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**FOLLOW-UP ON PRIORITY ISSUES IN THE FIELD  
OF SOCIAL DEVELOPMENT IN THE ESCWA REGION****PROPOSED METHODS TO COMBAT POVERTY  
AMONG PERSONS WITH DISABILITIES****Summary**

The current report is prepared within the framework of the Arab Decade for Persons with Disabilities (2004-2013) and in the context of resolution 2010/12 on Promoting Social Integration, adopted by the Economic and Social Council of the United Nations in July 2010. It argues that international experience points to a strong correlation between disability and poverty and encourages member countries to consider exploring this relationship in their respective societies in order to facilitate better inclusion of persons with disabilities.

The report presents a picture of the numbers of persons with disabilities in the Economic and Social Commission for Western Asia (ESCWA) member countries based on the most recent census data and looks into provisions with regard to their employment and social protection. It concludes with recommendations to (a) adjust definitions and improve statistics and monitoring; (b) raise social awareness and ensure the participation of persons with disability in the policymaking process; (c) ensure adequate Government attention and support; and (d) promote employment and inclusion.

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## I. INTRODUCTION

1. In many societies around the world, disability does not seem to exist. In the streets, cafés, offices and shops, people with impairment are conspicuously absent. Public debates rarely centre on issues related to disability, and even in official statistics only scant records are held on the numbers of people affected and their living conditions.
2. If people in downtown areas of big cities or in business districts are confronted with the effect of disability at all, it is in the form of a hand outstretched from a person on crutches asking for support for life, for medicine or for shelter.
3. Just these two observations already mark the key issues that characterize the conditions under which most of the people living with disabilities are conducting their life: exclusion and poverty. Taken together, disability, exclusion and poverty form a vicious cycle from which few are able to escape.
4. Why is this the case? Why are persons living with disability so effectively marginalized in most societies? What can governments do to encourage their participation and to support their inclusion in mainstream society?
5. This paper explores the known causal effects of these three mutually reinforcing factors. It looks at the situation in the Economic and Social Commission for Western Asia (ESCWA) region and develops a set of policy recommendations. The discussion is set to contribute to policy debate and commitments developed under the Arab Decade for Persons with Disabilities 2004-2013.

## II. THE VICIOUS CIRCLE: POVERTY, DISABILITY AND EXCLUSION

6. Disability can strike anyone during his or her life. Worldwide, the main causes of impairment are accidents, infectious diseases, birth defects and, in several regions of the world, trauma from conflict and war.
7. According to the World Health Organization (WHO), disability is estimated to affect 10 per cent of the population worldwide. Although official statistics record higher numbers in high income countries, there is no reason to assume lower numbers of persons with disability in the developing world. On the contrary, developing countries account for 90 per cent of life years lost caused by road-traffic accidents and injuries.<sup>1</sup> Precarious and unsafe work conditions, insufficient health care systems and often higher levels of malnutrition present additional risks that can lead to higher prevalence of disability in the developing part of the world.
8. In most societies, a combination of different factors leads to the noticeable absence of persons with disabilities in public life. Overprotection and discrimination, as well as the experience of physical barriers result in exclusion from social life, characterized by limited social interaction, freedom and mobility.
9. The inequitable access of persons with physical disabilities to social and economic opportunities, and their subsequent vulnerability, is clearly revealed by socio-economic indicators. Persons with physical disabilities face considerably higher levels of unemployment, significantly lower levels of education and dramatically higher infant mortality rates than the rest of the population.<sup>2</sup> They generally belong to the poorest and most disadvantaged social groups and tend to experience social segregation.

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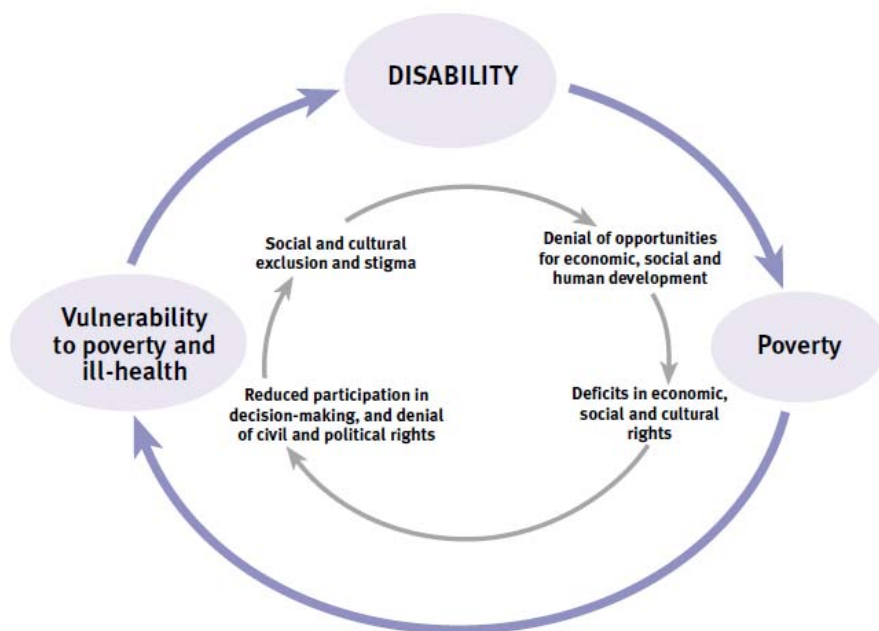
<sup>1</sup> Calculated as Disability-Adjusted Life Years (DALYs). See: Lord, J., et al. 2010. Disability and International Cooperation and Development: A Review of Policies and Practices. *SP Discussion Paper*, No. 1003. World Bank, p. 2.

<sup>2</sup> For more information, see United Nations Enable: Factsheet on Persons with Disabilities.

10. Such a downward spiral of cumulative effects of disability, exclusion and poverty may also cause more disability. If addressed early and effectively, many cases of disability can be prevented or mitigated by skilled birth attendance, early childhood support or timely medical examination and treatment. If marginalization, exclusion, poverty or all of these prevent such assistance, the incidence and burden of disability will increase.

11. The observation that poverty increases the risk of disability is supported by the fact that according to estimates of the WHO, some 80 per cent of persons experiencing disability of any kind were living in low income countries in 2005.<sup>3</sup> In contrast, at that time low-income countries were home to only about 12 per cent of the world population.<sup>4</sup> The vicious cycle of poverty, exclusion and disability is illustrated in figure 1 below.

**Figure I. The vicious cycle: poverty, disability and exclusion**



Source: Department for International Development (DFID), 2000. *Disability, Poverty and Development*, p. 4.

### III. MEASUREMENT PROBLEMS AND DIFFERENT VIEWS OF DISABILITY

12. Measuring the prevalence of disability is a complex challenge, especially for developing countries. Results largely depend on the method of data collection as well as on the definition of disability applied and the two factors are often interconnected.

