



International
Labour
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PROSPECTS

► Vulnerability and Social Protection Gaps Assessment – Lebanon

A microdata analysis based on the Labour Force and Household Living Conditions Survey 2018/19

SUMMARY REPORT

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Introduction

Over the past two years, Lebanon has experienced a severe financial and economic crisis, which has led to a rapid rise in inflation, a dramatic loss of real wages value, as well as a surge in unemployment and underemployment. The combination of these factors is driving a rapid increase of poverty and inequality, while also exacerbating challenges in accessing basic health and education services and the gradual erosion of human capital. The economic crisis has been aggravated by the COVID-19 pandemic and the August 2020 explosion of the Beirut port, as well as the ongoing political crisis.

Lebanon's social protection system is woefully inadequate to help shield the population from the economic turmoil. The bulk of the existing social protection system is contributory and covers mostly public and formal sector workers. Given the high rate of informality, the vast majority of private sector workers are excluded from coverage, while social security provisions for those covered lack both adequacy and comprehensiveness. Non-contributory social protection is embryonic and has been skewed towards less vulnerable groups. Finally, a large part of the population, including the majority of non-national workers, refugees and their families are not eligible to receive benefits from national social protection programmes.

This study provides a quantitative assessment of social protection needs and gaps in Lebanon, based on latest available micro data from the 2018/19 Labour Force and Household Living Conditions Survey (LFH LCS). It provides an overview of the vulnerability profile of the Lebanese population prior to the crisis with projections for the estimated impact of the current economic crisis on different vulnerable groups. It also includes a detailed assessment of social protection coverage and adequacy gaps, for contributory and private insurance, non-contributory social protection and humanitarian assistance, as well as for the social protection system as a whole. The analysis covers both Lebanese and non-Lebanese residents, but due to survey limitations, results cannot be used to draw conclusions on the whole population of migrants and refugees living in Lebanon.

The results of the study depict a pre-crisis social protection system suffering from large gaps in coverage and is grossly inadequate to respond to the needs of the population. If this system is to fulfil any significant role in addressing growing vulnerabilities and building back better from the crises, large investments and reforms are needed. The report identifies key priorities in a reform agenda to build back better.

Vulnerability Assessment

Prior to the crisis approximately a third (34%) of the Lebanese population lived on low and extremely low income (monthly income per adult equivalent to less than 470,700 Lebanese Pound (LBP)), while approximately half (52.4%) were classified as income vulnerable (living on less than LBP 706,050 per adult equivalent a month). Non-Lebanese were heavily over-represented in the bottom income quintiles; almost half (48.8%) of all non-Lebanese belonged to the bottom income quintile, and more than three quarters (76.4%) belonged to the bottom two income quintiles. By contrast, 13.6 per cent and 32 per cent of Lebanese citizens belonged to the bottom first and second quintile.

As per the analysis, **the demographic factors most strongly associated with low income were disability, household size and age.** Lebanese households that include persons with disability were twice as likely to belong to the bottom income quintile; children were 50 per cent more likely to belong to the bottom quintile than individuals in working age; and households with 6 or more members were almost five times more likely to belong to the bottom quintile than households with less than 3 members.

► Proportion of Lebanese and non-Lebanese individuals in the bottom national income quintiles, by demographic characteristics

	Criteria	Group	LEBANESE		NON-LEBANESE	
			Bottom income quintile	Bottom 2 income quintiles	Bottom income quintile	Bottom 2 income quintiles
	All		13.8	32.4	49.4	77.0
HOUSEHOLD	Household size	1-3	5.6***	21.5***	9.5***	43.2***
		4-5	10.6***	29.1***	45.0*	74.6*
		6+	27.6***	49.2***	63.8***	88.4***
	Disability	1+ member has disability	24.3***	47.6***	58.9**	86.0***
		No member has disability	12.2***	30.1***	48.1	75.8
	Demographic dependency	<1	11.4***	28.4***	34.2***	62.0***
1-2		16.8***	38.6***	58.5***	88.8***	
>2		20.7***	39.6***	76.9***	91.1***	
INDIVIDUAL	Disability	Has disability	20.2***	43.6***	54.8	81.5
		No disability	13.5	31.9	49.3	76.9
	Age	0-5	18.9***	41.8***	58.7**	88.9***
		6-17	21.1***	43.8***	60.5***	86.0***
		18-29	12.6**	30.4*	38.2***	67.9***
		30-64	11.6***	29.0***	43.5**	70.0***
		65+	9.5***	25.0***	28.2**	54.6***
	Sex	Male	13.6	31.8	46.4	73.2***
		Female	14.0	33.0	53.0*	81.5***

Source: Author's calculations based on LFHLC5; Significance (compared to national average): *10%, **5%, ***1%. N.B: Statistics for individual education and employment characteristics refer to adults only (aged 18+).

Education and access to formal employment are important socio-economic factors associated with low income.

Households without anyone in formal employment and those headed by persons with no education were much more likely to belong to the bottom quintile. In fact, only 34.8 per cent of Lebanese citizens between the ages of 18 and 64 were in full-time formal sector employment, with men twice as likely as women to have a formal sector job. For non-Lebanese residents, only 6.8 per cent of women were in full-time formal employment, compared to 40.7 per cent of men. The likelihood of being employed in the formal sector increased with education and age for both men and women.

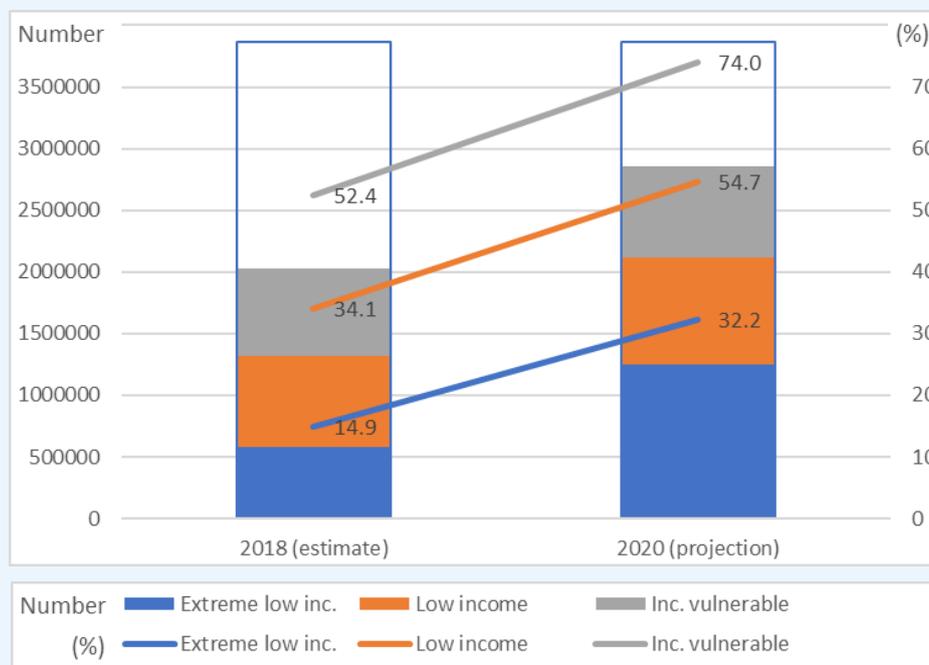
Income vulnerability was strongly correlated with non-monetary vulnerability in areas of health, education, housing, access to basic services and asset ownership.

