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تجاوز

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Social Protection Policy

Implementing an Effective Social Protection Program in Lebanon

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About the Author

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In 2012, he was part of the US State Department's IVLP program for young leaders in the world. He ventured into politics early on and was one of the leaders of youth and student organizations between 2005 and 2008.

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This policy brief is the result of a partnership between the Adyan Foundation (Adyan) and the Issam Fares Institute for Public Policy and International Affairs (IFI) at the American University of Beirut. The partnership consists of a project conducted under the name of the Tahawor (تَحَاوَر) (US Embassy-funded) Program, which aims to consolidate values-driven-human-centered reform dynamics.

As part of this project, IFI held two workshops during August 2024 and February 2025 to address social protection policy reform in Lebanon. The sessions were led by Adib Nehme¹ and Fadi El-Jardali². Experts engaged in interactive discussions with MP staffers to highlight gaps in these policies, recommend reforms, and address challenges in their implementation.

The third element of the Tahawor Program—addressing the social protection compact of reforms—focused on the implementation of structural reforms and policies from a parliamentary perspective to find solutions to the major problems being confronted. These reforms and policies are essential for the development of a sustainable and transparent system that can provide the services needed

1 Adib Nehme is an expert and consultant in development, social policies and the fight against poverty

2 Fadi El-Jardali is Professor of Health Policy and Systems and former Chairperson of the Health Policy and Management Department (HMPD) at the Faculty of Health Sciences at the American University of Beirut

INTRODUCTION

Since 2019, Lebanon has been facing one of the most severe economic crises in modern history, which the World Bank has classified as one of the worst financial collapses globally since the mid-19th century.³

Poverty rates, even before this crisis, were already alarming. A study conducted by the French NGO IRFED (Institut international de recherche et de formation éducation et développement) in 1961 revealed that 50% of the population's incomes were below the poverty line, with significant poverty concentrated in North Lebanon and the Bekaa Region⁴. Over 40 years later, a UNDP study highlighted the same poverty areas in the Bekaa and North Lebanon, reporting a total poverty rate of 28.5% in 2005.⁵

Furthermore, the household budget survey conducted by the Central Administration of Statistics (CAS) during 2012–2011 indicated that 27% of the population was living in poverty. Consistent with earlier findings, the rates in the North and Bekaa were found to be higher than those in Beirut and Mount Lebanon.⁶

By 2021, the situation had worsened dramatically due to hyperinflation, the devaluation of the currency, loss of income, and rising unemployment. In that year, the United Nations Economic and Social Commission for Western Asia (ESCWA) reported that 82% of the Lebanese population was living below the poverty line, with 34% facing extreme poverty—a significant increase from pre-crisis levels, where the poverty rate was around 28% in 2019⁷. As the Lebanese pound lost over 90% of its value, severely diminishing purchasing power, the cost of food baskets increased by 400% between 2019 and 2021.⁸

This economic situation had been exacerbated by the August 2020 explosion, which impacted the social, infrastructure, and financial sectors, pushing more people into poverty and causing physical damage estimated between 3.8\$ billion and 4.6\$ billion.⁹

The healthcare sector, which suffered severe losses, was placed under greater strain during the COVID-19 epidemic and shortage of medications. Compounded with their loss of income, food insecurity, and lack of social support, vulnerable households became more so with lack of access to critical healthcare.

Lebanon continues to face significant challenges due to ineffective government measures in addressing the ongoing crisis, especially concerning social safety nets and the implementation of social protection programs. The basic needs of citizens—housing, health, food security and education—must be met to prevent further harm and protect the most vulnerable populations. This entails understanding the challenges facing the social security and healthcare sectors, and proposing solutions to effectively address them.

3 Mohammed al-Ezbawi & Joe Abi Abdallah. (2020). Poverty in Lebanon: Solidarity is vital to address the impact of multiple overlapping shocks. E/ESCWA/2020/Policy Brief <https://www.unescwa.org/sites/default/files/pubs/pdf/covid-19-beirut-explosion-rising-poverty-en.pdf>

4 LCPS – Poverty Targeting is not the Solution for Much Needed Social Policy. (n.d.). LCPS. <https://www.lcps-lebanon.org/en/articles/details/1796/poverty-targeting-is-not-the-solution-for-much-needed-social-policy>

5 UNDP. 2008. Poverty, Growth, and Income Distribution in Lebanon. <https://www.undp.org/sites/g/files/zskgke326/files/migration/lb/ad093dc9a294ccdlb565da062d2c5883a13b5b3e0406ba26c281b9f2f0b2377cf.pdf>

