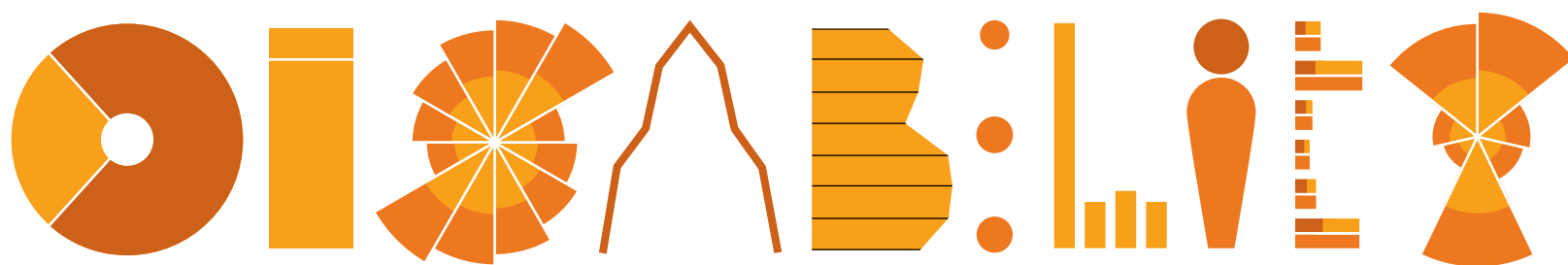


Economic and Social Commission for Western Asia



DISABILITY IN THE ARAB REGION

2018



UNITED NATIONS

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ESCWA

Economic and Social Commission for Western Asia

DISABILITY IN THE ARAB REGION

2018



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Acronyms

CGS	Child Growth Standards
DHS	Demographic and Health Survey
ESCWA	United Nations Economic and Social Commission for Western Asia
GIF	Global Indicator Framework
HEIS	Household Expenditure and Income Survey
I-HSES	Iraq Household Socio-Economic Survey
I-PMM	Iraq Poverty and Maternal Mortality Survey
ISCED	International Standard Classification of Education
HBS	Household Budget Survey
LFS	Labor Force Survey
NSO	National statistical office
OAMDI	Open Access Micro Data Initiative
SDGs	Sustainable Development Goals
WGSS	Washington Group Short Set
WHO	World Health Organization

Glossary

Census	A census, unlike a survey, collects data from every member of the population rather than from a population sample.
Economic inactivity rate	Prevalence of economic inactivity, calculated as the percentage of the working age population who are neither employed nor looking for employment.
Education attainment rate	The percentage of a population that has attained a specified education level.
Older persons	Persons aged 65 and older.
Employment rate	Prevalence of employment, calculated as the percentage of the working age population who are in work.
Labour force	The economically active population, namely those who are employed or unemployed.
Persons with disabilities	Those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others, as defined in the Convention on the Rights of Persons with Disabilities.
Prevalence rate	Proportion of a specific population with a certain characteristic or condition at a given time.
Stunting	Impaired growth and development of children. This is indicated if children's height-for-age is more than two standard deviations below the WHO Child Growth Standards median.
Survey	A survey, unlike a census, collects data from a population sample rather than from the population as a whole.
Unemployment rate	Prevalence of unemployment, calculated as the percentage of the labour force who are without work but available for and seeking employment.
Washington Group Short Set	A set of questions devised to identify persons with disabilities in a census or a survey. The questions pertain to difficulty performing six basic activities: mobility, seeing, hearing, cognition, self-care and communication.
Wasting	Symptom of acute undernutrition. This is indicated if children's weight-for-age is more than two standard deviations below the WHO Child Growth Standards median.

EXECUTIVE SUMMARY

The Convention on the Rights of Persons with Disabilities affirms that all human rights—civil, political, social, economic—extend to persons with disabilities in exactly the same way as to persons without disabilities. It calls for disability to be understood not just as a medical condition, but also as an effect of barriers in the physical and social environment. Since 2006, all ESCWA member States have signed the Convention, and there is a growing commitment in the region to ensure that its provisions are fulfilled. The great interest shown in the 2014 ESCWA report *Disability in the Arab Region: An Overview*, which was a first attempt to collect and analyze data relating to disability in the Arab countries, was a testament to the growing dynamism of the disability movement in this part of the world.

The present report carries this momentum forward. It includes more recent data for Egypt, Iraq, Jordan, Mauritania, Morocco, Saudi Arabia, Tunisia and Yemen. For the remaining countries analysed, the data have not been updated since the 2014 report but have been more thoroughly verified and disaggregated. ESCWA countries have clearly made considerable efforts during recent years to enhance the availability and the quality of disability-related data. Many have adopted the method of measuring disability recommended by the Washington Group on Disability Statistics, which assesses a person's difficulty performing basic universal activities (seeing, hearing, mobility, cognition, self-care and communication). Nevertheless, some limitations remain and reduce the comparability of the data.

Disability prevalence rates in the region range from 0.2 per cent in Qatar to 5.1 per cent in Morocco. These rates appear quite low compared to those in other regions. Aside from methodological issues related to data collection, this may in part result from the fact that the Arab populations

are relatively young and therefore less likely to have disabilities. In some countries, the low prevalence rates can also be explained by the presence of large populations of migrant workers. An ageing population structure as well as ongoing conflicts in the region will in all probability push the regional prevalence rate upwards in the coming years. The data show that women are in the minority among younger persons with disabilities, but in the majority among older persons with disabilities. This may in part be due to the so-called health-survival paradox, which suggests that women live longer yet experience more health problems than men.

Disabilities related to mobility are the most prevalent disability type in all countries and disabilities related to seeing the second most prevalent type in most of them. Illness is the most commonly reported cause of disability in all countries except Oman. Ageing is a more frequent cause of disability among women than among men, whereas the opposite applies for accidents. Overall, persons with disabilities are more likely than persons without disabilities to be married, widowed or divorced. This is largely due to the higher average age among persons with disabilities. When the comparison is limited to a specific age-group, it shows a much higher rate of singlehood for persons—especially women—with disabilities than for persons without disabilities.

The rate of literacy is considerably lower for persons with disabilities than for persons without disabilities. They also have lower rates of educational attainment, especially with regard to secondary and tertiary education. This may be due in part to the higher average age among persons with disabilities, since older persons are in general less likely to have benefited from education. However, the data reveal that even today school attendance rates for children and youth with disabilities remain much lower than

those of their peers without disabilities. Gender and location, in addition to disability, also have a significant impact. Almost without exception, girls and women with disabilities in rural areas have the lowest rates of literacy, educational attainment and school attendance.

Persons with disabilities' rate of employment is very low and their rates of economic inactivity and unemployment are high. Being female and having a disability is a double disadvantage, since women in the Arab region are less likely to work overall. In Morocco, for instance, the employment rates for women with and without disabilities are 6.7 per cent and 15.9 per cent respectively. In Iraq, the rates for men with and without disabilities are 32.8 and 63.0 per cent. Women with disabilities have the highest rates of unemployment, though the difference between them and women without disabilities is narrower than the difference between men with and without disabilities. In Egypt, for instance, the respective unemployment rates for women with and without disabilities are 90.5 and 75.8 per cent, while those for men with and without disabilities 57.4 and 27.0 per cent.

To complement the data collected by the ESCWA Statistics Division, the analysis also includes findings from surveys carried out in Egypt, Yemen, Iraq and Jordan. This additional data pertain to early childhood nutrition, health care and access to water and electricity. In so far as statistically significant differences can be observed, it appears that persons with disabilities are disadvantaged in regard to all these issues.

The report concludes that Arab countries and regional stakeholders, including ESCWA, should continue their work to produce more and better disability data. It suggests that since disability intersects with other dimensions of vulnerability which include, but are not limited to, gender and location, efforts to overcome the marginalization of persons with disabilities should not be undertaken in isolation. Rather, adhering to the spirit of the 2030 Agenda for Sustainable Development, such measures should be an integrated part of strategies to achieve inclusive development.

INTRODUCTION

When the first edition of *Disability in the Arab Region: An Overview*¹ was released by ESCWA in 2014, it was the only publication that compiled extensive data on persons with disabilities in the Arab countries. It has been used as an important advocacy tool to draw the attention of policymakers to the rights and needs of this population. Yet the exclusion and invisibility of persons with disabilities is a deep-rooted challenge. Despite stronger self-advocacy and growing commitment from governments to safeguard their rights and well-being, persons with disabilities remain one of the most marginalized and underserved groups in society.

Interventions to address ingrained inequality and to promote meaningful inclusion of persons with disabilities require, inter alia, information on their numbers and characteristics, their achievements and/or lack thereof, as well as their abilities and preferences. While data on demographics have improved in recent years, the relative scarcity of statistics on socioeconomic indicators continues to constitute a serious impediment to the elaboration and implementation of inclusive policies. This demand for a robust evidence base has become even more pressing following the adoption of the 2030 Agenda for Sustainable Development, which promises equitable development for everyone, including persons with disabilities.

This second edition of the report presents updated statistics from recent surveys and censuses from Egypt, Iraq, Jordan, Mauritania, Morocco, Saudi Arabia, Tunisia and Yemen. While more recent data was not available at the time of publication for Bahrain, Oman, Palestine, Qatar, Sudan and the Syrian Arab Republic, the previous data from these countries have for this edition been presented at a higher level of disaggregation, yielding fresh insights.²

Data disaggregation is fundamental to the achievement of the Sustainable Development Goals (SDGs). Using only aggregate numbers risks overlooking the needs of the most vulnerable and marginalized groups who are the hardest to reach and the least likely to benefit from general developmental gains, thus perpetuating their exclusion and inequality. Unless data is disaggregated by the markers of disadvantage—such as gender, location, ethnicity and disability status—the situation of those in vulnerable situations and the changes in their status vis-à-vis the general population may not be fully understood. This is especially true when these groups constitute only a small percentage of the overall population, such as in the case of persons with disabilities.

