Fourth meeting of the ESCWA Committee on Social Development Inter-Sessional Group of Experts on Disability (IGED)

Hosted by the National Council for Persons with Disabilities, Cairo, Egypt

15-16 December 2019

Summary Report

BACKGROUND

The National Council for Persons with Disabilities of the Arab Republic of Egypt hosted the fourth meeting of the Committee on Social Development Inter-Sessional Group of Experts on Disability (IGED) on 15-16 December 2019 at the InterContinental Semiramis Hotel in Cairo, Egypt. The objective of the group of experts is to strengthen ties and exchange information on disability policy and advance the implementation of the UN Convention on the Rights of Persons with Disabilities (CRPD) and the 2030 Agenda for Sustainable Development.

This fourth meeting of the IGED covered the following topics: (1) An overview of international approaches to and tools for disability assessment and determination procedures; (2) Discuss existing assessment and determination procedures currently in place in member countries and ongoing change processes; (3) The overall objectives of disability assessment, specific purposes such as work ability, disability pension, disability cards, learning support needs for children as well as long-term care needs. Disability focal points from the following countries attended the meeting: Morocco, Tunisia, Libya, Egypt Sudan, Palestine, Lebanon, Saudi Arabia, Yemen, Oman, Qatar and Malta. In addition to representatives from three Organizations of People with Disabilities (DPOs). The next meeting of the IGED is tentatively scheduled for 2020.

RECOMMENDATIONS / FOLLOW-UP ISSUES

▪ **IGED members agreed on the importance of continuing this community of practice:** to form a group of local experts in the Arab world who can provide training and build on Arab capacities. Expertise from outside the region will be added as necessary. This will be pursued through the following steps:

1. **IGED members will form an online working group** to exchange knowledge and experience on disability assessment. Mr. Walid Guesmi (Tunisia) agreed to be the focal point to coordinate the group. **ESCWA** will support the group, including by providing an online platform (a closed website with log in for members)

2. **The working group will conduct a baseline study:** to collect all the current experience and analyse where we stand, what are the current assessment and data collection tools? What are their strengths and weaknesses? What are the legal and legislative frameworks related to assessment and determination?
   o The group aims to have the first draft of this report in **6 months** (June 2020). We could incorporate the results of ESCWA's survey on disability assessment in this report as well.
   o The group will look at other country experiences that have similar contexts to our region to build upon it and avoid running into similar difficulties.

3. **The working group will host online webinars** to exchange knowledge and experiences. Our success indicator is that if 50% of the group attends the online webinars, then that's a good result.

4. **The working group may conduct a Train the Trainers (TOT)** program on the ICF over two parts (5 days and 5 days), as the participants are all full-time employees, they can only travel for one week at a time. The two training sessions could happen in the span of two or three months.

▪ **ESCWA will summarize the workshop** and complement it with direct interviews, which will be fed into the baseline study of disability assessment and determination systems. IGED members are welcome to volunteer to support the study.

- **ESCWA will engage the group on its new project "labour market inclusion for people with disabilities"** where relevant.
- **ESCWA will share with the group its planned work on Community Based Inclusive Development (CBID)** trainings and invite them to participate where relevant.
  - Conflict and post-conflict countries have a specificity in their challenges and opportunities. CBID trainings could be customized for these contexts (such as Libya, Syria, Iraq, Yemen).

SUMMARY OF DISCUSSIONS

Opening session

Dr. Ashraf Marie (Secretary General, National Council for Disability Affairs, Egypt) welcomed the participants to the meeting, particularly from a wide range of countries. He thanked the colleagues at ESCWA and expressed his enthusiasm to continue building on this collaboration.

Ms. Gisela Nauk (Chief, Inclusive Social Development Section, Social Development Division, ESCWA) thanked the hosts for making the fourth meeting of the Inter-sessional Group of Experts on Disability (IGED) possible. She introduced the different presenters who will give presentations, including participants from Malta. The country recently hosted an important conference "Accessible Europe 2019". We're working with them on strengthening Euro-Arab cooperation in this field. At every IGED meeting ESCWA and the member countries provide updates on their work, followed by discussions on a specialized topic of importance. The first day will present an overview of the current disability assessments and the changes required by the CRPD, and it will present the ICF as the framework for disability assessment necessary to shift from a "medical approach" to a "multi-dimensional and social approach" to disability. The first day will also include country presentations of new disability assessment procedures based on the ICF and ICD. The second day will look at examples from other countries including Malta, Armenia and Fiji; which will be followed by moderated group discussions to discuss next steps.

