

COVID-19 and Older People in Lebanon: Perils and Opportunities



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For the past seven months, the world has been facing the COVID-19 pandemic which led billions of people go on lockdown, with the hope of slowing its spread. Lebanon was no exception and declared COVID-19 a public health threat and a state of emergency was put in place on March 15, leading to a total lockdown which had recently been rescinded, only to be reinstated on July 30. Because pandemics are not only health emergencies but are also social and economic emergencies, COVID-19 hit hard those most left behind, the vulnerable older people, the poor, and those who are isolated. This came at a time when the country had already been facing an unprecedented existential political and economic crisis with large-scale job losses, capital controls, escalating inflation and stagflation, and increasing levels of poverty. The health crisis accelerated the ongoing economic collapse and only made matters worse.

COVID-19 presents specific dangers for older people on various fronts. Perhaps the most direct and visible effect is the impact of the virus on health with the risk of complications and death from the disease increasing exponentially with age due to comorbidities. Less visible but no less worrisome are the broader social and economic effects of lockdowns and its aftereffects. This includes curtailed access to health and other services, loss of livelihood for those who cannot afford to stay at home, declining remittances from children living abroad,

widespread self-isolation, and lack of social contact. All this makes it harder for many older Lebanese to meet their basic needs and pushed significant numbers into more poverty and vulnerability in addition to a dramatic impact on mental health and well-being, and increasing levels of depression, anxiety, and fear of death.

Furthermore, the pandemic revealed engrained ageism and age-stereotyping in our society and beyond. For example, it was common early in the pandemic to read commenters on social media reassuring us not to worry because the disease is fatal “only” to older people, with some politicians in the West arguing that seniors should be willing to “sacrifice themselves for the sake of the economy”. Furthermore, COVID-19-related policies such as rationing medical interventions and ventilators in favour of the younger age groups has put older people at greater risk of discrimination. All of this created a perception that older adults’ lives are less valuable or even expendable, limiting their access to care. We also saw and read a number of lockdown and exit strategies in the country, shielding people based on age and advocating for tighter control measures for those over 65. This disregarded the many variations within this category and the important roles and contribution of older persons to the crisis response, as health workers and caregivers, on one hand, and the need for many older casual and skilled laborers to go out and work to secure their livelihood, on the other. Here, the choice became dying of COVID-19 or dying of hunger.

Among Arab countries, Lebanon hosts the highest proportion of older people (close to 11% of the population is 65 years and older) and has the highest life expectancy (estimated at 79 years).¹ It also has the highest proportion of older people living alone (12%). Lebanon’s social protection system suffers from significant coverage gaps, where the self-employed, part-time workers, and those in the informal economy are largely without any support. This is particularly the case of Lebanese women—the majority of whom participate in non-remunerated work within



one that is based on principles of rights, inclusion, and social justice. Healthcare delivery and public health policies targeting older persons need to be guided by the clinical profile of the patient and not based on age. This is not a fight between generations, we are all in this together and every life counts. Additionally, reforms in social protection schemes are urgently needed. These include improvement of coverage and transferring the end-of-service indemnity for workers in the private sector into long-term pension systems for retirement. Addressing inequality and inequity need to be at the center of fiscal reform policies.

We also need to create structures at the community level that empower older

people to fight for their own rights. Older People advocacy groups (e.g. Older People Associations) are sorely lacking in Lebanon; these constitute powerful support groups working as agents of change at the grass root level, across sectors and levels, and actively engaging with various stakeholders. These associations would set the stage for the voices of older persons to be heard, and would be able to lead the fight for more inclusive development plans and push forward the promise of the 2030 Agenda for Sustainable Development to “Leaving No One Behind.”

the household and outside. The system also suffers from large coverage inequity between the private and the public sector employees. While civil servants and security forces enjoy relatively more generous public pension schemes and continued social and health insurance coverage post retirement, workers in the private sector and covered by the National Social Security Fund (NSSF) receive, upon retirement, an end-of-service indemnity composed of a one-off lump sum. This makes Lebanon the only country in the MENA region which has not yet established a pension scheme for workers in the private sector. The one-off lump sum does not guarantee income security in old age and leaves contributors exposed to significant financial risks as they grow older. Hence, a striking proportion of older persons in Lebanon continue working beyond retirement age (41% for men aged 65-69 and 29% for those aged 70-75, according to a 2018-19 survey).² While not yet documented, these proportions are likely to have increased now with lifetime retirement savings being hijacked by Lebanese banks.

COVID-19 and the economic crisis have brought existing structures of inequity into sharp focus. The biggest potential danger is that, with the scarcity of resources, health providers and social policymakers would be pushing older people further down the list of priorities. There is, therefore, a need to include an older peoples’ lens into all health, social, and fiscal reform plans in Lebanon,

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2. *Labor Force and Household Living Conditions Survey (LFHLCS) 2018-2019 Lebanon (CAS and ILO)* <http://www.cas.gov.lb/images/Publications/Labour%20Force%20and%20Household%20Living%20Conditions%20Survey%202018-2019.pdf>

3. Sibai A.M., F. Juergens, A. Côte. 2020. “Towards a Rights-Based Social Protection System for Lebanon.” *CSA, HelpAge International and ILO Brief* – <https://www.socialprotection.org/discover/publications/towards-rights-based-social-protection-system-lebanon-ensuring-income-and-0>

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