6 LCPS – Poverty Targeting is not the Solution for Much Needed Social Policy. (n.d.). LCPS <https://www.lcps-lebanon.org/en/articles/details/1796/poverty-targeting-is-not-the-solution-for-much-needed-social-policy>

7 Mohammed al-Ezbawi & Joe Abi Abdallah. (2020). Poverty in Lebanon: Solidarity is vital to address the impact of multiple overlapping shocks. E/ESCWA/2020/Policy Brief <https://www.unescwa.org/sites/default/files/pubs/pdf/covid-19-beirut-explosion-rising-poverty-en.pdf>

8 Realities and Prospects: Survey of Economic and Social Developments in the Arab Region, 2021–2020, UNESCWA <https://www.unescwa.org/sites/default/files/pubs/pdf/survey-economic-social-developments-arab-region-2021-2020-english.pdf>

9 Beirut Rapid Damage and Needs Assessment (English). Washington, D.C.: World Bank Group <http://documents.worldbank.org/curated/en/650091598854062180>

METHODOLOGY

The Issam Fares Institute of Public Policy and International Affairs organized two dialogue sessions, each lasting two hours, to discuss social protection reforms. Approximately 15 staff members from Parliament participated, along with two legal experts and the main speakers, who focused on issues related to poverty, healthcare, and social security reform policies. The aim of these sessions was to achieve a consensus on the issues raised by the experts. This policy brief outlines the key topics identified in these sessions to bridge differences and foster new legislative dynamics in these areas.

After identifying these topics, we conducted research using a qualitative approach, relying on information provided by experts and published reports.

We have also considered the outcomes of the focus group sessions, during which staffers of members of parliament from different political blocs actively participated and exchanged opinions.

ISSUES AND CHALLENGES OF THE CURRENT SOCIAL SAFETY NET IN LEBANON

The current Lebanese social safety net landscape

The social assistance landscape in Lebanon primarily consists of three programs¹⁰, with the potential to merge two of them into one.

The key program is the National Poverty Targeting Program (NPTP), which serves as the government's main initiative for providing social assistance related to education and health. This program offers e-card vouchers, including food vouchers and the Hayat Card, which grants access to free health and education services. Beneficiaries are selected through a Proxy-Means Test (PMT), where households submit applications. As of May 2024, the NPTP database included 150,000 households, with 43,000 holding the Hayat Card and 15,000 receiving food vouchers. However, these figures represent just %4.5 and %2 of all Lebanese households, respectively¹¹.

Due to insufficient international funding, the program was expected to shut down in 2024. This situation has prompted plans to establish a single registry for beneficiaries of both the NPTP and the Emergency Social Safety Net (ESSN), aiming to merge them into one cohesive social safety net program¹².

The second program, the ESSN project, which has been operating since 2021, provides cash transfers and social services to the poorest and most vulnerable households in Lebanon. With a budget of 246\$ million, the program utilizes an online platform called "DAEM" to register its beneficiaries. The primary aim of the ESSN is to assist individuals affected by the economic crisis and the COVID19- pandemic. To date, it has provided services to 93,500 households. Additionally, the program has covered the schooling expenses for 87,000 public school students aged 13 to 18 who live in extreme poverty¹³. It has also established provisions for rapid response in case of eligible emergencies¹⁴. In 2022, out of 583,000 household applicants, 189,712 met the requirements and were visited by representatives of the World Food Program (WFP). Currently, 75,000 of these households are receiving benefits.¹⁵

10 Saghir, C., Arab Reform Initiative (ARI), & Tonea, D. (2024). Lebanon's social protection system suffers amidst the current war: urgent action needed! [Policy Paper]. https://reliefweb.int/attachments/e8cc7efb46-a-4487-3ae-45dde6b8cf3b66/Policy20%Paper_Shock20%Responsive20%Social20%Protection20%in20%Lebanon20%.pdf

11 National Poverty Targeting Program: Characteristics and Features of NPTP Extreme Poor Lebanese House Holds, April 2014, Republic of Lebanon, Presidency of the Council of Ministers http://nptp.pcm.gov.lb/wp-content/uploads/03/2019/Characteristics-of-NPTP-Beneficiary-HHs_April_14.pdf

12 https://x.com/HectorHajjar/status/1748346036513346025?ref_src=twsrc5%Egoogle7%Ctwcamp5%Eserp7%Ctwgr5%Etweet&mx=112 National Poverty