Day (1) Session 1: Disability Assessment and Determination: Main Challenges

Ms. Nauk affirmed that the ultimate objective of the CRPD and the IGED is to ensure the full inclusion of Persons with Disabilities and to leave no one behind. In order to achieve this, we need to know who these people are, their characteristics and their levels of difficulties.

There are different approaches to such identification:

1) the first is through censuses and surveys. These aim to collect data on large population groups, and results are usually anonymized. The tools for this are the Washington Group (WG) approach to disability statistics, which is mostly followed in Arab countries. Another tool is the Model Disability Survey (MDS, developed by WHO), which has been used in some GCC countries.

2) the second is through **individual assessments** with results feeding into administrative data collection for program registries, to issue disability cards, and linked to service provision. The tools for this are the medical assessments most country have in place today, the International Classification of Functioning (ICF), as well as the WHO Disability Assessment Schedule (WHO-DAS).

Our main discussion today and tomorrow will be on the second approach, the administrative data collection. All countries have some sort of assessment to issue the disability card. However, most of them are still mainly medical, based on the medical model of disability, which assumes that disability is

only a characteristic of the individual, grounded in a disease or an accident, and disregards the social and environmental barriers.

The CRPD asks for a shift from a medical approach to a more comprehensive one that encompasses medical, functional, social, familial and environmental factors. The International Classification of Functioning, Disability and Health (ICF) was developed by the World Health Organization (WHO) and it is based on the International Classification of Diseases (ICD), but expands beyond it with a more comprehensive focus on functioning.

As disability is known to be a continuum, where every person is or will be experiencing difficulties in functioning over the course of life, in a perfectly inclusive society with no social or environmental barriers, a classification might not be necessary or desirable. However, on the way to the ultimate objective of full inclusion, *Governments need classification to build policies, programs and allocate budgets.*

Dr. Sebeh noted that the ICF provides a systematic classification method, a shared language to assess disability. Instead of each agency using its own definition of disability, using the ICF may allow for comparison of data across countries, health care disciplines, services and time. It provides a coding system we can work on, there's an Arabic guide for it too, and a software to facilitate using it for users. The ICF components include: **1) Body functions:** Physiological functions of body systems. **2) Body structure:** Structural or anatomical parts of the body**. 3) Activities and performance:** Execution of a task or action by an individual (individual perspective). 4) **Participation:** Persons involvement in a life situation (societal perspective). **5) Environmental factors:** All aspects of the external world that that impact on the person's functioning

Ms. Nauk noted that the definition of disability according to the CRPD consists of the two components of (i) individual conditions and (ii) environmental barriers. Consequently, disability is the result of <u>both</u> and not only of individual conditions. The examples are typically that a wheelchair user or persons with some forms of autism may be not be "disabled" with the necessary kind of support. Governments thus need to invest in both: In individual support as well as in removing environmental barriers to further social inclusion.

The components of the ICF incorporate this perspective. Components 1), and 2) explore the individual characteristics, components 4) and 5) explore the environmental facilitators or barriers. Component 3) in a way combines the two sides and examines the capacity and the limitations of a person to function in a given environment. Classification gives an estimate of how many people need support, and what type. This provides governments with the basis to allocate budges for individual support and how much for improving the general environment.

Session 2: Country presentations of new disability assessment procedures based on ICF:

1. **Dr. Abdul Hamid Kabesh (Ministry of Social Solidarity, Egypt) presentation on assessment procedures based on ICF in Egypt**

Dr. Kabesh presented a comprehensive overview of Egypt's new assessment tools, which are currently being updated. Disability assessments are done in two phases: **Phase (1)** includes the medical assessment, to determine the type of impairment, illness, injury or condition related to disability. **Phase**

(2) includes the functional assessment, to determine the functional difficulties or barriers in performance of their body organs or systems to perform an activity or task.

Egypt developed a group of forms and depending on the relevant section, they can be filled by the person themselves, with an assistant, by a social worker, a data collector, or a doctor/health practitioner. These forms collect primary data, medical data, services, societal and environmental factors, barriers and facilitators related to activities and participation.

Form (1) is the medical assessment. The medical assessment is done through a number of verified establishments, like university hospitals, medical commissions, there's a list of verified places. **Form (2) is the functional assessment**. This form has three version (new born-6 years), (6-18 Years) (adults older than 18). The functional assessment covers all domains: mobility, hearing and language, vision, learning, communication and engagement and self-care. The **functional assessment is available in 220 rehabilitation centres in 27 governorates around Egypt.** The social worker, or mental health expert has to do the assessment under the supervision and coordination of the office manager. They focus on daily activities/life functions.

