



Issam Fares Institute for Public Policy and International Affairs
معهد عصام فارس للسياسات العامة والشؤون الدولية



جامعة الكبار
University for Seniors



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

A brief developed by the Center for Studies on Aging, HelpAge International and the Centre for Inclusive Policy and endorsed by the Alzheimer's' Association Lebanon, Arcenciel, Amel Association, Disability Hub led by Center for Lebanese Studies, Friends of the Disabled Association (FDA) Lebanon, Issam Fares Institute for Public Policy and International Affairs (IFI), University for Seniors (UfS) at the American University of Beirut, Institute for Development, Research, Advocacy and Applied Care (IDRAAC), Lebanese Center for Policy Studies (LCPS), Lebanese Union for People with Physical Disabilities (LUPD), Learning Center for the Deaf (LCD), Lebanese Federation of the Deaf (LFD), Lebanese Association for Self-Advocacy (LASA), Mousawat Association, National Federation of Employees' and Workers' Unions in Lebanon (FENASOL), World Rehabilitation Fund (WRF) Lebanon, and the Youth Association of the Blind (YAB).

This statement is open for further endorsements. If your organization would like to support this call for a rights-based social protection system for Lebanon, please contact the lead author Professor Abla Mehio Sibai.

The human right to social protection for all

Everyone, male or female, young or old, rich or poor, faces circumstances or vulnerabilities throughout their life-course that hold the potential to negatively impact their health, wellbeing and ability to maintain an adequate standard of living for themselves and their dependents. Recognizing these universally shared risks, the Universal Declaration of Human Rights (UDHR), 1948, the International Covenant on Economic, and Cultural Rights (ICESCR), 1966, and the International Labour Organization's Convention 102 on Social Security (1952) establish the human right to social security and an adequate standard of living.

On the basis of these human rights frameworks, an international consensus emerged that health care, maternity and childhood, sickness, unemployment, employment injury, disability, survivorship, and older age are stages in a person's life-course of heightened vulnerability that require societies to organize systems of support and investment in people. Today, we call these systems social protection.

The rationale for social protection systems is based on their capacity to reduce poverty and vulnerability, enable participation and human development at the individual level, but also on their crucial importance at the macro-economic and societal level, where they support shared economic growth, increased productivity, and reduced inequalities. Social protection is widely recognized to be critical for the realization of the 2030 sustainable development agenda, as success in achieving a number of Sustainable Development Goals (SDGs) depends on the effective implementation of social protection policies and programmes.

Steps towards an inclusive and rights-based social protection system for all: The feasibility of a non-contributory social pension for Lebanon

This brief sets out to provide a concise analysis of the state of Lebanon's social protection system in the context of the ongoing economic and social crisis, with a particular focus on the ability of the country's social protection system to ensure income security in old age for all Lebanese. This is followed by an assessment whether a tax-funded non-contributory social pension could be a feasible action towards ensuring at least basic income security for all older Lebanese, as well as the development of a more effective, inclusive, and rights-based social protection system for the country as whole. Complementing the discussion of an older age social pension, this brief explores opportunities to provide additional support to persons with disabilities, including older people with disabilities.

Lebanon faces immediate and structural social and economic challenges

Lebanon is facing existential challenges of social, political and economic nature. Since October 2019, unprecedented and unrelenting mass protests have swept the country. The immediate cause for these protests was the introduction of new taxes on gasoline and VoIP calls, but protestors' grievances quickly expanded to include broader issues such as sectarian rule, a stagnant economy, high inequality, rising unemployment, endemic corruption and social injustice.

At the same time, Lebanon's longstanding economic malaise has escalated into a full-blown economic crisis with large-scale job losses, declining wages and capital controls. Lebanon's debt burden, which has for a long time been among the largest in the world, is now equivalent to nearly 170 per cent of its gross domestic product (GDP). Foreign currency inflows have slowed, Lebanon's pound has plunged in value and banks have imposed tough restrictions on dollar withdrawals and transfers. On March 9th, 2020, Prime Minister Hassan Diab announced that Lebanon would default on its debt for the first time in history¹.

