



Dear Sirs,

Kindly find below the input of the Alzheimer's Association Lebanon (AAL) on the focus areas of the Tenth Session of the Open Ended Working Group on Aging.

I hope that our input will help feed into the discussion of the Tenth Session of the Working Group.

Best regards,

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Guiding Questions for the focus areas of the X Session of the Open-ended Working Group on Ageing: Education, training, life-long learning and capacity building

National Legal Framework

1. In your country/region, how is the right to education, training, life-long learning and capacity building in older age guaranteed in legal and policy frameworks?

The Ministry of Social Affairs in Lebanon has worked on a National Program for Adult Education.

This program does not target the elderly in particular, but the number of elderly persons benefiting from it activities has reached 13% of the total number of beneficiaries in the last two years, its services include teaching reading and writing skills, life skills acquisition and general culture.

These services and education courses take place in three Social Development Centers, Chiyah, Tarik el Jdideh & Bourj Hammoud.

In addition, non-governmental organizations have been working on building the capacity of older people in an effort to empower them on the financial level through providing vocational training, food safety training, and economic development training especially in rural and underprivileged areas. This is done in order to build the capacity of older people especially for those with small businesses in order to further develop their skills.

As another example, the Alzheimer's Association Lebanon has also embarked in a pilot project with the Institute for Development, Research, Advocacy and Applied Care (IDRAAC) which provides vocational training for underprivileged women to become caretakers of Alzheimer's disease.

Academic institutions are also working on having specific educational programs for seniors such as the University for Seniors at the American University of Beirut. The University for Seniors provides adults (aged 50 and above) with educational and cultural opportunities in a sociable environment. The program offers a variety of activities: study groups, lectures, cultural travel programs, and intergenerational activities with AUB students. Also, the Université du Saint Esprit Kaslik USEK is starting a similar project in a different region in Lebanon.

2. What are the key issues and challenges faced by older persons in your country/region with regard to the enjoyment of all levels of quality education, training, life-long learning, and capacity building services?

One of the main challenges in the areas of education and life-long learnings is the lack of infrastructure and equitable division of services throughout the Lebanese territory.

The efforts which are done by the government remain scarce due to lack of financing and the efforts of non-governmental organizations are linked to the available funding from granting institutions.

In addition, the culture of continuous education for older people is still not very common among Lebanese so building awareness of its importance is an important factor.

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3. What steps have been taken to ensure that education, training, life-long learning, and capacity building services are available and accessible to all older persons, adapted to their needs, suited to their preferences and motivations, and of high quality?

Quality control is related to the specific initiatives listed above so governmental programs have their own quality control measures and non-governmental programs rely on specific monitoring and evaluation measures to assure that the deliverables are of good quality. In addition, focus groups which are done with elderly community members as well as data collected from field visits/studies are used as guiding tools to understand the preferences and motivations of older persons.

4. In your country/region, are there studies and/or data available on the access of older persons to the right to education, training, life-long learning and capacity building in older age?

There are studies which are done for older persons in specific areas such as violence, discrimination, mental capacity evaluation etc, ... However, we are not aware of any studies which have addressed the right to education, training, life-long learning and capacity building in older age.

Equality and non-discrimination

5. In your country, is age one of the prohibited grounds for discrimination in relation to education in older age?

At this point in Lebanon, we are trying to build a non-discriminating culture related to education in older age.

A lot of work needs to be done at the national level to achieve this.

Accountability

6. What mechanisms are necessary, or already in place, for older persons to lodge complaints and seek redress for denial of their right to education, training, lifelong learning and capacity building?

To date, there is no formal mechanism for reporting denial to education, training, lifelong learning and capacity building

GUIDING QUESTIONS FOR THE FOCUS AREAS OF THE X SESSION OF THE OPEN-ENDED WORKING GROUP ON AGEING: Social protection and social security (including social protection floors)

National legal framework

1. What are the legal provisions in your country that recognizes the right to social security and social protection, including non-contributory and contributory old-age benefits? Do they have a constitutional, legislative or executive foundation?