13. Developing countries mainly use the population census to estimate the prevalence of disability, as detailed surveys of disabilities are expensive. However, some experience suggests that census data tend to generate lower prevalence rates than specialized surveys because questions in censuses tend to be mostly short and definitions restrictive. Developed countries and increasingly the developing world, use specific surveys that allow for a deeper exploration of the types and degrees of disability.<sup>5</sup>

<sup>3</sup> WHO. 2005. Disabled Often Among the 'Poorest of Poor'. *Bulletin of the World Health Organization*. 83 (4).

<sup>4</sup> World Bank. 2005. *World Development Indicators*; and United Nations Population Fund. *State of World Population 2005, The Promise of Equality: Gender Equity, Reproductive Health and the Millennium Development Goals*.

<sup>5</sup> Bonnel, R. 2004. Poverty Reduction Strategies: Their Importance for Disability. *GLADNET Collection*. Paper 442, p. 37.

14. In addition, the entire concept of disability has changed substantially in recent years. Traditional definitions of disability described it as a medical condition that inflicts specific deficits on an individual, defining functional insufficiencies in comparison to an imaginary status of complete health and fitness. Although it became increasingly clear that the ideal of complete health was an illusion and that most people live with some conditions of impairment, the ‘medical approach’ still prevails in many regions and countries of the world and also often drives statistical definitions and classifications.

15. In this approach, the problem is seen to lie with the individual. It focuses on the person’s deficits rather than her or his capabilities and tends to motivate an approach to them that is based on pity and charity rather than equality and empowerment.

16. The alternative “social concept of disability” builds on the understanding that the classification of an existing impairment as a disability depends on both the medical status as much as on “*the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others*”.<sup>6</sup>

17. Such “social concepts of disability” were embraced by the United Nations General Assembly when it adopted the Convention on the Rights of Persons with Disabilities (CRPD) in December 2006. Together with the International Classification of Functioning (ICF), developed by the WHO in 2001, it looks at disability within the framework of a human rights-based approach and underlines that in order to fully develop their human potential, people with impairments would need their environment to be adapted to their special way of functioning, that is different from the mainstream.

18. In order to solve the measurement problems and improve statistical information, the so-called “Washington Group on Disability Statistics” (WG), formed in June 2001, guides the development of sets of general disability measures, suitable for use in censuses, sample-based national surveys or other statistical formats, for the primary purpose of informing policy on equalization of opportunities. It also coordinates international cooperation in the area of disability in order to improve information on disability around the world and the comparability of data.<sup>7</sup>

#### IV. DISABILITY AND THE MILLENNIUM DEVELOPMENT GOALS

19. The complex interconnections between poverty, disability and exclusion can also be demonstrated by looking at the United Nations Millennium Development Goals (MDGs). Although disability is not specifically mentioned in the data set, a closer look makes it immediately clear how the causes and effects are inextricably intertwined. This complex interrelation is summarized in box 1.

##### Box 1. Disability and the Millennium Development Goals

###### **MDG 1: Eradicate extreme poverty and hunger**

Hunger, disability and poverty form a vicious circle in which malnutrition causes disability and disability causes and deepens poverty. There is also evidence that the labour force participation of persons with disabilities is significantly lower than for persons without disabilities.

###### **MDG 2: Achieve universal primary education**

United Nations Educational, Scientific and Cultural Organization (UNESCO) estimates that of the 75 million children of primary school age who are out of school, one third are children with disabilities and that over 90 per cent of children with disabilities in developing countries do not attend school. Lack of education later diminishes their chances in the labour market, their capacity to lead an independent life, and poses an additional burden on the supporting community.

<sup>6</sup> United Nations Convention on the Rights of Persons with Disabilities, preambular paragraph (e).

<sup>7</sup> United Nations Statistics Division, Washington Group on Disability Statistics.

**Box 1 (continued)**

**MDG 3: Promote gender equality and empower women**

Disabled women are recognised to be multiply disadvantaged, experiencing exclusion as a result of their gender and their disability. Women who give birth to disabled children have additional care responsibilities and face social stigma. While the literacy rate for adults with disabilities is as low as three per cent, in some countries, it is as low as 1 per cent for women with disabilities. In the area of employment, men with disabilities are almost twice as likely to have jobs as women with disabilities.

**MDG 4: Reduce child mortality**

Mortality for disabled children can be as high as 80 per cent even in countries where under-five mortality is below 20 per cent.

**MDG 5: Improve maternal health**

UNFPA estimates that as many as 20 million women per year suffer disability and long-term complications as a result of pregnancy and childbirth. Abnormal prenatal or perinatal events are a major cause of disability in children. A large number of perinatal disabilities in children can be prevented by access to skilled midwives and birth attendants.

**MDG 6: Combat HIV/AIDS, malaria and other diseases**

HIV/AIDS, malaria and tuberculosis are the first, sixth and ninth causes of losses respectively in disability-adjusted life years (DALYs) in high mortality countries. One in 10 children suffers neurological impairment after cerebral malaria, including epilepsy, learning disabilities and loss of coordination. Disabled people are particularly vulnerable to HIV and AIDS but they typically lack access to information about how to protect themselves or obtain services.

**MDG 7: Ensure environmental sustainability**

Poor environmental quality is a significant cause of ill health and disability. In situations of disaster, people with disabilities are doubly vulnerable as a result of impairment and poverty, yet they are often ignored or excluded at all levels of disaster preparedness, mitigation and intervention.

**MDG 8: Develop a Global Partnership for Development**

There is growing global interest in disability issues (see for example United Nations Convention on Rights of Persons with Disabilities; Biwako Millennium Framework for Action towards Inclusive, Barrier-free and Rights-based Society for Persons with Disabilities in Asia and the Pacific 2003-12; the African and Arab decades of Disabled Persons; the World Bank Global Partnership for Disability and Development) and a need for such international agreements and coalitions to engage with mainstream development.

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*Source: Adapted from: Report of the United Nations Secretary-General, Realizing the Millennium Goals for persons with disabilities through the implementation of the World Programme of Action concerning Disabled Persons and the Convention on the Rights of Persons with Disabilities A/64/180, pp. 6-8; and Thomas, P., 2005. Disability, Poverty and the Millennium Development Goals: Relevance, Challenges and Opportunities for DFID. GLADNET Collection. Paper 256. pp. 7-9.*

20. In recognition of the important interconnections between the issues of disability, poverty and development, the General Assembly of the United Nations adopted the resolution “Realizing the Millennium Development Goals for Persons with Disabilities through the Implementation of the World Programme of Action Concerning Disabled Persons and the Convention on the Rights of Persons with Disabilities” in 2008.<sup>8</sup>

21. This resolution was then followed by a Report of the Secretary-General in July 2009,<sup>9</sup> which re-emphasizes that persons with disabilities should be both agents of development and beneficiaries in all aspects of development, and thus endorses once again the approach that has been taken by the

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<sup>8</sup> Resolution A/RES/63/150.