2. **Mr. Hamood bin Mardad bin Hamoud Al-Shabibi (Ministry of Social Development, Oman) presentation on Oman's experience in disability assessment and determination based on the ICF**

Mr. Al-Shabibi presented Oman's experience in shifting from a medical to a social and multidimensional approach to disability. This experience is built on the CRPD, which Oman ratified in 2008, and on Oman Social Strategy for (2016-2025), which aims to ensure the rights and inclusion of people with disability. The Sultanate has an electronic assessment system to issue "disability cards" which is centrally linked with the electronic national civil register. Disability cards have been issued since 2006, service provision is linked to the card and tied to an electronic system. **In 2019, the Ministry of Social Development started the trial/pilot implementation of the electronic referral system in health institutions in the governorate of Muscat. The project is still in pilot mode,** we're working with UNICEF on developing the child assessment tool (0-12 Years). After that, we will begin to develop the social/personal and environment assessment tool that looks at the barriers for the participation and integration of Persons with Disabilities.

3. **Mr. Walid Guesmi (Ministry of Social Affairs, Tunisia) Presentation on Tunisia's Policy on People with Disability**

Mr. Guesmi noted that Tunisia affirms the rights-based approach for people with disabilities, and the importance of ensuring their integration in social, political and economic life. The legal framework in Tunisia is based on CPRD which was ratified in 2008, and the 2014 constitution.

To obtain the disability card the applicant has to fill a form and undergo a medical assessment, which is followed by a social/functional assessment by a social worker. The committee that oversees this assessment process consists of representatives from all relevant government agencies, and from NGOs. The head of the committee usually invites a mental health specialist as well.

For economic empowerment of people with disabilities, there's multiple programs that facilitate financing loans, funding, and opening businesses. For social integration, the priority is to keep the persons with disabilities with their families and provide all necessary accommodations, but we also have a "Foster Family Program," a foster family could take in a person with disabilities and they are given

financial assistance. Ministry also conducts regular follow-up visits by a multi-disciplinary team. Currently, there are 281 persons with disabilities living with a foster family. Tunisia continues to work on improving the inclusion of people with disabilities in all dimensions.

Day (2) Last presentation from Session (2) Country presentations of new disability assessment procedures based on ICF:

4. **Mr. Aziz Azerbi (Ministry of Social Solidarity and Development, Morocco) presentation on assessment procedures based on ICF in Morocco**

Mr. Azerbi noted that in his presentation he will address two main points, the first is showcasing Morocco's current disability assessment system (it's components and challenges), and the second is the new disability assessment system Morocco is currently developing. (its aims/requirements/stages and mechanism for implementation). Morocco ratified the CRPD in 2009.

The new system will be more holistic, and take social participation into account, it will consider the interaction between an impairment and the wider environment, it will allow a better investment of resources, and achieve harmonization. It will create a set of unified standards for assessments, and create a statistical database that will facilitate policymaking, follow-up and analysis.

The new system will be implemented in several phases. The first phase is setting a plan and methodology for implementation and develop the capacities of all relevant actors. The second phase is to prepare the tools of the new system. The third phase is to prepare the institutional structures of the new system, and administrative by-laws.

Session 3: Country presentations of disability assessment procedures, based on ICD (Sudan, Lebanon)

1. **Ms. Amal Ali (National Council for Persons with Disabilities, Sudan) presentation on disability assessment in Sudan**

Ms. Amal Ali presented Sudan's experience in disability assessment. She noted that there are still many data gaps that require a lot of work. The 2008 census conducted by central statistics office indicates that people with disabilities are 4,8% of the population, which is about 1.8 million. The breakdown is 52% male, and 47.8% female. In terms of the urban/rural divide, 29% of them live in urban areas, 61.8% live in rural areas, while 8.9% are nomads.

Sudan is working on establishing national assessment and determination system in collaboration with the Ministry of Health. But the project is paused due to the volatile political context, and halted legislative work, the law is still incomplete, and no executive instructions are issued yet. We are also working with the relevant partners to use the Washington Group methodology. Disability is still determined by a medical approach as listed in the 2008 law and executive instructions. **Some of our biggest challenges include:** 1) Assessment services are not available nationally. 2) Assessments are not free in public and private agencies, the applicant must pay fees, which can be high in private institutions. 3) Low capacity, and the human resources needed in the field. 4) Low awareness on the importance of assessment. 5) We have little data on persons with disabilities. **Sudan is working on addressing these challenges,** by raising awareness on the importance of assessment, develop capacity for human

resources, and accountability, develop comprehensive assessment tools (psychological, medical, educational and social). Develop a better referral system and provide training.