The National Social Security Fund (NSSF) in Lebanon was established in Lebanon in the year 1963 under the law applied by the decree number 13955 which organize social security and divides it into four sections:

- Sickness and motherhood security
- work emergencies and sickness at work
- family and education funds and
- End of Service Indemnity System (ESI) which a lump-sum cash benefit, received upon retirement¹ = the sum of a month's salary for every year of service.

NSSF provides limited services to the elderly.

Current plans are mainly dependent on the employment affiliation.

Employees of the private sector only the sum of a month's salary for every year of service whereas government employees can opt for a retirement salary or have a generous lump sum once they retire.

Syndicates (such as engineers, lawyers) have set up their own pensions and health schemes that extend beyond retirement but the pension segment is quite small relatively to their previous income².

Availability

2. What steps have been taken to guarantee universal coverage, ensuring that every older person has access to social security and social protection schemes including noncontributory, contributory and survivor old-age pensions, to ensure an adequate, standard of living in older age?

1965 law asserted that the ESI is just a temporary measure and should be used for the transition between the 'Indemnity Payment' and a proper old-age pension.

However, the ESI is still in place today, despite widespread economic liability among the elderly².

¹ Daoun, Z., & Zein, M. (2013). *A Study on NSSF reformation*.

² Rached, M. (2012). *Social Security and Pensions in Lebanon, a Non-Contributory Proposal*. *Lebanese Economic association*. Retrieved from:

<https://www.idrc.ca/sites/default/files/sp/Documents%20EN/idrc-non-contributory-pension-report.pdf>

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3. What steps have been taken to ensure that every older person has access to social security and social protection schemes which guarantee them access to adequate and affordable health and care and support services for independent living in older age?

The parliamentary committees received many legal drafts providing full health care to people from primary care to hospitalization but a complete law is still not in practice.

A serious draft was launched by former Minister of Labor Charbel al-Nahhas in late 2011 entitled "For Full and Comprehensive Health Coverage for All Lebanese"; however, the lack of political will has obstructed its course and led to its downfall.

In 2016, the Ministry of Public Health (MOPH), represented by its Minister Wael Abu Faour, launched the "Comprehensive Health Coverage Draft for Lebanese that are over than 64 Years" through circulars issued by all hospitals and contracting institutions to cover elderly needs: chronic diseases, cancer and non-treatable diseases, and Alzheimer's, Parkinson and osteoporosis.

After the elderly treated at the expense of the ministry bear 15% of the total expenditure, the Ministry has raised the health coverage of this segment of the elderly from 85% to 100%.³

The MOPH also provides essential health care packages for free to 150,000 Lebanese with limited income under its Emergency Primary Health Care Restoration Project towards Universal Health Coverage project. Among these packages is the elderly 64+ package which includes immunization, laboratory tests, consultations, radiology, etc...⁴.

Adequacy

4. What steps have been taken to ensure the levels of social security and social protection payments are adequate for older persons to have access to an adequate standard of living, including adequate access to health care and social assistance?

The Ministry of Public Health and the Ministry of Social Affairs have been jointly working on ways to respond to the needs of the elderly especially those with limited income through the "Support Program for Poorest Households". In addition, many local NGOs have been working on needs assessments and policy reviews in order to ensure that the elderly needs are met.

Accessibility

5. What steps have been taken to ensure older persons have adequate and accessible information on available social security and social protection schemes and how to claim their entitlements?

It is true that the ministries are offering services to the elderly however, many older people do not know of their availability. This is why more efforts are being done to share this information with older people.

³ Legal Mapping of Legislations Relating to Older Persons. IDRAAC. 2017

⁴ Hamadeh, R. (2018). *Services Provided by MOPH to Elderly Population. Syndicates of Hospitals* (n°42, p.p. 8-9). Retrieved from: https://www.syndicateofhospitals.org.lb/Content/uploads/Publications/4887_8-9.pdf

6. The design and implementation of normative and political framework related to social security and social protection benefits included an effective and meaningful participation of older persons?

