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**Economic and Social Commission for Western Asia (ESCWA)**

**Report**

**Expert Group Meeting on the ESCWA Publication “Disability in the Arab Region  
2017: Strengthening Social Protection for Persons with Disabilities”  
Beirut, 11-12 April 2017**

**Summary**

The UN Economic and Social Commission for Western Asia (ESCWA) organized an Expert Group Meeting (EGM) regarding ESCWA’s upcoming publication on disability, entitled “Disability in the Arab Region 2017: Strengthening Social Protection for Persons with Disabilities”, on 11-12 April 2017 at the UN House in Beirut, Lebanon. The purpose of the meeting was to review the information contained in the draft publication and seek participants’ expertise on the accuracy of its content as well as its structure and purpose.

The meeting focused on three subject areas covered in the report: how the 2030 Agenda for Sustainable Development supports persons with disabilities and intersects with the Convention on the Rights of Persons with Disabilities (CRPD); the situation of persons with disabilities in the Arab region as it relates to data collection on disability; and disability-inclusive social protection in the Arab region. Participants looked at different kinds of social protection schemes in the Arab region, legal and institutional frameworks, eligibility and targeting, and key elements of disability-inclusive social protection. They also discussed some of the challenges related implementing social protection programmes for persons with disabilities in Arab countries.

ESCWA would like to express appreciation for the participation and rich discussion among the meeting participants on disability issues and social protection for persons with disabilities.

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## **List of Acronyms**

CRPD	Convention on the Rights of Persons with Disabilities
EGM	Expert Group Meeting
ESCWA	Economic and Social Committee for Western Asia
GDP	Gross domestic product
ICF	International Classification of Functioning
IDPs	Internally displaced persons
ILO	International Labour Organization
ISDS	Inclusive Social Development Section
MDGs	Millennium Development Goals
NGO	Non-Governmental Organisation
OPD	Organization of Persons with Disabilities
PMT	Proxy Means Testing
SD	Statistics Division
SDD	Social Development Division
SDGs	Sustainable Development Goals
SPF	Social Protection Floor
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
WG	Washington Group
WHO	World Health Organizations

## I. FINDINGS OF THE MEETING

1. During the workshop, the following was noted:
  - (a) Regarding the 2030 Agenda on Sustainable Development, even though there are goals and targets that specifically mention persons with disabilities, the Agenda is universal in scope and countries should do their best to implement it holistically. Improving conditions for persons with disabilities will benefit society as a whole, and vice versa.
  - (b) The CRDP is still the most comprehensive framework for protecting, promoting and advancing disability rights internationally, and should be used as a guidance tool on how to implement the SDGs.
  - (c) There are many challenges across the region on collecting and improving disability-related statistics. Data collection methods on disability should be expanded and standardized in order to generate more accurate and comparable data, which will benefit all countries.
  - (d) There have been many advances in the Arab region expanding social protection for persons with disabilities, but many challenges remain. Some of these include problems related to the varying definitions of disability; targeting; access and adequacy of services and employment opportunities; and raising awareness of disability issues among government officials and national populations.

## II. SUMMARY OF DISCUSSIONS

2. The meeting consisted of one opening session and five thematic ones. It concluded with a closing session. The thematic sessions were:
  - (a) Session 1: Overview of the publication, introduction and second section
  - (b) Session 2: Summary of the situation of persons with disabilities in the Arab region
  - (c) Session 3: Discussion of disability-inclusive social protection in the Arab region
  - (d) Session 4: Discussion of conclusions and key issues

### A. OPENING SESSION: WELCOMING REMARKS FROM ESCWA AND PARTNER AGENCIES

3. The introductory session consisted of welcoming remarks, followed by an introduction of all the participants.
4. **Mr. Frederico Neto, Director of the Social Development Division (SDD), ESCWA**, welcomed the participants to the Expert Group Meeting (EGM) to introduce the new ESCWA publication on persons with disabilities. This publication will build upon the flagship report from 2014, and will be launched in December on the occasion of the International Day of Persons with Disabilities. ESCWA functions as an active regional platform for promoting regional collaboration and cooperation, capacity building, research and analysis. The EGM presented a promising opportunity to continue engagement with member states to advance the rights of persons with disabilities.

5. **Mr. Juraj Riecan, Director of the Statistics Division (SD), ESCWA**, welcomed the participants and reiterated the main objective of the Agenda 2030, to leave no one behind. He highlighted the issues of data inconsistencies and lack of harmonized statistical data on persons with disabilities in the Arab region. This fact led SD to cooperate with national statistical offices of ESCWA member States to build their capacity and improve their disability statistics. As part of these efforts, an EGM was organized by the United Nations Statistics Division and ESCWA on *Disability Measurement and Statistics in Support of the 2030 Agenda for Sustainable Development and the 2020 World Population Census Programme* in Muscat, Oman on 14-16 March 2017. In addition, a workshop would be held from 17-20 April 2017 in Casablanca, Morocco, to discuss data on disability with representatives from national statistical offices. SD aims to enable evidence-based policies. In order to work effectively, the division needs contributions from a wide range of stakeholders.

#### B. SESSION 1: SUMMARY OF THE SITUATION OF PERSONS WITH DISABILITIES IN THE ARAB REGION

6. The session was moderated by Mr. Neto. It consisted of two presentations, two discussants' interventions, as well as an open discussion.
7. **Ms. Gisela Nauk, Chief of the Inclusive Social Development Section (ISDS), SDD, ESCWA**, remarked that the 2014 flagship report had been the first preliminary attempt to produce an overview on persons with disabilities in the Arab region. This report had been produced in collaboration with the Arab League after the Arab Decade of Persons with Disabilities. However, the lack of unified statistical data had been a considerable problem. Still, the 2014 report had laid the foundation for subsequent work with member states, non-governmental organizations (NGOs), organizations of persons with disabilities (OPDs) and experts. It had especially contributed to a) unify a network of government experts, b) enhance the collaboration with the statistical offices on disability-related data, and c) increase the sectoral attention on social protection and labour policies. The second edition of the report would aim to improve and update data on persons with disabilities, and would explore the issue of how persons with disabilities were included within the framework of the 2030 Agenda.
8. **Ms. Angela Zettler, Associate Social Affairs Officer, ISDS/SDD, ESCWA**, gave a presentation on the inclusion of disability rights in the 2030 Agenda. In September 2015, the General Assembly adopted the 2030 Agenda for Sustainable Development and 17 Sustainable Development Goals (SDGs), which built upon the lessons learned and progress made from the Millennium Development Goals (MDGs). The MDGs did not contain any specific references to persons with disabilities. The 2030 Agenda and the SDGs, on the other hand, do include references to disability throughout (goals 4, 8, 10, 11, 17 and targets 4.5, 4.A, 8.5, 10.2, 11.2, 11.7, 17.18) and call for greater social protection for poor and vulnerable groups (goals 1, 3, 5, 8, 10). The SDGs are universal in scope, so all the goals pertain to everyone. They also refer specifically to "vulnerable groups", which include persons with disabilities. The SDG indicators provide governments with specific tools to better monitor the situation of persons with disabilities in relation to the goals in question. Countries are expected to take ownership and incorporate the SDGs into their own national frameworks, while at the same time adapting them to meet the particular needs of their national contexts.
9. The Arab region has no regional approach or policy for disability-inclusive education, and many schools lack the specialized support they need to accommodate students with disabilities. Employment among persons with disabilities in the Arab region is significantly lower than among other groups. Legislative acts encouraging and promoting employment of persons with disabilities, such as anti-discrimination laws or quotas, can help improve the situation but must be properly

monitored and enforced to be effective. Conflict and political instability can lead to increased rates of disability and push disability rights into the periphery of national and global agendas, as is currently being observed in countries like the Syrian Arab Republic and Yemen. There are some good examples of accessible towns and cities in the region, but for the most part, urban planning services have not responded to the needs of persons with disabilities. On disability-related data, many Arab countries use different methodologies and definitions for assessing disability and collecting data on prevalence rates, which can result in incomplete and misleading data.