All the countries listed above have made considerable progress in collecting and disseminating data disaggregated by disability status, not only for basic demographic characteristics but also in key socioeconomic areas such as education and employment, conforming to SDG 17 which calls for using high-quality and timely data for monitoring and accountability. The ESCWA Statistics Division has compiled, verified and harmonized these national data to the extent possible to allow for better comparability.³ Technical cooperation projects between ESCWA and member States' National Statistics Offices (NSOs) to improve statistics are ongoing and ESCWA hopes to continue expanding and improving the compilation of high-quality data on indicators in other major areas of human development.

The data sources on which the majority of the analysis is based were selected and provided by the NSOs. There are some limitations related to the data collection methodology, such as differences in definitions and proper application of the Washington Group approach. In addition, the data coming from surveys may have a wide margin of

1 | ESCWA, 2014.

2 | Data from the remaining four ESCWA countries (Kuwait, Lebanon, Libya and the United Arab Emirates) were not available at the time of publication and are therefore not included in the report.

3 | ESCWA, 2017a.

error since the sampling design might not capture small subpopulations, including persons with disabilities. However, due to the lack of availability of microdata for these surveys at the time of publication, it has not been possible to calculate confidence intervals indicating margin of error. ESCWA will continue working with NSOs to obtain this data so that it can be included in similar future publications.

Given the limitations of data provided by NSOs, a preliminary analysis of microdata from additional national surveys was conducted to better reflect the situation of persons with disabilities in the development process and measure progress on a wider range of SDGs. This auxiliary analysis seeks to explore the quality of life of persons with disabilities in terms of nutrition, health care and access to water and electricity. However, the absence of a disability module in many surveys and the often limited number of observations on disability mean that a comprehensive overview is not feasible. Furthermore, this data has not been processed by the ESCWA Statistics Division and methodological issues may reduce its reliability and comparability with other data presented in this report.⁴

The analysis is divided into two sections. The first one focuses on understanding the prevalence of disability in the region and the basic demographic profiles of persons with disabilities. The second section focuses on persons with disabilities' socioeconomic situation.

Disability intersects with other social dimensions and reinforces marginalization for certain subgroups. One such dimension, gender, has been identified as a likely aggravating factor and incorporated throughout the report. Another dimension that has been considered is location of habitation, as persons with disabilities in rural areas tend to

be poor and vulnerable more often than others. An additional possible factor of vulnerability is age, although the available data have not allowed it to be consistently included.

Due to the data limitations, it is beyond the scope of this analysis to definitively establish causality between disability and certain demographic or socioeconomic attributes such as income poverty. However, the marked correlation between disability and a variety of factors indicating vulnerability—for example, economic inactivity and a low level of educational attainment—makes it possible to discuss the potential existence and dynamics of such causal nexuses.

The role of conflicts and disasters is increasingly recognized as an important aspect in disability studies. Physical threat, damaged infrastructure and reduced access to nutrition and health care pose major risks to persons with disabilities. A deteriorating environment is also a cause of injury, impairment and disability.⁵ It is estimated that for every child killed in warfare, three acquire a disability.⁶ These precarious circumstances exist not only in the areas where conflicts and disasters strike, but also follow the displaced population when they flee and settle in host communities. The topic is particularly pertinent in the context of ESCWA member States since several have witnessed major conflicts in the past decade. A needs assessment conducted by the Arab Forum for the Rights of Persons with Disabilities indicated that the needs of this at-risk population are often not identified or met.⁷ National surveys and censuses do not include displaced populations and thus an analysis on their situation is not feasible in this publication. This issue will be explored using other sources of data in an upcoming report by ESCWA.

⁴ | See Technical Note for details.

⁵ | International Federation of Red Cross and Red Crescent Societies, 2007.

⁶ | UNESCO, 2010, p. 181.

⁷ | Arab Forum for the Rights of Persons with Disabilities, 2016.

PREVALENCE RATES AND DEMOGRAPHIC PROFILES

Disability prevalence measurements

Disability is an evolving concept and... results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.
Preamble, Convention for the Rights of Persons with Disabilities

Measuring the prevalence of disability requires engaging with the questions: what is disability and what does it mean to have a disability? For a long time, research on this topic was dominated by the purely medical model that conceived of disability as the result of a solely physical condition of the individual. Disability measurement was exclusively linked to the diagnosis of medical conditions, their degree of severity and impact on the individual's ability to work. Consequently, interventions mostly revolved around identifying and treating illnesses to prevent disability and providing medical care and social welfare benefits at the individual level once a disability occurred.

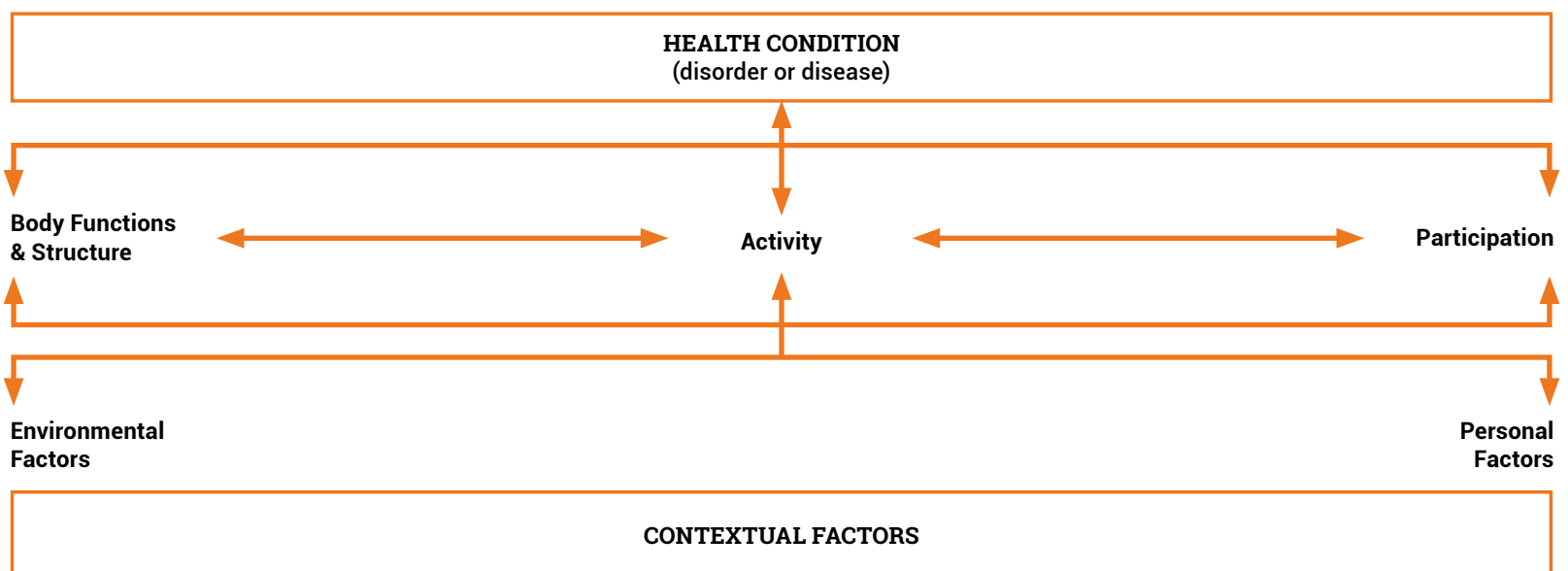
Thanks to advocacy efforts by the disability rights movement, the field has moved away from this clinical approach to a more interactive one that incorporates social and environmental factors.⁸ The social-relational approach recognizes that there are barriers in society which turn a person's impairment into a disability and limit his or her participation. Thus, society must take an active role in removing barriers, such as through legal recognition of the rights of persons with disabilities, provision of inclusive education, workplace accommodation and universal design, meaning that the environment should be designed in a way that makes it accessible to everyone.

This paradigm shift led to the development of a new framework for health and disability by the World Health Organization (WHO) in 2001: the International Classification of Functioning, Disability and Health (ICF, figure 1). It defines disability as the outcome of interactions between health conditions (disorders or diseases) and contextual factors, both environmental and personal. Disability includes impairments

8 | Palmer and Harley, 2012.

9 | World Health Organization, 2002.

Figure 1. ICF model of disability⁹



(problems in body function or structure), activity limitations (problems in executing activities) and participation restrictions (problems in involvement in life situations). While the field of disability continues to evolve, with lively debates that reexamine assumptions and approaches, the ICF has become a widely accepted tool that provides the conceptual basis for the definition and measurement of disability at both the individual and population levels.

With growing interest from academia, governments and international development agencies, new measurement tools have been developed to operationalize the ICF. Data collection activities have surged, but they have mostly taken place in more developed countries. The lack of a uniform methodology means that data still are not always comparable over time and across countries.

Recognizing the urgent need for robust, comparable statistics on disability, the United Nations Statistical Commission (UNSC) established the Washington Group on Disability Statistics to produce tested tools for measuring disability. The Washington Group has developed a short set of questions (Washington Group Short Set—WGSS) to capture data on disability in an effective and efficient manner (see box). As of 2017, at least 69 countries have reported using the WGSS or some variant in their most recent censuses, national surveys or disability modules.¹⁰ In countries with reported data, the disability prevalence rate found by using the WGSS is usually above 3 per cent, and often considerably higher (table 1).

Countries in the Arab region have adopted this methodology for recent household surveys and censuses. Out of the 14 countries that have

The Washington Group Short Set (WGSS) of questions asks about difficulties a person may have doing the most basic activities because of a health problem. These activities are considered universal, occurring frequently and associated with social exclusion.

