



# Lebanon Ageing Profile

Addressing Population-Ageing in the Middle East  
and Sub-Saharan Africa  
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## Lebanon in a nutshell



- 6,000 years old – VERY old!
- Small Upper Middle-Income country in the Middle East
- Population around 4,500,000
- PLUS around 2,000,000 refugees (highest number per capita in the world)
- Around 80% urban and ¼ live in poverty
- Most recent census: 1932 under the French mandate
- Fastest ageing country in the Arab World

# Many profiles....

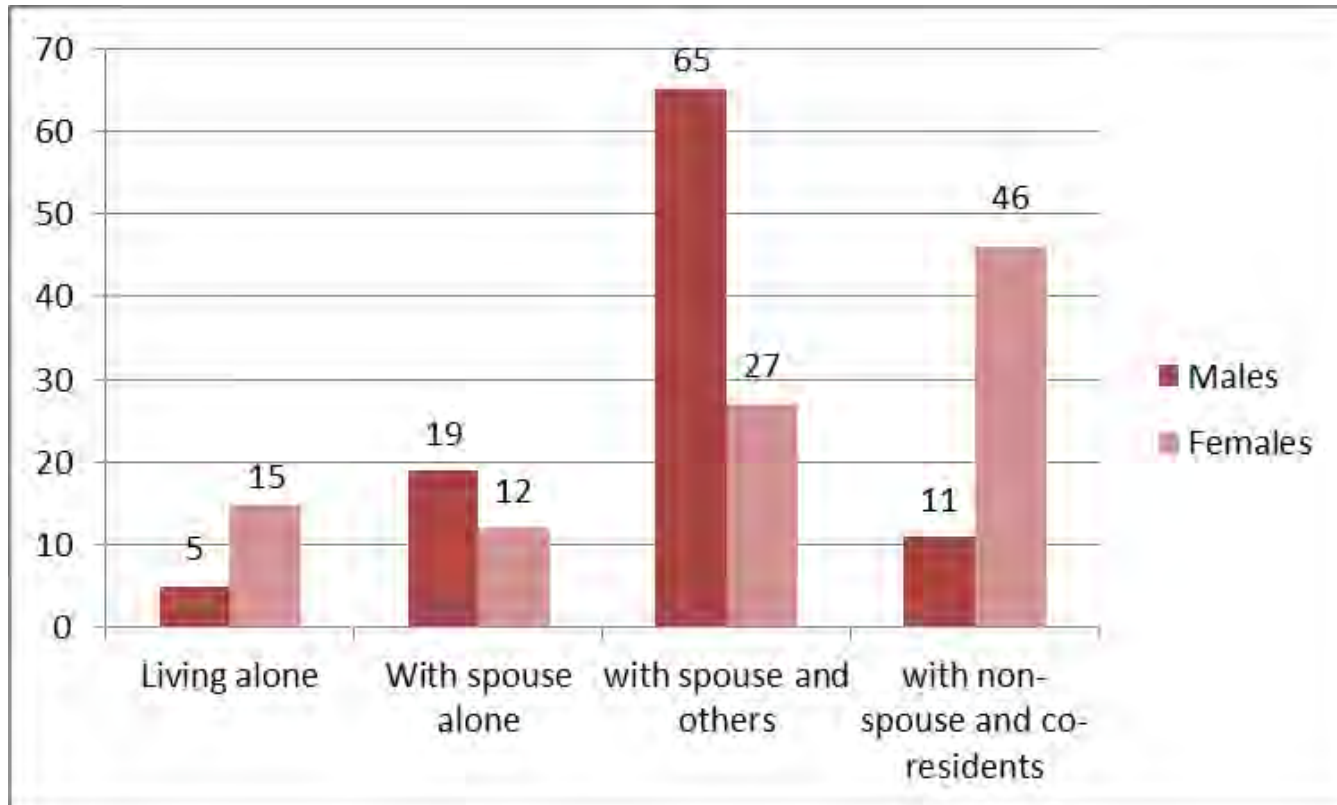


## Population Trends, Lebanon 1970-2050

Demographic indicator	1970	2015	2050
Total fertility rate	4.60	<b>1.72</b>	1.7
Life Expectancy at birth (years)			
Male	63.10	<b>78.60</b>	86.2
Female	67.10	<b>82.1</b>	88.3
Proportion of population <15 years	43.0	24.7	17.0
Proportion of older people (≥65 years)	<b>4.90</b>	8.5	<b>23.3</b>