10. Social protection systems mandated by governments can help the poor and vulnerable access goods and services that they may not otherwise be able to access or afford. In the Arab region, there are a number of different social insurance and social assistance schemes in place, including income support, medical treatments, rehabilitation and inclusive education. However, it is not clear whether these programmes actually provide the support that persons with disabilities need.
11. So far, 19 out of 22 Arab countries have ratified or acceded to the CRPD. The CRPD provides guidance on how to implement the SDGs in relation to disability. Both the 2030 Agenda and the CRPD build on a rights-based approach and there are numerous intersections between the two. Many CRPD articles are cross-cutting in nature, and should thus be applied or considered when implementing all goals and targets. While the CRPD is still the most comprehensive framework for protecting, promoting and advancing disability rights internationally, the 2030 Agenda is an important milestone on the path towards disability inclusion and mainstreaming. Persons with disabilities should play an integral and participatory role in sustainable development.
12. **Mr. Lars Bosselmann, Director of International Advocacy and Alliances, CBM International,** referred to the exclusion of persons with disabilities from the MDGs. This exclusion meant that the development funding streams did not include persons with disabilities, and that persons with disabilities were not consulted in the global implementation plans. It also significantly affected the data collection on persons with disabilities. He expressed hope about the potential for a positive change following the adoption of the 2030 Agenda.
13. Commenting on ESCWA's draft chapter for the forthcoming publication, he commended its accuracy and quality and recommended that in addition to focusing on the explicit references to vulnerable groups and persons with disabilities, the publication should put greater emphasis on the universal applicability of the SDGs. Secondly, it could be more clearly outlined that including persons with disabilities in development agendas, in addition to being the right thing to do, benefits to society as a whole. There is an increasing body of evidence to demonstrate that excluding persons with disabilities from areas such as employment entails a high economic cost. Thirdly, it could be more strongly emphasised that whereas the CRPD is a legally binding agreement, the realisation of the SDGs is contingent upon voluntary contributions and political will and will be pursued with varying intensity and in different ways. Unlike the SDGs, the CRPD does not have a fixed time frame for its implementation.
14. In 2011-2012, CBM increased its efforts to include persons with disabilities in the international development agenda. It published a position paper, established an office in New York to follow the development of the SDG negotiations, and created alliances with NGOs. After the adoption of the SDGs, CBM published a document on the interlinkages between sustainability and disability. The organization is now focused on the country level, but also on influencing the High Level Political Forum, which is the global monitoring mechanism on the implementation of the SDGs. While SDGs have potential to further the rights of persons with disabilities globally, the references to persons with disabilities in the SDGs are not enough. More investment and efforts are necessary to make the development agenda truly inclusive. He also emphasised that the inclusion of persons

with disabilities in the elaboration of national plans is critical. It is also important to focus on the SDGs as one comprehensive agenda rather than as a collection of separate goals. The goals are all interlinked, and cherry-picking should be discouraged.

15. **Mr. Ashraf Marei, Secretary General, National Council for Disability Affairs, Egypt**, remarked that the Council had participated in the development of the SDGs. The Egyptian constitution stipulates that the state is responsible for meeting the needs of persons with disabilities and for supporting their political participation. Currently, there is a draft law that will further the rights and societal integration of persons with disabilities, including through an employment quota. In addition, there are efforts to improve cross-ministerial coordination with regard to the implementation of SDGs and Egypt's national development plan, Vision 2030.
16. To promote inclusive education, the Council supports the integration of persons with disabilities in educational settings, particularly for those with hearing impairments, and the government has started to provide training for teachers. With regard to higher education, persons with disabilities still have difficulties accessing universities, but these accessibility issues are under review to prevent discrimination against students with disabilities. To improve awareness, change negative perceptions and combat stereotypes about disability, organizations and other stakeholders, including religious groups and the media, should be involved. Services for persons with disabilities should be integrated with other services for vulnerable groups to strengthen social protection provisions as a whole. For example, human settlements need to be adapted to accommodate persons with disabilities. The Egyptian Ministry of Housing, Utilities and Urban Development should ensure that persons with disabilities are included in this process.
17. Mr. Marei added that the National Council for Disability Affairs had taken actions such as compiling data to help create evidence-based policies, meeting with ministries in order to understand their policies, and compiling information on the plans and activities related to persons with disabilities.
18. In the ensuing discussion, **Ms. Hala Sakr, Regional Advisor on violence, Injury Prevention and Disability, WHO**, reiterated the importance of bearing in mind that the SDGs are "for all". For instance, target 3.8 calls on states to provide health coverage for all. Persons with disabilities should thus have equal access to healthcare services. Health is a key factor in achieving the 2030 Agenda as a whole, since it is a precondition for attending school and taking part in the labour force. Some states have withdrawn access to health facilities for persons with disabilities. Therefore, it is more important than ever to advocate for inclusive access to healthcare. Future research on the costs of the exclusion of persons with disabilities from healthcare services can provide a clearer picture on how to improve the current social protection schemes to be more disability inclusive. WHO is currently researching the social costs of road traffic accidents in relation to rising disability prevalence. She further noted that Egypt's Vision 2030 is an ambitious plan. The action plan for the health of persons with disabilities, as well as the active disability council, are important developments. The former Secretary General of the Council is a member of the Egyptian Parliament, and as such, persons with disabilities are now represented in the legislative structure.
19. **Ms. Maysa Midani, Director of Social Services, Ministry of Social Affairs and Labour, Syrian Arab Republic**, explained that Syria's national plan on disability, adopted in 2010, aims to meet the needs of persons with disabilities across sectors. The MDGs overlooked the issue of disability, particularly the relationship between poverty and disability. There should be a greater focus on protection and prevention. Due to the ongoing conflict in Syria, there is also an urgent need for assistive devices and supply of certain medications, as well as vocational training and job opportunities, particularly for youth. The Syrian Government is planning to conduct a study, with

support from UNDP, WHO, and UNICEF, to take stock of emerging cases of disabilities that were not previously classified as disabilities. The study will consist of a questionnaire and will be implemented by a group of trained surveyors.

20. **Mr. Abdulkareem Al-Janabi, Under Secretary, Ministry of Labour and Social Affairs, Iraq**, remarked that Iraq has signed the CRPD and submitted its first report. Article 32 of the Iraqi constitution stipulates that the state should care for persons with disabilities. Iraq's 2013 Law 38, which established an independent body to look after persons with disabilities, is in line with the CRPD. Iraq is developing its next 5-year plan for the 2018-2023 period in which the SDGs will be incorporated. It also has committees focusing on state recruitment and training, and a ministerial decree which sets aside specific resources to improve access to employment and vocational training for persons with disabilities. Around 30,000 persons with severe disabilities are benefitting from monthly grants of USD 140. Persons with disabilities living below the poverty line are covered by the social protection network and receive a monthly stipend. The Ministry of Education has a special directorate for students with disabilities which seeks to facilitate their access to education. However, there are still a number of challenges in Iraq, including an increasing prevalence of disability, expanding quality healthcare to persons with disabilities, and raising awareness on how to integrate persons with disabilities into society.
21. Iraq does not have accurate statistics on persons with disabilities, especially for refugees and internally displaced persons (IDPs). Scattered surveys and censuses provided some insight, but it is still difficult for policy-makers to formulate evidence-based policies. Out of the large share of the Iraqi population that is internally displaced, some 300,000-400,000 are persons with disabilities. Iraq is trying to take stock of the number of persons with disabilities within the IDP/refugee population. ESCWA could help Iraq address its statistics shortcomings. They are now looking into creating a database on persons with disabilities, including an online form.
22. **Mr. Bdraldeem Hamed, General Secretary, National Council for Persons with Disabilities, Sudan**, commented that the SDGs represent a significant opportunity for persons with disabilities. Disability is more present in the SDGs than in the MDGs, and the principle of "no one left behind" indicates to persons with disabilities that they are included. The key question is how to translate these goals into action on the ground. Persons with disabilities need to be part of national planning strategies, and be present in national councils that issue policies and strategies on disability. They should also be involved at all levels and stages in the implementation of the SDGs.
23. **Ms. Mona El Zoghbi, National Project Coordinator, UNESCO**, highlighted the importance of integrating persons with disabilities into primary education and focusing on all persons with disabilities, including those above the formal age for education. There is a need in the region for non-formal education and capacity building for persons with disabilities, and to upscale accredited non-formal programs for persons with disabilities in order to help them adapt to the changing economic circumstances.
24. **Mr. Neto** summarized the main points highlighted by the participants, namely the role of states in implementing the 2030 Agenda; direct and hidden economic and social costs; the need for strong national plans, especially in conflict and post-conflict countries; the link between disability and health and poverty; and the importance of increasing vocational training. Responding to the needs of refugees and IDPs is also a critical issue, as is the inclusion of older persons with disabilities in the implementation of the SDGs and national frameworks.
25. **Ms. Nauk** remarked that the MDGs were also universal in principle, but by specifically mentioning disability, the SDGs appear more inclusive. Health and other cross-cutting development issues



underscore the multidimensionality of disability. Ms. Nauk welcomed the renewed focus on disability in Syria and noted the country had strong infrastructure for persons with disabilities before the conflict.