Overall, Lebanese individuals had most vulnerabilities in health as compared to other dimensions of wellbeing, while inequalities between groups were strongest in education, in which persons with disability on average had twice as many vulnerabilities. Results show that non-Lebanese were more than twice as likely as Lebanese not to consult a medical professional when sick, and more than ten times as likely to have school-age children out of school.

The impact of the economic crisis has greatly exacerbated income deprivation. Projections presented in this report show that almost three quarters (74%) of the Lebanese population had become income vulnerable by December 2020,

representing approximately 2.86 million individuals. Overall, the proportion of Lebanese citizens living in low-income households was projected to increase by 20.6 percentage points (p.p) between 2018 and 2020, to reach 54.7 per cent, while the proportion of those living in extreme-income households would double to reach 32.2 per cent.

► Projected number and percentage of individuals on extremely low, low or vulnerable income¹ (Lebanese population)



Source: Author’s calculations based on LFHCLS, using CAS 2020 and World Bank 2020 assumptions. 2018 Rate computed using LFHCLS data with poverty line selected to match World Bank (2020) poverty estimates; 2020 projections based on CAS 2020 and WB 2020 growth estimates and WB 2020b CPI estimates.

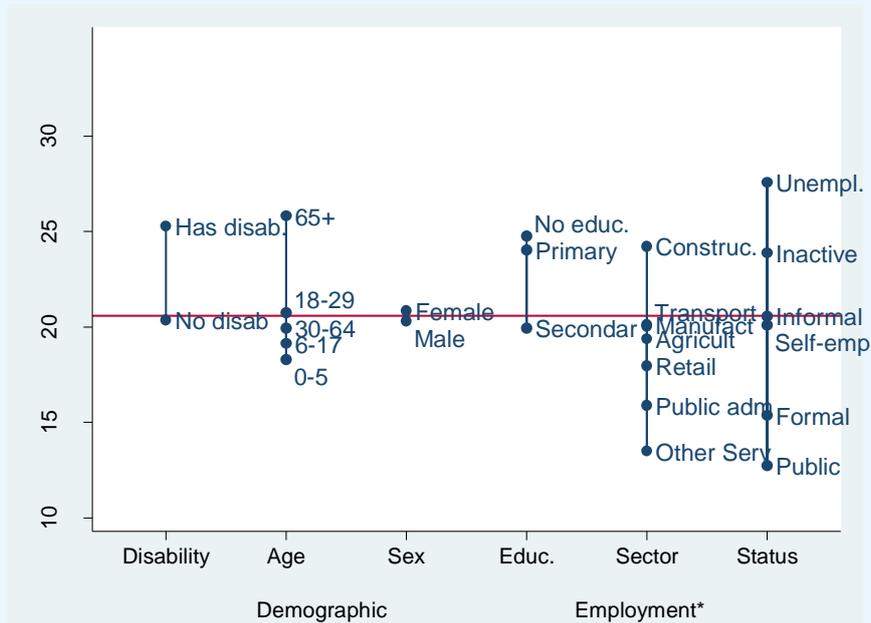
The current economic crisis disproportionately affected groups in the Lebanese population that were already vulnerable before the crisis. Persons with disability and persons aged 65 and above were projected to face amongst the largest increases in income vulnerability (respectively +25.3 p.p. and +25.9 p.p.). Projected results indicate that by December 2020 almost 9 in 10 (86.8%) of Lebanese with a disability, 8 in 10 (78.7%) children below 6 years of age and 7 in 10 (74%) persons aged 65 and above had become income vulnerable.

Households that were projected to suffer most from the current economic crisis also include individuals who were already unemployed or not working in 2018, including discouraged jobseekers (+27.7 p.p. in income vulnerability), and where no members were employed in 2018 (+34.2 p.p.).²

¹ Extremely low-income (<LBP 276,000 per adult-eq./month), low-income (<LBP 470,000) and vulnerable households (<LBP 706,000).

² The absence of data on currency of income and the lack of information about new composition of income sources, including the increasing role of remittances, constitute important limitations to the analysis presented in this chapter. Until new and up-to-date survey data is available, projections presented here should be taken with caution and interpreted as indicative trends.

► Projected increase in income vulnerability (Lebanese population), by individual characteristics



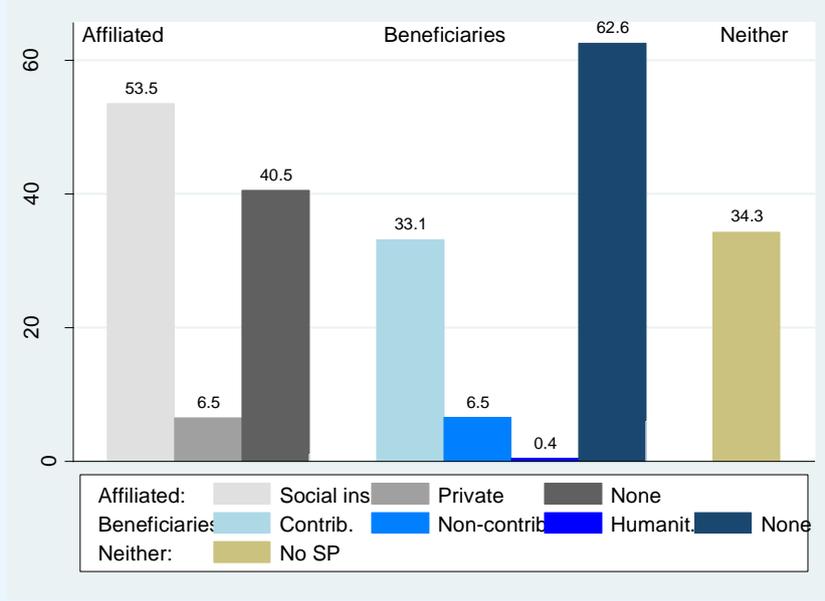
Source: Author’s calculations based on LFHLCs and assumptions in Annex **Error! Reference source not found.**; *Employment indicators refer to the employment status before the crisis.

Social Protection Coverage and Adequacy Assessment

The bulk of the existing social protection system is contributory and covers mostly public sector workers, and workers in large formal sector firms

The main form of social protection in Lebanon in 2018 was contributory social insurance (such as health insurance, end-of-service indemnity and public sector pension schemes), which covered 53.5 per cent of the Lebanese population, but only 4.9 per cent of non-Lebanese residents. A further 9.7 per cent of Lebanese citizens and 4.3 per cent of non-Lebanese residents also had access to private insurance, with some having access to both at the same time.