The economic crisis is expected to increase already high levels of poverty. Escalating inflation, rising unemployment and underemployment, as well as declining remittances are expected to make it harder for many Lebanese to meet their basic needs, pushing significant numbers into vulnerability and poverty, and exacerbating the depth of existing destitution. The World Bank estimates that in 2018 about a third of the Lebanese people lived in poverty, up from 27 per cent in 2011/12, and warned that the poverty rate has indeed soared to 40 per cent in 2020².

The COVID-19 pandemic and social protection

Social protection measures have become a critical component of countries' responses to the COVID-19 pandemic, enabling access to affordable health care and helping to address some of the immediate and longer-term social and economic implications of the pandemic. Interventions such as establishing or scaling-up cash transfer programmes can improve access to health services and protect individuals and households from the adverse social and economic repercussions of the crisis. As of April 23rd, 2020, 151 countries have introduced, adapted or expanded social protection programmes in response to COVID-19³.

COVID-19 presents specific dangers for older people, as the risk of serious illness and death from the disease increases with age. Governments should guarantee and expand older people's continued and safe access to pensions and other forms of social protection in the context of widespread self-isolation, reduced access to income and curtailed access to support services. Accordingly, improvements to the coverage and benefits of pension systems have amongst the most common social protection responses to the crisis.

In this context, there is an urgent need to protect the wellbeing and livelihoods of the Lebanese population, and develop new approaches that can address the underlying causes of the crises, while responding to demands of a new social contract and social justice. For both objectives, the development of an inclusive and rights-based social protection system is crucial. This means taking immediate actions to expand social protection coverage to cushion people against the effects of the current economic crisis, but also to urgently develop a national vision for a social protection system that is based on the principles of citizenship, rights, inclusion and social justice.

The state of social protection in Lebanon

Lebanon's social protection system is characterized by unequal levels of protection provided to various segments of the population and significant coverage gaps that leave large portions of the population without any support. There are three main social protection pillars in Lebanon, which are summarised below.

The **National Social Security Fund (NSSF)** is country's main social insurance mechanism and provides formally employed workers in the private sector with health insurance, family allowances and an end-of-service indemnities (EOSI). The NSSF is limited to the formal private sector, which is estimated to be less than half of the country's labour force. As the EOSI is a one-off lump-sum, it does not guarantee income security in older age and leaves contributors exposed to significant financial risks as they grow older. The same approach and limitations apply in case of disability. **This makes Lebanon the only country in MENA which has not yet established a pension scheme for workers in the private sector⁴, and one of only 16 countries worldwide that does not provide a disability pension⁵.**

The **public pension** covers civil servants of the central Government as well as the country's security forces. Together they make up around 10 percent of the labor force. The cost of the public pension is substantive, reaching around 3.5 percent of GDP in 2019. Contributions to the pension fall short of covering its liabilities, and the fund is therefore heavily reliant of subsidies from general tax revenue to cover the structural deficit.

The **National Poverty Targeting Programme (NPTP)** is Lebanon's main social assistance scheme. The programmes currently provide about 43,000 poor Lebanese - about 1 per cent of the total population – with a range of basic social services and in-kind support. These include exemptions for counterpart payments for public health services, registration for public schools and, for the poorest amongst NPTP recipients (15,000 households as of February 2020), E-cards to buy food. Households are identified through a proxy-means test (PMT), a poverty targeting approach (see box below). The cost of the programme is partly covered by international donors and the package of services provided is very modest.

Other social assistance programs such as those related to **persons with disabilities** are very limited in scope and are not sufficiently resourced. For instance, the 103,200 holders of a disability card (2.6% of the population over the conservative estimates of 4% of the population having a disability⁶) are only entitled to coverage of some assistive products, certain tax exemptions and free health care, but in practice health providers often do not accept the card⁷. There is no disability related income security and no cash transfer to cover the basic disability related costs.

