men who have lost their wives, suffer from: "My wife passed away eight years ago, and I live all by myself in this house. I have six children: three daughters and three sons. My three sons and one of my daughters live in Canada.

My two other daughters are still here in Lebanon. One lives in Beirut and the other lives close by, and she is the one who comes by to spend some time with me. I need medication for diabetes, but I cannot find it. My daughter has been sending it to me from Canada via express mail for the past four or five months. This year has been an utter nightmare. We used to make our living from agriculture, but who can make a decent living nowadays? I am 87 years old; I am no longer fit for working in the fields."

Anis, a divorcee, also talked about loneliness and children's immigration: "*I live by myself. I have two daughters living abroad... I miss them all the time... but I thank God they left the country and are living and working safely abroad.*" Studies have shown that loneliness, social isolation, and lack of participation can cause physical and mental health problems for older people and can lead to malnutrition and rising poverty rates.<sup>8</sup> Yet, unlike other participants, Anis



categorically rejects the idea of asking his daughters for help: "*I will not be a burden on anyone, even my children! It is not fair for a parent to burden their child... Not even for medicine. When my children tell me they want to send me medication, I tell them I have everything, even when I actually don't. Right now, I'm not taking any medication (and I am still in good shape). It seems they have been defrauding us with all those medications.*"

**Gender and social protection**, especially as they relate to income security, were among the key topics that emerged during the four focus group discussions. Several female participants shed light on the suffering and difficulties that women are forced to endure due to lack of social protection. This is the result of women's exclusion from the labour market in Lebanon, in which the social protection system is primarily built on employment-based contributory schemes. Indeed, in 2018-19, women's labour force participation was estimated at 29.3%.<sup>5</sup>

In this context, Umayma explains, "*It's not that children refuse to support their parents, they are simply unable to do so. Our children are barely able to secure a livelihood for their own families. This is even more difficult in the case of a widow or a woman who, like me, is divorced and left with the care of a son with disabilities... This is our problem as older people. My husband divorced me, so who am I supposed to live with now? If my second son were to marry and leave the house, I could no longer pay rent, and I have a son with a disability. I have no home or income of my own, and most women are in the same situation... Some women do not have any source of income. So how can she provide for herself? Who would even hire a 60-year-old woman like me?*"



*It's not that children refuse to support their parents, they are simply unable to do so. Our children are barely able to secure a livelihood for their own families.*

Umayma, 67



Salwa's story also illustrates the suffering of women who were excluded from the labour market and consequently denied social security coverage and forced to be entirely dependent on a husband, brother, or father:

*"I have no one to provide for me because I am not married. I am 67 years old. I have seven brothers, but their financial resources are limited. They were all educated and have university degrees, but my father did not send me to school. He told me that I couldn't go to school as I had to serve them. My father was a person with a disability, and I served and took care of him for 13 years."* Lacking any social security coverage she could benefit from, Salwa is struggling: *"I have not taken any of my medications for two months now."*

With no income of her own, Siham (64) was also left vulnerable and dependent: *"I never did any paid work. I used to take care of the children. My husband was self-employed, but he passed away. We did not receive any benefits because he was not an employee. My children were my only support, but they got married and they have their own families now... The only exception is the son with whom I live now. He is the one who pays for our rent, but he is in a lot of debt."*

Unlike Siham, Samira's husband, was a municipal guard and she benefited from his end-of-service indemnity. However, none of the male participants said that they had benefited from or depended on their wife's end-of-service indemnity. This is hardly surprising since the few older female participants who had worked outside the home did so in the agricultural sector or in other informal sectors that do not offer any form of social protection. Such is the case with Georgette (81), who said: *"I worked for 50 years in the orchards. My husband passed away when I was 30 years old, and I worked and raised our kids myself. We used to work to secure our livelihood, but we do not have social security, and the money we saved in the bank is now blocked."*