### C. SESSION 2: SUMMARY OF THE SITUATION OF PERSONS WITH DISABILITIES IN THE ARAB REGION

32. The session was moderated by Mr. Riecan. It consisted of one presentation, one discussant intervention and an open discussion.
33. **Ms. Neda Jafar, Head of the Statistical Policies and Coordination Unit, SD, ESCWA**, gave a presentation on the statistical capacities of Arab states. She first noted that the Agenda 2030 gives a specific focus on data disaggregation. At the request of SDD, SD began working on improving disability statistics in the region. Its objectives include assessing the availability of statistics on disability in the region, improving recommendations and guidelines through national experiences, and building member states' capacities. These objectives translate into three main activities. First, in 2016, SD started collecting data on disability through a questionnaire designed in line with the SDG framework. Second, an EGM would be held to exchange national experiences and shed light on the lessons learned and challenges faced by member states in the collection of disability data. The third activity consisted of training countries on collecting disability statistics according to the Washington Group (WG) questions. This would culminate in a workshop to be held in Casablanca, Morocco on 17-20 April 2017 to build the capacity of member States in the field of disability statistics collections. The expected outcomes include having a national and regional database with comparable information and formulating a Regional Guidebook to include principles towards compiling disability statistics in line with the WG recommended questions.
34. SD focuses on the WG as recommended by ESCWA's task force on population and housing censuses because they give international measures for disability. The questions define disability according to varying domains and levels. Persons with disabilities are those who experience difficulty with walking, seeing, hearing, cognition, self-care and communication. There are four levels of difficulty, ranging from "no difficulty" to "cannot do at all". The WG has also recently elaborated a set of extended questions pertaining to, amongst other things, upper body functioning, anxiety, depression, pain and fatigue. So far, no country has started using these extended questions.
35. The ESCWA questionnaire includes variables pertaining to employment, poverty, violence, accessibility, benefits, and demographics. The ongoing first stage involves the verification and correction of the raw data sent by member States, which should be completed by May or June 2017. Some member States collect data either by census or through household surveys, while others use demographic, labour, or health surveys, so there are different sources and different experiences. So far, 17 countries have filled out the questionnaire and 12 member States are implementing the questions by the WG. Countries that have completed and corrected all of their data include Iraq, Yemen and Palestine. Countries which have semi-completed or are still correcting their data include Jordan, Mauritania, Morocco, Oman, Qatar, Saudi Arabia, Libya and Tunisia. Those countries which have not submitted data include Egypt, United Arab Emirates and Lebanon.<sup>1</sup>
36. Ms. Jafar reviewed some of the trends noted thus far on disability statistics in the Arab region. The majority of survey results are based on interviews, and sometimes only the head of household is questioned rather than all household members (wide samples can be costly to carry out, so there is

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<sup>1</sup> Egypt will soon carry out a national survey. The United Arab Emirates' survey was too small scale to be used. Lebanon has chosen not to share its data for the questionnaire.

the need for greater funding and budget allocations for such surveys). The questions asked and their formulation vary from one country to another. Some countries mix the levels of difficulty or divide them into two or three levels of difficulty instead of the four required by the WG. Other times they are simply of a yes/no nature, which can be misleading. Some questions on sensitive issues, such as self-care and domestic violence, can be difficult to discuss and need to be introduced smoothly, since otherwise they may generate misleading results. Some questionnaires are incomplete and do not include all WG questions because of this sensitivity, and sometimes surveyors choose to avoid these questions altogether. The definitions for disability in some Arab countries are extremely wide, while others are extremely narrow, and sometimes terms are mistranslated into Arabic. It will be important to unify terminology across Arab countries and provide disability-related training in relation to data collection. Without such training, field surveyors may refer to old concepts or outdated/offensive terminology when asking questions, or not follow the WG guidelines when asking questions.

37. Some data definitions, such as the age of the population, are not unified, while others give number of cases of disability rather than numbers of individuals with disabilities. This leads to higher numbers, because one individual may have more than one type of disability. It is difficult to compare data across the region because different countries use different categories of disability. For the most part, definitions in the region are based on how active a person is in society. For example, in some household surveys, unemployed and inactive persons with disabilities are bundled together with those who are inactive due to disease or old age, so the data is not disaggregated based on the reason for inactivity. Some indicators, such as prevalence of disability, vary significantly from country to country. Prevalence rates vary between rural and urban areas, as well as between age groups. Tools for counting persons with disabilities need to be improved. The SD workshop in Morocco would cover all these problems with countries' statistical focal points.
38. Ms. Jafar concluded by noting that despite the challenges discussed, member States are collecting useful data on persons with disabilities, which is a good starting point. She also inquired whether it is more useful for policy-makers to know the number of persons with disabilities or the number of cases of disability.
39. **Mr. Amin Inabi, General Director, Directorate of Persons with Disabilities, Ministry of Social Affairs, Palestine**, gave a presentation in which he recounted Palestine's experience working to improve data collection on persons with disabilities. A small-scale census on persons with disabilities was first attempted in 1998, and the 2011 official census laid the foundation for further institutional work on persons with disabilities. It indicated that Palestine had a disability prevalence rate of 2.7 per cent, and that physical forms of disability were the most common ones. There were major difficulties with regard to data collection for persons with mental disabilities due to problems of definition and recognition. Overall, however, Palestine has made great progress in the areas of collecting data on, and providing services to, persons with disabilities. The Ministry of Social Affairs' main social assistance programme does not directly target persons with disabilities, but they often benefit as members of households receiving assistance. Approximately 130,000 families receive the Ministry's assistance, around 20,000 of which are headed by a person with a disability. Due to several recent wars in Gaza, the number of persons with disabilities there has doubled. Meeting this challenge requires collaboration on a high level between different ministries.
40. The benefit of a census is not only that it provides numbers regarding persons with disabilities, but also that policies can be adapted in line with the results. To answer Ms. Jafar's question, it is important to have data on instances of specific disabilities as well as the number of persons with disabilities. By 31 December 2017, Palestine will complete a comprehensive national census, which includes clear questions on disability, including type and severity. National surveyors have been

trained on the subject of disability and social work students from the University of Ramallah have been enlisted to assist filling out the questionnaires. They will use new technologies such as digital tablets to make data collection easier.

41. Disability status in Palestine is still based on medical reports. Confusion related to terms such as disability, impairment, and difficulty continues, and there is a need for a greater focus on implementation on the ground. The private sector should be encouraged to provide more support to persons with disabilities. The current Palestinian disability law does not adequately take into account the rights and needs of persons with disabilities, so a new one is being developed. To this end, a meeting was held with around 80 civil society organisations.
42. In the ensuing discussion, **Mr. Marei** noted the importance of arriving at unified definitions and terminology to ensure harmonized language and comparable data across the region. It is also important to raise awareness about disability among data collectors. The 2006 census in Egypt had included only two questions on disability, none of which had pertained to the cause of disability. A job fair had recently been organised in Egypt with a stand specifically devoted to job opportunities for persons with disabilities in an effort to integrate persons with disabilities into society.
43. **Mr. Nawaf Kabbara, Arab Organization of Persons with Disabilities (AOPD)**, raised the issue of terminology and emphasised the need to stop using certain terms, such as “mou3aq”. He noted that the whole idea of disability censuses and statistics deserves to be questioned. In Lebanon, there is a better system in place: the disability card given to persons with disabilities which gives them access to services. It does not matter how many such persons there are, but that they have access to the services they need. The statistics collected from the disability cards can be used to lobby for the services needed. Currently, Lebanon is moving towards using the International Classification of Functioning (ICF) for disability assessments as it allows more specific information to be collected and used when distributing benefits. In Lebanon, people register at the disability centre closest to them, regardless of the speciality of the centre, where their case can be monitored. Social protection schemes for persons with disabilities should involve direct services rather than institutionalized ones.
44. **Ms. Midani** noted that although data collection is important, it is essential to remember that persons with disabilities are human beings and not merely numbers. In Syria, there is a medical committee working with the Ministry of Health to issue disability cards and a case-management system is in place for cardholders. The last census was carried out in 2004 and did not include any questions on disability. There is a significant lack of information on disability in Syria. To remedy this, the country is planning to conduct a survey with a sample of 2,000 families to understand the situation of families of persons with disabilities. The needs of persons with disabilities are growing, so the Ministry of Social Affaires hopes to obtain information about the types, classifications and severity of disabilities. Specialists are working with the Ministry to conduct research. There are plans to enlist university students in the specialised education programme to assist in the survey process. Poverty and disability are closely linked, thus there should be a greater focus on households under the poverty line. The state’s priority is to protect vulnerable/marginalized individuals, particularly those exposed to violence. Syria needs to work on adopting unified and clear definitions as well as on building social protection and social safety networks to help reach greater numbers of people.
45. **Mr. Hamed** underlined the importance of training data collectors to carry out censuses and emphasized that it is not enough to get data from disability cards alone. Sudan has adopted the Washington Group questions for its next census. Both Sudan’s health insurance system and the Zakat system should collect information about everyone they cover but this is not always done in practice. Increased efforts were needed to allow persons with disabilities to access social protection.