Exclusion in poverty-targeting approaches

Proxy-means tests (PMT) are tools identify households on the basis of their perceived economic status. They attempt to predict a household's welfare on the basis of statistical analysis of household surveys and observable household characteristics, such as demographics or ownership of durable assets. **A range of studies have reported that PMTs generate high exclusion errors, ranging from around 50 per cent to 93 per cent.** These errors are confirmed by qualitative research that often find community members claiming that many living in poverty are excluded by PMTs.⁸

PMTs incorporate high in-built design errors. The accuracy of the PMT formula is limited. Most PMTs used in lower- and middle-income countries only explain around half of the variation in consumption between households, which means that they only weakly predict a household's level of poverty.

Further errors are introduced during implementation. While it is often assumed that it is relatively easy to survey households and accurately collect information, in reality surveys are challenging to implement.

Household composition, income and consumption are highly dynamic yet PMT surveys are undertaken infrequently. As a result, the accuracy of PMT surveys degrades rapidly, introducing further errors into the targeting process. In Lebanon, for example, the household survey behind the NPTP's PMT was conducted in 2011.

Finally, studies find that poverty-targeting can create animosity between beneficiaries and non-beneficiaries, and weakens social relations. This is particularly the case where there is little difference in living standards between beneficiaries and non-beneficiaries⁹. The IMF notes that "the random nature of exclusion around the eligibility cut-off score, and the associated lack of transparency in defining eligibility, can generate significant community discontent."¹⁰

In lieu of a robust Government-led social protection system, there is a heavy reliance on services and informal social protection provided by various civil society organizations. Since the provision of social protection is generally seen as a crucial element of developing a social contract between a Government and its citizen, Lebanon's effective 'outsourcing' of social protection provision to civil society groups might be missed opportunity to strengthen the country's social contract, which many believe has come under strain from the ongoing crises. The current system might, in fact, do the opposite and maintain the pervasiveness of identity-based patron-client relationships^{11 12 13}.

Finally, it is worth examining to what extent the social protection system reduced or increases existing inequalities in society. There is a case to be made that by creating distinct hierarchies of protection depending on a person's status, with civil servants and formally employed workers being relatively well-protected, but with very little support provided to those outside of formal employment, notably women, the system actually exacerbates inequalities and privileges. In the context of high levels of income inequality – Lebanon's Gini coefficient, a measure of income inequality, is amongst the highest in the world¹⁴ - the state of social protection system represents a missed opportunity to reduce inequalities.

From exclusion to rights: An inclusive social protection floor for Lebanon

Social protection is currently not provided as a right of citizenship in Lebanon and large sections of the population are excluded from any formal social protection. Social assistance delivered by the Government of Lebanon is extremely narrow in coverage, and other forms of social support are provided through various groups rather than the state, which results in a system of provision that is neither reliable and nor transparent.

For Lebanon to take steps towards a social protection system delivers 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 of citizenship rather than a privilege. The following sections make the case that the introduction of a tax-funded old age social pension for Lebanon would be a much-needed intervention to guarantee basic income and a dignity for Lebanon's ageing population, but also a crucial first step towards a rights-based social protection system.

A social pension to guarantee income security for older people

Amongst Arab states, Lebanon is the fastest ageing country, has the highest proportion of older people and the highest life expectancy. The proportion of those aged 65 or older is currently estimated at approximately 10 per cent of the population. According to the World Health Organization (WHO), life expectancy is estimated to be 78 years for men and 82 years for women¹⁵. The population of Lebanese aged 65 or older is projected to double by 2050 and those above 80 years will more than quadruple during the same period, reaching 4.3 per cent¹⁶.

The lack of social security for older people is reflected in the high levels of poverty in older age, which can be expected to continue to increase in the context of the ongoing economic crisis. The latest survey of older people's wellbeing, conducted in 2004, found widespread poverty among the older population, with over half of older Lebanese being 'economically deprived', facing shortages in health services, water, electricity and housing¹⁷.