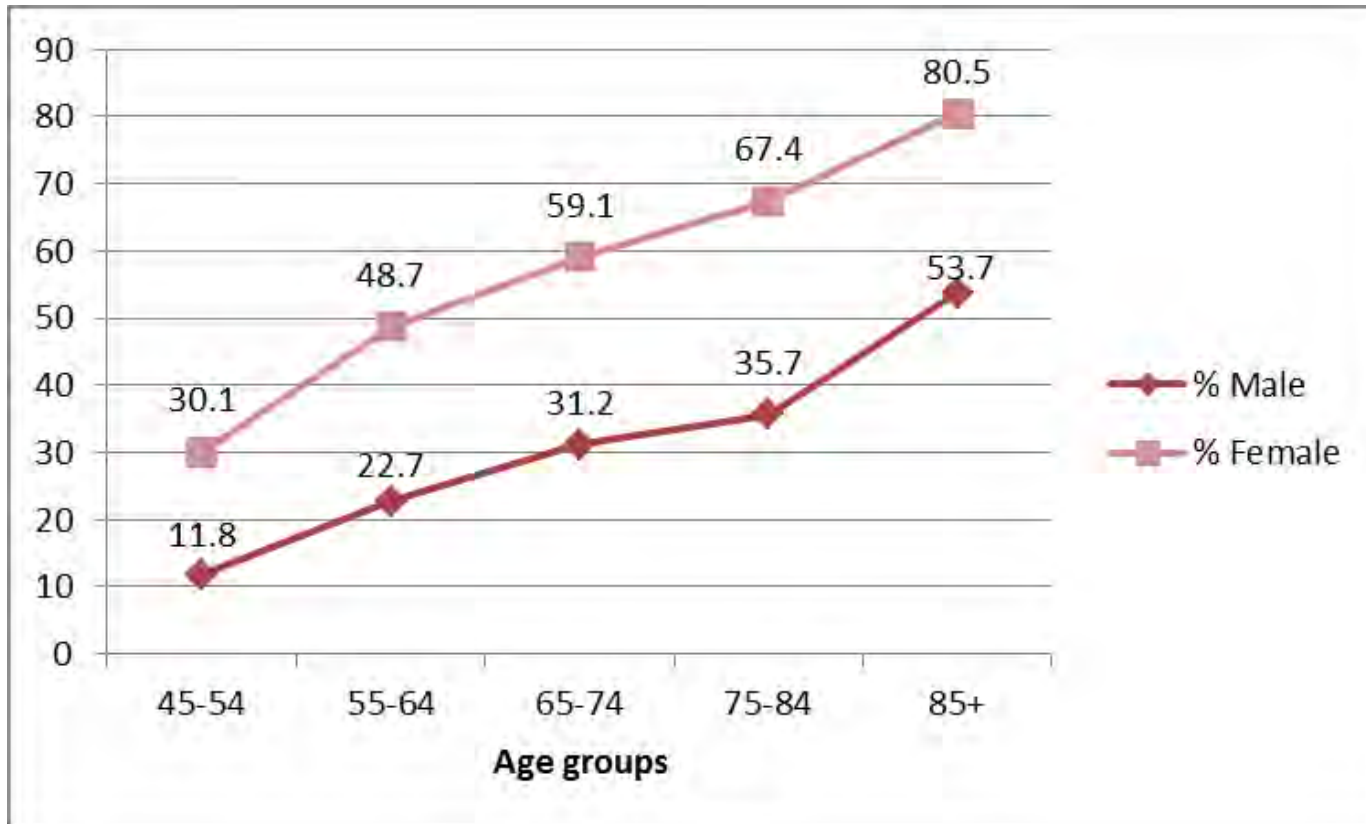
**From 4.9 in 1970 to 23.3 in 2050**

## Living arrangements – 2009



**highest in the region in terms of living alone**

# Education



**Illiterate + can barely read and write + basic education**  
**At age 85+: 80.5% of women and 53.7% of men**

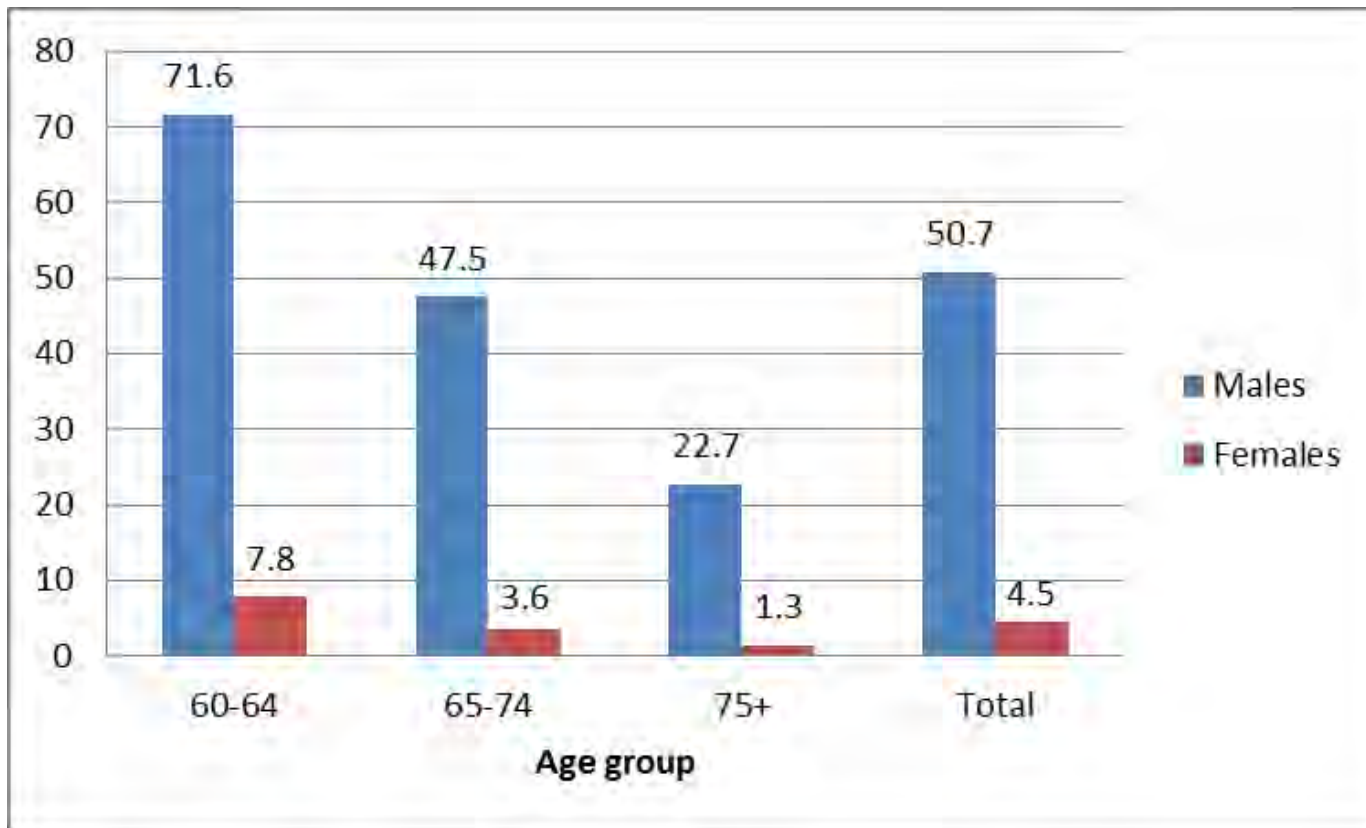
# Retirement provision in Lebanon – 2008

Beneficiaries	Scheme	N	%
Civil servants	Government run	40,000	2.35
Military and security personnel	Government run	70,000	4.12
Private sector employees (NSSF)*	End-of-service indemnity	480,000	28.24
<b>Subtotal with public retirement provision</b>		590,000	34.71
Engineers, doctors and others	Privately run	60,000	3.54
<b>Subtotal with no retirement provision</b>		1,050,000	<b>61.76</b>
<b>Total work force</b>		1,700,000	100.00

\*NSSF: National Social Security Fund

**61.76% with no retirement provision**  
**78% of older Lebanese supported financially by children**

## Economic Activity



**% working**  
**Men: 50.7% - Women: 4.5%**



# Health & health care

- 63.8% of 65+ suffer from at least one NCD
- 7.4% of 65+ have dementia (1 study done in 2013 on 506 people – higher among women and those with no formal education)
- 70% do not have health insurance
- MoPH insurer of last resort and subsidizes NCD medication
- Curative rather than preventive
- Affordability and accessibility challenges (mostly private and affiliated to religious communities or parties)
- Lack of specialised professionals in old age
- No national policies or plans on ageing and dementia
- Research focused on health of children, young adults and women

# Care of older people

- Around 45 institutions specialized in older adults out of 243 institutions addressing the general population (nursing homes, day care centers, home care services, food services, dispensaries)
- Challenges:
  - no regulations (standards for nursing homes have been just adopted by MOSA)
  - poor quality of care and lack of specialized teams
  - Overcrowding
  - lack of funding
  - mostly in urban areas
  - 97% are privately run (civil society versus state provisions)
  - limited support from ministries and municipalities
- Only 1% of older adults institutionalised
- Burden of care mainly on unpaid informal family care and migrant workers
- Care affected by immigration, low fertility and women entry into the labour market
- No incentives or support from government

# Recommendations

## Government/civil society/academia

- Set National policies and Strategy (in progress) and legislations to serve the needs as well as acknowledge and enhance capabilities and contributions of older persons
- Introduce a person centered preventive model of care
- Provide financial incentives and training for families and care givers
- Establish advocacy groups and awareness campaigns
- Provide accurate comprehensive database and statistics segregated by age and gender
- Promote funding and research in the field
- Reinforce geriatrics and gerontology specialties
- Address the needs of older refugees

**Shukran!**

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