46. **Mr. Al-Janabi** highlighted the need to start thinking of services and assistance for persons with disabilities as an entitlement rather than as a favour granted to them by the state. Persons with disabilities are still stigmatised in their families and communities, and this could dissuade them from applying for assistance. Raising awareness is therefore important, as well as having data on the varying types of disability. Existing statistics indicate a 2 per cent disability prevalence rate in Iraq, so data that are more accurate and disaggregated by factors such as age need to be collected. Question marks remain concerning the methodology of the census, which Iraq needs to address.
47. **Mr. Ahmed Cheikhi, Chief of the Division for Prevention, Accessibility and Assistance, Ministry of Solidarity, Women, Family and Social Development, Morocco**, emphasised that disability is a horizontal issue concerning all government ministries and institutions. Data on disability should be part of all statistical systems but often it is not. For instance, disability is not part of the data generated by a national information system. All statistics generated by the ministries have shortcomings. The first national survey on persons with disabilities with a wide set of questions on their socio-economic situation had been undertaken in 2004. The 2014 survey used a new definition of disability defined in Morocco's disability law, which is based on the ICF and WHO definitions. It consisted of 236 questions and covered all kinds of assistance and services provided by the Government and indicated that persons with disabilities accounted for 6.8 per cent of the overall population. These statistics are the reference point for the elaboration of an integrated national action plan. Morocco's Central Statistical Bureau is working with ESCWA to build capacity and improve performance.
48. **Ms. Alkhansa Alhusiani, Director of Planning and Research Division, Public Authority for Disabilities Affairs, Kuwait**, stated that the data collected in Kuwait is not accurate enough to improve the available services for persons with disabilities, and more data is needed to influence social spending and the quality of services. Kuwait is studying the application of the ICF.
49. **Ms. Taghrid Awad, Disability Programme Officer, UNRWA**, remarked that the type of disability classification used when conducting surveys makes a great impact on the disability prevalence rate. When UNRWA adopted the WG questions, a disability rate of 15 per cent resulted, whereas the ICF classification had indicated a rate of 6 per cent, and data on the disability card a 2.5 per cent prevalence rate.
50. **Ms. Sylvana Lakkis, President, Arab Forum on the Rights of Persons with Disabilities**, noted the high reliance of the public sector in Arab countries on international organizations, including UN agencies such as ESCWA. She noted the need to unify language and terminology as well as have a structured methodology for collecting data using a top-down approach. It is important to build the capacity of public administration staff, as they may still be confused as to how to deal with disability, as well as build the awareness of the public in general. The challenge of assisting persons with disabilities is two-fold – addressing both their diversity of needs and the effectiveness of the service infrastructure.
51. **Ms. Sakr** noted the importance of the availability, affordability and accessibility of health services in the Arab region, both mainstream and specialized. An assessment of the actual needs of persons with disabilities in the Arab region is needed. Civil society organizations, the private sector, and NGOs play an important role, but their activities should be coordinated with national plans. Currently, the WHO is developing different modes of disability surveys, and a global meeting on disability determination will take place in Geneva later in April.
52. **Ms. Laalei Abu Alfain, Executive Director of Best Buddies Qatar**, stated that a disability card is presently being developed by the Ministry of Development Planning and Statistics in Qatar.

There are also experts and specialized agencies (such as WHO) conducting a study on the services needed by persons with disabilities.

53. **Ms. Jafar** underscored the need for specialized censuses that can provide more details on the situation of persons with disabilities. It is equally important to distinguish between the differing types, such as household surveys, population censuses, and the surveys employed for disability card programmes. Whereas censuses can generate prevalence rates and provide an overall framework, more specialised surveys can generate information about what kind of services persons with disabilities need. Terms and methodology can be adapted for the region, but accuracy is key. Omitting one of the six domains of the WG means overlooking a large number persons with disabilities, which affects the reliability of the data. Ms. Jafar agreed concerning the importance of awareness raising and having specialized trainings.
54. In concluding the session, **Ms. Nauk** expressed gratitude regarding the closer collaboration between actors focusing on social and statistical issues.

#### D. SESSION 3: DISCUSSION OF DISABILITY-INCLUSIVE SOCIAL PROTECTION IN THE ARAB REGION

55. The session was moderated by Ms. Nauk. It consisted of one presentation, four discussants' interventions, and an open discussion.
56. **Mr. Anton Bjork, contractor at the Social Development Division at ESCWA**, gave a presentation based on his research on social protection undertaken for the forthcoming ESCWA publication. Though social protection is a broad term with many meanings, a narrow definition could be limited to measures aiming to guarantee income security and access to basic health care. These two aspects are the basis of the ILO social protection floor (SPF). The two main forms of social protection are social insurance, which is contributory, and social assistance, which is non-contributory. Social insurance is limited to workers in the formal economy, who are generally enrolled automatically. In many Arab countries, the majority of private sector workers are not enrolled, because they work informally. Disability pensions given to insured workers who incur a disability are an important part of the social insurance benefit package. Benefits are usually calculated through a formula taking into account how long workers were employed and their wage level. Many social insurance schemes provide higher disability pensions for work-related or more severe disabilities. The fact that persons with disabilities tend to work informally or not at all implies that they are rarely covered by social insurance.
57. Social assistance can take the form of cash transfers, in-kind transfers, consumer subsidies or tax exemptions. It can be provided to persons with disabilities either through mainstream schemes or through schemes specifically targeting them. In the Arab region, the main form of social assistance has traditionally been universal subsidies. Recently, however, governments have started to replace these with more targeted programmes, such as cash transfers. For example, as of 2015 around 50,000 persons with disabilities were benefitting from the Takaful and Karama scheme in Egypt.
58. Health insurance plays a big part in ensuring access to health care. It is often provided on a contributory basis, like social insurance, and is mostly limited to formal workers. Sometimes, such as in Algeria, Jordan and Sudan, persons with disabilities are granted access to such schemes on a non-contributory basis. Health insurance can also be provided on a non-contributory basis through specific schemes, similar to social assistance schemes. Data from Morocco illustrates that persons with disabilities are under-represented among the population covered by health insurance. In particular, they are unlikely to be covered by contributory schemes for formal sector workers.

