

# **Center for Studies on Aging (CSA) In Lebanon and the Arab Region**



**Translating Research into Policy and Practice (TRIPP)**

**CSA  
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## Introduction

Over the past three decades, rapid declines in fertility and mortality in Lebanon have created a compressed demographic transition, a rapid increase towards survival into later life, and a larger proportion of elderly population (UNICEF 2006). The proportion of older adults is currently the highest in the region (7%). Recent projections suggest that the population over 65 years of age will constitute more than 10 percent of the population by the year 2025, similar to contemporary Europe (Sibai, 1998; Sibai et al., 2004). These numbers are likely to be further augmented by the dramatic levels of migration of younger people taking place in particular since the July war of 2006. However the changes taking place in the structure and composition of the population remain unmatched either by awareness among policy makers of the need for support measures for older people, or tangible actions such as pensions or health and social security measures such as the provision of subsidies for health care, home help, family support or any form of nursing care (Kronfol, WHO-INTRA study 2001, Chemali et al., in press). This means that older people are likely to be economically and socially dependant upon extended family support, when and if it exists. While socio-cultural values still espouse the protection of elderly people in Lebanon, it is unclear whether, in reality, the family's customary role is being eroded with increasing female work force participation, waves of youth migration and a growing trend toward smaller nuclear families, through forces of socioeconomic changes and geographic mobility consequent to years of civil strife in the country.

Moreover from a health status perspective, it is also becoming increasingly evident that, in many parts of the developing world including Lebanon, functional aging occurs at an earlier age than 65 years (Kalache and Sen, 1999). Thus it is likely that this group will have concomitant reductions in mobility and adaptive capacity and at a rate and pace that is much greater than in developed countries or in Western Europe. Earlier functional aging is related to arduous living conditions, poor nutrition and a life-time of social and economic stressors including poverty, which, in the case of Lebanon, is worsened through the experience of several decades of instability and conflict.

There are a number of dilemmas and challenges facing older adults and elderly people in the Lebanon:

Lebanon does not have a uniform old-age/retirement pension plan. Rather, such plans are largely dependent on the type of employment. For example, whereas government employees and those in the military service are covered by pension plans and health insurance, those covered by the National Social Security Fund – the majority of whom are employees in the private sector – ironically lose such benefits upon retirement, at the time when they are much needed. Obviously, those who have never been employed, the majority being women, are not eligible for any type of pension plan or health care coverage (Sibai et al., 2004). Private insurance in Lebanon is costly and insurance companies refuse coverage to those requesting it above the age of 70 years at the time of initial enrolment, creating heavy burdens upon out of pocket expenditures for households (Sen and Sibai, 2004). The cost of health care for the uninsured is high and is related to low follow up, high levels of self medication and overall poor quality of health state (Kronfol, Health Sector Reform, 2001, Kronfol actuarial projections, 2006).

Services are often ad-hoc and not geared towards an understanding of older people's health and social care needs. There is a systematic absence of preventive care while the quality of care, despite their high tech origin, is complex (Kronfol, WHO-INTRA study 2001). Services are also unevenly distributed between rural and urban areas with the bulk of provision concentrated in the capital city Beirut (Sibai and Sen, 2006). While Lebanon's total expenditure on health of some 12.3% of gross domestic product is among the highest in the world, the overall performance of the health system lags far behind (Lebanon ranks 95th among 191 countries in the world) (Ammar and Karam, 2001).

Furthermore, in spite of the multitude of wars, civil strife and atrocities that have ravaged the country for a period of over three decades, the particular social and health needs of older people in the relief and post crisis efforts have often been overlooked or integrated within broad programs targeting the general adult populations. Studies conducted in the aftermath of the July 2006-War on Lebanon revealed that, compared to other population segments, they are more vulnerable with more difficulty accessing relief packages or rebuilding lost livelihoods, food and healthcare are frequently inappropriate to their needs, and older adults role as a resource to family and community have been totally neglected (Sibai, Ghanem, and Wall E, 2007; Sibai, Kronfol, and Sen, 2007).

The weaknesses of elderly care in Lebanon and obstacles to reform is further aggravated by the stigma of age, a shortage of geriatric medical specialists, a total lack of social workers specialized in gerontology, and inadequacies in nursing homes (Chemali et al., in press). Until today, none of the medical universities in the country include geriatric medicine in their medical or nursing curricula and geriatric wards are virtually absent from public and private hospitals. Perhaps, the greatest challenge in Lebanon is the dire need for allied health professionals, including nurses, social workers as well as occupational, physical, and speech therapists, who are trained in geriatric care, gerontology or geriatric rehabilitation.

Several years after the International Conference on Population and Development (ICPD) in Cairo, and 6 years after the Second World Assembly on Aging in Madrid in 2002, Governments, recognizing the complex challenges and opportunities associated with population aging, adopted the Madrid International Plan of Action on Aging (MIPAA). The Plan gives priority to ensuring that aging is made an integral part of the international development agenda, to advancing health and well-being into old age, and to creating enabling and supportive environments for older persons.