The six activities are:

- **seeing (even if wearing glasses);**
- **hearing (even if using a hearing aid);**
- **mobility (walking or climbing steps);**
- **cognition (remembering or concentrating);**
- **self-care (such as washing or dressing);**
- **communicating (understanding or being understood).**

For each activity, the respondent is asked to select one out of four levels of difficulty: no difficulty, some difficulty, a lot of difficulty or cannot do at all. The respondent is considered as “having a disability” if he or she answers, “a lot of difficulty” or “cannot do at all” to at least one of the six activities.

provided data to ESCWA, three used the WGSS exactly as intended: Jordan, Morocco and Yemen. Another seven countries used a variant of the WGSS: Egypt, Iraq, Oman, Palestine, Qatar, Saudi Arabia and Tunisia. The countries which used a method other than the WGSS include Bahrain, Mauritania, Sudan and the Syrian Arab Republic. The complete transition to the use of WGSS in all countries will allow for a more in-depth regional and time series analysis.¹¹

¹⁰ | Washington Group on Disability Statistics, 2017.

¹¹ | For more information, see ESCWA, 2017a.

Table 1. Disability prevalence rates in selected countries, using WGSS

Country	Census/Survey	Year	Rate
Australia	Survey	2016	6.7%
Maldives	Survey	2009	9.6%
South Africa	Survey	2016	7.7%
Turkey	Census	2011	6.9%
Uganda	Survey	2011	4.9%
United States	Survey	2012	7.9%
Zambia	Survey	2006	8.5%

SOURCE: Australian Bureau of Statistics, 2017; Loeb, 2016; Uganda Bureau of Statistics, 2012, p. 28; Statistics South Africa, 2016, p. 33.

Overall Prevalence Rates in the Region

Countries in the region report relatively low prevalence of disability, with rates lower than 2 per cent in eight out of 14 countries, and as low as 0.2 per cent in Qatar and 1 per cent in Mauritania (figure 2). Morocco and Sudan have the highest prevalence rates at 5.1 per cent and 4.8 per cent, respectively.

The low prevalence rate reported by Qatar may be explained by the fact that their data are not limited to nationals, but also comprise migrant workers, who are extremely unlikely to have or to declare a disability. The Qatar 2010 census found that non-Qataris made up 86.7 per cent of the population. Additional data from the Qatar Statistics Authority confirm that a count of only Qataris increases the prevalence rate from 0.2 per cent to 1.7 per cent.¹²

The differences among countries reflect not only difference in actual prevalence rates, but also differences in definitions and methodologies (table 2). Some countries do not use all six of the WGSS domains referred to in the text box, as will be further discussed below. Others apply a screening question, “Do you have a disability/difficulty?”, prior to using the WGSS (Egypt, Oman, Saudi Arabia, Tunisia). In countries that have not adopted the WGSS, some questions contain the word “disability” which discourages reporting in contexts with strong disability stigma and consequently records only the most severe cases. Similarly, questions that ask about “normal functioning” may underreport groups that perceive their conditions to be typical for their situations, for example older persons who encounter considerable difficulty in walking or seeing but do not consider themselves as having a disability.¹³ Furthermore, it is unclear whether, or to which extent, persons with disabilities living in institutions—such as care homes and prisons—are included.¹⁴

The Washington Group methodology recommends using the two highest levels of difficulty (“a lot of difficulty” or “cannot do at all”) in at least one of the six domains as the cut-off point for classifying a person as having a disability. The prevalence rates therefore do not count those who have moderate difficulty. However, this is a recommendation and not a strict requirement. Applying all four levels of difficulty of the WGSS in surveys and censuses allows for a more nuanced analysis of the prevalence of disability and more sophistication in policy formulation and programme planning. For example, 2.7 per cent of the population in Jordan are classified as “having a disability” according to the WGSS recommended cut-off, but if those who experience “some difficulty” are included, the number jumps to 11.4 per cent. Similarly, the rate in Morocco increases from 5.1 per cent to 11.1 per cent and the one in Yemen from 2.2 per cent to 6.8 per cent.

In most Arab countries, the prevalence rates are higher among men than among women (figure 2). This gap is widest in the Syrian Arab Republic, where the male prevalence rate is 1.8 per cent and the female one 1.1 per cent. Morocco and Qatar are the exceptions to the pattern. In Qatar, notably, the female prevalence rate of 0.3 per cent is three times higher than the male, at 0.1 per cent. This is due to the fact that migrant workers in the country—who, as noted, are extremely unlikely to have disabilities—are overwhelmingly male. Counting only Qatari nationals, the rates are more equal, at 1.5 per cent for women and 1.9 per cent for men.¹⁵

The fact that disability prevalence rates vary considerably between countries could also be an effect of the age composition in each one of them. Disability is positively correlated with ageing: the rate starts to increase around middle age and rises sharply for older persons (figure 3). In all countries, disability prevalence stays below 3 per cent for persons aged 25-44 years, and generally

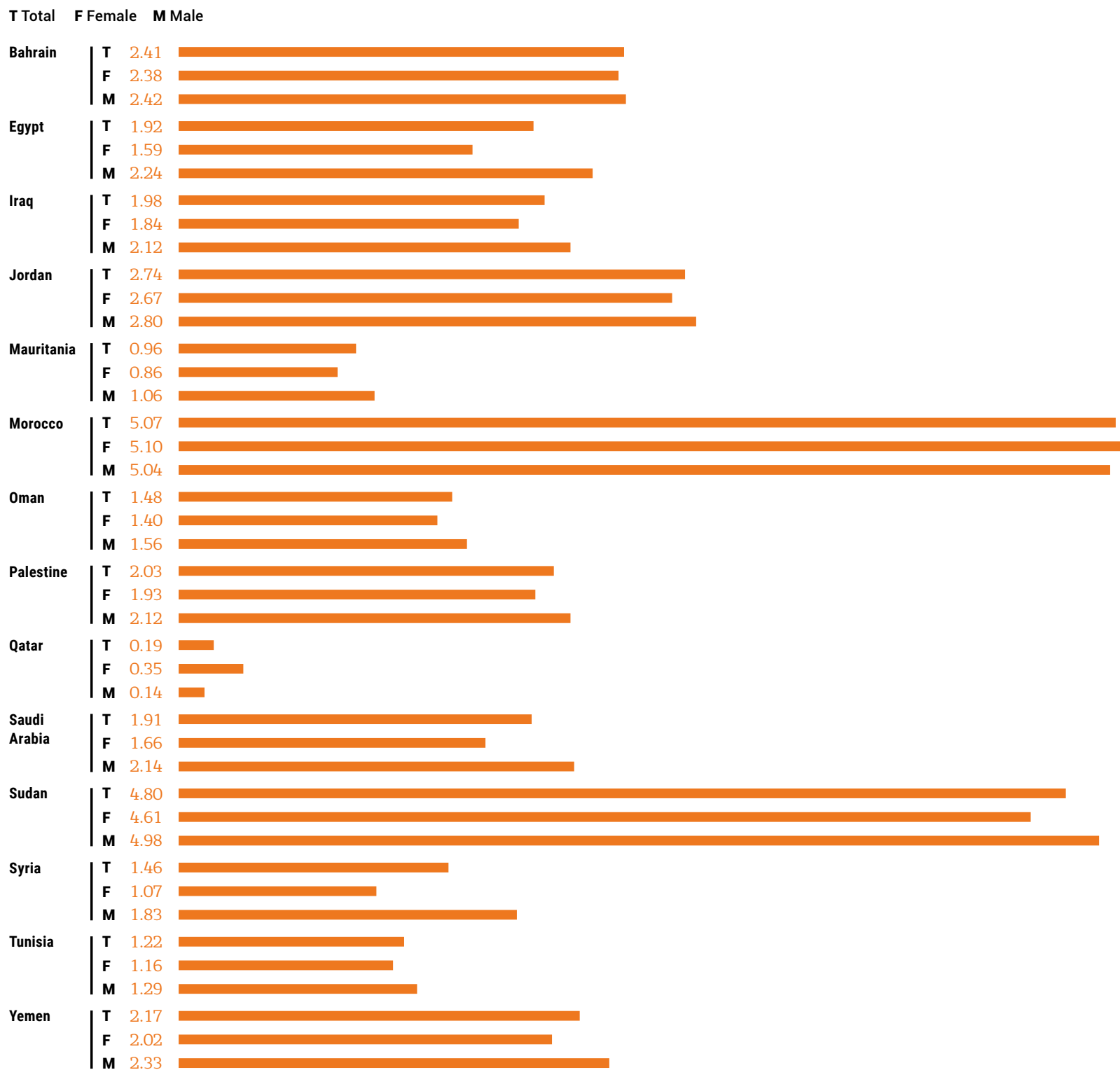
¹² | Based on Qatar Statistics Authority, 2010, tables 103 and 104. The calculation applies only to the national population aged 10 and above.

¹³ | Washington Group on Disability Statistics, 2009. Morocco, which has the highest disability rate in the region, is one of the few countries that applies all six WGSS domains and does not ask questions that may cause underreporting.

¹⁴ | This issue is the subject of an ongoing ESCWA research project.

¹⁵ | Based on Qatar Statistics Authority, 2010, table 103. The calculation applies only to the national population aged 10 and above.

Figure 2. Disability prevalence rates in countries across the region (different years), total and female/male (%)



SOURCE: Calculated from Arab Disability Statistics in Number 2017, based on data compiled and verified from National Statistics Offices (NSOs) from the following censuses and surveys: Bahrain Census 2010, Egypt Labor Force Survey (LFS) 2016, Iraq Poverty and Maternal Mortality Survey (PMMS) 2013, Jordan Census 2015, Mauritania Census 2013, Morocco Census 2014, Oman Census 2010, Palestine Census 2007, Qatar Census 2010, Saudi Arabia Demographic and Health Survey (DHS) 2016, Sudan Census 2008, Syria Budget Survey 2007, Tunisia Census 2014, Yemen Household Budget Survey (HBS) 2014.