59. Targeting for non-contributory forms of social assistance has often been carried out on a categorical basis, with one of the targeted categories being persons with disabilities. Increasingly, however, so-called proxy means testing (PMT) has come into use. An important related question is whether such targeting takes into account disability-related costs. The PMT formulas in some Arab countries, including Tunisia and Palestine, include indicators for disability.
60. **Ms. Cristina Roccella, Chief of Social Policy and Child Protection, UNICEF Syria**, informed participants about UNICEF's cooperation with the Syrian Government aimed at devising a social protection scheme for vulnerable children and families. They do not want to introduce a cash transfer programme to replace other modalities, but bring about a proper social protection scheme that will provide predictable transfers to families and be accompanied by individual case management. UNICEF had held extensive discussions with the Syrian Ministry of Social Affairs to understand the existing social protection schemes in Syria, such as child benefits for public employees and support to persons with cerebral palsy. UNICEF's support specifically focuses on children with complex disabilities who require full-time support. NGOs are involved and help identify beneficiary children and mobilise social workers. The first distribution of transfers started in November 2016. UNICEF will also conduct an in-depth consumption study to understand how the money is used. Though the present trend is to conduct targeting through PMT, a more universal approach could involve initiatives directly targeted to persons with disabilities.
61. **Ms. Meri Poghosyan, Education Specialist, Children with Disabilities, UNICEF Lebanon**, presented on UNICEF's work in Lebanon where they have adopted a life-cycle approach to comprehensively cover the needs of children. In terms of data collection, they started working with the Ministry of Social Affairs to conduct a household survey to collect data on children and youth in Lebanon, including Palestinian and Syrian children, in relation to access to services, social protection, participation and rights awareness. UNICEF is very concerned about risks to which children aged 0-6 are subject, since early life development is critical. Another study will examine the prevalence of developmental delays and disabilities among different demographic groups. Presently, Lebanon does not have a coherent policy on early identification. Concerning social protection, UNICEF adheres to a twin-track approach that combines mainstream and specialised support. Its work includes education and employment and support to the Ministry of Education on inclusive education. They will work with local partners to build vocational training systems and employment opportunities for youth, including those with intellectual disabilities. UNICEF's current cash aid programme only concerns children enrolled in school, so unfortunately children with disabilities are often excluded. She suggested that in order to pay for various social protection schemes, ministries could try to reallocate existing resources which are often not allocated efficiently and are primarily channelled through specialized institutions. It is important not to overburden the Ministry of Social Affairs, but also to engage the Ministry of Education to ensure inclusive education and the Ministry of Public Health for early identification and intervention. UNICEF will produce a social protection policy brief that will outline recommendations and policy options for children with disabilities.
62. **Mr. Inabi** gave a presentation on the Palestinian National Cash Transfer Programme, which has around 250,000 recipient families. One of its problematic issues is that the PMT formula does not sufficiently take into account the living situations of persons with disabilities. Other issues are that it does not take into account age; it risks excluding smaller households; some people are in need of in-kind assistance rather than cash assistance; and persons with disabilities who are registered risk being excluded from free health insurance. Persons with disabilities receive support through other programmes, some funded by outside donors. For example, there are loans available for persons with disabilities who start enterprises; there customs exceptions for persons with disabilities who import specialised vehicles; and there are rehabilitation centres where persons with disabilities are

taught vocational skills such as sewing and carpeting. Palestine has begun working to raise awareness about the rights of persons with disabilities, particularly women with disabilities.

63. **Ms. Ola Abu Alghaib, Independent expert on social protection and disability**, stressed the importance of more transformative thinking. Many social protection programmes tend to be limited to poverty alleviation and do not allow persons with disabilities to fully participate in society. It is necessary to consider, firstly, whether basic needs are met, and, secondly, how support is interlinked with services and the wider context. Although the cash transfer programme in Palestine includes a variable for disability, the amount of the transfer is very low. Persons with disabilities in Palestine are eligible for free health insurance, but the health care system does not meet their needs. Further, the manner in which the provision of services and support has been outsourced to civil society implies that many persons with disabilities risk being left outside the system. Regarding funding, in Palestine donors tend to have their own agendas and priorities which do not necessarily correspond with the needs on the ground. The lack of a national vision implies that there is a multitude of scattered social protection schemes rather than a unified system. Benefits go to the most visible and reachable while others are excluded. As in many other countries, voices from stakeholders on the ground are not effectively brought back to the Ministry of Social Affairs. A more sophisticated complaints mechanism is therefore needed.
64. In the subsequent discussion, **Mr. Abdallahi Diakite, Legal Advisor to the Minister, Ministry of Social Affairs, Childhood and Family, Mauritania**, noted that Mauritania has problems associated with financing social protection and that the most recent census had not correctly reflected the prevalence of disability. A disability card is now being developed. A number of social assistance schemes exist for persons with disabilities, including cash transfers for households with children with disabilities and assistance to purchase assistive devices such as wheelchairs and hearing aids.
65. **Ms. Lakkis** emphasised the need to institutionalise the rights of persons with disabilities and develop sustainable visions rather than open-ended initiatives. There is also a need to discuss funding and infrastructure beyond social protection and cash transfers.
66. **Mr. Didier Cooreman, Physical Rehabilitation Project Manager, International Committee of the Red Cross**, underlined the need to look beyond access and coverage. Monitoring of service quality is also necessary. Even persons with disabilities covered by health insurance frequently have to pay a large part of their health related costs themselves. A major problem is the shortage of qualified persons to assess disability and support persons with disabilities.
67. **Ms. Rana Klifawi, Director of Research and Studies Department, Syrian Commission for Family Affairs, Syrian Arab Republic**, mentioned that Syria is in the process of modernising its national strategy for disability to identify the needs and services which are available. This plan will include capacity building and be an inter-ministerial, interdisciplinary undertaking. They are also working on a national strategy for women, which will include women with disabilities.
68. **Mr. Marei** reviewed some recent developments in Egypt, including a nationwide campaign to eradicate hepatitis C; an on-going project to introduce a new contribution-based health insurance scheme through which those who are unable to pay, including persons with disabilities, will be covered for free; and the Takaful and Forsa schemes, of which the latter provides work training to persons with disabilities. Coordination is ongoing to prevent overlaps and gaps in terms of provision of protection and services.

69. **Mr. Al-Janabi** mentioned that the poverty level in Iraq had risen from 17 per cent to around 30 or 35 per cent. Iraq has a poverty elimination strategy currently underway through which a large number of staff was recently trained to identify those not covered by social protection schemes. There are some rehabilitation programmes, vocational training programmes and loans available for persons with disabilities to start a project or small business. There are also projects related to poverty alleviation but they need to relate more specifically to persons with disabilities. More work is needed regarding the participation of persons with disabilities.
70. **Mr. Cheikhi** agreed that proper planning is needed and that national strategies should take into account the needs of persons with disabilities. Income alone does not suffice to measure poverty and vulnerability; costs related to disability need to be taken into account as well.
71. **Mr. Kabbara** suggested that availability of resources can be evaluated in terms of national gross domestic product (GDP) rather than in terms of a government's budget. Social protection for persons with disabilities should include education, work and health care. Looking at the poverty line alone is not enough.
72. **Ms. Sakr** concurred that there is a need for comprehensive and cohesive institutional frameworks, since isolated projects will always be limited in coverage and sustainability. Though social protection is part of the puzzle, it is not the solution to everything. Provision should be a matter of right and not of charity. Though the rights of all persons with disabilities should be ensured, it is necessary to bring about specific policies and initiatives to cater to the needs of particular groups of persons with disabilities, such as persons with intellectual disabilities.
73. **Ms. Nauk** noted the importance of early detection, having proper targeting methodologies, as well as considering the additional costs that persons with disabilities face which may not be taken into account by PMT. She pointed out the difficulties that subcontracting disability services to agencies and NGOs can create for persons with disabilities if it means they have to shop around to get the services they need. Governments, as the responsible party under the CRPD, should ensure that coverage is coherent and not scattered. The quality of social protection systems during peace time determines the quality of the response during wars or natural disasters, so it is important to also have sound systems in place from the beginning. In concluding, she observed that most of the focus during the discussion had been on social assistance, and that this reflected the situation in which persons with disabilities typically found themselves.

#### E. SESSION 4: DISCUSSION OF CONCLUSIONS AND KEY ISSUES

74. The session was moderated by Ms. Nauk. It consisted of one presentation and an open discussion.
75. **Ms. Nauk** opened the second day of the EGM suggesting that whereas the first day had revolved around the activities of governments, the purpose of this session was to move the discussion forward to consider a number of specific issues. Social protection, in light of the 2030 Agenda, strives to facilitate inclusion and reduce poverty. However, the 2030 Agenda is broader and includes a number of environmental factors which do not directly feature in the SPF, but which are necessary for its realisation. For example, conditional cash transfer schemes in many Arab countries alleviate poverty only if schools and health care facilities are available, accessible and of sufficient quality. Social protection is often discussed in terms of the rights-based approach and the four "As": accessibility, affordability, availability and adequacy. With regard to social protection for persons with disabilities, another "A" can be added: autonomy, or the right to independent living. Considering the subject of health care through the prism of the "As", many persons with disabilities



are eligible by law but are unable to access services in practice. Social assistance benefits, meanwhile, are sometimes accessible, but too low to be considered adequate.