Despite the above, the public health, economic and psycho-social implications of population change in Lebanon and in many countries of the region are yet to be acknowledged and addressed by policy makers and governmental and non-governmental agencies (WHO EMRO report, Bahrain Regional Meeting, 2006). Only few Governments in the region have implemented policies in support of the old, and programs and actions have often been vertical in nature, disease- rather than person-centered. Aging has not been made an integral part of the national development agenda with little, if any, intersectoral collaboration. All of this created an urgent impetus for the initiation of a "think tank" process in support of aging, and a Working Group, composed of professionals involved in research, service provision and policy development, was

formulated in Lebanon in December 2006. The Group organized and convened the first conference in Lebanon on 'Aging in Lebanon: Research and Policies' in September 2007. The Conference offered an opportunity to reflect on the stock of challenges ahead and the viable approaches towards more awareness and better practices in the care of older people. Towards this end, participants in the Conference strongly recommended the establishment of a **Center for Studies Aging** which would advocate for policy and practice tailored for the support of older adult in Lebanon and the MENA region as a whole.

## **Center for Studies on Aging: CSA**

### **Motto**

Translating Research into Policy and Practice (**TRIPP**)

### **Vision**

The vision of the Center for Studies on Aging (CSA) is Lebanon and a region in which older adults fulfil their potential in leading dignified and secure lives.

### **Mission**

The mission of the CSA is to promote the integration and active participation of older people in society and to strive for their rights for economic and social security and physical wellbeing. To fulfil its mission, the Center will advocate for the generation of research and studies for evidence-based policy and practice. The Center will endeavour that policy makers and service providers are aware not only of demographic transitions but also of the health, social and economic consequences of population change.

### **Aims and Objectives**

The overall aim of the CSA is to create a hub for research, education, policy formulation, and training on aging in Lebanon and the region. The main pillars of the Center's strategic tools with their corresponding aim and objectives are:

- **Strategic Tool 1: Research, database, networks, and conferences**  
**Aim:** To raise awareness of aging issues in Lebanon in particular and in the wider Arab world, targeting researchers, policymakers, the major donors and service providers in public, private and the non profit sectors
  - To collect *documentary evidence* of the demographic, economic, social and cultural aspects of old age in the Lebanon and, for comparative purposes, in the Arab world
  - To establish a sound *data* and documentary base on older adults as a virtual library with wide access to researchers and interested parties
  - To engage in high level *discussions* and *seminars* and promote aging issues through local and regional *conferences* and the production of *policy briefs* among the wider teaching and research institutions, other stakeholders including policy makers, service providers, governmental and non-governmental agencies while actively involving the older adults themselves in the discussions
  - To encourage, promote and fund the conduct of multidimensional *translational research* and studies undertaken in collaboration between academic and non-

academic institutions and between public and the private agencies for evidence-base practice and policy

- To create and promote *multidisciplinary regional and national networks* within Lebanon and between Lebanon and the rest of the Arab world and to create strong links with strategic partners and collaborate with international agencies for advocacy, raising awareness and sharing a data knowledge base

➤ **Strategic Tool 2: Human resource development**

**Aim:** To promote good practice in the care of older people in Lebanon and the region

- To develop *manuals* for health and social care in old age (ambulatory, in-patient, home and community care), for use in the training of health and social care workers within the cultural context of the setting
- To create *guidelines* for good practice in the care of older people with an emphasis on primary care and prevention, psycho-social support (including support and respite care for family members and informal carers where needed)
- To support and promote the incorporation of *geriatrics and gerontology* into universities and medical/nursing school curricula, residency programs, fellowships, paramedical institutions, undergraduate programmes in sociology, psychology and social services across Lebanon and the region
- To promote and provide *short courses and training* in geriatrics and gerontology for allied health professionals
- To provide appropriate knowledge and skills needed for *self-care* and health protection and promotion for older persons

➤ **Strategic Tool 3: Optimizing opportunities in development plans and policies across all sectors**

**Aim:** To promote the mainstreaming of older people issues into all economic, social and health development processes and programmes

- To advocate *active aging* and primary prevention as an *integral* part of all development processes, plans, policies, and activities across all sectors: health, behavioral, social, and to promote the incorporation of health care of the older persons into the primary health care systems
- To counter the negative *perception* of aging and empower *volunteer* services
- To encourage active *partnership* and *coordination* among all levels of government, civil society, the private sector and organizations and international cooperation
- To engage in high level *debates and round tables* in various channels of the media and among policy makers and service providers, utilising the evidence base as a means of influencing social and health policy
- To review, share and document experiences regarding 'active aging' approach and community-based programs and/or services for the older persons in Lebanon and the region

**Founding members**

The founding members of the Center (appendix) bring together well connected researchers and academicians from all major Universities in Lebanon, geriatricians, key officials from the Ministry of Health, the Ministry of Social affairs, and the Ministry of

Interior, members of the National Committee on Aging in Lebanon, directors of older adults institutes and elderly homes, and representatives of NGOs, social care professionals and of the (senior community). In so doing, the Center supports inter-sectoral collaboration and promotes exchange between researchers, policy makers, service providers and advocacy groups with the aim of strengthening evidence-to-policy and evidence-to-practice links.

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