13 Lebanon Emergency Crisis and COVID19 Response Social Safety Net Project-Second Additional Financing, Social Impact Assessment, March 2023, Government of Lebanon-World Bank <http://www.pcm.gov.lb/Library/Files/ESSN20%-SIA-AF2.pdf>

14 Ibid

15 Verification of Databases for the National Poverty Targeting Program (NPTP), December 2020, Republic of Lebanon <http://www.pcm.gov.lb/Library/Files/TORR.pdf>

The National Disability Allowance (NDA) is a program initiated by the Lebanese Ministry of Social Affairs (MOSA) in collaboration with the European Union (EU), the United Nations International Children's Emergency Fund (UNICEF), and the International Labor Organization (ILO). This program provides direct financial support to individuals with disabilities living in Lebanon through a social grant.¹⁶

The NDA helps recipients manage the additional costs associated with their disabilities and facilitates access to essential services. Each eligible individual receives a monthly allowance of 40\$ for a duration of 12 months. The program currently supports over 20,000 individuals through a network of more than 1,300 OMT agents distributed nationwide.¹⁷

Although these programs have benefited many individuals and households, the numbers remain significantly lower than the estimated number living in extreme poverty, even when considering pre-crisis economic levels¹⁸.

THE CHALLENGES OF THE CURRENT SOCIAL SAFETY NET PROGRAMS

While these programs have demonstrated their efficiency, it is evident that they cannot adequately support a significant number of households living below the poverty line in Lebanon, especially after the multiple crises that have occurred since 2019. Additionally, there appear to be many opportunities for improvement to enhance these programs and expand their reach.

In 2023, the WFP published a report with recommendations to enhance the NPTP and the ESSN based on a due diligence review. The improvement plan consists of two phases. The first transitional phase focuses on unifying the databases, governance structures, processes, and registries of both programs. This unification aims to eliminate duplications and ensure that the programs effectively reach the maximum number of people.¹⁹

	Current State	Phase 1: Transition (short-term)	Phase 2: Unification of Social Safety Nets (mid-term)
Organization	Distinct ESSN and NPTP teams	Distinct ESSN and NPTP teams (HR assessment of both teams)	Single team
Governance	Distinct governance structures	Light governance convergence at steering committee level, with separate technical committees	Unified governance structure
Delivery Chain	Functional but distinct NPTP & ESSN processes with identified inefficient components	Converging processes through immediate improvements	Unified and consolidated processes
Information systems	NPTP database + DAEM system	Transition towards a unified social registry (e.g., DAEM)	Unified social registry (e.g., DAEM) linked to information systems used for programme operations

Source: Recommendations for a Strengthened & Unified Social Safety Net in Lebanon, Due Diligence Review, Strategic Summary – April 2023, World Food Programme

¹⁶ The Ministry of Social Affairs introduces a social protection programme for people with disabilities in Lebanon in partnership with the European Union, UNICEF and the ILO, 26 April 2023, Press Release <https://www.unicef.org/lebanon/national-disability-allowance>

¹⁷ Ibid

¹⁸ Verification of Databases for the National Poverty Targeting Program (NPTP), December 2020, Republic of Lebanon <http://www.pcm.gov.lb/Library/Files/TORR.pdf>

¹⁹ Recommendations for a Strengthened & Unified Social Safety Net in Lebanon, Due Diligence Review, Strategic Summary – April 2023, World Food Programme https://docs.wfp.org/api/documents/WFP0000149470-/download/?_ga=1350712255.1740161371-2100425758.1000671051.1740161371

During a session in August 2024 at the Issam Fares Institute for Public Policy and International Affairs at the American University of Beirut, Adib Nehme made constructive remarks to help improve these programs.

Regarding the NPTP, he believed that its success should be measured by three key factors: whether the program effectively lifted its beneficiaries out of poverty, whether those individuals could live independently afterward, and whether the program contributed to a reduction in the national poverty line. The lack of positive answers to these questions prompted him to advocate for a merger with the ESSN, which he regarded as the most reliable program for social safety nets. He appreciated that the ESSN was managed by the World Bank, which opposed transferring management to government ministries.

However, he criticized the program for its inequalities, particularly regarding assisted households because their children received additional support for school-related costs. Furthermore, Nehme noted that the number of beneficiaries was significantly lower than those in need²⁰.