76. Another crucial question is who is responsible for providing social protection. Even if governments outsource provision, they are still responsible for ensuring that the way services are provided correspond with the rights-based approach, so government policies must be harmonious. When there are a number of institutions providing services, they might do so according to different standards. In addition, it is important to develop a common language. In many countries, the first definition of disability was based on the inability to work. If the aspiration is to increase the employment of persons with disabilities, disability has to be defined in a way which does not impede the inclusion of persons with disabilities in the labour market.
77. The issue of definitions is closely related to data collection. Alignment of definitions across countries is important in order to enable comparable data. At the same time, each definition has to function within its national context. For example, many countries struggle with how to define mental disability. There is a need to obtain better data and information on crosscutting issues, such as those spanning across different ministerial lines, yet cooperation and coordination within governments remain a challenge. The needs of different age groups vary, and social protection systems should be able to respond to this challenge. Early detection in disability for children remains difficult, especially in rural areas and for migrant and refugee children. The prevention of disability - which in the Arab region can include, for instance, road safety - can be seen as a special form of social protection.
78. Other important questions are whether the recipient of disability benefits should be the family or the individual and whether disability cards are the best tool for targeting and providing services. Social protection should promote autonomy for persons with disabilities and move away from institutionalisation. Raising awareness about disability should take place at all levels within society.
79. **Ms. Sakr** cited that 27 per cent of injuries are due to war and collective violence and 25 per cent are due to road accidents, with the 15-29 age group category disproportionately affected. The WHO focuses on preventing other forms of injuries caused by interpersonal violence, specifically in the context of women, children, refugees and IDPs. The WHO aims to enhance response mechanisms and strengthen emergency and rehabilitation services.
80. **Mr. Cheikhi** raised the importance of autonomy for persons with disabilities. The social cohesion support fund in Morocco supports access to assistive devices, education and professional integration via grants to persons with disabilities. Grants are not given directly to persons with mental disabilities but to one of their parents. An important question concerns how persons with mental, intellectual and learning disabilities can be directly supported. **Ms. Midani** mentioned that the grant for persons with cerebral palsy in Syria are given to the family if the affected person is a child, but otherwise is given directly to affected adults.
81. **Mr. Inabi** mentioned that in addition to the cash transfers provided by the Ministry of Social Affairs, assistance to persons with disabilities is also provided by the Ministry of Labour and especially benefits women with disabilities. Most aid takes the form of loans, which raises the question of how to pay back the loans. There is a need to evaluate the feasibility of ongoing projects. **Ms. Mageda Majeed Hazza Abdullah, Director of the Al-Noor Institute for the Blind, Yemen**, noted that in the last four to five years, Yemen has created a fund for persons with disabilities that finances small projects, and its impact are already palpable. Unfortunately projects do not always take into consideration that infrastructure needs to be adapted to accommodate the needs of persons with disabilities.

82. **Mr. Hamed** remarked that Sudan's strategic plan consists of 13 pillars, of which five relate to social protection. The health sphere focuses on prevention, detection and early response. The last case of polio was registered in 2009. There is a clear national vision concerning education for persons with disabilities, including integrated education. However, there is no clear vision concerning support to persons with mental disabilities so private institutions have emerged to provide such support. The national employment quota requires that persons with disabilities make up at least five per cent of employees in the private sector. There is also criteria in place for the construction of public buildings which takes into account the needs of persons with disabilities. Sudan is currently working with the WG to improve disability definitions. The previous national census had found out that 5.5 per cent of the population were persons with disabilities, which was questionable, not least considering the recent history of armed conflict. Inter-marriage is common in some rural areas and has resulted in higher numbers of children born with disabilities. **Mr. Coreman** mentioned that it might be necessary to approach and cooperate with religious authorities to prevent intermarriage. **Ms. Sakr** noted that inter-family marriages remains an issue in Egypt and often leads to persons being born with disabilities. She suggested that coordination with religious institutions, both Christian and Muslim, could help prevent this practice in the future. **Ms. Midani** noted that intermarriage is common in rural areas in Syria and that education is a key tool to prevent it. Raising the average age of marriage should also be an objective.
83. **Mr. Kabbara** remarked that the situation for persons with disabilities in the region is not nearly as favourable as it is sometimes portrayed to be. Accessibility remains very limited, particularly regarding transportation and access to public buildings. Thailand has made more progress than Gulf countries with regard to realizing accessibility for persons with disabilities, despite having a much lower GDP per capita. In Arab countries, the charity approach still prevails and financial costs are used as a pretext by governments to neglect the needs of persons with disabilities. Almost all Arab countries have disability councils, but it seems they were created so that governments could evade their responsibilities. In Lebanon, the total amount of cash grants to persons with disabilities is a small proportion of the government's budget overall.
84. **Ms. Awad** noted that UNRWA is part of a network known as the Palestinian Disability Committee in which UNRWA and other stakeholders develop a strategy and agree on principles. For example, there is a unit funded by external donors working on inclusiveness with regard to health and the reconstruction of camps. Trust and collective responsibility are very important. UNRWA has forged lasting partnerships with other organizations, which helps to ensure funding for assistive devices, such as wheelchairs. A number of indicators have been elaborated to evaluate projects from a disability perspective.
85. **Ms. Zettler** asked the participants about the possibility of working with universities in their countries to carry out research and field work on disability issues to support governments and policy makers in their work. **Mr. Marei** affirmed that universities in Egypt have specialized research-centres on disability. Financial and human resources shortages can undermine governments' efforts, but as an alternative, outsourcing to universities and private companies can decrease costs. **Ms. Klifawi** informed that a faculty for specialised education was recently inaugurated in Syria. On the International Day of Disability, the city of Damascus hosted awards ceremonies for persons with disabilities, recognising their achievements in various fields.
86. **Mr. Al-Janabi** mentioned that the social protection body in Iraq assists some 50,000 persons with disabilities. Disability quotas are in place for public universities and for the civil service and 174 schools are now disability inclusive. Iraq has developed a policy paper with UNICEF on children with disabilities, and its 5-year national plan prioritizes the rights of persons with disabilities, especially IDPs.

87. **Ms. Midani** stressed the issue of participation of persons with disabilities in public policy-making structures and noted that it would be beneficial to have a centre through which the efforts of NGOs could be coordinated. **Mr. Hamed** commented that the image of persons with disabilities is problematic and so more institutional support is needed. One solution could be holding open days for ministries to raise awareness about the needs of persons with disabilities. **Mr. Bosselmann** also highlighted the critical role of participation, not only because it is enshrined in the CRPD but because true participation improves final outcomes. It is also an opportunity for persons with disabilities to have their voices heard and ensure that the policy ideas on paper are viable in practice. Importantly, though, participation has to mean more than just attendance. **Mr. Kabbara** called for clear guidelines, standards, and regular reports to be provided by institutions. Symbolic events need to be accompanied by genuine action on the ground. Appropriate participatory platforms for persons with disabilities, such as employment unions, are lacking in the Arab region.
88. **Ms. Alhusiani** stated that early intervention is a priority in Kuwait. Families with children above the age of 16 face a lack of employment opportunities and relevant support. Vocational training programmes are only available for those under the age of 21. Another important issue is the accessibility of buildings that currently do not follow international standards. **Mr. Diakite** informed that Mauritania has a legal framework to support persons with disabilities. To encourage participation, there is a parliamentary group and a union for all employees with disabilities that is an active partner of the state. The state also funds necessary equipment and infrastructure to enhance access to public buildings. **Mr. Inabi** raised the question of whether political will is strong enough to implement and enforce the necessary initiatives and efforts. One of the recommendations of this workshop should be the promotion of political will to take further action to support persons with disabilities.
89. **Ms. Marie El-Hajj, Head of Department of Disabled Persons Affairs, Ministry of Social Affairs, Lebanon** gave an overview of the challenges that persons with disabilities face in accessing public services in Lebanon. Enforcement of existing laws is a major challenge. For example, insufficient cooperation on the part of the Ministry of Labour impedes the realisation of the employment quota. In the education sector, all public schools are housed in rented buildings, so it is difficult to adapt them to the needs of persons with disabilities. Only 30 schools are currently able to accommodate children with disabilities, but the support for those with motor or visual impairments is stronger than for those with other disabilities. Although full health coverage should be provided for persons in possession of disability cards, it is not uncommon that the credit provided by the Ministry of Social Affairs runs out, resulting in out-of-pocket costs. Home care is not available, including for older persons with disabilities, so this responsibility is left to family members. Reliable modes of transportation are severely lacking, and obtaining budget allocations for improvements has been difficult. With regard to employment, persons with disabilities often perform jobs below their skill level, and it is difficult for them to borrow money to start a business. Inter-ministerial cooperation is necessary but remains challenging in practice, and programmes often face funding shortages.
90. **Ms. Nauk** concluded by noting that it is important to bring all these issues and challenges into the open in order to discuss the way forward. Reliable data on the coverage of initiatives is missing, raising the question of how governments can realistically assess the situation on the ground. The issue of financing pertains to distribution as well as to mobilisation of resources, and it is not necessarily the countries with the highest GDP per capita that take the lead on disability issues. For this reason, it may be valuable to consider which countries can lead in specific sectors. Measuring political will is challenging and merits further discussion. She invited participants to share information about university studies or research centres regarding persons with disabilities in their countries.