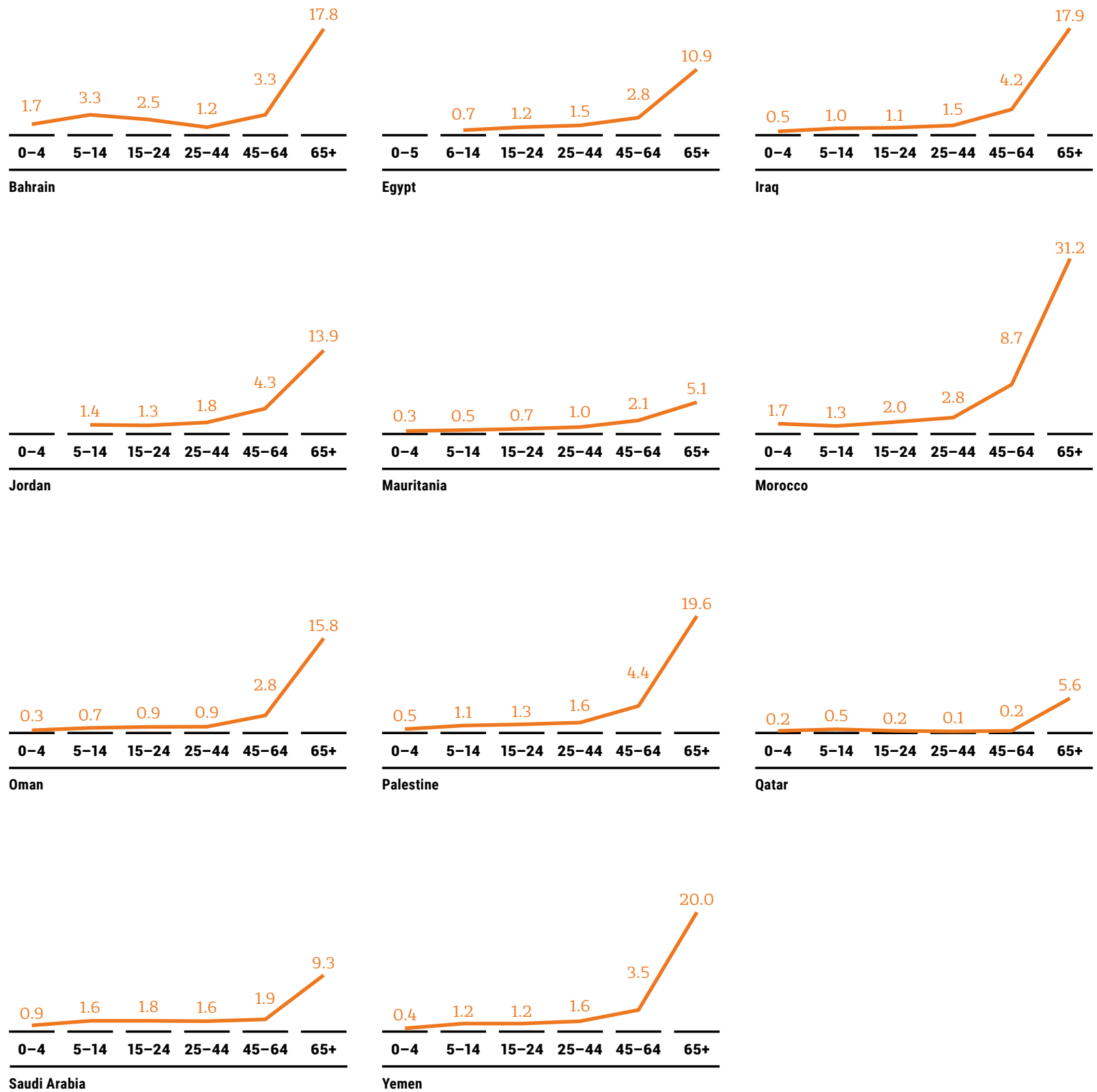
Table 2. Questions used to probe disability in surveys and censuses across countries

Country	Survey/Census and Year	Use of screening question*	Question asks about normal functioning	Question uses the word disability	Levels of difficulty**	Domains of difficulty (WGSS domains or Other)
Bahrain	Census 2010	✓	✓		Yes/No	WGSS domains, excluding "self-care", adding "multiple" and "other"
Egypt	Labor Force Survey (LFS) 2016	✓	✓		WGSS	WGSS
Iraq	Poverty and Maternal Mortality Survey (I-PMM) 2013				WGSS	WGSS domains, excluding "self-care"
Jordan	Census 2015				WGSS	WGSS
Mauritania	Census 2013			✓	Yes/No	Not WGSS, including: "movement", "deaf/mute", "vision", "mental", "multiple", and "other"
Morocco	Census 2014				WGSS	WGSS
Oman	Census 2010	✓		✓	WGSS	WGSS domains, adding "upper body movement"
Palestine	Census 2007				WGSS	WGSS domains, excluding "self-care"
Qatar	Census 2010				WGSS	WGSS domains, adding "talking" and "other"
Saudi Arabia	Demographic and Health Survey (DHS) 2016	✓			WGSS	WGSS, adding "other"
Sudan	Census 2008				Yes/No	Not WGSS. Including: "limited use/loss of leg(s)", "limited use/loss of arm(s)", "difficulty in hearing/deaf", "difficulty in seeing/blind", "difficulty in speaking/mute", "mental disability"
Syrian Arab Republic	Budget Survey 2007			✓	Yes/No	WGSS domains, excluding "self-care", adding "multiple"
Tunisia	Census 2014	✓			WGSS	WGSS
Yemen	Household Budget Survey (HBS) 2014				WGSS	WGSS

* "Do you have a disability/difficulty?" ** WGSS includes four levels of difficulty: no difficulty, some difficulty, a lot of difficulty, and cannot do at all. Yes/No includes two options: Yes, with difficulty or No, without difficulty.

SOURCE: ESCWA, 2017a.

Figure 3. Disability prevalence rates by age group (%)



SOURCE: Calculated from Arab Disability Statistics in Number 2017, based on data compiled and verified from National Statistics Offices (NSOs) from the following censuses and surveys: Bahrain Census 2010, Egypt Labor Force Survey (LFS) 2016, Iraq Poverty and Maternal Mortality Survey (PMMS) 2013, Jordan Census 2015, Mauritania Census 2013, Morocco Census 2014, Oman Census 2010, Palestine Census 2007, Qatar Census 2010, Saudi Arabia Demographic and Health Survey (DHS) 2016, Yemen Household Budget Survey (HBS) 2014.

NOTE: The lowest age group for Egypt is 6-14.

under 5 per cent for ages 45-64 years, except for Morocco where it reaches 8.7 per cent among this group. The rate then rises drastically among those aged 65 years and above. For example, in Oman, the disability prevalence rate rises from 2.8 per cent for those aged 45-64 years to 15.8 per cent for those aged 65 and older, an almost sixfold increase. In Yemen, similarly, the rate climbs from 3.5 per cent to 20 per cent between these age groups.¹⁶

Estimates from studies around the world show that young men have a higher disability rate than young women.¹⁷ There is some evidence that this starts to reverse around the age of 50.¹⁸ Among those 65 years and older, women consistently report a higher prevalence of disability than men. Countries in the Arab region generally follow this global pattern. The proportion of women among persons with disabilities is lowest in the age span 35-44 years, where it does not exceed 40 per cent in any country except Morocco and Mauritania (figure 4). After that, however, the female proportion increases drastically so that among persons with disabilities over 65, women are clearly in the majority.¹⁹

The higher disability rate among older women may be due not only to their higher life expectancy, but also to the male-female health-survival paradox, meaning that women experience greater longevity than men, but also more disability and poorer health.²⁰ The proportion of older women in Arab countries is not always significantly larger than

that of older men, yet among older persons with disabilities the female proportion is considerably larger than the male one.

The fact that the types and causes of disability tend to differ depending on gender, which will be explained more fully in the succeeding paragraphs, might also help explain the uneven representation of women and men among persons with disabilities in the various age groups. It may also be that the disability stigma particularly affects girls and young women, making underreporting more common among this group. As mentioned above, persons with disabilities living in institutions are not necessarily included in national censuses and surveys, which may also affect the overall picture. For instance, if young women with disabilities are disproportionately likely to live in institutions, they will as a result be underrepresented in censuses and surveys.

Older persons are strongly overrepresented among persons with disabilities (figure 5). Among persons without disabilities, the proportion who are aged 65 and older ranges between 0.8 per cent (Qatar) and 5.3 per cent (Jordan). However, among persons with disabilities, it varies between 15.7 per cent (Bahrain) and 37.5 per cent (Oman). In Palestine, persons aged 65 and above make up merely 3 per cent of the population without disabilities, but 29.4 per cent of the population with disabilities. Since most countries in the region have relatively young populations, the prevalence of disability will likely grow in the future as the average age rises.

16 | A certain correlation can be discerned between high disability prevalence and a large proportion of older persons within the overall population. However, this correlation is very uneven. See ESCWA, 2017b, p. 16, for a graphic illustration.