2. **Ms. Najwa Cherry (Ministry of Social Affairs, Lebanon) presentation on Lebanon's experience in disability assessment and determination**

Ms. Cherry noted that Lebanon is currently working on updating their current disability assessment system, which was based WHO's 1980 guide on the "International Classification of Impairment, Disabilities and Handicaps" (ICIDH). A committee of doctors in Lebanon put forth the categories and types of disabilities (four). The process to issue a disability card is based on the Minister of Social Development's decision in 1995.

The disability card centre allows for the issuance of cards through an electronic system, and the process is de-centralized (different social centres can issue them). The card gives access to different benefits and services, including assistance, rehabilitation, tax and fee exemptions. There are 8 centres: in Beirut, Tripoli, Baalbek, Halba, Hadath, Baakleen, Taanayel, Sarafand. Today there are 110,000 card holders. There's an assessment process for children as well, including one for intellectual/learning abilities, and an assessment for speech and language skills. Both are done for free.

Session 4: Examples from other countries: Approach to disability assessment and determination in Malta

1. **Dr. Alistair de Gaetano and Ms. Rhoda Claire Garland (Office for Disability Issues, Malta) presentation on Malta's experience in disability assessment and determination**

The presenters started with an introduction on Malta. Maltese islands include Malta, Gozo and Comino – Malta is the smallest country in the EU. Total population is 475,700 while Persons with Disability are 30,000. The employment quota for persons with disabilities is 2%. There are fines enforced on companies that don't follow the 2% quota.

Malta does not have a national registry and database for persons with disabilities. To register as a person with a disability there are three options: 1) Commission for the Rights of Persons with Disability (CRPD), 2) Department of Social Security, 3) JobsPlus (National Employment Corporation).

There are also varying definitions of disability in the Persons with Disability (Employment) Act (Cap. 210), Social Security Act (Cap. 318), Equal Opportunities (Persons with Disability) Act (Cap. 413).

Some of the main issues Malta faces with regards to disability is the currently a cumbersome system: persons with disabilities have to undergo both a disability assessment & an eligibility assessment, every time they request a service. Different entities sometimes require different evidence, but too often the same has to be provided, which increased costs for both providers and applicants. The system also created inconsistencies: one person qualifies for one service under CRPD's assessment, but not for a cash payment following the assessment of the Department of Social Security (DSS). The system is not harmonized. We need a system that deals with the different stages of life, which is complex. We have a life-long support plan, we want to make sure every person gets the support they need from cradle to grave.

A working group is now working on these issues, which is coordinated by the Office for Disability Issues (ODI)

2. **Mr. Alexandre Cote (Centre for Inclusive policy) Approach to disability assessment and determination in Armenia and Fiji**

Mr. Cote mentioned that in his presentation he will focus on some of the conceptual elements of the CRPD that can shed light on how to develop disability assessment and determination tools that are CRPD compliant. Tools that achieve their goals in a given country context. **What's a good disability assessment?** It should have these initial elements: 1) CRPD compliant (in design, process and outcomes), 2) Cost effective, 3) Adapted to country capacities, 4) Reliable, 5) Predictable, 6) Available and accessible all over the country to all persons with disabilities

Armenia's Experience: In Armenia, there were several reasons that led to reforming the system. **Firstly**, an acknowledgment that the disability assessment procedure was medically based and not in line with the CRPD. They wanted to make it based on the ICF. While the Barthel Index (measuring autonomy versus support and care needs) could be useful, it was not sufficient for a holistic approach. Also, they wanted to have multidisciplinary teams to fully incorporate the social model of disability. **The first version** of the new system had: 1) Multi-disciplinary teams formed consisting of doctors, social workers, and other professionals. 2) Full range of ICF codes collected. To simplify the process, they decided to create a list of "**crucial codes**" for each type of disability. However, when tested, the results seemed inconsistent with expectations because people who were clearly disabled were not identified as such. The **Second Version** had a more "**Flexible Coding**" system. The results were more consistent with "expectations" on test case. However, several concerns arose, as not all people would be evaluated the same way, there was too much discretion for evaluators, this could be another avenue for fraud.