## H. CLOSING SESSION

91. In his closing remarks, **Mr. Neto** thanked the participants for their contributions. He reiterated that the 2030 Agenda is universal in scope and therefore pertains to persons with disabilities as much as to persons without disabilities and should be implemented holistically. Data availability remains a central issue, and he encouraged national statistical offices to work more closely with the ESCWA SD. Other important challenges include definition harmonization, targeting, access to adequate services, employment and awareness raising. ESCWA will continue to work on the publication to ensure the highest possible quality. It will be launched on the International Day of Persons with Disabilities in December. Finally, he encouraged member countries to maintain communication, engage in further meetings and virtual consultations, and raise pressing issues concerning persons with disabilities with other representatives in their respective countries. He then closed the meeting.

## **Annex 1: List of Participants**

### **ESCWA Disability Focal Points**

- Egypt: Dr. Ashraf Marei, Secretary General, National Council for Disability Affairs
- Iraq: Mr. Abdulkareem Al-Janabi, Under Secretary, Ministry of Labour and Social Affairs  
Mr. Ismail Jaafar Al-Khuzai, Director General, Authority for the Care of Persons with Disabilities and Special Needs
- Kuwait: Ms. Alkhansa Alhusiani, Director of Planning and Research Division, Public Authority for Disabilities Affairs (PADA)
- Lebanon: Ms. Marie El-Hajj, Head of Department of Disabled Persons Affairs, Ministry of Social Affairs
- Mauritania: Mr. Abdallahi Diakite, Legal Advisor to the Minister, Ministry of Social Affairs, Childhood and Family
- Morocco: Mr. Ahmed Cheikhi, Chief, Division for Prevention, Accessibility and Assistance, Ministry of Solidarity, Women, Family and Social Development
- Palestine: Mr. Amin Inabi, General Director, Directorate of Persons with Disabilities, Ministry of Social Development
- Qatar: Ms. Laalei Abu Alfain, Executive Director, Best Buddies Qatar
- Sudan: Mr. Bdraldeem Hamed, General Secretary, National Council for Persons with Disabilities
- Syrian Arab Republic: Ms. Maysa Midani, Director of Social Services, Ministry of Social Affairs and Labour  
Ms. Rana Klifawi, Director of Research and Studies Department, Syrian Commission for Family Affairs
- Yemen: Ms. Mageda Majeed Hazza Abdullah, Director, Al-Noor Institute for the Blind

### **International and Regional Experts**

- Mr. Lars Bosselmann, CBM Director of International Advocacy and Alliances
- Ms. Ola Abu Alghaib (remote participation), Independent expert on social protection and disability

### **DPOs**

- Ms. Sylvana Lakkis, President, Arab Forum on the Rights of Persons with Disabilities (AFRPD)
- Mr. Nawaf Kabbara, Arab Organization of Persons with Disabilities (AOPD)

### **UN/International Agencies**

- Mr. Didier Cooreman, Physical Rehabilitation Project Manager, International Committee of the Red Cross (ICRC)
- Ms. Mona El Zoghbi, National Project Coordinator, UNESCO
- Ms. Cristina Roccella (remote participation), Chief, Social Policy & Child Protection, UNICEF Syria
- Ms. Meri Poghosyan, Education Specialist, Children with Disabilities, UNICEF Lebanon
- Ms. Taghrid Awad, Disability Programme Officer, UNRWA

- Ms. Hala Sakr, Regional Advisor on Violence, injury prevention and disability, Regional Office for the Eastern Mediterranean, WHO

**ESCWA Staff**

- Mr. Frederico Neto, Director of the Social Development Division (SDD)
- Mr. Juraj Riecan, Director of the Statistics Division (SD)
- Ms. Gisela Nauk, Chief, Inclusive Social Development Section (ISDS), SDD
- Ms. Neda Jafar, Head, Statistical Policies and Coordination Unit, SD
- Ms. Angela Zettler, Associate Social Affairs Officer, ISDS/SDD
- Ms. Zuzana Vuova, Associate Social Affairs Officer, ISDS/SDD
- Mr. Anton Bjork, Individual Contractor, ISDS/SDD
- Ms. Ellen Gamble, Intern, ISDS/SDD

## Annex 2: Workshop Agenda

<b>DAY 1</b>	
9:00 - 9:15	<i>Welcome reception and registration</i>
09:15 – 9:45	<p><b>Opening of the meeting: Welcoming remarks from ESCWA and partner agencies</b></p> <ul style="list-style-type: none"> <li>- Opening and introduction by Mr. Frederico Neto, Director of the Social Development Division, ESCWA</li> <li>- Welcoming remarks by Juraj Riecan, Director of the Statistics Division, ESCWA</li> <li>- Introduction of participants</li> </ul>
9:45 – 11:00	<p><b>Session 1: Overview of the publication, introduction and second section</b></p> <p>This session will provide an overview of the draft publication, including its structure and purpose, and review the information included in the report's introduction. It will then examine the second section of the publication, which discusses how the 2030 Agenda for Sustainable Development supports and protects persons with disabilities. It will also look into the overlaps between the 2030 Agenda and the Convention on the Rights of Persons with Disabilities (CRPD).</p> <p>Moderator: Mr. Frederico Neto (ESCWA)</p> <p>Presenter(s): Ms. Gisela Nauk (Chief, Inclusive Social Development Section, ESCWA), Ms. Angela Zettler (Associate Social Affairs Officer, ESCWA)</p> <p>Discussant(s): Mr. Lars Bosselmann (Director of International Advocacy and Alliances, CBM International), Dr. Ashraf Marei (Secretary General, National Council for Disability Affairs, Egypt)</p>
11:00 – 11:30	<i>Coffee break</i>
11:30 – 13:00	<p><b>Session 2: Summary of the situation of persons with disabilities in the Arab Region</b></p> <p>The session will review the sections of the publication which cover the quantitative findings on the situation of persons with disabilities in the Arab region. The presenters will provide a summary of the data in the country profiles, including information on disability prevalence, poverty rates, educational attainment, labour force participation, and other relevant data. The session will then examine the issues around collecting statistics on persons with disabilities in the Arab region, as well as the gaps in information which remain regarding data already collected. The presenter will review with participants the advantages of using the Washington Group on Disability Statistics for collecting statistics on disability in national censuses.</p> <p>Moderator: Mr. Juraj Riecan (ESCWA)</p> <p>Presenter(s): Ms. Neda Jafar (Head, Statistical Policies and Coordination Unit, ESCWA)</p> <p>Discussant: Mr. Amin Inabi (General Director, Directorate of Persons with Disabilities, Ministry of Social Development, Palestine)</p>