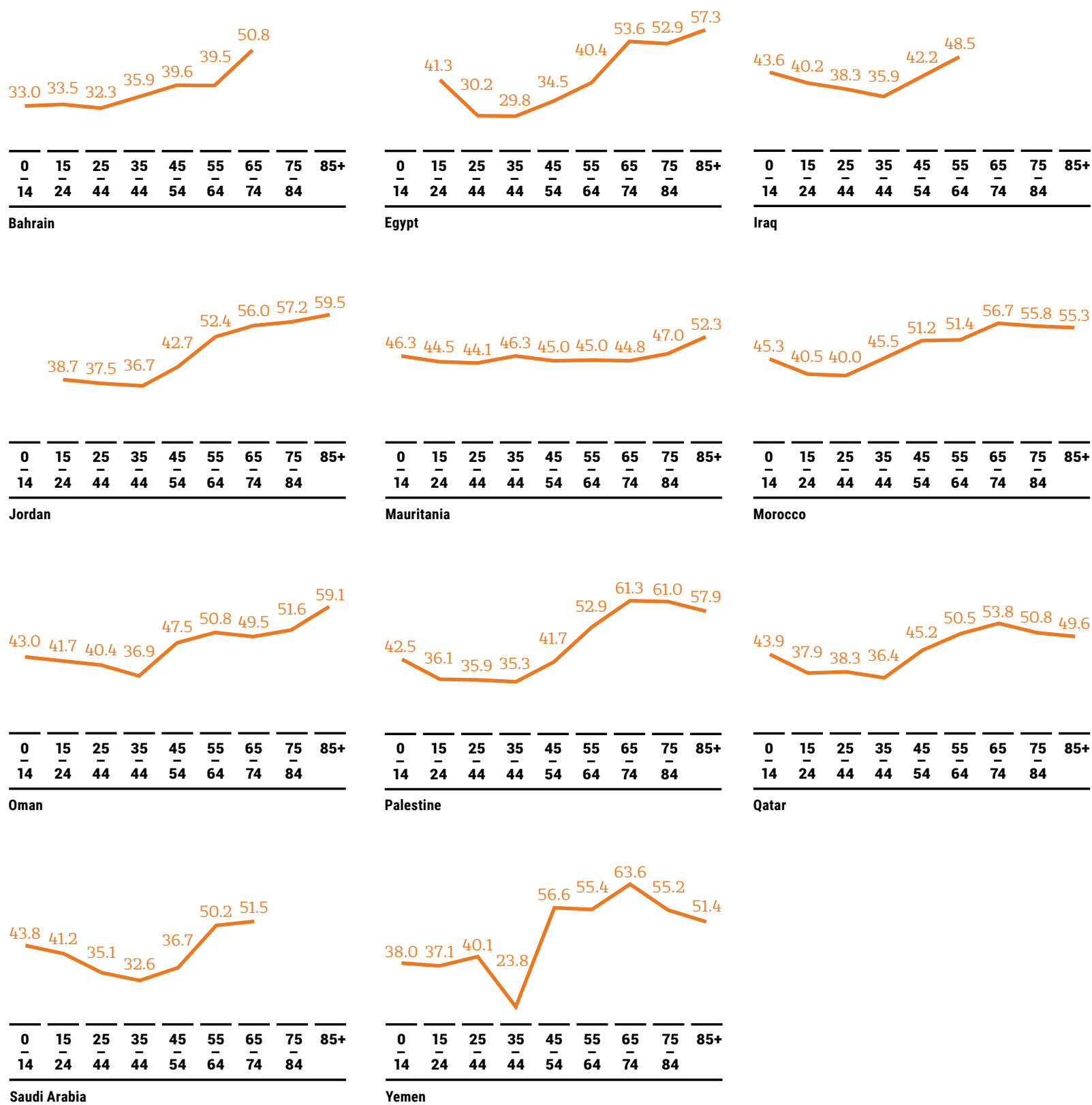
17 | World Health Organization and World Bank, 2011, p. 30.

18 | Mitra, 2017; Hosseinpoor and others, 2016.

19 | In Qatar, notably, the disability rate among those above 65 years is almost 30 times higher than among those aged 45-64, and 56 times higher than among those aged 25-44. Qatar and Bahrain, furthermore, are the only countries where the disability rates are higher among those aged 5-14 than among those aged 15-44. This is a consequence of the fact that migrant workers are generally of working age.

20 | Alberts and others, 2014.

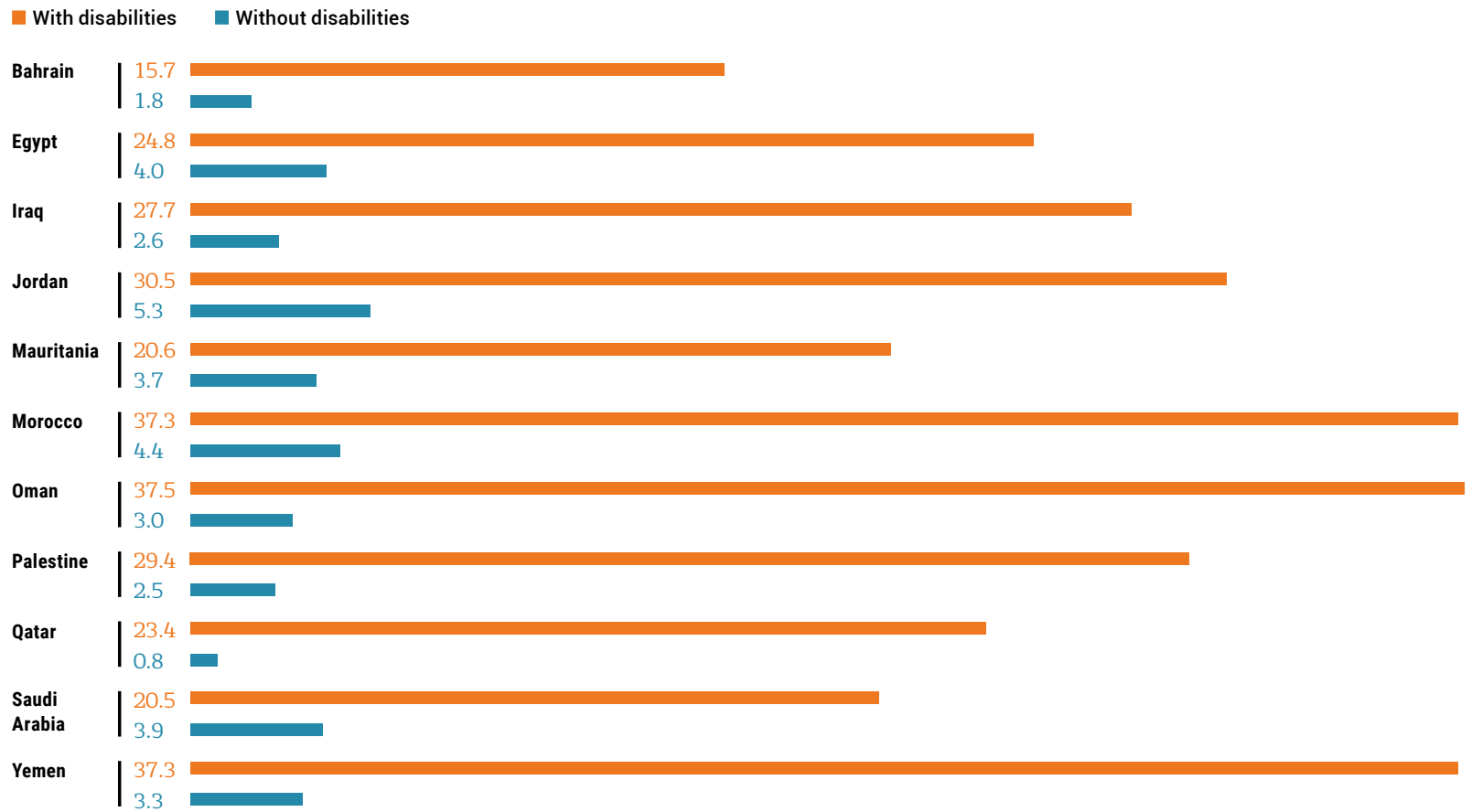
Figure 4. Women as percentage of persons with disabilities



SOURCES: Calculated from Arab Disability Statistics in Number 2017, based on data compiled and verified from National Statistics Offices (NSOs) from the following censuses and surveys: Bahrain Census 2010, Egypt Labor Force Survey (LFS) 2016, Iraq Poverty and Maternal Mortality Survey (PMMS) 2013, Jordan Census 2015, Mauritania Census 2013, Morocco Census 2014, Oman Census 2010, Palestine Census 2007, Qatar Census 2010, Saudi Arabia Demographic and Health Survey (DHS) 2016, Yemen Household Budget Survey (HBS) 2014.

NOTE: Some countries have not provided disaggregated data for the entire age spectrum, which is why their lines are incomplete.

Figure 5. Percentage of people aged 65 years and older among persons with and without disabilities



SOURCE: Calculated from Arab Disability Statistics in Number 2017, based on data compiled and verified from National Statistics Offices (NSOs) from the following censuses and surveys: Bahrain Census 2010, Egypt Labor Force Survey (LFS) 2016, Iraq Poverty and Maternal Mortality Survey (PMMS) 2013, Jordan Census 2015, Mauritania Census 2013, Morocco Census 2014, Oman Census 2010, Palestine Census 2007, Qatar Census 2010, Saudi Arabia Demographic and Health Survey (DHS) 2016, Yemen Household Budget Survey (HBS) 2014.

Types of disability

As shown by figure 6, the data indicate that there are large divergences between countries in terms of which types of disabilities are most common. However, differences in how the data have been collected and classified may have influenced the result and affect the comparability. Ten of the 11 countries for which data on disability type are available have for the most part used the disability types recommended by the WGSS—seeing, hearing, mobility, cognition,

self-care and communication—although Bahrain, Iraq, Mauritania and Palestine have not included self-care.²¹ Mauritania has also excluded communication. Seven countries—Iraq, Jordan, Morocco, Palestine, Qatar, Sudan and Yemen—have allowed for multiple disability types per person, meaning that the total number of disability instances in these countries is higher than the total number of persons with disabilities. It is not clear how, if at all, this might have affected the relative prevalence of specific disability types.

²¹ | Sudan has used a typology which differs completely from the one recommended by the Washington Group and is therefore not included in this discussion. Its data are based on 11 disability types: limited use of legs, loss of legs, limited use of arms, loss of arms, difficulty in hearing, deafness, difficulty in seeing, blindness, difficulty in speaking, muteness, mental disability. See country profile.