As people grow older, earning an income is becoming increasingly difficult for many due to high levels of disabilities and health challenges. Surveys indicate that around 70 per cent of people aged 65 and older have at least one non-communicable disease and only 20 per cent consider their health as 'good'. 30 per cent of those aged 65 and older have difficulties with movement, vision, hearing, memory or speech¹⁸. While they may not self-identify as persons with disabilities, 30 per cent of those aged 65 and older have difficulties with movement, vision, hearing, memory or speech¹⁹ and face disability related barriers and costs (see Box).

Despite widespread health challenges, older people continue to work well into older age. Labour force participation for men aged 65-69 stands at a remarkable 41 per cent, and 29 per cent of the those aged 70-75 are still in work. While formal labour force participation for women in older age is much lower (7 per cent for 65-69-year olds and 5 per cent for 70-75-year olds)²⁰. While work in older age can provide welcome source of additional income and social participation for some, poverty and economic necessity are key drivers of older people's engagement in paid work in many countries. In that sense it is illuminating that Lebanon is the only country in the MENA region without a pension system for those outside the public sector, and also has the highest percentage of older adults who continue to work beyond the age 60²¹.

Women in particular are highly vulnerable to poverty in older age due to lower incomes throughout the life-course. The Global Gender Index measures gender equality and women's empowerment in economic participation and opportunity, education, health, and political empowerment. Despite significant achievements in education and health, Lebanon is ranked 144 out of 145 countries and behind most MENA countries. This is largely due to very low levels of female labour force participation and a high gender wage gaps²². Coupled with high levels of unpaid work and care performed by women, limited economic participation and lower wages mean that women often arrive in older age with fewer savings and assets to draw on, while few are included in the contributory pension system. In 2019, out of a total 464,544 current contributors, only 152,698 are women²³.

Changing demographics and family relationships are weakening traditional forms of support. Religious and socio-cultural norms in Lebanon hold great respect for older adults, which comes with obligations for families to support and shelter their older relatives. While multigenerational living has been the norm in Lebanon, this is changing, and Lebanon currently has the highest rate older people living alone among Arab states. Twelve percent of adults 65+ in Lebanon live alone, and older women (18 per cent) are almost three times more likely to live alone than older men (7 per cent)²⁴. Relatively high rates of living alone are driven but a number of factors, including older women's higher life expectancy, as 50 per cent of women aged 65 or older are widowed, divorced or separated²⁵.

In summary, the combination of an underdeveloped pension system that provides coverage to only a small percentage of older people, persistent gender norms that limit women's economic opportunities, as well as changing living arrangements and declining traditional forms of support, leave most Lebanese without income security in older age.

A social pension as the foundation of Lebanon's social protection system

Lebanon is currently in the process of taking important steps in reforming its social security system, with a particular focus on ensuring income security in older age through the transformation of the EOSI scheme under the NSSF into a long-term pension system that provides periodical and indexed benefits.

However, a better contributory system in itself will not be sufficient to close the large coverage gaps resulting from structural socio-economic issues, particularly high informality. More than half of the working population in Lebanon were informally employed in 2018²⁶ and this is expected to have further increased with the effect of the compounded economic, financial and more recently COVID associated crisis. Laying the foundation for a more robust and inclusive social security system is crucial to enable current workers and future generations to have income security in older age. However, these reforms will not realize the right to income security in older age for workers nearing retirement and today's older people.

Introducing a non-contributory, tax-financed social pension pillar to complement the contributory social security system would result in a system that can ensure income security for all Lebanese in older age.

Non-contributory pensions or social pensions are tax-financed cash transfers paid regularly to older people regardless of their social security contributions. Social pensions are a key element of social systems in high income countries and have emerged as an increasingly prominent approach to expanding pension coverage in low- and middle-income countries in the last two decades.