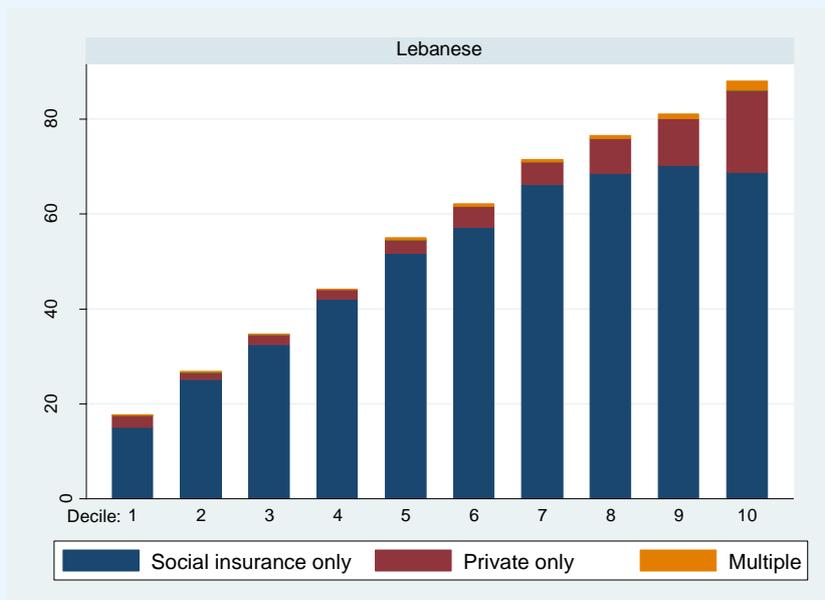
► Social protection coverage, as a percentage of total population, Lebanese and non-Lebanese population



Source: Author's calculations based on LFHCLS

There are stark differences in the levels of social protection coverage amongst the Lebanese population depending on levels of welfare, with those living in richer families enjoying far better levels of affiliation and direct receipt of benefits. Social insurance affiliation is over 65 per cent in the top deciles, compared to less than 20 per cent in the bottom decile, mostly as a result of the socioeconomic determinants of informality.

► Social and Private Insurance affiliations by income decile, Lebanese population



Source: Author's calculations based on LFHCLS

The study estimates that there were 1.2 million uninsured Lebanese workers prior to the crisis. Affiliation to employment-related social insurance was higher in larger firms for both Lebanese and non-Lebanese citizens, which points to non-compliance with existing regulations amongst smaller firms. In firms with fewer than 5 employees almost two thirds (67.6%) of monthly paid employees did not get social insurance. While Lebanese workers in large firms enjoyed higher rates of affiliation (over 80% for firms with more than 50 employees), less than a third (31%) of non-Lebanese workers in firms with 100 or more employees had social insurance. In total, only 11.5 per cent of monthly paid non-Lebanese employees were covered by employment-related social insurance.³

► **Employment-related affiliation to social and private insurance (direct affiliation only, Lebanese and non-Lebanese population), by employee and employer characteristics**

EMPLOYER CHARACTERISTICS		EMPLOYMENT ARRANGEMENT				NATIONALITY (monthly-paid employees)	
		Self-employed & Employer	Monthly paid Employee	Daily worker & other	All	Lebanese	Non-Lebanese
ALL		4.8	67.6	5.2	40.3	76	11.5
SIZE	1 person	4.6	9.9*	1.9	4.9*	(28.8*)	6.7*
	[2–4]	5.1	23.6*	1.8*	10.4*	32.4*	2.1*
	[5–9]	6.5	50.6*	4.2	31.4*	59.5*	16.6*
	[10–19]	4.9	68.3	10*	54.9*	76	16.7
	[20–49]	6.7	73.9*	17.5*	66.1*	80.9*	16.8
	[50–99]	(3.4)	82.6*	26.5*	77.3*	86.3*	22.1*
TYPE	100+	(1.5)	86.3*	11.7*	83.1*	89.3*	31*
	Informal sector	4.2	0.9*	0.3*	3*	1.8*	0.1*
	Formal sector	6.3*	73.3*	8.8*	56.9*	79.2*	17.2*
SECTOR	Agriculture	7.1*	31*	0.4*	7.4*	47.4*	1.9*
	Manufacturing	3.3*	58.2*	6.6	31.9*	71.3*	10.5
	Construction	3*	58.3*	1.7*	11.3*	71.8	10.7
	Retail	4.2	54.1*	4.7	25.9*	64.3*	8.9
	Transport/Accommodation	4.3	55.7*	5.4	28.3*	67.1*	8.6
	Public administration	-	92*	14.9*	89.5*	92.3*	58.9*
	Other Services	7.5*	67.6	10.5*	52.1*	75	13

Source: Author’s calculations based on LFHLCS; Fewer than 10 obs.: -; 10-50 obs.: (.). *significantly different from column mean (5% significance).

Access to employment-related social insurance also varied greatly across sectors and employment arrangements, with the lowest rates of affiliations amongst daily workers in construction and agriculture sector and the self-employed. While 67.6 per cent of monthly paid employees had employment-related social insurance, only 5 per cent of self-employed or casual workers did. Only around 1 in 10 of all workers in the agriculture and construction sectors had access to employment-related social insurance, this was mainly driven by the prevalence of non-standard forms of work, and non-national workers in these sectors.

³ It is important to note that even for those (few) non-Lebanese workers who are registered in social insurance by their employers, this does not necessarily translate into effective coverage for all, given non-Lebanese don’t benefit from the NSSF even when enrolled except for few European countries with bilateral social security agreements.