In the National Social Development Strategy of Lebanon on 2011, one of the visions was to have “the Lebanese community live up to the international and humanitarian standards for the quality of life provided to the elderly and ensuring their active and ongoing participation”⁵. The participation of older people is increasing gradually through the projects and studies that the ministries and NGOs are doing in the past few years.

Equality and non-discrimination

7. Which are the measures adopted to ensure equitable access by older persons to social security and social protection, paying special attention to groups in vulnerable situation?

As discussed previously, the Lebanese Social Security system has limitations in terms of coverage and as a result, the most vulnerable members of the population, such as the elderly and people with disabilities remain outside the framework of coverage⁶.

Accountability

8. What mechanisms are in place to ensure social security and social protection schemes are effective and accountable?

NSSF has a complaints hotline, or they can fill a complaint online on the NSSF website. The identity of the person remains anonymous⁷.

9. What judicial and non-judicial mechanisms are in place for older persons to complain and seek redress for denial of their right to social security and social protection?

In the absence of specific laws relating to older persons, older persons in Lebanon need to seek regular judicial measures in order to seek redress for denial of their right to social security and protection.

⁵ The National Social Strategy of Lebanon (2011). Ministry of Social Affairs. World Bank. Retrieved from: <http://www.databank.com.lb/docs/National%20Social%20Development%20Strategy%202011.pdf>

⁶ Social Protection Monitoring (2005).

https://reliefweb.int/sites/reliefweb.int/files/resources/2015_12_07_solidar_ois_case_study_lebanon.pdf

⁷ The National Social Security Fund in Lebanon (2017). Retrieved from:

<https://www.cnss.gov.lb/index.php/plaintes>

GUIDING QUESTIONS FOR THE NORMATIVE FRAMEWORK OF THE ISSUES EXAMINED AT THE IX SESSION OF THE OPEN-ENDED WORKING GROUP ON AGEING: Long-term and Palliative Care

National legal framework

1. What are the legal provisions in your country that recognizes the right to long-term and palliative care? Do they have a constitutional, legislative or executive foundation?

In Lebanon, the Law no. 240 dated October 22, 2012 Amending Law No. 288 of February 22, 1994 Code of Medical Ethics takes into consideration palliative care and states the following: “If a Patient suffers from a disease from which there is no hope of recovery, the Physician’s mission shall be limited to reducing his/her physical and mental pains and giving him/her the appropriate treatments for protecting as much as possible his/her life. It is better not to have recourse to technical means and to excessive treatment upon the consent of the parents according to a joint report of the treating Physician and the Head of the concerned department. It remains necessary to help the patient until the end, in a manner that preserves the patient’s dignity.”

“A Physician may not put an end to the life of a patient due to compassion even if the patient required him to do so, that is euthanasia.”

Normative elements

2. What are the key normative elements of the rights to long-term and palliative care? Please provide references to existing laws and standards where applicable.

Affirmation

Older people have the right to palliative care services which should be accessible and affordable without any discrimination.

Scope

The right applies to holistic palliative care in domestic and medical settings.

State obligations

Governmental organizations should be responsible:

- To ensure quality palliative care services are available, accessible and acceptable for older persons in the settings that are used (domestic, long term facilities and medical).
- To make available and accessible essential medications and equipment.
- To make sure no degrading or cruel measures are used for older persons.
- To ensure that older person’s consent is taken or that their will is being respected in treatment procedures.
- To work on adopting new laws that respect the will of the patient and advanced directives. (the Institute for Development, Research, Advocacy and Applied Care has worked on a draft law which protects the elderly from abuse by allowing them to nominate a person of trust who can take specific decisions on their behalf once they lose their mental capacity).
- To integrate palliative care into the public health system.
- To improve education and training in palliative care among healthcare professionals

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- To improve public awareness about palliative care⁸

3. How should long-term care and palliative care be legally defined?

The WHO Definition of Palliative Care is quite inclusive of all the elements related to palliative care:

“Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

Palliative care:

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten or postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patients illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness;
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.”⁹

As for long-term care, a definition which would be most suitable would be:

Long-term care includes a variety of medical and non-medical services to people who have a chronic illness or disability.