A comprehensive pension system needs to combine effective contributory schemes along with tax financed elements. The tax-financed pillar serves to set a floor under the income one can expect at retirement age, independent of one's previous labour market attachment, guaranteeing minimum income security in old age for all, while the second pillar, consisting of a mandatory public social insurance scheme, focuses on providing an adequate pension in terms of the replacement rate and consumption smoothing in older age.

Some population groups with little labour market participation will rely heavily on the first pillar to have at least basic income security in older age. This is particularly the case of Lebanese women, less than 30 per cent of which participate in the paid labour market²⁷. Government financed social pensions are detached from assumptions about continuous participation in paid formal employment and therefore more accurately reflect the gendered nature of the life-course. Although social pensions cannot reverse years of discrimination, detaching at least one pillar of the pension system from labour markets ensures that accumulated, and often gendered, inequalities are not transferred into older age. Social pensions can also address gender and age specific risks, such as a widow's loss of assets, or an older-adult or childcare responsibilities, particularly in skipped generation households. Social pensions can also be seen as an effective way of recognising the value of women's non-remunerated work within the household and community.

Social pensions that are either offered to all (universal) or exclude only those in receipt of other pensions (pension-tested) have particular advantages over means-tested approaches. These include their ability to effectively reach everyone, including the poor and marginalized; simplicity of administration; incentives to work, invest and save; and usually high levels of political and social support.

A social pension in line with Lebanon's current capacities

The cost of a social pension would vary significantly depending on the initial coverage and generosity. Table 1. presents the estimate cost of a social pension for Lebanon in 2020 prices, calculated using population projections from UN DESA's World Population Prospects and economic data from the IMF World Economic Outlook database.

Universal social pensions are somewhat more expensive than pension-tested or affluence-tested options. At one more generous end of the scale, a social pension with a transfer level worth 40 per cent of the minimum wage to all Lebanese citizens aged 65 or older would, in 2020, reach 405,892 older people and cost 1.57 per cent of GDP. A more modest benefit of 20 per cent of the minimum wage would, however, cost only 0.78 per cent of GDP.

Pension testing - excluding those receiving another pension – might be an administratively feasible and culturally acceptable approach to limit costs while ensuring that everyone as at least a basic pension. A pension tested option would cost between 0.66 per cent of GDP (at 20 per cent of the minimum wage) and 1.31 per cent (at 40 per cent).

Another option to limit cost in the short-term would be to start with a higher eligibility age of 70 years, which can be gradually lowered as the country's economic situation improves. This is a common strategy to limit expenditure in the short-term while avoiding some of the potential challenges and conflict that comes with poverty-targeting.

A social pension should be designed to eliminate old age poverty while paying attention to preserving incentives to contribute to social security. This implies setting pension levels high enough to ensure no older person has to live in poverty, but also considering how a social pension would interact with the country's contributory social security system. The value of the social pension should be regularly monitored to evaluate to whether it enables older people to meet their basic needs and live dignified lives.