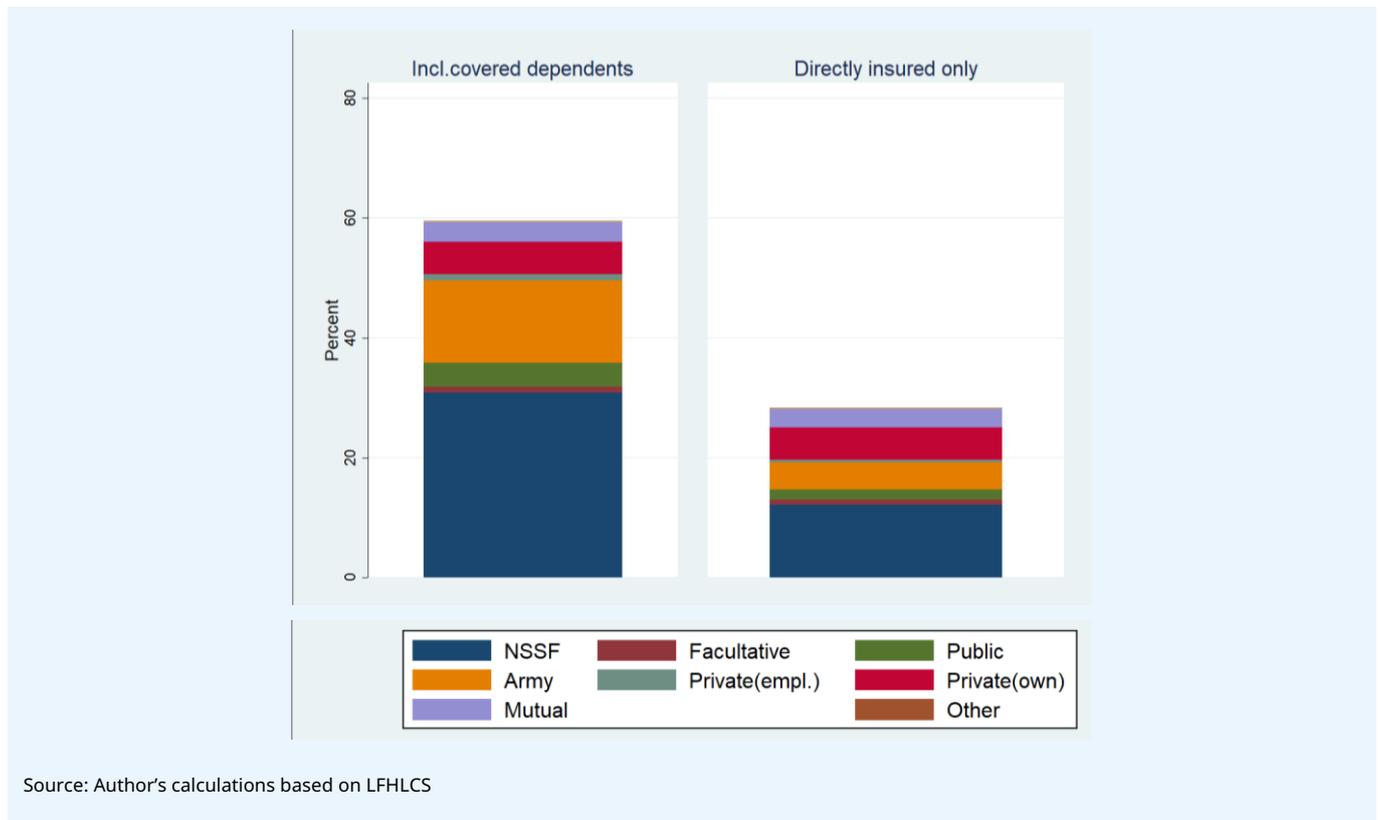
Only 1 in 10 workers in the agriculture and construction sectors had access to employment-related social insurance

Non-Lebanese workers represented 26.7 per cent of the uninsured, even though they only constituted 16.8 per cent of the labour force. Most of the uninsured Lebanese workers were self-employed or employers, whereas the largest group of uninsured non-Lebanese workers were monthly paid employees.

The comprehensiveness and adequacy of social insurance benefits was also very limited. The main social insurance scheme for private sector workers, the National Social Security Fund (NSSF), does not provide periodical pensions for retirement and invalidity, survivor's benefits, maternity, employment injury nor unemployment insurance. In addition, the value of family allowances was already low prior to the crisis.

Health insurance was the most common form of contributory social protection in Lebanon, yet around 40.6 per cent of the Lebanese population were not covered by any type of health insurance, among which 27.9 per cent lived in households where no one had health insurance. Coverage rates were much lower for the poorest deciles, where only 17.7 per cent of Lebanese citizens had health insurance, compared to 88 per cent in the richest decile.⁴

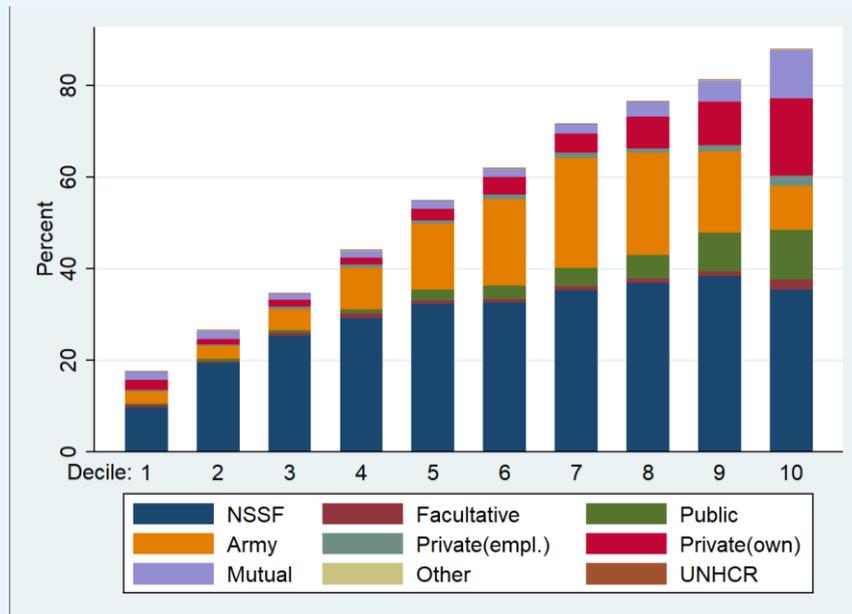
► **Health insurance coverage for the Lebanese population, directly affiliated and covered dependents**



The majority of informal and vulnerable workers were not directly affiliated with health insurance, but were covered through household members. The overwhelming majority of those with health insurance were monthly paid employees working in the formal sector, particularly public administration. The relative importance of the NSSF decreased in richer deciles, where private and mutual funds accounted for a large proportion of coverage.

⁴ For an analysis of systemic challenges of social health protection in Lebanon, see: ILO. 2020. *Extending Social Health Protection in Lebanon. The role of the National Social Security Fund (NSSF) in achieving Universal Health Coverage.* https://www.ilo.org/beirut/publications/WCMS_780987/lang--en/index.htm

► Health insurance affiliation by income decile for the Lebanese population

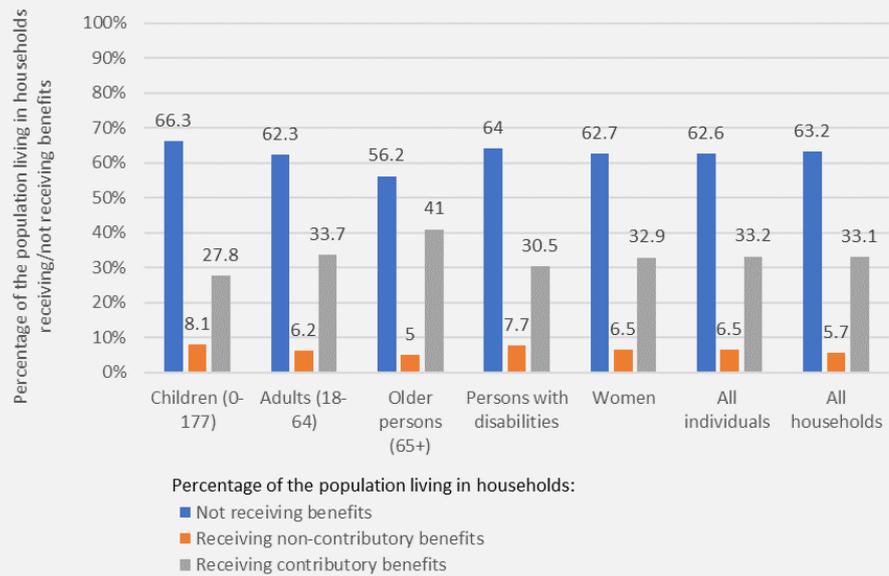


Source: Author's calculations based on LFHCLS

Non-contributory social protection is insufficient, inadequate and heavily skewed towards non-vulnerable groups

Only 6.5 per cent of Lebanese citizens and 4.5 per cent of non-Lebanese lived in households that received benefits from social assistance. While income from contributory social protection constituted a significant part of total household income in the upper deciles only, income from non-contributory social protection, on the other hand, represented a very small fraction of total income in any decile. Non-contributory benefits failed to fill the gaps of the exclusionary social insurance system, raising social protection coverage by a mere 8, 7.7 and 5 per cent respectively for children, persons with disabilities and older persons of 65 years and above.