Finally, the participants emphasised the importance of **securing a regular income** that allows them to meet their basic needs, including, first and foremost, their health needs. Farah, for example, wished that the government would dedicate a social pension for older people because income is necessary "for older people to lead a decent life." She says, *"If older people receive a monthly income, they can plan their expenses accordingly, without relying on other people or seeking help from anyone. We live in constant fear that, one day, we will be forced to ask for help, when everyone around us has so little. Even with only a small income from the government, we would be able to meet our basic needs."* Similarly, Feryal (67) expressed the participants' collective belief that income security would help them preserve their dignity, requesting *"an income... and health insurance... so that we won't have to ask for help and so that we can live with dignity."* Fouad (60) clarified that income security is more important than any other type of coverage because *"money brings peace of mind, and with it, we would be able to cover our own needs, including health needs."* For his part, Souheil (60) raised the topic of pension and health insurance for older people: *"for twenty years, we have been asking for a pension and health insurance, but the government has yet to meet our demands. Where is our pension?"*





*The only reimbursement I could collect was for the doctor's examination fees, but they paid me **LBP 29,000**, when I had paid the doctor **LBP 350,000**.*

Feryal, 67



## Health Coverage

At a time when 70% of older people in Lebanon suffer from at least one chronic disease, **nearly half of Lebanon's older people still find themselves without health coverage**<sup>6</sup>. Out of the 24 older people who took part in the focus group discussions, only three had enjoyed some form of health coverage; one man was registered in the NSSF as their son's dependent, one woman only benefited from health coverage when her husband was a municipal employee, and another woman enjoyed health coverage after retiring from her job in the public sector. The participants collectively emphasised the need for social health protection, describing their struggles with issues such as limited coverage, lack of medication, and the complicated and inaccessible reimbursement system for medical expenses.

Dressed in mourning black, the bereaved 75-year-old Nouhad expressed her pain and heartbreak for her son's tragic death: *"I have four sons, the youngest of whom is 33 years old. They all suffer from chronic diseases or disabilities, and one of them was diagnosed with cancer. His doctors told me that cancer medications were unavailable, and we could not admit him to the hospital due to COVID-19. He passed away at home three months ago."*



Nouhad's testimony also sheds light on **older people who are still providing for their families and caring for their younger relatives themselves rather than vice versa**. These real-life experiences run contrary to the prevalent stereotype which represents older people as a burden on their communities, requiring care and support from others, while disregarding **their contributions to their families and wider society**.

Hiba — whose husband passed away at the hospital — complained about the fact that **social health protection is shrinking as the crisis escalates**: *"My husband passed away, and the hospitals charged me exorbitant sums of money because his treatment was not covered. He was registered in the NSSF through my son, but when the latter visited the NSSF centre two months ago to collect reimbursement for his father's treatment, he was told that the funds were not available."*

Similarly, Feryal, a former cancer patient who still requires regular treatment, described her struggle with the social security system in relation to the low set tariffs compared to the actual costs that people have to pay for health services. She also mentioned the **reimbursement system**, which is complicated and confusing for older people.

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*My husband needs **five** medications for blood pressure and heart disease. He is now taking his medications once every two days in order to save money.*

Samira, 68

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*"After I retired, I subscribed to the NSSF in return for a fee," Feryal explained, "but the problem with the NSSF is that I submitted my list of medications more than nine months ago, and I am still waiting for reimbursement. The only reimbursement I could collect was for the doctor's examination fees, but they paid me LBP 29,000, when I had paid the doctor LBP 350,000. The other problem with the NSSF is that we have to make an appointment and spend the entire day at the centre submitting our paperwork. I no longer go (to the NSSF centre); the system is just exhausting for older people."*

For her part, Samira brought up the case of employees who lose their social security coverage when they lose their jobs. *"(My husband) and I used to benefit from social security coverage when he worked at the municipality. But when he was let go, we lost that coverage. My husband needs five medications for blood pressure and heart disease. He is now taking his medications once every two days in order to save money."* Lamia also lost her social security coverage when she retired from teaching: *"I was registered at the NSSF. Imagine retiring at this age and losing your NSSF coverage. Is there any logic to that?"*