<sup>9</sup> Report of the Secretary-General, A/64/180.

most important United Nations documents relating to the issue, namely the World Programme of Action Concerning Disabled Persons (1982);<sup>10</sup> the Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1993);<sup>11</sup> and the Convention on the Rights of Persons with Disabilities (2006).<sup>12</sup>

22. It is also worth noting that out of 80 MDG country reports, 42 make some reference to the situation of persons with disability, but none of the references provide detailed information or elaborate on the issues concerned. Available data show that MDG-related policies and programmes have not fully addressed or specifically included disability and persons with disabilities, and that obtaining sufficient and appropriate data is hampered by conceptual and practical difficulties.

## V. SITUATION IN THE ARAB WORLD

23. When studying social questions in the Arab world, a reiterating concern is the scarcity of reliable statistics, and the situation is no different when it comes to questions of disability and poverty. Despite the fact that the Arab Decade for Persons with Disability (2004-2013) is coming to a close, detailed statistical data are still not readily available.

24. The situation is further complicated by substantial variations in statistical definitions of disability. The unification of technical terms, definitions and classifications concerning disability throughout the Arab world is one of the declared objectives of the Arab Decade, and it is one of the most urgent tasks still to be achieved.

25. Against the background of considerable uncertainty concerning the collection, quality and comparability of statistical data, this report presents the situation in the ESCWA region on the basis of knowledge available in the public domain, which is sometimes contradictory and does not always present a round picture.

### A. DEFINITIONS

26. When a bright young girl in a wheelchair is unable to go to school or enter university because the buildings are not accessible to her, it is more the nature of the environment than the impairment that hinders her ability to study and receive a good education. Also, if this student nevertheless manages to make her way, if she finishes her degree and receives a good job offer in public administration, but then is not able to access her office, it is mainly the barriers in her way that obstruct her ability to contribute to society and to take care of her own living.

27. In this example, the initial impairment makes the functioning of the person different from that of many other people, but it is the barriers the environment erects for her that “disable” her participation in society. An example of different definitions is presented in box 2 below, where the National Disability Strategy of Jordan employs the new concept, adjusted to the social approach.

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<sup>10</sup> Adopted by the United Nations General Assembly on 3 December 1982 by its resolution A/RES/37/52.

<sup>11</sup> Adopted by the United Nations General Assembly on 20 December 1993 by its resolution A/RES/48/96, annex.

<sup>12</sup> Adopted on 13 December 2006 and opened for signature on 30 March 2007.

**Box 2. Definitions of disability and persons with disabilities in Jordan**

The National Disability Strategy (2007) defines disability as “the reduction in the ability to carry out daily activities, or the exercise of a right or fundamental freedom on an equal basis with others, due to overlapping environmental, social or behavioural barriers in addition to visible physical impairment or invisible physical, emotional or intellectual impairment”.

According to Law No. 31 of 2007 (the Law on the Rights of Persons with Disabilities), a person with disabilities is anyone “suffering from a permanent, partial or total impairment affecting any of his/her senses, or his/her physical, psychological or mental capabilities, to an extent that undermines his/her ability to learn, work, or be rehabilitated, and in a way which renders him/her unable to meet his/her normal day-to-day requirements under circumstances similar to those of non-disabled persons”.

The Department of Statistics in Jordan breaks down the handicaps of “persons with special needs” into the following categories: multiple handicaps, visual, mental, cerebral palsy, physical, and deaf or mute. The census therefore distinguishes physical handicap from visual handicap, deafness and muteness.

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*Source: Mapping Inequity: Persons with Physical Disabilities in Jordan (E/ESCWA/SDD/2009/7) p. 10.*

**B. CAUSES**

28. The social environment often not only restricts the integration of persons with disability into society and their daily functioning but also, in many cases, “produces” disability through the production of risks factors to which some people are more exposed than others. These risk factors or causes of disability are country-specific and diverse. Different stages of development produce different risks, and many of them are preventable. War and civil strife have taken a particular toll on the ESCWA region. Poverty is on the rise, and especially alarming is the fact that the Arab world has the highest number of disabilities related to road accidents in the world.<sup>13,14</sup> In 2005, the World Bank summarized existing information on the various causes of disability as shown in box 3.

**Box 3. Common assumptions about causes of disability in the MENA region\***

- (a) In poorer countries, under-nutrition and inefficient or inaccessible health services result in higher prevalence of disability;
- (b) In most countries with rapid urbanization, road traffic accidents are a major cause of disability;
- (c) In tribal communities, consanguinity is still a major cause of some inherited disabilities;
- (d) Ongoing wars, violent country conflict in civilian areas, landmines and easy access to domestic weapons are all underlying causes behind the rising number of disabled persons in the Middle East and North Africa (MENA) region.

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*Source: Al-Smadi, M.H. and Saba, K., 2004. Mainstreaming Disability in MENA – Review and Recommendations, World Bank.*

**C. STATISTICS**

29. Applying the WHO estimated prevalence rate of 10 per cent of a population to the ESCWA region, this would amount to an overall estimation of approximately 25.4 million disabled men, women and children.<sup>15</sup> Adding up the numbers found in official statistics of ESCWA countries, however, leads us

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<sup>13</sup> Al Thani, H. 2006. Disability in the Arab Region: Current Situation and Prospects. *Journal for Disability and International Development* (Issue 3).

<sup>14</sup> The WHO Eastern Mediterranean Status Report on Road Safety: Call for Action claims that the eastern Mediterranean region has one of the highest road traffic fatality rates in the world, suggesting an equally high rate of road accident-related disabilities. In 2007, Egypt had the highest number of road injuries in the ESCWA region with 154,000 traffic injuries, followed by Saudi Arabia with 36,025 injuries.

<sup>15</sup> Population numbers according to the Bulletin on Population and Vital Statistics in the ESCWA region, twelfth issue (E/ESCWA/SD/2009/15).



to a total of only three to four million people. As mentioned above, there is no reason, however, to assume lower incidence in the Arab world. Overall, the data situation has improved since a number of countries have included disability in their census questionnaire.

30. For the upcoming round of censuses in 2010, the Washington Group on Disability Statistics has developed and tested a new set of questions, which reflect advances in the conceptualization of disability and the use of the WHO ICF.<sup>16</sup> If the necessary adjustments are made, these censuses are expected to address issues of disability more comprehensively and also to serve as the basis for improved statistics on disability in the ESCWA region. The most recent data, collected from different sources, are given in table 1.

31. No recent statistics are yet available for Iraq, but a 2010 report of the Government of Iraq to the United Nations Human Rights Council underlines that “owing to the special circumstances created in Iraq as a result of over two decades of war and more than a decade of economic sanctions, the number of persons with disabilities is higher than the international average”.<sup>17</sup> According to the latest survey conducted by the Iraqi Ministry of Health in cooperation with the International Organization for the Disabled and representatives from the Ministry of Labour and Social Affairs, the number of disabled in Iraq is above one million.<sup>18</sup>

32. It needs to be emphasized that table 1 and the tables below can only serve as a broad approximation of the situation of persons with disabilities in ESCWA member countries as definitions, collection methods and classifications are not exactly comparable. Nevertheless, it reflects the fact that the recorded prevalence rates tend to be low by international comparison.