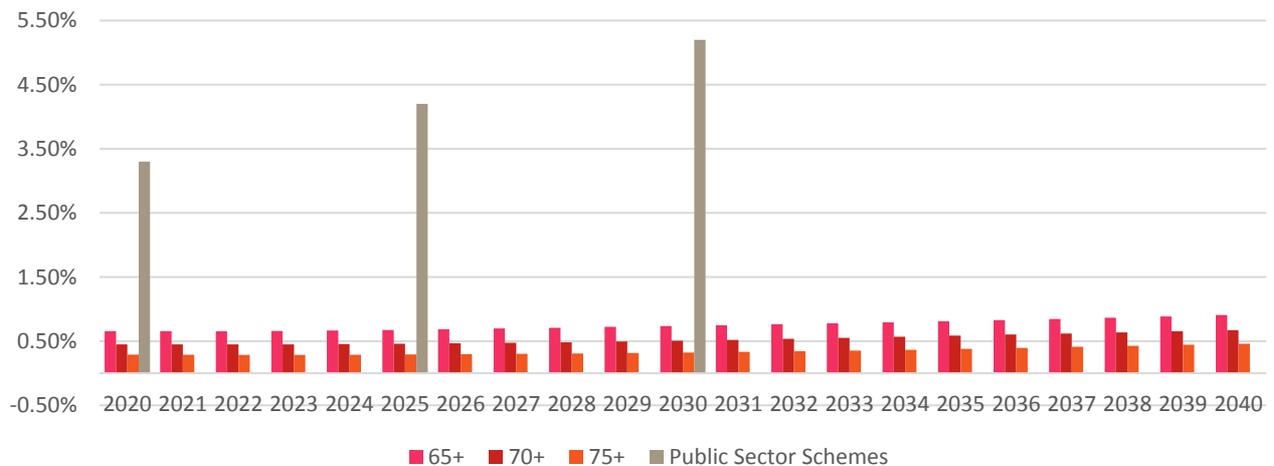
The cost and coverage of a social pension are expected to gradually rise over the next twenty years in line with an ageing population. Figure 1 projects coverage of cost of options for a pension-tested social pension set at a modest 20 per cent of the Lebanese minimum wage. In 2020, such social pension targeted at all Lebanese aged 70 and older without any pension, would reach 232,680 older people (or 86 per cent of all Lebanese aged 70 or older) and cost 0.45 per cent of GDP. While the options presented above have different levels of generosity and coverage, it should be noted that all options except one fall below 1 per cent of GDP and that the average cost is slight above 0.5 per cent of GDP. While these figures are not insufficient, they are clearly dwarfed by current and estimated future public pension expenditures to civil servants and the members of the military.

Table 1: Cost of a social pension for Lebanon in 2020

Beneficiary selection mechanism	Monthly benefit in LBP	% of minimum wage	Age of eligibility	Number of recipients	Cost in LBP (millions)	% of GDP
PENSION-TESTED: All Lebanese at or above the eligibility age, excluding those receiving any other old age pension	150,329	20	65+	340,126	644,246	0.66%
			70+	232,680	440,834	0.45%
			75+	150,550	285,340	0.29%
	225,525	30	65+	340,126	966,369	0.99%
			70+	232,680	661,251	0.67%
			75+	150,550	428,010	0.44%
WEALTH-TESTED: All Lebanese at or above the eligibility age, excluding the 30% wealthiest	150,329	20	65+	284,124	538,247	0.55%
			70+	188,868	357,829	0.36%
			75+	122,203	231,613	0.24%
	225,525	30	65+	284,124	807,370	0.83%
			70+	188,868	536,743	0.55%
			75+	122,203	347,419	0.36%
UNIVERSAL: All Lebanese at or above the eligibility age	150,329	20	65+	405,892	768,924	0.78%
			70+	269,811	511,184	0.52%
			75+	174,575	330,876	0.34%
	225,525	30	65+	405,892	1,153,386	1.18%
			70+	269,811	766,776	0.78%
			75+	174,575	496,313	0.51%

Pension levels indexed to inflation (Consumer Price Index); Administration cost are assumed to be 5% of total costs. Costings were undertaken by HelpAge International on the basis of a costing module developed by the ILO Regional Office for Arab States.

Figure 1. Cost as a percentage of GDP of a pension-tested social pension at 20% of the minimum wage, 2020-2040



Social pension costs simulated by authors; Cost of public sector schemes based on IMF estimates²⁸

Tackling the cost of disability and supporting the inclusion of Lebanon's persons with disabilities

Globally, between 30 and 45 per cent of older people experience some form of disability, compared with 15 per cent of the overall population²⁹. The high rate of disability in older age is mostly due to increases of functional difficulties due to age-related health conditions. Despite the high prevalence of disability in older age, it is worth noting that older people who acquire a disability later in life frequently do not self-identify as living with a disability. In Lebanon, the latest statistics available show that nearly half of the persons with significant functional difficulties are above 65 years³⁰. However, people aged 65 and older only represent a third of disability card holders.