CHALLENGES AND OPPORTUNITIES OF SOCIAL AND HEALTHCARE SERVICES

THE LAW 2023/319 AND THE REFORM OF THE SOCIAL SECURITY NATIONAL FUND

On December 2023 ,28, the Lebanese Parliament adopted Law No. 319, which introduces significant changes to the social security system, including a new pension scheme and the restructuring of the National Social Security Fund (NSSF).

The pension system aims to guarantee a decent retirement income and enhance the sustainability and effectiveness of the entire social security system.²¹

In fact, the reform replaces the end-of-service indemnity (EOSI) paid at retirement with a lifelong pension based on a notional defined contribution (NDC) system²².

Eligible participants in the new program will be private-sector employees aged up to 48 years, and participation will be mandatory. Employees older than 48 will have the option to remain under the EOSI program. Additionally, Lebanese citizens engaged in various professions, including self-employment, domestic work, and part-time agricultural work, as well as expatriates, will be eligible for voluntary coverage. Each participant will be assigned a notional individual account. Upon retirement, the account balance will be converted into a monthly pension, considering factors such as life expectancy, interest rates, and cost-of-living adjustments. Governance of the program will be managed by a tripartite board of directors and an independent investment committee under the NSSF, which will oversee the new program. To ensure effective oversight and financial management, specific composition and minimum qualifying requirements have been established for both groups. The fund will also undergo an independent actuarial review every three years²³.

In 2023, approximately %80 of the Lebanese population lacked formal pension coverage, forcing many elderly individuals to depend on family or other forms of support²⁴. This growing demographic is due to several factors, including declining fertility rates, increasing life expectancy, and the emigration of younger people.²⁵

20 The implementation of adequate social policies to address the emerging challenges of poverty in Lebanon. Tahawor Program session no.9, Issam Fares Institute for Public Policy and International Affairs at the American University of Beirut, in partnership with the Adyan Foundation. Beirut. August ,27 2024

21 Farah, A. S., Pellerano, L., & Eghnatios, R. (2024, April 15). Recent Social Security Reforms and New Pension System in Lebanon: Interview with ILO's Rania Eghnatios and Luca Pellerano. Arab Reform Initiative <https://www.arab-reform.net/publication/recent-social-security-reforms-and-new-pension-system-in-lebanon-interview-with-ilos-rania-eghnatios-and-luca-pellerano/>

22 Ibid

23 Social security reforms in Arab countries in the Middle East, 29 October 2024, International Social Security Association <https://www.issa.int/analysis/social-security-reforms-arab-countries-middle-east>

24 Sayed, H., Robalino, D., Muhanna, I., Pension Reform in Lebanon: Good Intentions, Uncertain Outcomes. Carnegie Endowment for International Peace <https://carnegieendowment.org/research/05/2024/pension-reform-in-lebanon-good-intentions-uncertain-outcomes?lang=encer=europe>

25 Ibid

This posed a significant challenge, especially considering that only %4.7 of the working-age population was contributing to a public pension scheme²⁶. Even before the financial crisis and the collapse of the Lebanese pound, the benefits offered by this scheme were insufficient to provide adequate income security for the elderly, exacerbating the situation.

This reform, however, fails to cover all workers, particularly those in different economic sectors and especially within the informal sector, which employs the majority of the labor force in Lebanon. Additionally, it has several loopholes, including a missing connection between contributions and benefits, which poses a significant risk to the system. This issue could be addressed through progressive redistributive arrangements to assist individuals who cannot contribute or save enough. Furthermore, the reform does not include a pension system for the public sector, which requires reform. A potential solution could have been establishing a national pension system that unifies the public and private sectors, ensuring that all workers are treated equally²⁷.

It is essential to ensure that the new system starts with a clean balance sheet, meaning that assets and liabilities are equal. This step will protect employers, particularly small enterprises, from significant changes the country has experienced in recent years, such as wage adjustments and changes in rates. The gaps between unfunded liabilities for EOSI before the reform will be calculated based on much higher wages than those for which contributions were originally paid. Therefore, the reform should guarantee that the government finances these gaps to prevent catastrophic consequences for the private sector and the economy as a whole²⁸.

On this issue, MP Faysal Karami proposed a law in Parliament to amend Article 51 of the Social Security Law on June 2024²⁹. This amendment, currently being discussed within the parliament's public health, labor, and social affairs commission²⁹, suggests that beneficiaries receive an end-of-service indemnity calculated at half the current US Dollar rate, due to currency devaluation. This adjustment will be supported by business owners contributing %44 and the government covering %56.