33. An additional challenge to the compilation and especially the comparability of disability rates across countries is the classification and definition of types of disabilities and diseases. Standardization is extremely difficult, and certain categories like mental or learning difficulties are particularly problematic. The International Classification of Diseases<sup>19</sup> and the ICF<sup>20</sup> provide some guidance, but are not directly applied by all countries.

34. Against the background of these reservations, table 2 represents an approximate picture of the distribution of types of disability in ESCWA member countries as recorded in current official statistics.

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<sup>16</sup> For more information, please see United Nations Statistical Commission, Report on the Special Session (11-15 April 1994), Economic and Social Council, Official Records, 1994, Supplement No.9. E/CN.3/1994/18, para. 59.

<sup>17</sup> National Report submitted in accordance with paragraph 15(A) of the annex to United Nations Human Rights Council Resolution 5/1(A/HRC/WG.6/7/IRQ/1) p. 13.

<sup>18</sup> Available from [www.arabspine.net/index.php?Itemid=56&id=491&option=com\\_content&task=view](http://www.arabspine.net/index.php?Itemid=56&id=491&option=com_content&task=view).

<sup>19</sup> For further information please see WHO International Classification of Diseases (ICD).

<sup>20</sup> For further information please see WHO International Classification of Functioning, Disability and Health (ICF).

TABLE 1. DISTRIBUTION OF PERSONS WITH DISABILITY BY GENDER AND AGE GROUP

Country	Total national population	National population with disabilities															Prevalence of disability (%)
		Males					Females					Males and females					
		0-14	15-24	25-64	65+	Total	0-14	15-24	25-64	65+	Total	0-14	15-24	25-64	65+	Total	
Bahrain	405,667	476	434	963	439	2,312	357	310	656	328	1,651	833	744	1,619	767	3,963	1.0%
Egypt	68,648,489	60,673	35,677	77,736	8,901	182,987	42,296	17,965	35,240	5,700	101,201	102,969	53,642	112,976	14,601	284,188	0.4%
Iraq	32,105,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jordan	4,681,969	9,926	8,033	15,525	2,986	36,470	7,694	5,006	8,833	2,361	23,894	17,620	13,039	24,358	5,347	60,364	1.3%
Kuwait	860,324	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lebanon	2,993,302	2,473	3,087	12,769	*	18,329	1,703	1,810	8,025	*	11,537	4,175	4,896	20,794	*	29,866	1.0%
Oman	2,017,559	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Palestine	2,597,616	-	-	-	-	-	-	-	-	-	-	13,047	7,807	18,299	6,910	46,063	1.8%
Qatar	744,029	404	249	518	220	1,391	296	177	375	160	1,008	700	426	893	380	2,399	0.3%
Saudi Arabia	22,678,262	14,615	10,703	45,724	9,525	80,567	10,452	8,957	18,699	5,921	44,029	25,067	19,660	64,423	15,446	124,596	0.5%
The Sudan	38,204,960	209,115	123,612	420,849	214,510	968,086	178,450	115,344	416,996	176,112	886,902	387,564	238,956	837,845	390,620	1,854,985	4.9%
Syrian Arab Republic	17,447,951	23,709	24,699	38,862	15,242	102,677	16,796	13,537	23,688	12,512	66,666	40,505	38,236	62,550	27,754	169,343	1.0%
United Arab Emirates	825,495	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Yemen	19,685,191	-	-	-	-	215,503	-	-	-	-	164,421	-	-	-	-	379,924	1.9%

\* Age group 65+ is included in age group 25-64.

Source: ESCWA based on: Bahrain, Central Statistics Organization, Population, Housing, Building, and Establishment Census, 2001; Egypt, Central Agency for Public Mobilization and Statistics, The Statistical Yearbook, June 2004; Iraq, Central Organization for Statistics and Information Technology, Annual Abstract of Statistics, 2008-2009; Jordan, Department of Statistics, Population and Housing Census, 2004; Kuwait, Central Statistical Office, Statistical Review, 33rd edition, 2010; Lebanon, Ministry of Social Affairs, Population and Housing Database, December 1995-May 1996; Oman, Ministry of National Economy, Facts & Figures 2009, June 2010; Palestinian, Central Bureau of Statistics, Persons with Disabilities in Palestinian Territories, June 2000; Qatar, The Planning Council, Population and Housing Census 2004; Saudi Arabia, Ministry of Economy, Population and Housing Census 2004; Syria, Central Bureau of Statistics, Population and Housing Census 2004; the Sudan, Central Bureau of Statistics, Population Census 2008; United Arab Emirates, Central Statistical Department, Census 2005; Yemen, Central Statistical Organization, The General Population, Housing and Establishment Census 2004.

TABLE 2. PREVALENCE OF DISABILITY IN SELECTED ESCWA MEMBER COUNTRIES BY TYPE

	Total national population	Total disabled	Total national population with disabilities									
			Type of disability									
			Visual	Hearing	Hearing and speaking	Physical (dismemberment)	Cerebral palsy	Mental (learning and applying knowledge)	Multiple handicap	Mobility	Self-care and behavioral	Other
Bahrain	405,667	3,963	431	151	304	178	536	935	-	-	298	1,130
Egypt	68,648,489	284,188	35,336	4,892	21,106	13,403	47,380	-	88,945	-	-	73,126
Iraq	32,105,000	-	-	-	-	-	-	-	-	-	-	-
Jordan	4,681,969	60,364	5,580	-	9,914	17,299	5,076	9,724	7,991	-	-	4,780
Kuwait	860,324	-	-	-	-	-	-	-	-	-	-	-
Lebanon	2,993,302	29,866	2,202	2,937	-	2,220	-	7,286	1,821	9,931	-	3,470
Oman	2,017,559	-	-	-	-	-	-	-	-	-	-	-
Palestine	2,597,616	46,063	6,727	2,364	5,523	15,505	6,663	2,114	3,656	-	-	3,511
Qatar	744,029	2,399	238	105	152	105	-	477	140	508	-	674
Saudi Arabia	22,678,262	124,596	17,007	2,704	17,582	2,899	-	24,612	-	29,699	-	30,093
The Sudan	38,204,960	1,854,985	676,183	307,496	117,153	87,324	-	448,451	-	442,506	-	-
Syrian Arab Republic	17,447,951	169,343	10,792	9,997	20,648	-	-	11,524	-	62,052	21,503	32,827
United Arab Emirates	825,495	-	-	-	-	-	-	-	-	-	-	-
Yemen	19,685,191	379,924	72,185	40,651	32,919	-	-	55,088	54,709	104,997	17,476	1,899

Sources: ESCWA based on: Bahrain, Central Statistics Organization, Population, Housing, Building, and Establishment Census 2001; Egypt, Central Agency for Public Mobilization and Statistics, The Statistical Yearbook, June 2004; Iraq, Central Organization for Statistics and Information Technology, Annual Abstract of Statistics 2008-2009; Jordan, Department of Statistics, Population and Housing Census 2004; Kuwait, Central Statistic Office, Statistical Review, 33rd edition, 2010; Lebanon, Ministry of Social Affairs, Population and Housing Database 1996; Oman, Ministry of National Economy, Facts & Figures 2009, June 2010; Palestinian, Central Bureau of Statistics, Persons with Disabilities in Palestinian Territories, June 2000; Qatar, The Planning Council, Population and Housing Census 2004; Saudi Arabia, Ministry of Economy, Population and Housing Census 2004; Syria, Central Bureau of Statistics, Population and Housing Census 2004; the Sudan, Central Bureau of Statistics, Population Census 2008; United Arab Emirates, Central Statistical Department, Census 2005; Yemen, Central Statistical Organization, the General Population, Housing and Establishment Census 2004.