People of all ages with disabilities face barriers related to inaccessible services, infrastructures and transport, which restrict their participation and generate extra costs, such as increased use of private transportation and paid assistance to go places and use services. Many will also need rehabilitation services and assistive products such as wheelchairs or cane.

Disability can create different sets of challenges depending on person's age, the specific nature of a disability and the environment. Children with disabilities require early interventions and often more extensive care than other children, while 'working-age' adults with disabilities may face prohibitive transport and support cost to seek and retain work. Older persons with disabilities might require increased care and support to carry out daily living activities and to remain active in their families and communities.

All those elements constitute extra costs of disability. Not only do people with disabilities and their families have to spend more, but they also tend to earn less. This is particularly the case when some family members, often female, have to forego work or education to provide support in absence of publicly organized care and support services.

Global evidence shows that the extra cost of disability can account for 40 per cent or more of average household income if extensive human assistance is required³¹. Amongst the implications of this extra cost of disability is that older persons with disabilities can do much less with the same pension compared to those without disabilities. Older people with disability therefore face higher levels of vulnerability to poverty and deprivations. Furthermore, those, often significant, extra costs can have a significant impact on an older person's well-being and their relationship with their families. In some contexts, the pressure created through these extra costs can contribute to abuse and neglect of people with disabilities, as family members struggle without support.

While accessibility of services and infrastructures, non-discrimination, inclusive education and employment are critical to support the inclusion of people with disabilities, so is social protection. Inclusive social protection systems should provide income security for people with disabilities that have no or only limited opportunities to earn an income, as well as supporting all people with disabilities across the life-course to be able to manage the costs of disability³².

Counties that have developed disability-inclusive social protection systems have done so through a combination of a disability allowance, in-kind support such as the provision of assistive products and services (personal assistance, home based care), as well as subsidized health care and transportation. Such combination exists in most high-income countries and to different degrees in middle-income countries such as Thailand, Vietnam or Georgia. In South Africa and Mauritius, for instance, people with significant disabilities are eligible to a disability allowance to cover some of those extra costs and enable participation in society. Recognizing that extra costs of disability do not diminish with age, South Africans with disabilities continue to receive the disability allowance as they grow older and start receiving an old age pension³³.

Lebanon's mechanism to support people with disabilities the disability card, which provides access to some assistive products, health care as well as limited tax exemptions. Aside from these benefits, which are clearly important, the country has no system in place to provide direct income support for people with disabilities. The provision of community support services is also limited.

To move towards a rights-based and disability-inclusive social protection system, Lebanon should adopt a disability allowance to complement the proposed old age social pension. Such disability allowance would provide critical support to children, working adults and older persons with significant disabilities and their families. Investment in a universal disability allowance set at 25% of a minimum wage would represent only 0.3% of the GDP.

For more information, read this brief's companion on disability inclusion: **Towards a Rights-Based and Comprehensive Social Protection System for Lebanon: Supporting the inclusion and empowerment of persons with disabilities**

Contacts

Professor Abla Mehio Sibai

Director of the Center for Studies on Aging
Faculty of Health Sciences
Department of Epidemiology and Population Health
American University of Beirut
Email: abla.mehio-sibai@aub.edu.lb
Twitter: @abla.sibai

Please feel free to reach out to the authors with any comments or suggestions regarding this brief.