13:00 – 14:00	<i>Lunch break</i>
14:00 – 16:00	<p><b>Session 3: Discussion of disability-inclusive social protection in the Arab region</b></p> <p>This session will examine the fourth chapter of the publication, which covers the report's main theme of social protection. It will look at different kinds of social protection schemes in the Arab region, legal and institutional frameworks, eligibility and targeting, and key elements of disability-inclusive social protection.</p> <p>Moderator: Ms. Gisela Nauk (ESCWA)</p> <p>Presenter(s): Mr. Anton Bjork (ESCWA)</p> <p>Discussant: Ms. Cristina Roccella (Chief, Social Policy &amp; Child Protection, UNICEF), Ms. Meri Poghosyan (Education Specialist, Children with Disabilities, UNICEF Lebanon), Mr. Amin Inabi (Palestine), Ms. Ola Abu Alghaib (Independent expert on social protection and disability)</p>
16:00 - 16:15	<i>Coffee break</i>
16:15 – 17:00	<p><b>Session 4: Discussion of conclusions and key issues</b></p> <p>In this session participants will review the conclusions and key issues outlined in the report. It will also discuss the next steps for production of the publication and the launch of the publication around International Day of Persons with Disabilities in December.</p> <p>Moderator and presenter: Ms. Gisela Nauk (ESCWA)</p>
<b>DAY 2</b>	
09:30 – 11:00	<p><b>Session 5: Discussion on the Inter-Sessional Group of Experts on Disability (IGED)</b></p> <p>In this session, participants will discuss pending issues related to the first meeting of the IGED, held in September 2016, as well as decisions and actions to be taken ahead of the next meeting of the IGED and the Committee on Social Development, to be held in the second half of 2017.</p> <p>Moderator: Mr. Frederico Neto (ESCWA)</p> <p>Presenter(s): Ms. Gisela Nauk (ESCWA)</p>
11:00-11:30	<i>Coffee break</i>
11:30 – 12:00	<p><b>Session 6: Closure of the meeting</b></p> <p>- Closing remarks by Mr. Frederico Neto (ESCWA)</p>
12:00 – 13:00	<i>Lunch</i>



## تنظيم الأعمال

اليوم الأول	
9:00-9:15	الترحيب والتسجيل
9:45-9:15	افتتاح الاجتماع: كلمات ترحيبية من الإسكوا والوكالات الشريكة <ul style="list-style-type: none"> <li>- افتتاح ومقدمة من السيد فريديكو نيتو، مدير، شعبة التنمية الاجتماعية، الإسكوا</li> <li>- كلمة ترحيبية من السيد يوراي ريكان، (مدير، شعبة الإحصاء، الإسكوا)</li> <li>- تقديم المشاركين</li> </ul>
11:00-9:45	الجلسة الأولى: لمحة عامة عن التقرير، المقدمة والفصل الثاني <p>ستوفر هذه الجلسة لمحة عامة عن مسودة التقرير، هيكلته والغرض منه، وسيتم مراجعة المعلومات الواردة في مقدمة التقرير. كما سيجري التدقيق في الفصل الثاني منه الذي يناقش خطة لتنمية المستدامة لعام 2030 وأهميتها في دعم وحماية الأشخاص ذوي الإعاقة. وسيتم أيضا معالجة التداخل بين خطة التنمية المستدامة لعام 2030 واتفاقية حقوق الأشخاص ذوي الإعاقة.</p> <p>إدارة الجلسة: السيد فريديكو نيتو (الإسكوا)</p> <p>تقديم العرض/العروض:</p> <ul style="list-style-type: none"> <li>- السيدة جيزيلا نوك (رئيسة، قسم التنمية الاجتماعية الشاملة- شعبة التنمية الاجتماعية، الإسكوا)</li> <li>- السيدة أنجيلا زيتلر (مسؤول تنمية اجتماعية، قسم التنمية الاجتماعية الشاملة - شعبة التنمية الاجتماعية، الإسكوا)</li> </ul> <p>المحاورون:</p> <ul style="list-style-type: none"> <li>- السيد لارس بوسلمان (مدير إدارة المناصرة والتحالفات الدولية، CBM International)</li> <li>- السيد أشرف مرعي (المجلس الوطني لشؤون الإعاقة، مصر)</li> </ul>
11:30-11:00	استراحة قهوة

<p><b>الجلسة الثانية: موجز حول وضع الأشخاص ذوي الإعاقة في المنطقة العربية</b></p> <p>في هذه الجلسة سيتم مراجعة فصول التقرير التي تشتمل على النتائج الكمية حول وضع الأشخاص ذوي الإعاقة في المنطقة العربية. وسيوفر مقدمو العروض موجزاً عن البيانات في الملامح القطرية، تتضمن معلومات عن معدلات انتشار الإعاقة، معدلات الفقر، التحصيل العلمي، المشاركة في القوى العاملة، وبيانات أخرى ذات علاقة. كما ستعتمد الجلسة الى دراسة المسائل المتعلقة جمع الإحصاءات عن الأشخاص ذوي الإعاقة في المنطقة العربية، إضافة الى الثغرات في المعلومات فيما يتعلق بالبيانات التي تم جمعها من قبل. هذا وسيقوم مقدمو العروض مع المشاركين بمراجعة مزايا استخدام معايير فريق واشنطن لإحصاءات الإعاقة لجمع الإحصاءات عن الإعاقة في التعداد الوطني.</p> <p>إدارة الجلسة: السيد يوراي ريكان (الإسكوا)</p> <p>تقديم العرض/العروض: السيد أنطون بيورك (خبير)، السيدة ندى جعفر (رئيسة، وحدة التنسيق والسياسات الاحصائية، الإسكوا)</p> <p>المحاورون:</p> <ul style="list-style-type: none"> <li>- السيد أمين عنابي (مدير عام الإدارة العامة للأشخاص ذوي الإعاقة، وزارة التنمية الاجتماعية، فلسطين)</li> </ul>	<p>13:00-11:30</p>
<p>استراحة غداء</p>	<p>14:00-13:00</p>
<p><b>الجلسة الثالثة: نقاش حول حماية اجتماعية شاملة للإعاقة في المنطقة العربية</b></p> <p>ستتناول الجلسة الفصل الرابع من التقرير، الذي يعالج الموضوع الأساسي للتقرير وهو موضوع الحماية الاجتماعية. وسينظر في أنواع مختلفة من برامج الحماية الاجتماعية في المنطقة العربية من حيث الأطر القانونية والمؤسسية، معايير الأهلية والاستهداف، والعناصر الرئيسية للحماية الاجتماعية الشاملة للإعاقة.</p> <p>إدارة الجلسة: السيدة جيزيلا نوك (الإسكوا)</p> <p>تقديم العرض/العروض:</p> <ul style="list-style-type: none"> <li>- السيد أنطون بيورك، (الإسكوا)</li> </ul> <p>المحاورون:</p> <ul style="list-style-type: none"> <li>- السيدة كرسيتينا روتشيللا، رئيسة قسم السياسة الاجتماعية وحماية الطفل (اليونيسيف)</li> <li>- السيدة ماري بيغوسيان، إخصائية تعليم، الأطفال ذوي الإعاقة (اليونيسيف)</li> <li>- السيد أمين عنابي (فلسطين)</li> </ul>	<p>16:00-14:00</p>

- السيدة علا أبو الغيب (خبيرة في الحماية الاجتماعية والإعاقة)	
استراحة قهوة	16:15-16:00
<p><b>الجلسة الرابعة: مناقشة الإستنتاجات والقضايا الرئيسية</b></p> <p>سيتم في هذه الجلسة مراجعة الإستنتاجات والقضايا الرئيسية الواردة في التقرير، كما ستجري مناقشة الخطوات المطلوبة لإصدار التقرير وإطلاقه في اليوم الدولي للإشخاص ذوي الإعاقة في كانون الأول/ديسمبر، 2017.</p> <p>إدارة الجلسة: السيدة جيزيلا نوك (الإسكوا)</p> <p>تقديم العرض/العروض:</p> <p>- السيدة أنجيلا زيتلر (الإسكوا)</p>	17:00-16:15
<b>اليوم الثاني</b>	
<p><b>الجلسة الخامسة: نقاش حول فريق الخبراء العامل بين الدورات المعني بالإعاقة</b></p> <p>في هذه الجلسة ستناقش القضايا التي لا تزال قيد البحث المتعلقة بل اجتماع الأول لفريق الخبراء العامل بين الدورات المعني بالإعاقة، المنعقد في أيلول/سبتمبر 2016، إضافة إلى القرارات والإجراءات الواجب اتخاذها قبل الاجتماعين القادمين لفريق الخبراء ولجنة التنمية الاجتماعية المزمع عقدهما في النصف الثاني من 2017.</p> <p>إدارة الجلسة: السيد فريديكو نيتو (الإسكوا)</p> <p>تقديم العرض/العروض: السيدة جيزيلا نوك (الإسكوا)، السيدة أنجيلا زيتلر (الإسكوا)</p>	11:00-9:30
استراحة قهوة	11:30-11:00
<p><b>الجلسة السادسة: اختتام الاجتماع</b></p> <p>إدارة الجلسة: السيدة جيزيلا نوك (الإسكوا)</p> <p>الكلمة الختامية: السيد فريديكو نيتو (الإسكوا)</p>	12:00-11:30
استراحة غداء	13:00-12:00