Note: The countries are using different grouping of types of disabilities. The categories presented in this table are compiled by ESCWA based on national data.

35. For Iraq, among the one million disabled mentioned in the survey of the Ministry of Health, there are 43,600 people with disabilities due to war, of whom 5,600 are totally disabled. About 100,000 persons have lost a limb. The number of blind persons is above 100,000 and around 205,000 have vision problems.<sup>21</sup>

36. The gender gap that is often observed in disability statistics of developing countries is clearly present in the ESCWA member countries as well, where all data indicates a slightly higher rate of disability amongst men compared to women. Whereas in the developed world disability rates of men and women are approximately equal or even record a higher rate for women, the opposite picture is often reported in the developing world.<sup>22</sup>

37. The reasons, however, are not clear and need further research, especially in the ESCWA region. Explanations proposed in international studies include the possibility that severe impairments that are mostly captured by questions in the population censuses may be male-dominated and that additional questions may be needed when surveying women. Others look into the possibility that disabled women contributing to household activity are not identified as disabled, whereas the visibility of disabled men is greater. Also,

<sup>21</sup> [www.arabspine.net/index.php?Itemid=56&id=491&option=com\\_content&task=view](http://www.arabspine.net/index.php?Itemid=56&id=491&option=com_content&task=view).

<sup>22</sup> Elwan, A. 1999. Poverty and Disability: A Survey of the Literature. *Social Protection Discussion Paper Series*, No. 9932. World Bank.

the possibility of a higher mortality rate for girls and women with impairments due to reduced care and attention might deserve careful further investigation.<sup>23</sup>

## VI. DISABILITY AND POVERTY IN THE ESCWA REGION

38. In reports on the situation in the ESCWA region, it is often mentioned that disabled people are among the most vulnerable and poor, but very little systematic exploration of the interrelation between disability, poverty and exclusion has so far taken place. From the studies that are available, some information can be summarized.

39. A report for Lebanon in 2006 underlined that poverty rates among people with disabilities are believed to be around three times the national average. The illiteracy rate was said to equal 69.3 per cent, and only 0.2 per cent had finished secondary education.<sup>24</sup>

40. In the Syrian Arab Republic in 2005, more than half of the people with disabilities aged 10 and above (52.9 per cent) were illiterate. Illiteracy was higher among females (65.4 per cent) in contrast to males (45.7 per cent). More than half of the people with disabilities (51.2 per cent) were reported to work in the service, sales and agricultural sectors.<sup>25</sup> In these sectors, work conditions are usually more precarious and wages are among the lowest.

41. In Jordan, according to the 2004 census, the illiteracy rate among persons with disabilities is 30.5 per cent compared to a national average of 9.3 per cent. Only 4.2 per cent of people with disabilities have a university degree and participation in vocational training is very low.<sup>26</sup>

42. Not surprisingly, countries in conflict such as Palestine and Iraq are suffering from the poorest health outcomes in the region, well below levels found in countries of comparable income.<sup>27</sup> As a result, the prevalence of physical disabilities and chronic mental problems among the working age population in Iraq has climbed dramatically.<sup>28</sup>

43. For Palestine, it is reported that almost all people with disabilities subsist below the poverty line and they are among the most disadvantaged. Not all have equal access to health care services, and especially people from poor families in remote areas are experiencing difficulties because of a rather centralized and bureaucratic referral system.<sup>29</sup>

44. In the Arab region, educational systems continue to exclude as high as 95 per cent of the school-age population at the primary level and virtually the entire disabled population at the university level.<sup>30</sup> A background paper feeding into the UNESCO 2010 Global Monitoring Report looked into the education systems in three ESCWA countries (Lebanon, the Syrian Arab Republic and Jordan) and found that in Lebanon, for example, only 20 schools allow entry to children with disabilities.<sup>31</sup>

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<sup>23</sup> Ibid, p. 10.

<sup>24</sup> Geadah, O. 2005. Poverty and Disability in the Middle East and North Africa Region. Hamamat, Tunisia.

<sup>25</sup> Workshop on Disability Statistics in the ESCWA Region, Beirut, 21-23 March 2005.

<sup>26</sup> Mapping Inequity: Persons with Physical Disabilities in Jordan. (E/ESCWA/SDD/2009/7) p. 29, 33 and 34.

<sup>27</sup> World Bank, A Note on Disability Issues in the Middle East and North Africa. p. 14.

<sup>28</sup> Iraq Health Policy Briefs.

<sup>29</sup> Canawati, R., 2009. Health Insurance for Persons with Disabilities: Real Practices or Pure Wishes. in Social Protection and Persons with a Disability in the Middle East: Issues, Challenges and Debates. *The Disability Monitor Initiative – Middle East Journal*. (1): 31-32.

<sup>30</sup> World Bank. Social Analysis and Disability: A Guidance Note. Incorporating Disability-Inclusive Development into Bank-Supported Projects.

<sup>31</sup> Peters, S.J. Review of Marginalization of People with Disabilities in Lebanon, Syria and Jordan. Background paper prepared for the Education for All Global Monitoring Report 2010, Reaching the Marginalized. UNESCO. (2010/ED/EFA/MRT/PI/16), p. 14.

## VII. GOVERNMENT INITIATIVES AND SUPPORT

45. The Arab Decade on Disability (2004-2013) has increased the awareness in many countries, which is also documented by the signature and ratification of the Convention on the Rights of Persons with Disabilities (CRPD).<sup>32</sup> Bahrain, Egypt, Jordan, Lebanon, Oman, Qatar, the Sudan, the Syrian Arab Republic, United Arab Emirates and Yemen are signatories to CRPD, and Egypt, Jordan, Oman, Qatar, Saudi Arabia, the Sudan, the Syrian Arab Republic, United Arab Emirates and Yemen have ratified CRPD since 2008.<sup>33</sup>

46. Most ESCWA member countries (Bahrain, Jordan, Kuwait, Lebanon, Oman, Saudi Arabia, the Sudan and United Arab Emirates) have also created specialized councils for disability affairs that are mandated to coordinate national policy development and implementation.<sup>34</sup> The creation of such councils, composed of relevant ministries but also civil society organizations working in the field, is one of the objectives of the Arab Decade, and it is expected that they will lead to greater harmonization of efforts of different institutions and the improvement of services.