May 2020

Florian Juergens

Global Advisor – Social Protection
HelpAge International
Email: florian.juergens@helpage.org
Twitter: @FlorianJuergens

Alexandre Côte

Co-president
Centre for Inclusive Policy
Email: alex.cote@inclusive-policy.org

References

- ¹ The Guardian (March 7th, 2020). [Lebanon to default on debt for first time amid financial crisis](#)
- ² World Bank (November 6th, 2019). [Lebanon is in the Midst of Economic, Financial and Social Hardship, Situation Could Get worse](#)
- ³ World Bank & ILO (March 27, 2020). [Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures](#)
- ⁴ IMF (2016). [Sustainability and Equity Challenges: Some Arithmetic on Lebanon's Pension System](#)
- ⁵ ILO (2019). [Minister of Labour and ILO officials discuss designing a pension system for Lebanon and reforming the labour law.](#)
- ⁶ ILO (2019). [Lebanon Labor force and household survey 2018-2019](#)
- ⁷ ESCWA (2017). [Strengthening Social Protection for Persons with Disabilities in Arab Countries](#)
- ⁸ ILO & Development Pathways (2017). [Exclusion by design: An assessment of the effectiveness of the proxy means test poverty targeting mechanism.](#) ESS –Working Paper No. 56
- ⁹ MacAusland and Riemenschneider (2011). [Richer but Resented: What do Cash Transfers do to Social Relations?](#) IDS Bulletin Volume 42 Number 6, November 2011
- ¹⁰ IMF (2019). IMF Policy Paper: [A Strategy for IMF Engagement on Social Spending—Background Papers](#)
- ¹¹ Executive Magazine (March 6th, 2020). [Lebanon must move toward universal social protection](#)
- ¹² Arab NGO Network on Development (ANND) (2019). [Social protection in Lebanon: From a System of Privileges to a System of Rights](#)
- ¹³ Melani Cammett (2014). [Compassionate Communalism: Welfare and Sectarianism in Lebanon](#)
- ¹⁴ UNDP (2017): [Assessing Labor Income Inequality in Lebanon's Private Sector Findings, Comparative Analysis of Determinants, and Recommendations](#)
- ¹⁵ The Gerontologist (2015). [Aging in Lebanon: Challenges and Opportunities.](#)
- ¹⁶ Center for Studies on Aging (CSA) (2011). [Older Population in Lebanon: Facts and Prospects](#)
- ¹⁷ Lebanese Economic Association (2012). [Social Security and Pensions in Lebanon: A Non-Contributory Proposal](#)
- ¹⁸ Center for Studies on Aging (CSA) (2011). [Older Population in Lebanon: Facts and Prospects](#)
- ¹⁹ Center for Studies on Aging (CSA) (2011). [Older Population in Lebanon: Facts and Prospects](#)
- ²⁰ Central Administration for Statistics & International Labour Organisation (2018). [Labour Force and Household Living Conditions Survey 2018-2019](#)
- ²¹ IMF (2018). [Sustainability and Equity Challenges to Pension Systems: The Case of Lebanon](#)
- ²² World Economic Forum (2020). [Global Gender Gap Report 2020](#)
- ²³ ILO (2019). [Social Security Inquiry \(SSI\)](#)
- ²⁴ The Gerontologist (2015). [Aging in Lebanon: Challenges and Opportunities.](#)
- ²⁵ Central Administration for Statistics & ILO (2018). [Labour Force and Household Living Conditions Survey 2018-2019](#)
- ²⁶ Central Administration for Statistics & ILO (2018). [Labour Force and Household Living Conditions Survey 2018-2019](#)
- ²⁷ Central Administration for Statistics & ILO (2018). [Labour Force and Household Living Conditions Survey 2018-2019](#)
- ²⁸ IMF (2018). [Sustainability and Equity Challenges to Pension Systems: The Case of Lebanon](#)
- ²⁹ World Bank & WHO (2011). [World report on disability](#)
- ³⁰ ILO (2019). [Lebanon Labor force and household survey 2018-2019](#)
- ³¹ Mitra, S., Palmer, M., Kim, H., Mont, D. and Groce, N. (2017). [Extra costs of living with a disability: A review and agenda for research.](#)
- ³² ILO & IDA (2019). [Towards inclusive social protection systems that promote full an effective inclusion and participation of persons with disabilities](#)
- ³³ Development Pathways (2019). [Leave no one behind: building inclusive social protection systems for persons with disabilities.](#)