Figure 6. Types of disabilities as percentage of total

	Bahrain	Egypt	Iraq	Jordan	Mauritania	Morocco	Oman	Palestine	Qatar	Yemen
Seeing	20.3	16.5	26.5	18.5	20.2	21.4	24.4	26.5	12.6	19.0
Hearing	7.1	7.7	13.9	12.1	14.1	12.7	7.5	15.9	10.8	15.6
Mobility	28.9	43.3	33.8	31.4	33.7	26.7	34.3	30.4	21.6	26.2
Cognition	14.3	5.7	13.5	13.2	13.1	13.2	9.4	13.3	14.5	13.1
Self-care		8.7		13.7		16.1	18.3		14.9	14.1
Communication	4.3	18.2	12.4	11.1		9.9	6.2	13.9	18.8	12.0
Not stated	15.7									
Poly-handicap					7.5					
Other	9.5				11.3			6.9		

SOURCE: Calculated from Arab Disability Statistics in Number 2017, based on data compiled and verified from National Statistics Offices (NSOs) from the following censuses and surveys: Bahrain Census 2010, Egypt Labor Force Survey (LFS) 2016, Iraq Poverty and Maternal Mortality Survey (PMMS) 2013, Jordan Census 2015, Mauritania Census 2013, Morocco Census 2014, Oman Census 2010, Palestine Census 2007, Qatar Census 2010, Yemen Household Budget Survey (HBS) 2014.

NOTE: Data for Sudan have not been included in the chart since Sudan uses a completely different typology.

Disabilities related to mobility are the most common type in all countries. In Egypt, they account for as much as 43.3 per cent of all disabilities, whereas Qatar has the lowest proportion at 21.6 per cent. Qatar also has the lowest share of disabilities related to seeing, at 12.6 per cent, in contrast to Palestine and Iraq where this disability type represents 26.5 per cent. Disabilities pertaining to hearing make up between 10.8 and 15.9 per cent of the total in all countries apart from Bahrain and Egypt, where the respective shares are 7.1 and 7.7 per cent. Cognitive disabilities amount to 5.7 per cent of disabilities in Egypt, 9.4 per cent in Oman and between 13.1 and 14.5 per cent in all other countries.

The spread is even more considerable for communication difficulties. In Bahrain, this form of disability represents a mere 4.3 per cent of total disabilities—less than one fourth of the proportion in Qatar, at 18.8 per cent. The proportions relating to self-care are similarly divergent, spanning between 8.7 per cent in Egypt and 18.3 per cent in Oman. For Qatar, Bahrain and Mauritania, there is a residual category for “other” disabilities, which in the three countries account for 6.9, 9.5 and 11.3 per cent respectively. Bahrain has a

category called “not stated” which makes up 15.7 per cent of all disabilities, whereas Mauritania has one for “poly-handicap” at 7.5 per cent.

There are some clear differences in the distribution of disability types among women and men. The biggest divergence in proportional terms is found in Bahrain, where the share of communication difficulties as a percentage of all disabilities among women is 2.5 per cent, while the rate is more than twice as high among men at 5.4 per cent. In Yemen, cognition, self-care and communication make up a considerably higher share of total disabilities among men than among women, whereas the female proportion of disabilities related to seeing is higher than the male one.

As noted above, methodological differences between countries have in all likelihood impacted the picture. For instance, the fact that one quarter of disabilities in Bahrain have been reported as “other” or “not stated” has presumably lowered the rates of other disability types. Additional factors behind the differing outcomes may include variations in terms of the average age of persons with disabilities, the inclusion by some countries of non-nationals and, as will be shown below, that certain causes of disability are more common in some countries.

Causes of disability

There are large differences between countries concerning the causes of disabilities (figure 7). Methodological divergences similar to those affecting the measurement of disability type—namely that some countries have allowed multiple causes per person and that countries have not used the same categories—may have affected the outcome and reduced the comparability.²² Only three disability causes for which data are available—congenital, illness and accident—have been included by all seven countries, whereas additional causes are used by some countries but not by others. Iraq and Palestine have allowed more than one disability cause per person.

The proportion of disabilities caused by illness ranges between 26.4 per cent in Oman and 41.8 per cent in Mauritania. Illness is the most common cause of disability in all countries except Oman, where congenital causes are most prevalent. These make up a major share of total disability causes in other countries too, though Bahrain is an outlier at the low end with a rate of 9.2 per cent. In the remaining six countries, the proportion of disabilities attributed to congenital causes ranges between 23.4 per cent in Palestine and 34.7 per cent in Saudi Arabia. The ratio for ageing, which is included as a category by Iraq, Oman, Palestine and Yemen, is between 21.2 per cent (Palestine) and 31.8 per cent (Oman). Concerning birth-related causes, included by Iraq, Bahrain, Palestine and Saudi Arabia, the prevalence diverges considerably: in Palestine only 5.9 per cent of disabilities are birth-related whereas the proportion in Bahrain is five times higher at 30 per cent.

While seven countries have included accident as a cause of disability, they have done so in different ways. In Iraq, Oman, Palestine and Yemen, the category is disaggregated by “work accident” or “car

accident”. Palestine also has a third “other accident” category. Saudi Arabia only has “car accident” and “other accident”. In total, accidents account for between 6.3 per cent (Oman) and 11 per cent (Saudi Arabia) of disabilities. Car accidents are the most common form of disability-causing accidents in all countries for which a breakdown is provided, except in Palestine where “other accidents” make up the largest share.

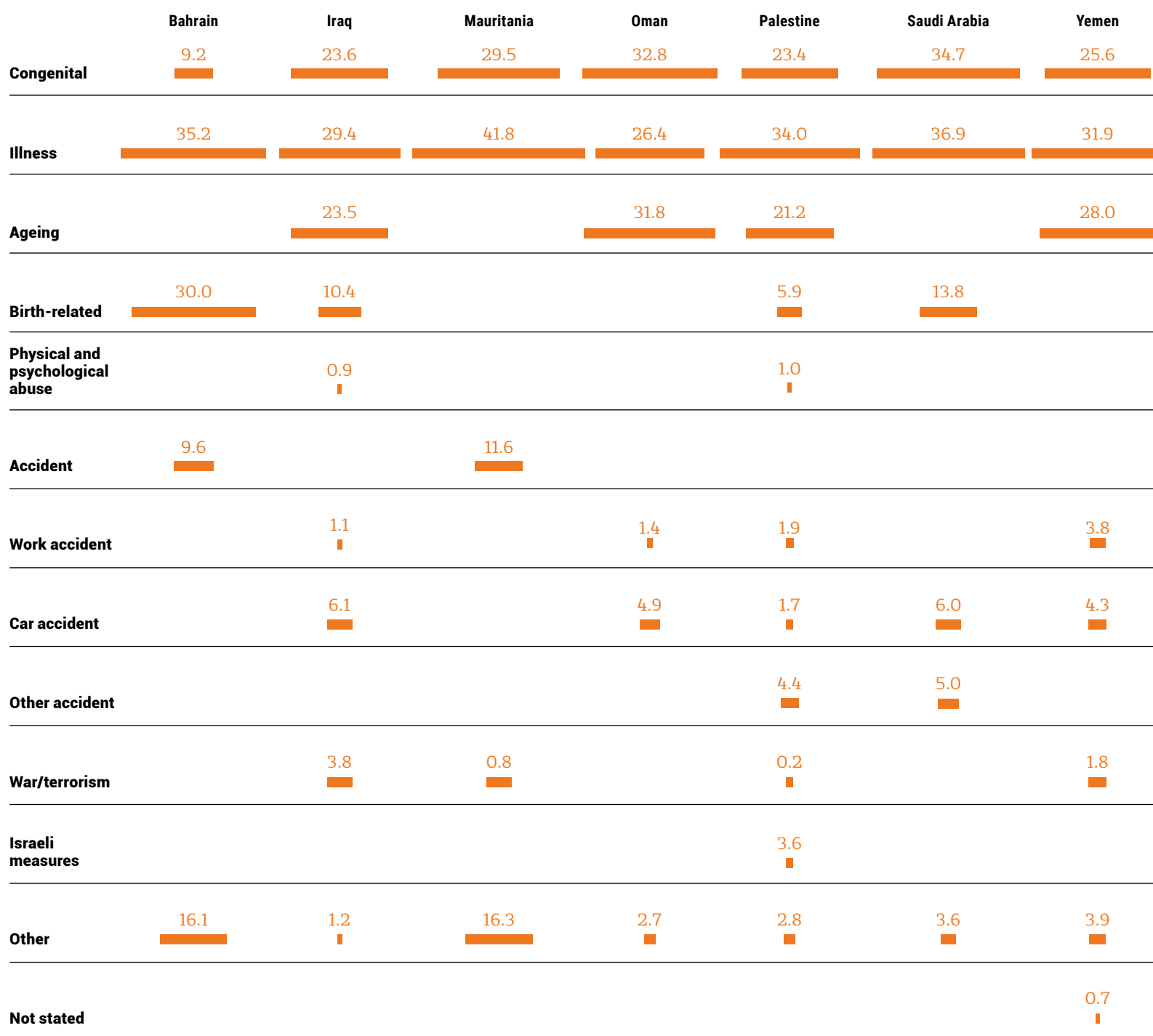
Iraq and Palestine have also included the category “physical and psychological abuse”, accounting for around 1 per cent of disabilities. Iraq, Palestine, Mauritania and Yemen have a category called “war/terrorism” which causes between 0.2 per cent (Palestine) and 3.8 per cent (Iraq) of all disabilities. Furthermore, in Palestine the data indicates that 3.6 per cent of disabilities are due to “Israeli measures”. In Bahrain and Mauritania, “other” is the cause of over 16 per cent of disabilities, whereas this is the case for less than 4 per cent of disabilities in the other countries. Yemen, finally, has a category labelled “non-stated” which accounts for less than 1 per cent of disabilities.

The fact that different countries include different categories clearly affects the outcome of the data collection. For Bahrain and Mauritania, notably, the large number of unspecified causes has presumably lowered the number of specified ones. It may also be noted that the three countries that have not included ageing as a category report the highest numbers of disabilities caused by illness. Similarly, although Bahrain has a very low rate of disabilities ascribed to congenital reasons, it has a strikingly high rate of birth-related disabilities, possibly indicating that it classifies these causes slightly differently than other countries.