47. Many development strategies of ESCWA member countries refer to disability as a source of concern and propose targeted interventions to better integrate persons with disabilities into mainstream society. However, the mechanisms that would ensure that the needs of persons with disabilities are assessed properly and then combined with support measures that are focused on their integration are not properly developed in most ESCWA member country societies.

48. Some programmes, however, are trying to open new perspectives and approaches by instigating a shift from a welfare-based to a rights-based approach to disability. By moving interventions away from targeted care measures to the protection of the rights of persons with disabilities and by removing discriminatory as well as environmental and social barriers, such programmes are designed to reduce the vulnerability of this group and to facilitate its social integration. Examples from Jordan, Kuwait and Lebanon, are displayed in box 4.

### Box 4. Policies in Jordan, Kuwait and Lebanon

#### Jordan

The National Disability Strategy, which was approved by the King of Jordan in 2007, provides guidelines and a framework for action for the period 2007-2015. Its overall objective is the respect of the rights of persons with disabilities and their integration into social, economic and public life. It puts special emphasis on issues of accessibility to infrastructure and social services and aims to achieve greater equity, equality and equalization of opportunities.<sup>35</sup>

#### Kuwait

The Parliament of Kuwait recently approved a new Disability Rights Act, which increases the employment quota and provides further incentives to employers in order to support the integration of persons with disabilities into employment and social life. A newly-created Public Authority for Disability Affairs is in charge of the implementation of all policies relating to the rehabilitation and care of persons with disabilities.<sup>36</sup>

#### Lebanon

The Rights and Access Programme is based on a participatory mechanism and is fully integrated into the Ministry of Social Affairs. Its objectives are to ensure the transition of persons with disabilities from a state of marginalization to total integration and transform the relation of disability from "charity work" to professional work based on rights and duties.<sup>37</sup>

<sup>32</sup> For further information please see Monitoring Implementation of the Arab Decade of Disabled Persons 2004-2013 in the ESCWA Region (E/ESCWA/SDD/2007/IG.1/5).

<sup>33</sup> United Nations Enable: Convention and Optional Protocol Signatures and Ratifications.

<sup>34</sup> Geadah. op. cit.

<sup>35</sup> ESCWA. 2009. op.cit. p. 22.

<sup>36</sup> *Kuwait News Agency* 3 February 2010. Available from [www.kuna.net.kw/NewsAgenciesPublicSite/ArticleDetails.aspx?id=2059296&Language=en](http://www.kuna.net.kw/NewsAgenciesPublicSite/ArticleDetails.aspx?id=2059296&Language=en).

<sup>37</sup> Fakhoury, H., 2009. Initiative for Proper Gate-Keeping: the Rights and Access Programme, Lebanon. *The Disability Monitor Initiative – Middle East Journal*. (1): 20-21.

### VIII. SOCIAL PROTECTION FOR PERSONS WITH DISABILITIES

49. The very design of social protection programmes in many ESCWA member countries with their traditional focus on public employment, subsidies for food and energy and free basic social services such as health care and education are insufficiently geared to the special needs of persons with disabilities. Social protection systems are largely employment-based and therefore the ability to integrate persons with disabilities into the labour market are of central importance, not only for the purpose of income generation but also for insurance against further risks such as illness or old age.

#### A. EMPLOYMENT OF PERSONS WITH DISABILITIES

50. Certain ESCWA member countries have established quotas for the employment of persons with disabilities ranging between two and five per cent for public and/or private establishments with an overall workforce above 50 employees (annex I). Unfortunately, there is little information about the effectiveness of these legal provisions, as monitoring of compliance is insufficient. Egypt, Jordan, Kuwait, Lebanon and Oman have established penalties for non-compliance, but it is not entirely clear how the legal requirements are monitored. Very few data are publicly available on the employment of persons with disabilities (see table 3), which should be a source of concern given the importance of employment in the social protection systems of ESCWA member countries.

TABLE 3. DISTRIBUTION OF PERSONS WITH DISABILITIES BY EMPLOYMENT STATUS/OCCUPATION

Country	National population with disabilities									Total employed	Total disabled (15+)
	Employed										
	Senior officials/managers	Professionals	Technical	Clerks	Sales	Service	Industrial	Agricultural	Other		
Bahrain	180	23	37	93	16	93	38	8	1	489	3,130
Palestine	121	272	345	262	1,398	-	2,527	802	2,636	8,363	33,016
Qatar	12	34	30	94	8	-	26	-	44	248	1,699
Syria	34	291	492	1,181	2,012	2,397	7,803	3,871	222	22,249	128,838

*Source:* ESCWA based on: Bahrain, Central Statistics Organization, Population, Housing, Building, and Establishment Census 2001; Palestine, Central Bureau of Statistics, Persons with Disabilities in Palestinian Territories, June 2000; Qatar, The Planning Council, Population and Housing Census 2004; the Syrian Arab Republic, Central Bureau of Statistics, Population and Housing Census 2004.

*Note:* Countries used different groupings of categories of employment. Categories presented in this table are compiled by ESCWA based on national data.

#### B. SOCIAL INSURANCE

51. In most ESCWA member countries, disability insurance is integrated into the overall social insurance system that is employment-based and collects contributions from employers and employees. As it can be assumed that only a small part of the disabled population is formally employed and an unknown number is either in the informal sector or unemployed, such programmes do not reach large numbers of the population with disabilities. According to a World Bank report in 2005, in countries such as Morocco and the Syrian Arab Republic, "less than 20 per cent of the population is covered by social insurance schemes that could potentially provide disability benefits".<sup>38</sup>

52. Certain countries like Egypt and Jordan are currently opening social insurance schemes to broader segments of society, also loosening the link to formal employment. Such initiatives could eventually also open chances to break the vicious circle of disability, poverty and exclusion and broaden the possibilities

<sup>38</sup> World Bank. A Note on Disability Issues in the Middle East and North Africa. p. 23.

for poor and vulnerable population groups to mitigate lifecycle contingencies and health risks. An overview of disability-related social insurance programmes in ESCWA member countries is provided in annex II.

## IX. THE WAY FORWARD AND RECOMMENDATIONS

53. Revisiting the objectives of the Arab Decade for Disability shows a mixed picture. A number of countries are making visible efforts to redress the marginalization and exclusion of persons with disabilities. Most countries have established specialized councils that coordinate national policies and are mandated to integrate disability concerns into Government programmes. Also, in a number of countries, civil society organizations representing persons with disabilities are active and well-organized and they are participating in governmental discussions and policy debates. Awareness-raising programmes are part of an outreach strategy aiming to prevent disability and reduce risk. In 2010, the Gulf Cooperation Council issued a guide to assist member countries to formulate national laws in accordance with the CRPD.<sup>39</sup>

54. However, the objectives of reducing poverty, equalizing opportunities for education and employment, providing comprehensive health services and facilitating free movement and participation in society can hardly be achieved without better data collection and rigorous monitoring efforts. With few exceptions public policy on disability still tends to be based on a narrow medical approach that does not adequately integrate the range of social policy instruments that a modern policy environment would like to offer.