► **Percentage of the Lebanese population living in households receiving social protection benefits, by population group, 2018**



Source: Author’s calculations based on LFHLC5

A disproportionate share of non-contributory coverage and spending was directed to formal and especially public sector employees, who enjoyed higher-than-average incomes and coverage in contributory schemes prior to the crisis. People working in public administration were almost twice as likely as the population at large to receive government aid⁵. Almost half (45.4%) of all benefits from non-contributory social protection went to individuals living in households with public sector employees, even though they represent only 15.2 per cent of the population. This tallies with recent analysis of social protection spending in Lebanon showing a large concentration of resources on public sector employees across all categories of spending (IoF, 2021)⁶; in 2019, effective spending on pensions and end-of-service indemnities to public sector workers only represented 4.7 per cent of GDP. Around 32.9 per cent of total social protection spending went to military personnel, while only 12.8 per cent went to civil personnel.

A large part of the Lebanese population is excluded from the Social Protection system

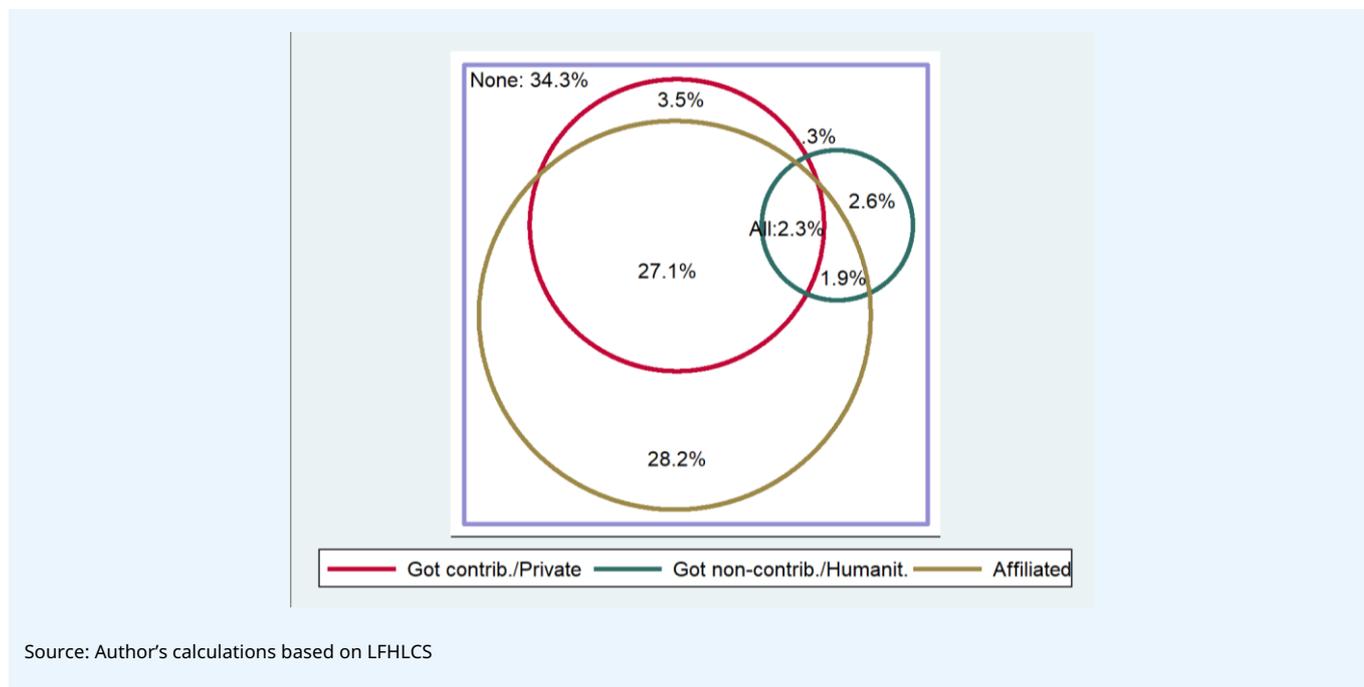
Overall, prior to the crisis 1 in 3 (34.3%) Lebanese citizens were completely excluded from the social protection system, meaning they lived in households that did not receive any benefits from social protection programmes, and where no member was affiliated to any type of social insurance programme. The situation was worse for those in the bottom decile, where over 63 per cent of Lebanese individuals were not covered by any form of social protection, compared to just 6.5 per cent of individuals in the richest decile.

► **Around 63 per cent of Lebanese individuals in the bottom income decile were not covered by any form of social protection, compared to just 6.5 per cent of individuals in the richest decile..**

⁵ Government aid is defined in the survey as “hospitalization, education, indemnities for damages, evacuations, etc.”

⁶ Institut des Finances Basil Fuleihan. 2021. *Social Protection Spending in Lebanon: An Examination of State Financing of Social Protection*. URL: <http://institutdesfinances.gov.lb/publication/social-protection-spending-in-lebanon-a-dive-into-the-state-financing-of-social-protection/>

► Proportion of individuals affiliated with social insurance and living in households receiving social protection benefits (Lebanese population)



The groups least likely to have access to social protection were informal sector-workers and self-employed individuals working in agriculture or construction. Persons with disabilities, youth-headed households (heads aged 25 and younger) and female-headed households, as well as households headed by people with low levels of education were also at higher risk of falling through the cracks of the social protection system.

Coverage of social protection benefits was very limited for key vulnerable populations expected to be attended by minimum guarantees reflected in the ILO Recommendation on Floors or Social Protection (No. 202). As previously mentioned, two thirds of Lebanese children, 56 per cent of older persons and 64 per cent of persons with disabilities lived in households that did not receive any kind of social protection benefits. These proportions are much higher for people belonging to the bottom quintiles, where 85 to 91 per cent of children, of older people and of

people with disability belonging to the bottom quintile lived in households that didn't receive any contributory benefits.

Two thirds of Lebanese children, 56 per cent of older persons and 64 per cent of persons with disabilities lived in households that did not receive any kind of social protection benefits.