Fiji's Experience: In Fiji, the government recently launched a disability allowance. The eligibility process is very swift and streamlined and led by the local, community-based Social Welfare Officers (SWO). The SWO are doing a basic functional and support needs assessment (modified FIM) in the home of the person and a medical certificate is required only if the SWO is not in the position to decide. In 24 months, ≈1% of the working age population have been covered. These equals ≈0.1% of GDP for allocation for the disability allowance. It is quite appreciated by people so far but need to be reviewed at a later stage.

Session 5: Moderated group discussions on countries next steps

Working group (1): No experience in implementing ICF, moderated by Gisela Nauk

Ms. Gisela Nauk asked the group: would civil society support a shift to the ICF model?

Participants from Palestine, Yemen, Libya and Sudan noted that civil society is divided. Some advocacy agencies take a rights-based approach, other times it's a more charity approach. They noted that If ICF is introduced, there will be resistance because many institutions feel that ICF will reduce benefits. We need to cultivate space for these discussions. They also re-affirmed that political will lies at the top of the pyramid, if decision-makers cared about this issue, then this would facilitate any shift. In many contexts, the disability portfolio lies with the Ministry of Social Development. Their engagement is necessary but not sufficient because the Ministries of Health are currently the main owners of disability assessment procedures.

Working group (2): beginners in implementing ICF, moderated by Alaa Sebeh

Dr. Sebeh noted the group agreed that they need to asses where they stand. For example, *Egypt* is still rolling out initial trainings on functional assessment tools. *Morocco* is in the planning stages, still working on the proposal/program. *Tunisia* has incorporated some of the ICF elements in their assessment forms, but we cannot say that they've fully implemented the ICF approach. *Oman* is in a similar stage as Egypt, they've incorporated elements of the functional assessment tool for the adult age group, and they're working on the younger age group, but they haven't fully implemented this. In *Kuwait*, currently the system is still being developed. In *Qatar,* the ICF is incorporated in some institutions. Thus, we cannot claim that there is a clearly defined ICF experience in the Arab world. We need to evaluate where we are, it's difficult to have an in-depth discussion about the ICF, if local capacity in the Arab world remains limited as it stands today.

Session 6: Updates from ESCWA, moderated by Gisela Nauk

Ms. Nauk provided an update ESCWA's current research. This includes a study on political participation of people with disabilities, and policy development around it. In addition, ESCWA will commence a project on a smaller project on labour market inclusion for people with disabilities. ESCWA is also working on a "Network for Disability Research" to connect universities and research centres.

Dr. Sebeh added that ESCWA will continue to work in providing Community Based Inclusive Development (CBID) trainings. He also noted that Conflict and post-conflict countries have a specificity in their challenges and opportunities. CBID trainings could be customized for these contexts (such as Libya, Syria, Iraq, Yemen).

Ms. Gisela Nauk and Dr. Alaa Sebeh concluded the workshop sessions by thanking everyone for their rich and insightful participation and thanked the hosts from the Egyptian National Council for People with Disabilities.

Annex 1: List of Participants

Egypt **Dr. Ashraf Marie** Secretary General National Council for Disability Affairs Cairo	Morocco **Mr. Aziz Azerbi** Chef de Service de la Prévention et de la Sensibilisation Ministère de la Solidarité et du Développement Social Rabat
Iraq **Ms. Suda Al-Khafaji** Assistant Director General Office for Special Needs Commission of Disabilities & Special Needs Ministry of Labour and Social Affairs Baghdad	Oman **Mr. Hamood bin Mardad bin Hamoud Al-Shabibi** Assistant Director General Directorate of Persons with Disabilities Ministry of Social Development Muscat
Lebanon **Ms. Najwa Cherry** Head of Centers Unit, In the project of securing the rights of the disabled	Palestine **Mr. Amin Inabi**

Ministry of Social Affairs
Beirut

Libya
Mr. Bashir El-Faitouori
Adviser on Disability, Ministry of Social Affairs
Secretary-General of the General, Association of
Persons with Disabilities; and the vice-chairperso
the Arab Forum for the Rights of Persons with
Disabilities (AFRPD)
Tripoli

Kingdom of Saudi Arabia
Dr. Hisham Alhaidary
Chief Executive Officer
Association of Persons with Disabilities
Ministry of Labour and Social Development

Sudan
Ms. Amal Ali
Deputy Secretary General
National Council for Persons with Disabilities
Khartoum