55. Recommendations consequently fall into four broad categories which encourage ESCWA member countries to:

### 1. *Adjust definitions and improve statistics and monitoring*

(a) Develop a clear and consistent definition of disability and ensure that this definition is in line with international standards and mainstreamed into the policymaking process;

(b) Collect data, develop statistics and elaborate a national database on persons with disabilities and their social needs in the fields of education, health, employment and social protection;

(c) Carry out surveys and qualitative research on the situation of persons with disabilities with respect to the MDGs and with regard to the interrelation between disability and poverty;

(d) Establish monitoring systems that involve all relevant stakeholders such as Government authorities, service providers, disability movement groups, local communities and persons with disabilities, and ensure the publication of regular reports.

### 2. *Raise social awareness and ensure the participation of persons with disability in the policymaking process*

(a) Conduct awareness campaigns on the risks of disability, risky behaviour and possibilities of prevention;

(b) Conduct awareness campaigns on the rights of persons with disabilities and equalization of opportunities with the goal of furthering their integration into society;

(c) Conduct special training courses for the media and other important social brokers on both the prevention of disability and the rights of persons with disabilities;

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<sup>39</sup> Executive Office of the Council of Ministers of Labour and Social Affairs in the GCC countries, 2010, Law Guide for the Rights of Persons with Disabilities in the Gulf Cooperation Council Countries.

(d) Enhance the participation of persons with disability and their representatives in the process of policy formulation in all relevant fields and encourage their representation in political institutions and organizations, including the parliament and labour unions.

### *3. Ensure adequate Government attention and support*

(a) Revisit the goals and objectives of the Arab Decade for Persons with Disabilities and increase their efforts to achieve them;

(b) Develop national disability strategies that document Government commitment to a rights-based approach; outline the most essential objectives, targets and indicators for achievement, establish clear responsibilities for implementation, adequate funding and cooperative monitoring mechanisms;

(c) Delineate clearly the responsibilities of all parties and institutions involved in the delivery of social services for persons with disabilities by developing clear mandates and ensuring that funding is adequate to their responsibilities;

(d) Ensure that concerns of persons with disabilities are properly mainstreamed into policies in all sectors in order to ensure equitable access to education, health care, employment, and the ability to conduct an independent and fulfilling life to the greatest possible extent;

(e) Broaden social insurance schemes and extend coverage to all persons with disabilities independent of their employment or family status;

(f) Develop gender-sensitive social protection programmes that account for the special needs of women with disabilities and enhance their access to social assistance and social insurance;

(g) Remove all barriers to the free movement of persons with disabilities in the public sphere and ensure easy access to public buildings and transport;

(h) Ensure adequate and continuous capacity-building of all Government institutions and officials.

### *4. Promote employment and inclusion*

(a) Adopt more proactive labour market policies for the inclusion of persons with disabilities in the labour market by providing employers with incentives to hire persons with disabilities, such as wage subsidies, reducing income taxes, sharing the cost of workplace adaptation, supporting social enterprises and developing special forms of employment in cases where the integration of workers with disabilities in the competitive labour market is not possible;

(b) Ensure the fulfilment of the employment quota for the public sector, and establish and enforce rewards/penalties for compliance/non-compliance of private employers;

(c) Develop anti-discrimination legislation to complement the quota systems and devise mechanisms to file anti-discrimination complaints and take corrective measures;

(d) Conduct advocacy campaigns among employers and among employment offices by raising their awareness of the talent and skills of persons with disabilities;

(e) Intensify efforts for adhering to the standards and recommendations of international instruments with respect to the employment of people with disabilities.



Annex I**EMPLOYMENT QUOTAS FOR PERSONS WITH DISABILITIES  
IN ESCWA MEMBER COUNTRIES**

Country	Employment Quota (private and public unless otherwise indicated)	Source
Bahrain	Two per cent for business owners employing 50 or more employees.	Law No. 74, 2006 for the care, rehabilitation and employment of persons with disabilities
Egypt	Five per cent for employers with 50 workers or more.	Law No. 39 of 1975 as amended in 1982 on the rehabilitation of the disabled
Iraq	-	-
Jordan	At least one person for all public and private establishments with at least 25 employees. In case the number of workers exceeds 50, then four per cent of all employees should be persons with disabilities.	Law No. 31/2007 on the rights of persons with disabilities
Kuwait	Four per cent for Government and non-government employers having at least 50 workers.	Disability Rights Act 2010
Lebanon	At least one person for all public and private establishments employing 30 to 60 workers. Above 60 employees, a quota of 3 per cent shall apply.	Law No. 220/2000 on the rights of persons with disabilities
Oman	No quota but the law requires Government agencies and business owners who employ 50 workers or more to hire persons nominated by the Ministry of the Labour Force, according to the jobs or occupations that are vacant.	Sultani Decree No. 63/2008 which promulgates the Disabled Welfare and Rehabilitation Law
Palestine	Five per cent of all workers in Government and non-government organizations.	Law No. 4 of 1999 concerning the rights of the disabled
Qatar	Two per cent, but at least one person with special needs for every 25 persons employed; Two per cent of all public jobs to persons with disabilities who possess the right skills and qualifications.	Law No. 2/2004 on persons with disabilities
Saudi Arabia	Two per cent for private establishments with 50 or more workers.	Royal Decree No. M/37 of 23/9/1421 AH
Syrian Arab Republic	Two per cent in public establishments employing 50 workers or more.	Law No. 17/2010
Sudan	Two per cent of all public positions.	National Disability Act of 2009
United Arab Emirates	No quota (currently under review).	Federal law on the rights of people with special needs No. 29/2006
Yemen	Five per cent of all public and private sector jobs should be reserved for people with disabilities.	Republican Decree promulgating the Law No. 61 of 1999 on the Disabled Welfare and Rehabilitation