However, the political and humanitarian crises in Lebanon present a significant challenge to government funding, affecting both implementation and impact. Additionally³⁰, there is an urgent need to create a healthcare strategy that uses efficient methods to better serve the population, with support from international funding.

A proposal to transition from curative care to preventive care: the evolution of primary healthcare.

The Alma-Ata Declaration, released after the International Conference on Primary Health Care in the Soviet Union in 1978, marks a significant milestone in public health. It emphasizes that primary healthcare is essential for achieving the goal of «Health for All.» The Declaration defines primary healthcare as essential health services based on practical, scientifically sound, and socially acceptable methods and technologies. These services should be made universally accessible to individuals and families within the community, ensuring their full participation and affordability at every stage of development in a spirit of self-reliance and self-determination.³¹

Moreover, the Declaration identifies primary healthcare as an integral part of a country's health system and overall social and economic development. It serves as the first level of contact for individuals, families, and communities with the national health system, bringing healthcare as close as possible to where people live and work. This approach constitutes the initial elements of a continuous healthcare process.³²

26 ILO & NSSF – Lebanon. (2024a). New Pension System at the National Social Security Fund in Lebanon. https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@arabstates/@ro-beirut/documents/genericdocument/wcms_909323.pdf

27 Sayed, H., Robalino, D., Muhanna, I., Pension Reform in Lebanon: Good Intentions, Uncertain Outcomes. Carnegie Endowment for International Peace <https://carnegieendowment.org/research/05/2024/pension-reform-in-lebanon-good-intentions-uncertain-outcomes?lang=en¢er=europe>

28 Ibid

29 The Public Health, Labor and Social Affairs Committee discussed three proposed laws related to end-of-service compensation, flexible work, and the request to make health insurance optional. March, 2025 03 <https://www.lp.gov.lb/ContentRecordDetails?id=34045>

30 Law Proposal to amend Article 51 of the Social Security Law, June 2024, MP Faysal Karami https://lapoleb.com/uploads/law_project/files/66680-1554f7aa384a464449371.pdf

31 Declaration of Alma-Ata, International Conference on Primary Health Care, Alma-Ata, USSR, 12–6 September 1978 https://cdn.who.int/media/docs/default-source/documents/almaata-declaration-en.pdf?sfvrsn=7b3c2_2167

32 Ibid

On another note, primary healthcare is recognized as a people-centered healthcare system that can significantly reduce costs in the sector while providing the population with access to care that meets their needs. This system also encourages decentralization, enabling communities to deliver healthcare services to their residents³³.

Therefore, strengthening this healthcare model requires further development of health infrastructure, procurement of medications and equipment, and training of human resources. In 1996, the Lebanese Ministry of Public Health (MoPH) established a Primary Healthcare Network to regulate and monitor over 200 centers, most of which are affiliated with non-governmental organizations and local municipalities. These centers provide services at reduced costs to the most vulnerable populations, with some offering benefit packages subsidized by the World Bank. In the following years, the MoPH implemented an accreditation program and introduced several policies and procedures for delivering immunization services, which were disseminated to the primary healthcare centers³⁵.

The centers also play a key role in implementing various preventive programs, including the Expanded Program on Immunization (EPI), which aims to reduce the risk of vaccine-preventable diseases³⁶. This focus on prevention has been a driving force behind the significant expansion of the Primary Health Care (PHC) network, which saw the number of available services more than double from 1,207,325 in 2010 to 2,350,776 by 2019. This growth not only reflects the success of initiatives like the EPI but also underscores the importance of expanding geographical coverage and meeting the increasing demand for high-quality care³⁷.

Most of the centers within the network offer the main PHC services. However, the unavailability of advanced medical equipment and clear clinical guidelines for improving the quality of the services affects the staff's readiness, even though most of these centers are already equipped with basic equipment, internet access and electrical supply. This proves that the MoPH is conducting efforts to develop the centers and implement an electronic health information system across its network³⁸.

This experience parallels that of Saudi Arabia. In 2016, Saudi Arabia prioritized reforming its primary healthcare system as part of its broader Vision 2030 agenda³⁹. This initiative involved an in-depth review conducted in collaboration with the WHO⁴⁰. The goals of the program include meeting international standards, gaining public trust, and addressing the increasing burden of noncommunicable diseases⁴¹. Additionally, it adopts a family-centered approach and introduces new clinical pathways, such as incorporating mental health services into primary care. The reform is characterized by substantial investments in technology, capacity-building, and improved access to services⁴².