Some marked gender differences can be observed. The proportion of disabilities caused by ageing is higher among women than among men. This is unsurprising since women, as noted above,

²² It may be noted that Yemen has allowed multiple disability types per respondent, but only one disability cause.

Figure 7. Causes of disability as percentage of total



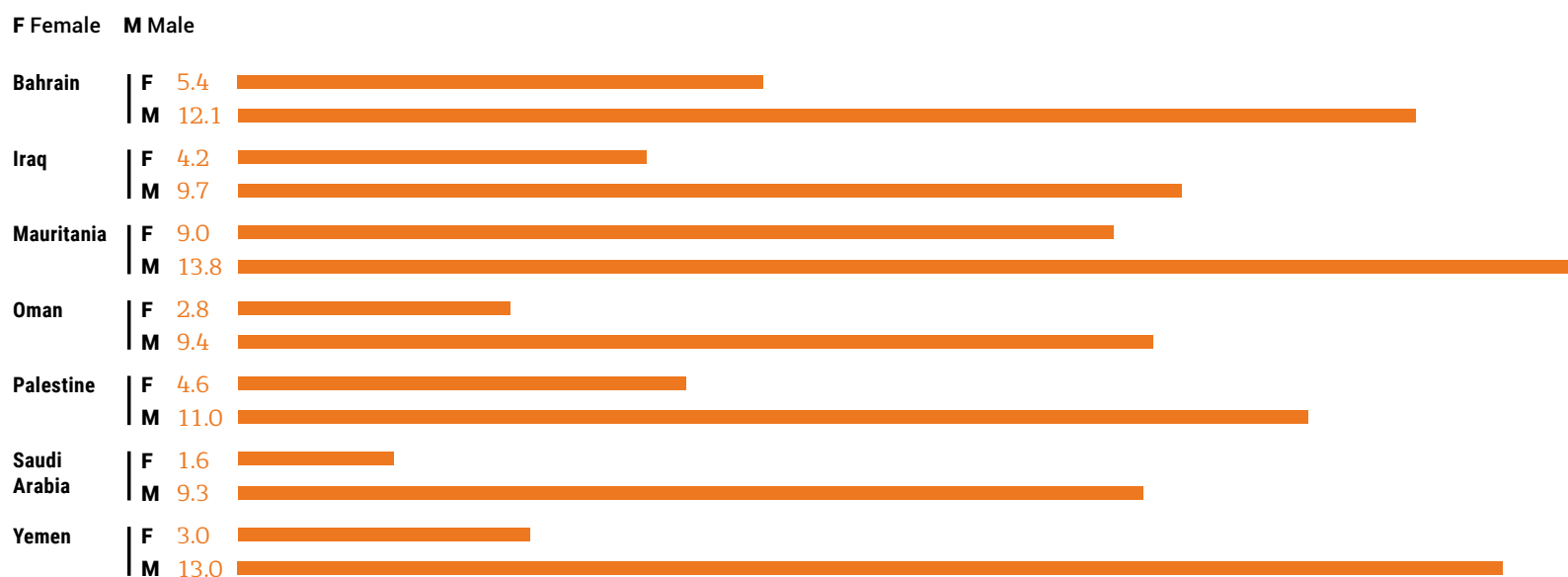
SOURCE: Calculated from Arab Disability Statistics in Number 2017, based on data compiled and verified from National Statistics Offices (NSOs) from the following censuses and surveys: Bahrain Census 2010, Iraq Poverty and Maternal Mortality Survey (PMMS) 2013, Mauritania Census 2013, Oman Census 2010, Palestine Census 2007, Saudi Arabia Demographic and Health Survey (DHS) 2016, Yemen Household Budget Survey (HBS) 2014.

constitute a larger proportion of older persons, as well as older persons with disabilities. Accidents of all forms are a considerably more frequent cause of disability among men than among women (figure 8). In some cases, the difference is extreme: in Palestine, work accidents are the cause of 3.3 per cent of male disabilities but only 0.4 per cent of female ones. This trend can in all likelihood be explained by the fact that women in the Arab region are less likely to work and to drive. The gender difference is even higher for disabilities caused by war/terrorism and, in the case of Palestine, by

Israeli measures. In Yemen, for example, 3.3 per cent of male disabilities, but only 0.2 per cent of female ones, are caused by war/terrorism.

If disabilities caused by accidents and war/terrorism have in recent years become more common, and if they more often affect the young, this could in part explain why the disability rate is higher among men than among women up to the age of around 55. However, confirming this would require data on disability cause disaggregated by age, which presently are not available.

Figure 8. Percentage of disabilities caused by accidents



SOURCE: Calculated from Arab Disability Statistics in Number 2017, based on data compiled and verified from National Statistics Offices (NSOs) from the following censuses and surveys: Bahrain Census 2010, Iraq Poverty and Maternal Mortality Survey (PMMS) 2013, Mauritania Census 2013, Oman Census 2010, Palestine Census 2007, Saudi Arabia Demographic and Health Survey (DHS) 2016, Yemen Household Budget Survey (HBS) 2014.

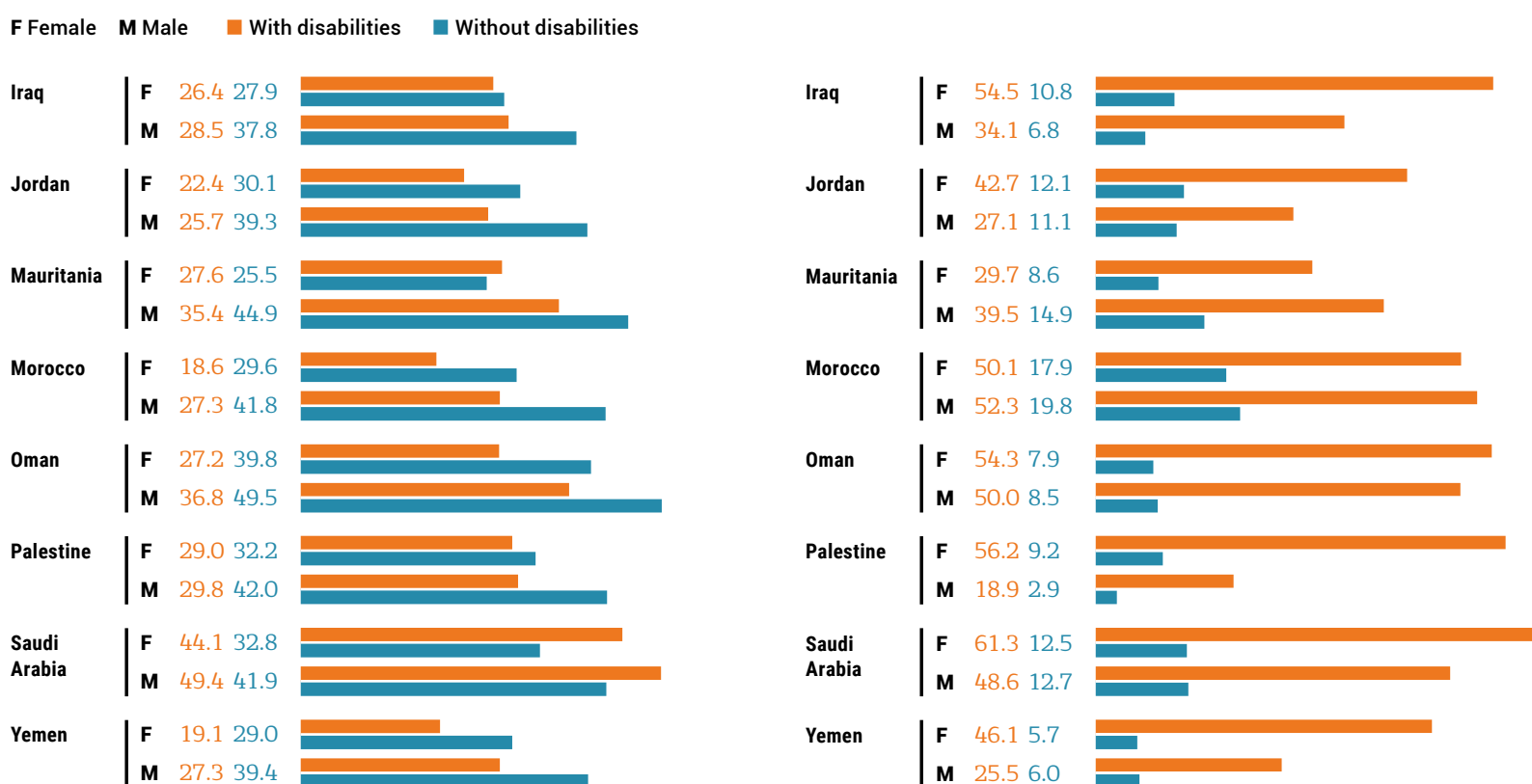
Marital status

Persons with disabilities are generally more likely to be married, divorced or widowed than persons without disabilities, and therefore less likely to be single, defined for this purpose as never married (figure 9). For instance, in Jordan, the rates of singlehood among men and women with disabilities aged 15 years or above are 22.4 and 25.7 per cent, whereas the corresponding rates among women and men without disabilities are 30.1 and 39.3 per cent.

Paradoxically, however, this does not mean that persons with disabilities are more likely than persons without disabilities to get married.

The data on marital status must be seen in light of the age-disability nexus. Older persons, as noted, are much more likely to have disabilities. Naturally, they are also more likely to be or to have been married. Looking at the rate of singlehood within a specific age group gives a very different picture from the one presented above. For instance, persons with disabilities aged 35–39 are considerably more likely than persons without disabilities of the same age to be single (figure 9). Here, the singlehood rates for Jordan are 42.7 and 27.1 per cent among men and women with disabilities, but only 12.1 and 11.1 per cent among men and women without disabilities.