► Children, older people and PwDs living in households receiving SP benefits, by national income quintiles, 2018

Income Quintile	Contributory			Non-contributory		
	Children (0-17)	Older people (65+)	PwDs	Children (0-17)	Older People (65+)	PwDs
1	8.6	14.2	14.5	8.9	6.2	9.4
2	18.6	21.2	20.8	8	5.4	8.8
3	32.6	35.8	33.8	7	5.2	6.4
4	41.6	49.8	42.8	10	4.6	7
5	42.0	59.5	49.9	5.9	4.4	6.4

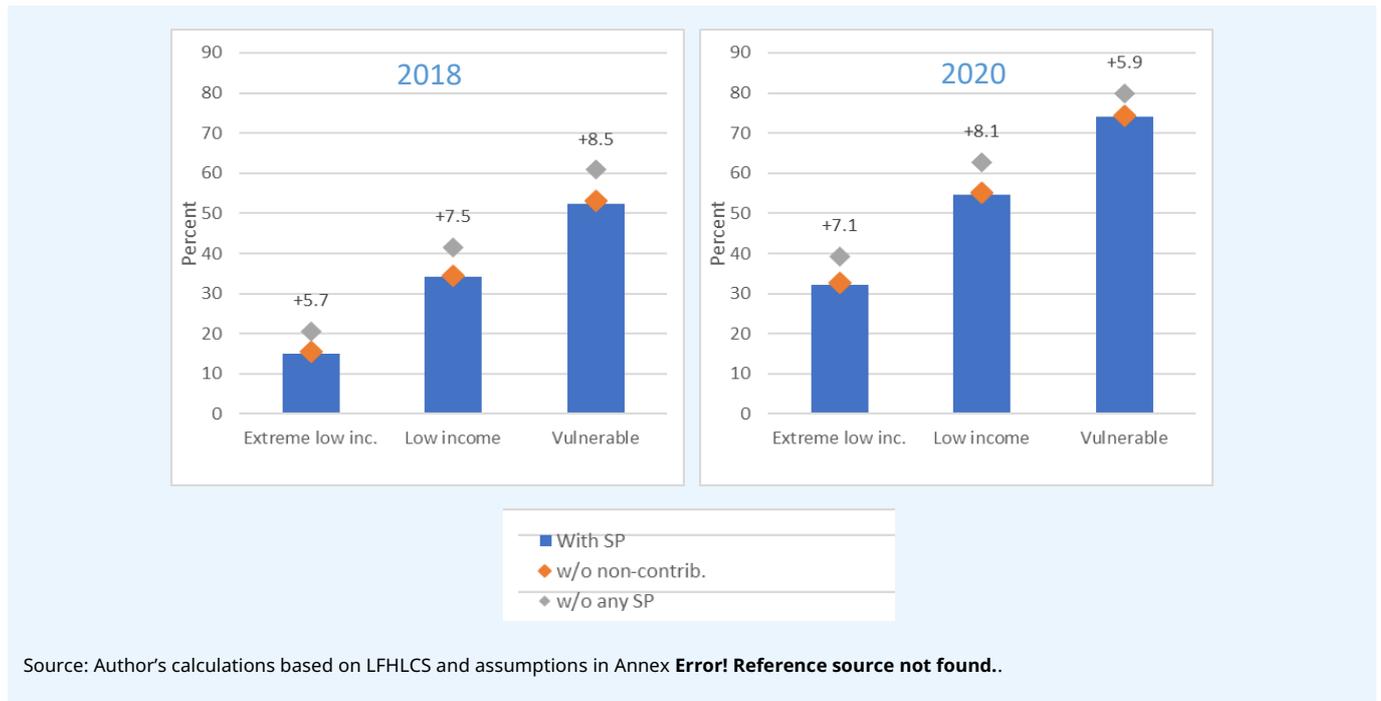
Women and youth - two categories for whom investment in social protection is most critical - faced important barriers in accessing social protection. Amongst Lebanese citizens, male-headed households were significantly more likely to receive benefits from social insurance programmes, other than old-age pension, compared to female-headed households. Youth-headed households also stood out as least likely to receive benefits both from contributory and non-contributory social protection scheme

The social protection system had very little impact on income vulnerability and reinforced inequalities prior to the crisis

The estimated contribution of the social protection system to reducing income vulnerability in 2018 was very modest. The proportion of individuals below the income vulnerability line was estimated to be 8.5 percentage points lower than it would be without social protection. The impact on extreme low income was even smaller in absolute terms (5.7 p.p. reduction).

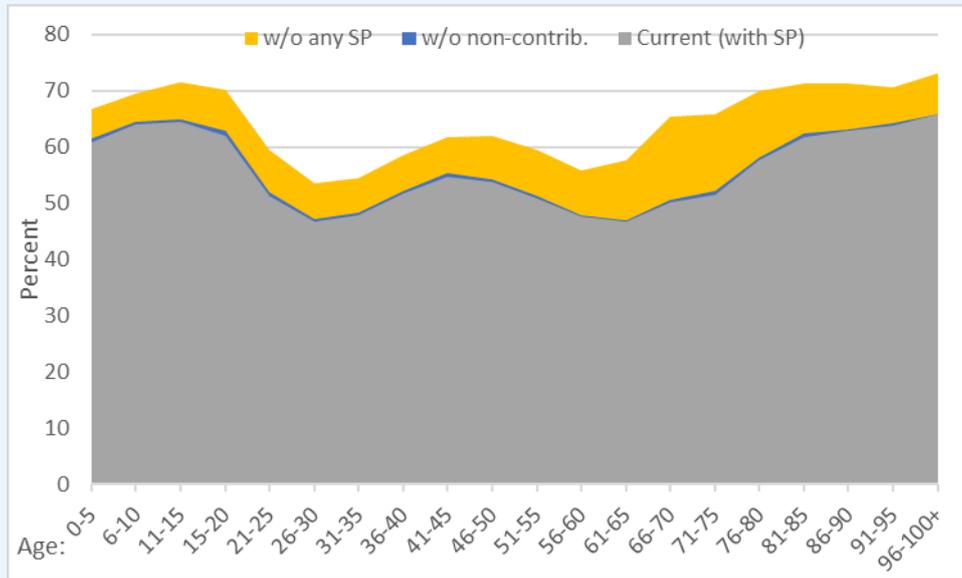
In 2020, the projected impacts of the existing social protection system remained greatly insufficient compared to the fast rising needs.

► Income vulnerability amongst the Lebanese population in 2018 and 2020 with and without social protection



Contributory social protection schemes accounted for virtually all the impact of the social protection system in reducing income vulnerability, whereas the impact of non-contributory benefits is negligible, as a result of low coverage and low benefits. Non-contributory social protection is estimated to mitigate income vulnerability by less than half a percentage point, while contributory and non-contributory social protection have a positive impact of 8.1 percentage points. Contributory retirement pensions had the largest impact on poverty reduction, hence not surprisingly the group that benefits the most from social protection were public sector employees and the impact of social protection was found to be larger for the group aged 61 to 80 years old.