## Annex II

### **Overview of social insurance for individuals with disabilities in ESCWA countries<sup>a/</sup>**

	Date of first law	Number and dates of the current laws	Type of programme	Coverage	Minimum level of (permanent) incapacity (for work) to be eligible for benefits	Duration of benefits (weeks)	Existence of family supplements	Social insurance exclusion and separate schemes
Bahrain	1976 Social insurance	1 1976: Social insurance with amendments	Social insurance:  - Both employee and employer contribute to one scheme combining old age, disability and survivor benefits  - No Government contribution	- All salaried workers and assimilated categories  - Voluntary coverage for specific groups such as self-employed and Bahrain citizens working abroad	Total invalidity  The degree of disability is assessed by a medical committee and periodic examinations may be requested. In cases of partial disability a percentage of the full pension is paid according to the degree of disability.	Until retirement age	No extra benefits for dependents	- Household workers  - Certain groups of agricultural workers  - Casual workers  - Temporary non-citizen workers
Egypt	1955 Provident and insurance fund	4 1975: Civil servants and employees 1976: Employers 1978: Migrant workers 1980: Coverage extension	Social insurance:  - Both employee and employer contribute to one scheme combining old age, disability and survivor benefits  - Governments cover 1 per cent of monthly payroll and the cost of any deficit	- Employed persons	Total or partial incapacity (supplementary benefit is reduced by 50 per cent for partial disability).	Unlimited	Extra allowance if the insured requires constant attendance to perform daily functions	- No exclusion mentioned  - Special systems for certain self-employed workers, employers, migrant workers, temporary and casual workers in agriculture, artisans, small land and property owners and household workers
Iraq	First law: 1956 Provident Fund.	Current law: 1971	Social insurance:  - Both employee and employer contribute to one scheme combining old age, disability and survivor benefits  - A subsidy may be provided by the Government	- Employees of enterprises with five or more workers, including cooperative workers.  - Special systems for public sector employees, lawyers, journalists and employees of semi-governmental agencies including nationalized industries	The permanent or long-term loss of at least 35 per cent of working capacity	Information about duration of benefits not available	---	- Agricultural employees, temporary employees, domestic servants, and family labour  - No specific information about coverage for self-employed

	Date of first law	Number and dates of the current laws	Type of programme	Coverage	Minimum level of (permanent) incapacity (for work) to be eligible for benefits	Duration of benefits (weeks)	Existence of family supplements	Social insurance exclusion and separate schemes
Jordan	1978	1 2001: Social security	Social insurance: - Both employee and employer contribute to one scheme combining old age, disability and survivor benefits - The Government covers any deficits	- Employees older than 16 working in private establishment with more than 5 workers  - Voluntary coverage for all citizens. Special system for public sector employees	Total or partial incapacity (but no information on incapacity level)	Until retirement age	Extra allowance if the insured requires constant attendance to perform daily functions	- Military personnel/ members of the armed forces because they have special systems  - Foreign employees serving in international organizations or foreign missions  - Temporary/casual workers  - Small enterprises with fewer than five employees Law to cover agricultural workers, household workers, seamen and fishermen is yet to be implemented
Kuwait	1977 Civilians	3 1977: Civilians 1981: Military 1995: Supplementary	Social insurance: - Both employee and employer contribute to one scheme combining old age, disability and survivor benefits  - No Government contribution	- Civil servants, oil and private sector workers, self-employed persons, and military personnel  - Supplementary system for employees with earnings greater than 1,250 dinars	More than 50 per cent	Information about duration of benefits not available	---	- There is voluntary coverage for self-employed persons but it is not yet implemented
Lebanon	1963	1 1963	Social insurance: - Only employer contributes to one scheme combining old age, disability and survivor benefits  - No Government contribution	Private sector employees	At least 50 per cent	One lump sum	No extra benefits for dependents	- Temporary agricultural workers  - Employees who in 1965 opted to continue coverage under the Labour Code  - Citizens of countries without reciprocal agreements

## E/ESCWA/SDD/2011/IG.1/4(Part I)

	Date of first law	Number and dates of the current laws	Type of programme	Coverage	Minimum level of (permanent) incapacity (for work) to be eligible for benefits	Duration of benefits (weeks)	Existence of family supplements	Social insurance exclusion and separate schemes
								- No specific information about coverage for self-employed
Oman	1992 Social Insurance	1 1992	Social insurance:  - Both employee and employer contribute to one scheme combining old age, disability and survivor benefits  - No Government contribution	- Citizens aged 15-59 employed in the private sector under a permanent work contract	---	Information about duration of benefits not available	---	- Foreign workers  - Household workers  - Artisans  - No specific information about coverage for self-employed
Saudi Arabia	Legislation from 1969 implemented in 1973 Social insurance	1 2001: Social insurance	Social insurance:  - Both employee and employer contribute to one scheme combining old age, disability and survivor benefits  - Cost of administration in initial phase, annual subsidy, any operating deficit by Government	- All working population with certain exceptions	Incapacity for work (but no percentage rate specified)	Until retirement age	Extra allowance if the insured requires constant attendance to perform daily functions	- Agricultural workers  - Fishermen  - Household workers  - Family labour  - Foreign workers  - Special system for civil servants and military personnel  - No specific information about coverage for self-employed
The Sudan	1974	2 1990: Social insurance 2004: Amendments	Social insurance:  - Both employee and employer contribute to one scheme combining old age, disability and survivor benefits  - No Government contribution	- All working population with certain exceptions	Total invalidity	Information about duration of benefits not available	---	- Household workers  - Family labour  - Home-based workers  - Farmers and foresters  - Unpaid apprentices  - Special systems for civil servants, police and armed forces personnel

	Date of first law	Number and dates of the current laws	Type of programme	Coverage	Minimum level of (permanent) incapacity (for work) to be eligible for benefits	Duration of benefits (weeks)	Existence of family supplements	Social insurance exclusion and separate schemes
Syrian Arab Republic	1959	3 1959/1976: Amendments 2001: Amendments	Social insurance: - Both employee and employer contribute to one scheme combining old age, disability and survivor benefits  - No Government contribution	- All working population with certain exceptions	At least 80 per cent  An optional voluntary top-up insurance changes the level to 35 per cent if the disability is due to an occupational injury.	Unlimited, a lump sum added if the individual has voluntary insurance	25 pounds extra per month per dependent	- Family labour  - Voluntary coverage for Syrians working abroad  - No specific information about coverage for self-employed
United Arab Emirates <sup>b/</sup>	1971	Law from 2000	Social insurance: - Both employee and employer contribute  - 6 per cent contribution by the Government	- Nationals working for the Government or in the private sector	Appears to be no minimum	Information about duration of benefits not available		- No specific information about coverage for self-employed
Yemen <sup>c/</sup>	1980	1 1991: Pensions 2000 and 2008: Amendments	Social insurance: - Both employee and employer contribute to one scheme combining old age, disability and survivor benefits  - No Government contribution	- Permanent employees in public sector with special system for military/police personnel  - Private sector employees including Yemenis abroad	Public Sector: permanent total or partial disability  Private sector: permanent disability	Information about duration of benefits not available	---	- Casual workers  - Agricultural workers  - Household workers  - Seamen and fishermen  - No specific information about coverage for self-employed

a/ Compiled by ESCWA based on [www.issa.int/Observatory/Social-Security-Databases](http://www.issa.int/Observatory/Social-Security-Databases) and [www.ilo.org/dyn/sesame/ifpses.socialdatabase](http://www.ilo.org/dyn/sesame/ifpses.socialdatabase).

b/ [www.abudhabi.ae/egovPoolPortal\\_WAR/appmanager/ADeGP/Citizen?\\_nfpb=true&\\_pageLabel=p20166&lang=en](http://www.abudhabi.ae/egovPoolPortal_WAR/appmanager/ADeGP/Citizen?_nfpb=true&_pageLabel=p20166&lang=en)

c/ In all countries except Yemen, pension is calculated using a combination of previous earnings and number of years of insurance. In Yemen, the benefit is only dependent on the last month's salary.

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