Syria
Ms. Mayssaa Al-Midani
Director of Social Services
Ministry of Social Affairs and Labour, Damascus
Malta
Dr. Alistair de Gaetano
Coordinator
Office for Disability Issues (ODI)
Valletta

Ms. Diane Camilleri
Office for Disability Issues (ODI)
Valletta

Ms. Rhoda Claire Garland
Executive Director
Commission for the Rights of Persons with
Disability (CRPD)
Valletta

ESCWA staff
Ms. Gisela Nauk
Chief, Inclusive Social Development Section,
Social Development Division

General Manager
Directorate of Persons with Disabilities
Ministry of Social Development
Ramallah

Qatar
Ms. Laalei Abu Alfain
Executive Director
Best Buddies Qatar-Doha

Tunisia
Mr. Walid Guesmi
General Directorate of Social Promotion
Ministry of Social Affairs
Tunis

Yemen
Mr. Faisal Mogahed Al-Maqtari
Advisor
Fund for Care and Rehabilitation of Persons
with Disabilities
Ministry of Social Affairs and Labor
Sana'a

Organizations of Persons with Disabilities
Dr. Nawaf Kabbara
Chair of the general assembly and country
representatives
Arab Organization of Persons with Disabilities
(AOPD)
Beirut

Ms. Jahda Abou Khalil
General Director
Arab Organization of Persons with Disabilities
(AOPD)
Beirut

Ms. Shatha Abusrour
Representative
Arab Forum for the Rights of Persons with
Disabilities
Ramallah, Palestine

Beirut **Ms. Fathia Abdel Fadil** First Social Affairs Officer Inclusive Social Development Section, Social Development Division Beirut **Dr. Alaa Sebeh** Regional Adviser on Disability Social Development Division Beirut **Ms. Sumaya Almajthoob** Associate Social Affairs Officer Inclusive Social Development Section Beirut	**Mr. Ibrahim Ismail Abdallah** Executive Board Member of the National Council Disability in Lebanon Beirut **Mr. Alexandre Cote** Inclusive Policy Organization

Annex 2: Meeting Agenda

DAY 1	
9:00 – 9:30	*Registration*
9:30 – 10:30	Opening and introduction Ashraf Marie, National Council for Persons with Disabilities Egypt Gisela Nauk, Chief of Inclusive Social Development Section, ESCWA Round of introductions
10:30 – 12:00	**Session 1: Disability assessment and determination: Main Challenges** ***1. Current disability assessments and the changes required by the CRPD*** Gisela Nauk, ESCWA ***2. The ICF as a framework for disability assessment*** Dr. Alaa El Sebeh, ESCWA ***Moderated Discussion*** **Moderator:** Gisela Nauk, Chief of Inclusive Social Development Section, ESCWA
12:00 – 13:00	*Lunch break*
13:00 – 15:00	**Session 2: Country presentations of new disability assessment procedures based on ICF:** ***1. Egypt*** ***2. Oman*** ***3. Tunisia*** ***4. Morocco*** **Moderator:** Alaa Sebeh
15:00 – 15:30	*Coffee break*

15:30 – 17:00	**Session 3: Country presentations of disability assessment procedures, based on ICD**
	   1. Palestine
	   2. Sudan
	   3. Lebanon
	Moderator: Alaa Sebeh

DAY 2	
9:00 - 10:00	**Session 4: Examples from other countries** *Approach to disability assessment and determination in Malta* Presenter: Alistair de Gaitano, Malta **Moderated discussion** **Moderator:** Gisela Nauk
10:00 - 11:00	**Examples from other countries (continued):** *Approach to disability assessment and determination in Fiji* Presenter: Alexandre Cote, ILO **Moderated discussion**

	Moderator: Alaa Sebeh
11:00 – 11:30	*Coffee break*
11:30 - 12:30	**Session 5: Moderated group discussions on countries next steps** ***1. Maghreb countries, moderated by Alaa Sebeh*** **2. Mashreq and other countries, moderated by Gisela Nauk and Sumaya Almajdoub**
12:30 – 13:30	*Lunch break*
13:30 – 15:30	**Session 6: Country updates on recent developments in disability policy** 　　1. **Palestine, new disability law, Amin Inabi** 　　2. **Round of updates**
15:30 – 17:00	**Session 7: Updates from ESCWA** **Follow up activities on disability assessment and determination** **Current ESCWA research** **Moderator:** Ms. Gisela Nauk (ESCWA)