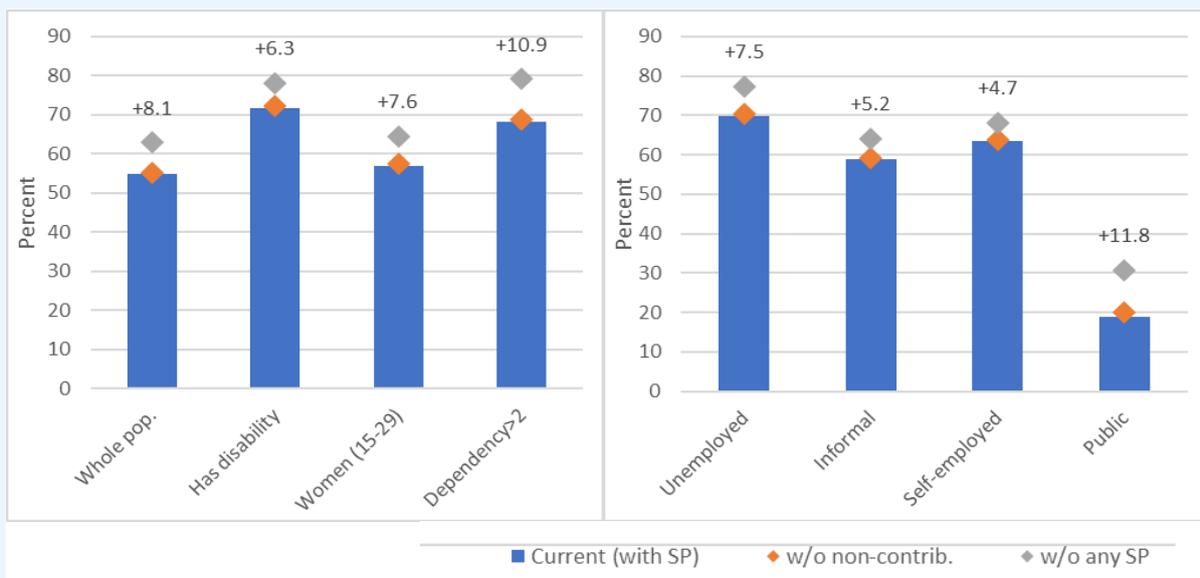
► Impact of social protection on income vulnerability in 2020 (Lebanese population), by age group



Source: Author’s calculations based on LFHCLS

For key vulnerable groups - including women, people with disability, the unemployed, self-employed and informally employed workers - social protection had lower impact compared to the population as a whole. The group that benefitted least from social protection were self-employed workers (4.7 p.p. reduction in income vulnerability), who were largely excluded from contributory social protection.

► Impact of social protection system on income vulnerability in 2020 (Lebanese Population), by selected individual characteristics



Source: Author’s calculations based on LFHCLS.

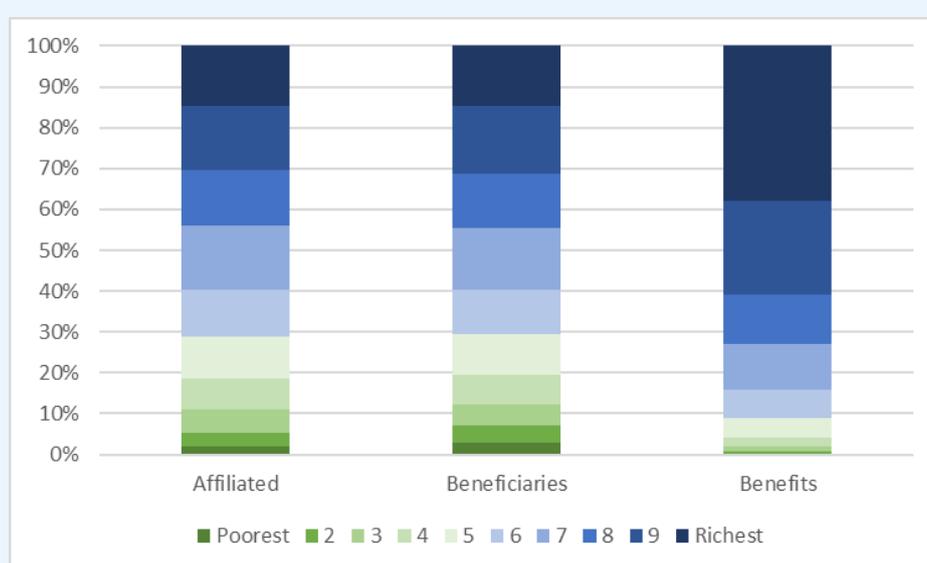
The impact of social protection on inequality is also minimal. Non-contributory social protection had very little impact on inequality in 2019, while the combined effect of contributory and non-contributory social protection is slightly higher and is estimated to decrease inequality from 0.463 to 0.449.

► Impact of social protection on inequality rates through 2019 estimates of the Gini Coefficients

	Current	w/o non-contributory SP	w/o any SP
2019 estimate	0.449	0.446	0.463

As the overwhelming majority of benefits received by Lebanese citizens came from contributory social protection, social protection benefits tended to be proportional to income, with the richest decile receiving almost 100 times more benefits than the bottom decile. Over 90 per cent of total benefits was constituted of benefits from contributory social protection, such as retirement pension and health insurance and more than 70 per cent of those affiliated with social insurance schemes belonged to the upper half of the income distribution. As a result, more than 60 per cent of all social protection benefits (excluding private insurance) went to individuals in the richest income quintile.

► Distribution of beneficiaries and benefits (Lebanese population), by income decile



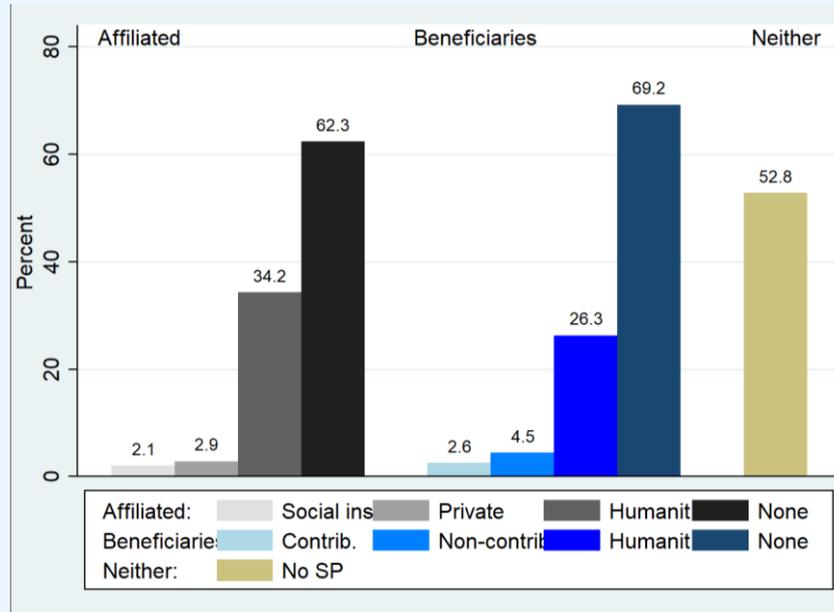
Source: Author's calculations based on LFHLCS

Social Protection for the Non Lebanese population

The LFHLCS is not statistically representative of the entire non-Lebanese population, as it only includes non-Lebanese living in residential dwellings and, for questions relevant to social protection, domestic workers were also excluded.