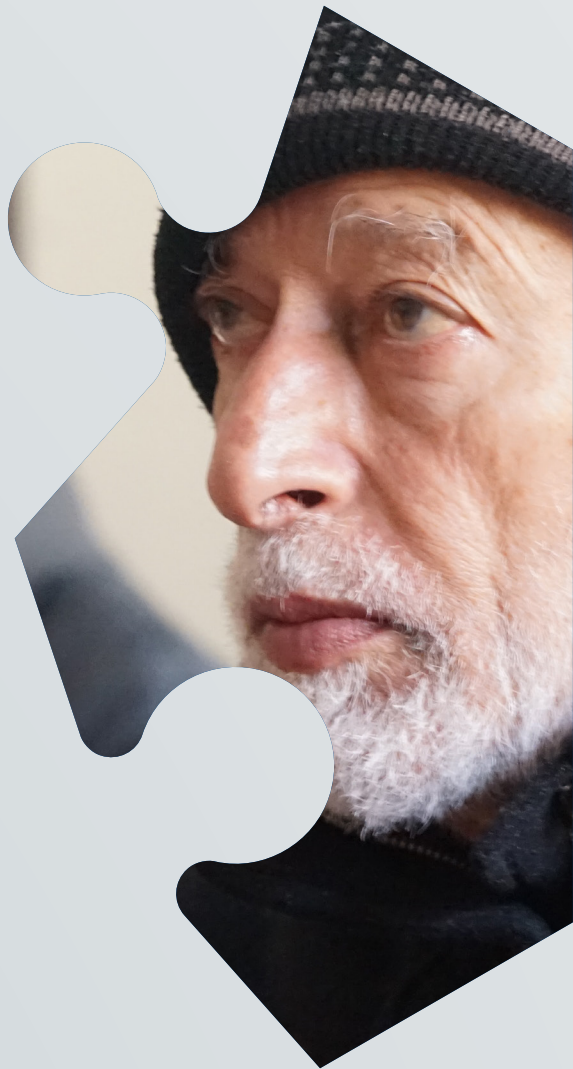


With such testimonies, it becomes clear that healthcare remains a significant concern for older people.

Even those who have private health insurance or who have the financial means to pay for private insurance are concerned because **insurance companies are making many exceptions and refusing to cover various tests and procedures.**

Moreover, even people who are better off are constantly concerned by the severe shortage in medications, medical staff, and health and medical supplies. Farah, for example, said: *"I have private health insurance, but my husband was not covered because he lived abroad. When he returned, no insurance company would cover him because he was 70 years old. The mere thought of sickness terrifies me because we do not have any social safety net, healthcare coverage, or protection. Who would care for our fate, especially ours as older people, now that our children have left? The government is nowhere to be found."*

Anis also commented on the state of health coverage and services and shed light on the **despair, hopelessness, and psychological distress experienced by older people:** *"Even if we did have NSSF coverage or private health insurance, they are no longer covering treatment or reimbursing fees."*



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*They (social security funds and private health insurance) are no longer covering treatment or reimbursing fees...*

Anis, 71

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*My private insurance policy theoretically covers me up to one million USD, but for the past two weeks, I haven't been able to book an appointment for my radiography examination, which I need to have on a routine basis. They set a provisional appointment for me after two months and said they would contact me for confirmation. Needless to say, I cancelled the appointment because I could very well be dead by then."*

Lastly, several participants stressed just how important it was for the government to provide health coverage for older people given their distinct health conditions and the fact that such coverage touches directly on their ability to lead dignified lives. For example, Mansour (84) said: *"Older people should benefit from full health coverage regardless of any pre-existing condition... Even citizens who did not contribute to the system should benefit from their fair share of medical programmes, as stipulated by the Ministry of Health."* Alia (74) also said it was important for older people to participate in community activities, given the **impact of isolation and the lack of social engagement on their mental health.**