Given this context, it would be highly beneficial for Lebanon to invest in such a system, especially considering that public spending on health has traditionally constituted a small portion of the budget and has primarily focused on curative care rather than preventive services⁴³.

33 Framework on integrated, people-centred health services: report by the Secretariat. Geneva: World Health Organization; 2016, accessed 8 January 2020. <https://apps.who.int/iris/handle/252698/10665>.

34 Hemadeh, R., Kdouh, O., Hammoud, R., Jaber, T., & Khalek, L. A. (2020). The primary healthcare network in Lebanon: a national facility assessment. *Eastern Mediterranean Health Journal*, 707–700, (6)26. <https://doi.org/10.26719/emhj.20.003>

35 Ibid

36 Hilal, N., Shaya, R., Hamadeh, R., Abou Samra, C., El-Jardali, F. K2P COVID19- Series: Integrating COVID19- Vaccination into the Primary Health Care Network in Lebanon (Full Version). Knowledge to Policy (K2P) Center, Beirut, Lebanon, April 2021, 1

37 MoPH (2019a). Annual Report of Primary Healthcare Department. Retrieved from <https://moph.gov.lb/en/Pages/749/3/primary-health-care#/en/view/1198/reports-and-publications>

38 Hemadeh, R., Kdouh, O., Hammoud, R., Jaber, T., & Khalek, L. A. (2020). The primary healthcare network in Lebanon: a national facility assessment. *Eastern Mediterranean Health Journal*, 707–700, (6)26. <https://doi.org/10.26719/emhj.20.003>

39 Vision 2030. Riyadh: Government of Saudi Arabia; 2016 <https://sdgs.un.org/goals>

40 Khashan, H. A., Abogazalah, F., Alomary, S., Nahhas, M., Alwadey, A., Al-Khudhair, B., Alamri, F., Aleisa, N., Mahmoud, N., & Hassanein, M. (2021). Primary health care reform in Saudi Arabia: progress, challenges and prospects. *Eastern Mediterranean Health Journal*, 1026–1016, (10)27. <https://doi.org/10.26719/emhj.21.042>

41 National PHC reform roadmap, 2020–2016. Riyadh: Ministry of Health; 2016

42 Ibid

43 Public health: overview of the health sector. Council for Development and Reconstruction; 2013 http://www.cdr.gov.lb/eng/progress_reports/pr102013/Epub.pdf

POLICY RECOMMENDATIONS

Based on the sessions conducted with participants from various political parties and blocs represented in Parliament, alongside experts who exchanged opinions despite their differences and rising political tensions, the following key policy recommendations emerged from the discussions and relevant research:

Active participation in the discussion within the parliamentary commissions of the proposal to amend Article 51 of the Social Security Law is crucial. This amendment aims to address the distribution of pension costs between the government and the private sector. It is particularly important for small enterprises, where business owners currently have to cover gaps created by unfunded liabilities. These liabilities are calculated based on wages that are significantly higher than the amounts for which contributions were originally made. This revision is essential to prevent catastrophic consequences for the private sector and the economy as a whole.

Encouraging the adoption of a national health strategy that prioritizes the development of primary healthcare and emphasizes preventive care over curative approaches. This strategy should be supported by an increased budget for the MoPH in the annual government spending plan, along with efforts to attract international donations.

Issam Fares Institute for Public Policy and International Affairs

Inaugurated in 2006, the Issam Fares Institute for Public Policy and International Affairs (IFI) at the American University of Beirut is an independent, research-based, policy-oriented institute. It aims to initiate and develop policy-relevant research in and about the Arab world. The Institute aims to bridge the gap between academia and policymaking by conducting high quality research on the complex issues and challenges faced by Lebanese and Arab societies within shifting international and global contexts, by generating evidence-based policy recommendations and solutions for Lebanon and the Arab world, and by creating an intellectual space for an interdisciplinary exchange of ideas among researchers, scholars, civil society actors, media, and policy makers.

Adyan's Rashad Center for Cultural Governance

The Rashad Center for Cultural Governance is Adyan's Think-Do-Tank for policymaking and enhancement of cultural governance and diversity management. It is the newest expansion of Adyan's structure to respond to improved diversity management across political and educational public policies, legislation, and affairs. Since 2017, the center runs a variety of local and international projects that focus on advocacy and policy dialogue dedicated to improving private and public responses to arising challenges in the field.