Implementation

- ### 4. What are the policies and programmes adopted by your country to guarantee older person’s enjoyment of their right to long-term and palliative care?

The National Committee for Pain Control and Palliative Care (NCPCPC) was launched under the Ministry of Public Health in May 2011 and aims at creating a road map for establishing palliative care services in Lebanon. The NCPCPC is chaired by the Director General of the

⁸ Integrating Palliative Care into the Health System in Lebanon – Policy Brief

<https://www.aub.edu.lb/k2p/Documents/K2P%20Policy%20Brief-%20Palliative%20Care-August%207%202018.pdf>

⁹ <https://www.who.int/cancer/palliative/definition/en/>

Ministry of Public Health himself and includes physicians, nurses, mental health professionals and pharmacists from various backgrounds (academic, professional and community-based). This committee works on comprehensive plans to integrate palliative care and pain management into the health care system.¹⁰

5. What are the best practices and main challenges in adopting and implementing a normative framework to implement these rights?

There are many challenges for the adoption of a normative framework to implement the right to long-term and palliative care and some of which are listed below:

- lack of knowledge and skills among health professionals in the area of palliative care
- lack of resources to offer good quality care
- financial coverage of the palliative care treatment and discrepancies in this area among different insurers
- lack of legislation in this area

Nevertheless, in the past years, some measures have been achieved in Lebanon such as the inclusion of new opioid medications in the national medication formulary, the acknowledgment of palliative care as a specialty by the Ministry of Public Health in 2013, and the establishment of new comprehensive hospital-based palliative care programs.¹¹

Equality and non-discrimination

6. Which are the measures adopted to ensure equitable access by older persons to the enjoyment of the right to long-term and palliative care, paying special attention to those who are vulnerable or in vulnerable situation?

Frameworks which are adopted by the Ministry of Public Health in Lebanon are generally implemented in most hospitals (private and public) which are geographically located in different areas of Lebanon (and include vulnerable populations as well such as persons with low socio-economic status, refugees, etc...). In order to implement specific measures, the Ministry usually issues decrees or Ministerial circulars in order to enforce its recommendations.

Participation

7. Does the design and implementation of normative and political framework related to long-term and palliative care include an effective and meaningful participation of older persons?

¹⁰ Osman H, Abboud M, El Zein L, Ghusn H, Hanna J, Kanazi G. Setting practice standards for palliative care in Lebanon--recommendations of the Subcommittee on Practice -- National Committee for Pain Control and Palliative Care. J Med Liban. 2013 OctDec;61(4):199-203 <http://www.lebanesemedicaljournal.org/articles/61-4/review2.pdf>

¹¹ Daher, Michel & Doumit, Myrna. (2017). Palliative care in Lebanon: Current practices, and perspectives for the future.

This should be the norm as older persons would best know their needs. In addition, family members and caretakers should be involved in the design and implementation of frameworks for long-term and palliative care given their important role in this area.

Accountability

8. What judicial and non-judicial mechanisms are in place for older persons to complain and seek redress for denial of their right to long-term and palliative care?

To date and to our knowledge, there is no formal non-judicial mechanism for reporting denial to long-term and palliative care.

GUIDING QUESTIONS FOR THE NORMATIVE FRAMEWORK OF THE ISSUES EXAMINED AT THE IX SESSION OF THE OPEN-ENDED WORKING GROUP ON AGEING: Autonomy and Independence

National legal framework

1. What are the legal provisions in your country that recognizes the right to autonomy and independence? Do they have a constitutional, legislative or executive foundation?