## Experiences of Older Syrian Refugees

Social protection is a human right. Therefore, and as stipulated in national and international laws and conventions (listed earlier in this brief), refugees must be included in the social protection systems of their host countries. This also contributes to the achievement of the United Nations (UN) 2030 Sustainable Development Goals, including SDG 1 (No Poverty) and SDG 3 (Good Health and Well-being).<sup>9</sup> Social protection is particularly important for older refugees, who are among the most marginalised and vulnerable groups, and yet, only benefit from 1% of humanitarian funding globally.<sup>10</sup> Studies have also shown increased physical and mental illnesses amongst older refugees, noting that older refugee women are disproportionately affected, due to the deprivation and discrimination they endure throughout their life cycle.<sup>11</sup> For these reasons, social protection has become an urgent need, both locally and globally. In Lebanon, refugees are not covered by the national social protection system; instead, they receive limited benefits and services provided by UN agencies and local and international humanitarian organisations. Accordingly, we dedicated one focus group to older refugees, and their insights have shown that the humanitarian assistance they receive is no longer sufficient, particularly amidst the current crises in Lebanon.

*It is already **tough for us to accept** that they are working to support us financially. Where would we be without our children? We would have to beg on the streets.*

Anas, 76

Some participants indicated that they received financial aid from the UN when they first sought refuge in Lebanon. However, this aid was suspended or significantly reduced in the past few years, despite continuous and rising needs, in light of deteriorating living conditions and inflation in Lebanon. Therefore, and similarly to their Lebanese counterparts, older Syrian refugees are dependent on their families and resort to negative coping mechanisms to meet their needs. For example, **child labour** was raised as one coping strategy, specifically by sending grandchildren to work. Shahida (61), explained: "Young children are the ones helping meet needs... Parents with boys aged 10 or 11 can set their sons to gathering and selling plastic, while daughters are put to work in agriculture in order to provide food for the family." Najiba (62) added: "I have two grandchildren aged 12 and 15. They both work as bakers. Their father was a cement mason, but he is now unemployed... His two boys work and pay rent. At the moment, however, we are unable to pay rent since their work is no longer as profitable, because of the continuous power cuts and the lack of diesel."

Anas (76) clarifies that "when we came to Lebanon, we brought some money with us from Syria. We rented houses and were not dependent on our children or anyone else. However, with time, we spent that money and had no choice but to depend on our children. Of course, they did not abandon us, but only God knows how they are able to provide for their families and cover their expenses." Older Syrian refugees also feel they are a burden on their children, which generates feelings of anxiety, sadness, and despair. In this context, Anas said: "We should not impose ourselves





*on those who are younger. They have children of their own, and they are collecting and selling waste to be able to provide for them. I thank God that I can take care of myself physically, without being a burden on my children in that way, too. It is already tough for us to accept that they are working to support us financially. Where would we be without our children? We would have to beg on the streets."*

In addition to income security, Syrian refugees spoke at length about their healthcare situation, including the **scope of coverage and the adequacy of benefits** for older people. A study conducted with older Syrian refugees in Lebanon found that 54% suffer from at least one chronic disease, which are most common amongst older people. Chronic diseases require continuous treatment and expensive medications which are rarely provided through humanitarian assistance.<sup>12</sup> The testimony of Karima (74) is perhaps the most insightful on the issue of healthcare: *"They took me to a hospital in Saida because it has a partnership with the UN. I underwent a cardiac*

*catheterisation procedure and realised that I had atherosclerosis. The UN refused to cover the cost of the procedure, but they paid for the one-night stay at the hospital. I had to secure the funds for this procedure on my own. I solicited the help of my neighbours, who lent me USD 940 to pay for two catheters."*

The older refugees also discussed the **issue of medication**. In the past, some of them had received medications free of charge from civil society organisations, but according to participants, many of these programmes have been suspended lately. As such, they can no longer pay for medications, which are becoming increasingly expensive, provided they are available in pharmacies in the first place. Najiba struggles with this reality: *"I need medications for diabetes, cholesterol, blood pressure, and thyroid. However, I have not taken them for six or seven months; they are not available in pharmacies, and civil society organisations are not providing them either."*