About half (52.8%) of the non-Lebanese population covered in the survey – as opposed to 34.3 per cent of the Lebanese – did not have access to any kind of social protection benefits nor were affiliated with any social insurance scheme prior to the crisis.

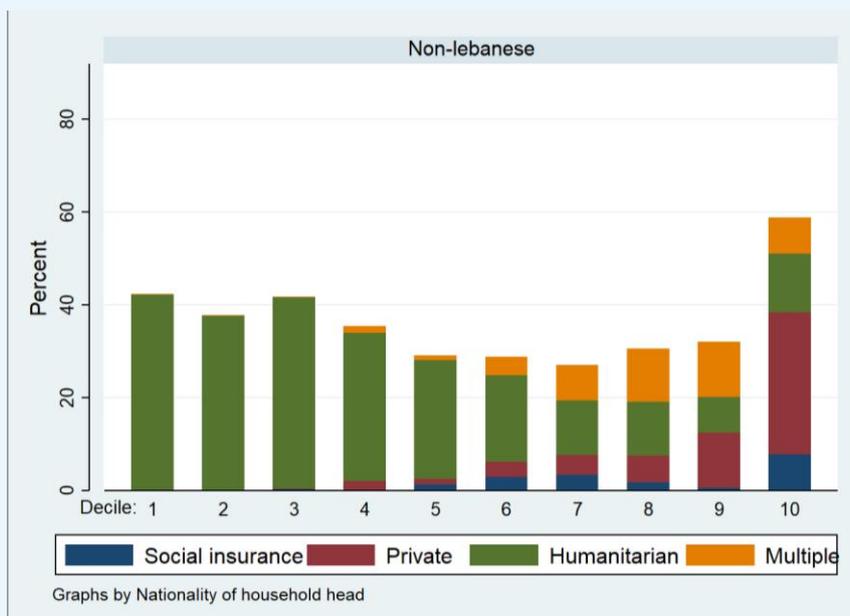
► Social protection coverage, non-Lebanese population



Source: Author’s calculations based on LFHCLS

Humanitarian social protection schemes were the dominant source of social protection for non-Lebanese households on low incomes. Benefits from humanitarian assistance were distributed evenly across the nine bottom income deciles, but from the 4th quintile upwards, contributory social protection and private social insurance also played a role, with the top decile relying almost exclusively on the contributory and private social insurance systems.

► Affiliation to a social protection scheme by income decile, non-Lebanese population



Source: Author’s calculations based on LFHCLS

Approximately a quarter (27%) of non-Lebanese individuals living in residential dwellings reported receiving humanitarian cash transfers from UN agencies or NGOs. Larger households, households with higher demographic

and economic dependency ratios, and households with an unemployed head were more likely to be recipients of humanitarian cash assistance.

About a third (34.2%) of non-Lebanese respondents reported being covered by UNHCR or other similar health programmes. Affiliation to UNHCR and other UN and NGO subsidized health services was fairly even across population groups.⁷ Households with high dependency ratios (>2), as well as households where no one is employed were more likely than other households to benefit from UNHCR and other UN and NGO health programmes. The little health insurance coverage that exists for non-Lebanese workers tended to be private, with 4.8 per cent of non-Lebanese workers having private health insurance through their employer.

Key medium-term priorities for social protection reform

Results from the study underpin the critical need for reforms and investments in the Lebanese social protection system. Building an inclusive, rights-based social protection system addressing inequalities and vulnerabilities throughout the lifecycle will not only provide immediate relief but will enable a faster recovery from the crises and lay the foundation for a stronger economy and society going forward.

To that purpose, several key priorities can be identified, following a two-tiered approach that involves the introduction of a social protection floor, in parallel with the progressive achievement of higher levels of protection through a comprehensive social security system:

1. Extend coverage of social insurance schemes to allow adequate protection of categories of workers currently excluded because of regulatory, compliance or affordability issues, including workers in non-typical forms of employment (self-employed and casual workers), workers in particularly vulnerable sectors (agriculture and employment), and non-national workers
2. Broaden the scope of social insurance benefits to cater for all risks experienced during working life, including sickness and maternity benefits, employment injury, and unemployment.
3. Advance with the reform of the end-of-service indemnity scheme for private sector workers into a pension system
4. Enhance the adequacy of all existing social protection benefits – especially in the current crisis context.
5. Reduce the fragmentation in the contributory social protection system to enhance fairness and incentivize mobility, particularly between public and private sector workers.
6. Progressively introduce a broad-based tax-financed non-contributory social protection floor (SPF) to provide basic support to all residents, with particular focus on addressing life-cycle risks and vulnerabilities (ILO, 2020).⁸
7. Expand and diversify the basis for social protection spending⁹, with a better mix of tax funding, solidarity-based financing in the form of social contributions and external ODA, and reallocations towards groups currently excluded from coverage.

Pursuing these priorities can ensure national realization of the ILO social protection standards, notably ILO Social Security (Minimum Standards) Convention, 1952 (No. 102) and Social Protection Floors Recommendation (No.202). Such priorities have also been broadly reflected in the Lebanon Reform, Recovery and Reconstruction Framework¹⁰ (3RF) chapter on social protection and the UN position paper¹¹. The development of a Social Protection Strategy for Lebanon, currently underway, is a crucial step towards building an integrated and comprehensive vision for the sector and articulating key priorities for medium to long-term social protection reforms in the country.

⁷ Such schemes provide health protection by virtue of granting to those registered in the scheme (e.g. UNCHR card holders) access to health services at no or heavily subsidized cost. While they do not function through an insurance principle, the term affiliation is used here by extension.

⁸ ILO and UNICEF. 2021. *Towards a Social Protection Floor for Lebanon: Policy Options and Costs for Core Life-cycle Social Grants; Policy Note*. URL: https://www.ilo.org/beirut/media-centre/news/WCMS_792081/lang--en/index.htm

⁹ For more details on social protection spending in Lebanon, see:

Institut des Finances Basil Fuleihan. 2021. *Social Protection Spending in Lebanon: An Examination of State Financing of Social Protection*. URL: <http://institutdesfinances.gov.lb/publication/social-protection-spending-in-lebanon-a-dive-into-the-state-financing-of-social-protection/>

¹⁰ WBG, UN and EU. 2020. *Lebanon Reform, Recovery and Reconstruction Framework (3RF)*. URL:

<https://www.worldbank.org/en/country/lebanon/publication/lebanon-reform-recovery-reconstruction-framework-3rf>

¹¹ ILO, UNICEF and Beyond Group. 2020. *UN position paper – Social protection in Lebanon: Bridging the immediate response with long-term priorities*. URL: https://www.ilo.org/beirut/publications/WCMS_766640/lang--en/index.htm



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