The Lebanese constitution of 1926, as amended, is still in force today. There is no specific law which is dedicated fully to older people in Lebanon but the Lebanese constitution, guarantees social equality and equity concerning rights and obligations among all citizens without any discrimination.

Article 13: “The freedom to express one's opinion orally or in writing, the freedom of the press, the freedom of assembly, and the freedom of association shall be guaranteed within the limits established by law”.

In the case where the mental capacity of a person is in doubt (and medically confirmed), the guardianship system which is implemented based on a court decision, designates a judicial supervisor to the elderly which can take decisions on his behalf (and can cause a risk to his autonomy and independence and put the elderly at risk of abuse and discrimination) and this system differs from one sect to the other as sectarian laws patronize the personal status domain in Lebanon.

The Institute for Development, Research, Advocacy and Applied Care (IDRAAC) is currently working on a draft law which protect the elderly from abuse and discrimination by allowing them to designate a person of trust (while they have full mental capacity) who can take pre-specified decisions on their behalf once they lose their mental capacity thereby protecting their personal autonomy and choices.

Normative elements

2. What are the key normative elements of the rights to autonomy and independence? Please provide references to existing laws and standards where applicable.

Affirmation

Older persons have the right to autonomy and to make decisions that allows them to enjoy independent lives.

Scope

The right shall apply to autonomy, independence, self-determination, control and choice in all aspects of life.

State obligations

Governments should work:

- To ensure older persons have access to services and to have the legal capacity to take their own decisions.
- To ensure older persons have access to a range of support services and freedom to decide their place of residence (long term care or at home).
- To ensure older persons' choices are respected within their family, social, cultural, economic, public and political life.

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3. How should autonomy and independence be legally defined?

Independence is traditionally defined as freedom from the control or influence of others.

Independence is viewed as a condition necessary but not sufficient for autonomy.

"Autonomous" identifies a person who chooses a course of action in a noncoerced and conscious manner, who has the capacity and opportunity to pursue such a course of action free from constraints, and who actually pursues it. To be autonomous is not merely to have a capacity, nor the opportunity to exercise a capacity. "¹²

4. What are the policies and programmes adopted by your country to guarantee older person's enjoyment of their right to autonomy and independence?

To our knowledge, there are no specific policies and programmes adopted by the Lebanese government to guarantee older person's enjoyment of their right to autonomy and independence except the general law which gives any person the right to express his/her opinion and take their own decisions.

5. What are the best practices and main challenges in adopting and implementing a normative framework to implement these rights?

The main challenge in this area are the scarcity of policies and programs which promote and raise awareness on the independence and autonomy of the elderly. In addition, the Lebanese culture being highly dependent on family, can sometimes play a negative role whereas the family can tend to take decisions on behalf of the older persons.

Equality and non-discrimination

6. Which are the measures adopted to ensure equitable access by older persons to the enjoyment of the right to autonomy and independence, paying special attention to groups in vulnerable situation?

At this point in Lebanon, we are trying to build a non-discriminating culture related to the right of autonomy and independence in older age. Work still needs to be done when working with groups in vulnerable situations such as older people with decreased mental capacity, disability, low income,

Participation

7. The design and implementation of normative and political framework related to autonomy and independence included an effective and meaningful participation of older persons?

In the recent projects which are undertaken by ministries and NGOs, the participation of older persons is being encouraged in order to better assess their needs.

¹² Marchesani, D. (2005). *The Concept of Autonomy and the Independent Director of Public Corporations*. *Berkeley Business Law Journal* (Volume 2, Issue 2, Article 5, p.p. 19-21). Retrieved from: <https://scholarship.law.berkeley.edu/cgi/viewcontent.cgi?article=1031&context=bbj>

Accountability

8. What judicial and non-judicial mechanisms are in place for older persons to complain and seek redress for denial of their right to autonomy and independence

To date, there is no formal mechanism for reporting denial to their right to autonomy and independence. In the case where an older person's basic human rights are at risk, he/she can seek legal measures to preserve his/her right.