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*When we came to Lebanon, **we brought some money with us from Syria...** With time, we spent that money and had no choice but to **depend on our children**. Of course, they did not abandon us, but only God knows how they are able to provide for their families and cover their expenses.*

Anas, 76

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## Conclusion

Anxiety, sadness, despair, frustration, psychological distress, and fear of what the future could hold – these are the emotions that dominated the testimonies offered by older people, especially as they are no longer of an age that allows them to work and they suffer from chronic diseases that require costly treatments. On top of that, immigration is not an option for them as it would be for younger people. *"It is complicated for us to start a new life or travel abroad at our age,"* Lamia explains, *"when we move to a new house, it takes us an entire year to get used to the location of the power outlets. We are set in our ways, and change is difficult for us. Every street and every corner evoke nice memories. We are suffering from these crises, and we are afraid because we lack social and economic security."*

In all discussions, the most prominent headline was the pain and suffering experienced by older people because of the absence of a fair and inclusive social protection system. Yet, the testimonies also demonstrated that many participants were determined to persevere, fight, and hope for a better future. Notably, many were also intent on playing their role in bringing about change, fully confident that they, as older people, still have the ability and the obligation to do so.



Through different discussions, 32 older men and women shared their sorrows, suffering, and pain. Their testimonies elicited tears, anxiety, and anger, but they also expressed hope in their ability to persevere and their determination to bring about change. This brief has shed light on the painful circumstances that older people have to face amidst the multiple crises and shocks afflicting Lebanon and in the absence of a fair, transparent, accessible, and inclusive social protection system. The report examined these testimonies from both gender and socio-economic perspectives, focusing on employment status, living arrangements, and intergenerational solidarity. Clearly, **the crisis has affected all segments of society, including older people who are better off** and public-sector retirees who receive a retirement pension and health coverage. Banks have imposed restrictions on withdrawals, and the value of savings, retirement pensions and end-of-service indemnities of older people has plummeted after the Lebanese Pound lost more than 90% of its value. It was also clear that older people are suffering from **the collapse of the support and care systems that they used to depend upon in the past, whether through government programmes, private insurance companies, NGOs, or family networks**. The testimonies of these older people also indicated that the support provided by NGOs is decreasing at a time when children are no longer able to support their parents because they themselves are struggling to provide for their own families.



In conclusion, the social assistance provided by the Lebanese government to older people is extremely limited in scope and coverage, while non-governmental parties and organisations offer other forms of assistance and social support, giving rise to a national system that lacks trust and equity. In 2020, a position paper endorsed by 21 civil society organisations defending the rights of older people in Lebanon stressed the need “for Lebanon to take steps towards a social protection system delivered for all citizens regardless of their status or identity, there is a need to expand coverage to include those currently unprotected and **recognize social protection as right rather than a privilege.**”<sup>6</sup> The current crisis offers an unprecedented opportunity to **re-imagine the social protection system** and lay the groundwork for social protection floors by developing a set of social life-cycle grants, including social pension for older people. If adopted, a non-contributory social pension scheme has the potential to achieve income security for all older people. Such a scheme would ensure a dignified life for workers in informal sectors, who made up 50% of the labour force in 2018<sup>6</sup>, and for those who have never participated in the labour market, especially women. Providing a basic guarantee for everyone in old age, regardless of work and contribution history, through social pension, breaks the lifelong cycle of inequity and discrimination that women have to face, recognising their unpaid contributions to their households and society. While this report has conveyed the suffering of older people due to the lack of social protection, it ends on a hopeful note. Introducing a comprehensive social pension for older people is possible for Lebanon, both fiscally and operationally, just as many other low- and middle-income countries have successfully proved.

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*Older people do not want to be dependent on others, they want a dignified life.*

Karim, 75

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International  
Labour  
Organization

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*I do not think about death,  
but rather about life*

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