Figure 9. Rate of singlehood among the population aged 15 or above (left) and 35–39 (right) (%)



SOURCE: Calculated from Arab Disability Statistics in Number 2017, based on data compiled and verified from National Statistics Offices (NSOs) from the following censuses and surveys: Iraq Poverty and Maternal Mortality Survey (PMMS) 2013, Jordan Census 2015, Mauritania Census 2013, Morocco Census 2014, Oman Census 2010, Palestine Census 2007, Saudi Arabia Demographic and Health Survey (DHS) 2016, Yemen Household Budget Survey (HBS) 2014.

SOCIOECONOMIC SITUATION

The Sustainable Development Goals and the Convention on the Rights of Persons with Disabilities

In September 2015, the UN General Assembly adopted the 2030 Agenda for Sustainable Development. Inclusiveness is one of its most distinguishing qualities: marginalized communities are not just beneficiaries of the development agenda but have also participated in its conception and formulation as main stakeholders. The 2030 Agenda pledges to leave no one behind and to uphold the vision of “a just, equitable, tolerant, open and socially inclusive world in which the needs of the most vulnerable are met”.²³ An intensive process of public consultation and engagement with civil society resulted in 17 SDGs and 169 associated targets, seven of which explicitly mention “persons with disabilities” or “disability”. At the same time, all goals and targets are universal in nature and encompass everyone, including persons with disabilities.

Striving to protect the rights of persons with disabilities and to promote the full development of their human potential, the SDGs reaffirm the spirit of the Convention on the Rights of Persons with Disabilities. Adopted by the UN General Assembly in December 2006, the Convention has been ratified or acceded to by 17 of the 18 ESCWA member States. Lebanon has signed but not yet ratified the Convention. Seven ESCWA countries have also ratified or acceded to the optional protocol to the Convention, and four countries have signed but not ratified it (table 3).²⁴

The SDGs and the Convention both recognize that socioeconomic inclusion of persons with disabilities is integral to eradicating poverty, achieving equality and ensuring sustainable development for all (table 4). Countries must fulfill the universal need for education, healthcare, employment, a reasonable standard

of living and political and public representation so that persons with disabilities can live in dignity and participate as full and equal members of society.

The SDGs are ambitious and require strong commitment and long-term cooperation from the international community. They also require careful planning not only in terms of policy formulation and implementation, but also in tracking progress and monitoring results. Monitoring mechanisms are both an accountability instrument and a management tool to help countries devise effective strategies and interventions and allocate appropriate resources. Recognizing the tremendous value of a valid and reliable monitoring mechanism, work started immediately following the agreement on the SDGs to develop an accompanying set of indicators. In July 2017, the United Nations General Assembly adopted the Global Indicator Framework (GIF), marking an important milestone in the global commitment to follow up and review progress towards the 17 SDGs.²⁵

Reflecting the inclusiveness of the SDGs, the GIF pays due attention to the poorest and most vulnerable groups and includes 11 indicators that are specific to disability. The GIF is the starting point, not the end-point, for measuring progress and will continue to be refined as well as complemented by regional- and national-level indicators.

For the purpose of this analysis, the indicators recommended by the GIF have as far as possible been used. For instance, malnutrition has been measured by prevalence of stunting among children under five (indicator 2.2.1). Due to challenges related to data availability and quality, the analysis also uses proxy indicators. For example, the proportion of persons that have received medical care for their disability functions is used as a proxy for indicator 3.8.1 on coverage of essential health services (table 5).

²³ | A/RES/70/1

²⁴ | United Nations Office of the High Commissioner of Human Rights, 2018.

²⁵ | A/RES/71/313

Table 3. Signatures and formal accessions/ratifications of the Convention on the Rights of Persons with Disabilities and Optional Protocol among ESCWA countries

Country	CONVENTION		OPTIONAL PROTOCOL	
	Signed	Ratified/acceded to	Signed	Ratified/acceded to
Bahrain	25/6/2007	22/9/2011	-	-
Egypt	4/4/2007	14/4/2008	-	-
Iraq	-	20/3/2013	-	-
Jordan	30/3/2007	31/3/2008	30/3/2007	-
Kuwait	-	22/8/2013	-	-
Lebanon	14/6/2007	-	14/6/2007	-
Libya	1/5/2008	13/2/2018	-	-
Mauritania	-	3/4/2012	-	3/4/2012
Morocco	30/3/2007	8/4/2009	-	8/4/2009
Oman	17/3/2008	6/1/2009	-	-
Palestine	-	2/4/2014	-	-
Qatar	9/7/2007	13/5/2008	9/7/2007	-
Saudi Arabia	-	24/6/2008	-	24/6/2008
Sudan	30/3/2007	24/4/2009	-	24/4/2009
Syrian Arab Republic	30/3/2007	10/7/2009	-	10/7/2009
Tunisia	30/3/2007	2/4/2008	30/3/2007	2/4/2008
United Arab Emirates	8/2/2008	19/3/2010	12/2/2008	-
Yemen	30/3/2007	26/3/2009	11/4/2007	26/3/2009

Table 4. Examples of linkages between the Convention on the Rights of Persons with Disabilities and the Sustainable Development Goals

Gender equality

CRPD Article 6

States Parties recognize that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.

SDG Goal 5

Achieve gender equality and empower all women and girls.

- End all forms of discrimination against all women and girls everywhere.
-

Accessibility

CRPD Article 9

[...] States Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas.

SDG Goal 11

Make cities and human settlements inclusive, safe, resilient and sustainable.

- Provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities, and older persons.
 - Provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons, and persons with disabilities.
-

Education

CRPD Article 24

State Parties recognize the right of persons with disabilities to education [...] without discrimination and on the basis of equal opportunity.

States Parties shall ensure that:

- Persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability.
 - Persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live.
 - Reasonable accommodation of the individual's requirements is provided.
 - Persons with disabilities receive the support required, within the general education system, to facilitate their effective education.
-

SDG Goal 4

Ensure inclusive and quality education for all and promote lifelong learning.

- Ensure that all girls and boys complete free, equitable and quality primary and secondary education.
- Ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university.
- Eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples, and children in vulnerable situations.
- Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, nonviolent, inclusive and effective learning environments for all.

Healthcare

CRPD Article 25

State Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. [...] States Parties shall:

- Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes.
- Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons.
- Provide these health services as close as possible to people's own communities, including in rural areas.

SDG Goal 3

Ensure healthy lives and promote well-being for all at all ages.

- Ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.
- Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

Work and Employment

CRPD Article 27

States Parties recognize the right of persons with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities.

SDG Goal 8

Promote inclusive and sustainable economic growth, employment and decent work for all.

- Achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value.
-

Standard of Living

CRPD Article 28

States Parties recognize the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions [...].

State Parties recognize the right of persons with disabilities to social protection and to the enjoyment of that right without discrimination on the basis of disability, and shall take appropriate steps to [...].

- Ensure equal access by persons with disabilities to clean water services.

SDG Goal 2

End hunger, achieve food security and improved nutrition and promote sustainable agriculture.

- End hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round.
- End all forms of malnutrition, including the internationally agreed targets on stunting and wasting in children under 5 years of age.

Goal 6

Ensure access to water and sanitation for all.

- Achieve universal and equitable access to safe and affordable drinking water for all.

Goal 7

Ensure access to affordable, reliable, sustainable and modern energy for all.

- Ensure universal access to affordable, reliable, and modern energy services.

Participation in Political and Public Life

CRPD Article 29

State Parties shall guarantee to persons with disabilities political rights and the opportunity to enjoy them on an equal basis with others, and shall undertake:

- To ensure that persons with disabilities can effectively and fully participate in political and public life on an equal basis with others, directly or through freely chosen representatives, including the right and opportunity for persons with disabilities to vote and be elected [...].
- To promote actively an environment in which persons with disabilities can effectively and fully participate in the conduct of public affairs, without discrimination and on an equal basis with others, and encourage their participation in public affairs [...].

SDG Goal 16

Promote just, peaceful and inclusive societies.

- Ensure responsive, inclusive, participatory and representative decision-making at all levels.
 - Promote and enforce non-discriminating laws and policies for sustainable development.
-

Data, Monitoring, and Accountability

CRPD Article 31

State Parties undertake to collect appropriate information, including statistical and research data, to enable them to formulate and implement policies to give effect to the present Convention.

The information collected in accordance with this article shall be disaggregated, as appropriate, and used to help assess the implementation of States Parties obligations under the present Convention and to identify and address the barriers faced by persons with disabilities in exercising their rights.

States Parties shall assume responsibility for the dissemination of these statistics and ensure their accessibility to persons with disabilities and others.

SDG Goal 17

Revitalize the global partnership for sustainable development.

- Enhance capacity-building support to developing countries [...] to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts.
 - Build on existing initiatives to develop measurements of progress on sustainable development that complement gross domestic product, and support statistical capacity-building in developing countries.
-

NOTE: This selection of linkages between the Convention on the Rights of Persons with Disabilities and the SDGs is not exhaustive.

Table 5. List of indicators

SDGs	Global Framework Indicators	Indicators used in this report and source
2. End hunger	Other relevant socioeconomic indicators	Microdata analysis
	<p>2.2.1 Prevalence of stunting among children under 5 years of age</p> <p>2.2.2 Prevalence of malnutrition among children under 5 years of age, by type (wasting and overweight)</p>	<ul style="list-style-type: none"> • Prevalence of stunting among children under 5 years of age, by disability status • Prevalence of stunting among children under 5 years of age, by disability status
3. Health care/ Health coverage	Other relevant socioeconomic indicators	Microdata analysis
	<p>3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)</p>	<ul style="list-style-type: none"> • Proportion of persons with disabilities that receive medical care • Expenses on disability-related health care
4. Education	Disability-specific indicators	Calculations from ESCWA statistics
	<p>4.5.1 Parity indices (female/male, rural/urban, bottom/top wealth quintile and others such as disability status, indigenous peoples and conflict-affected, as data become available) for all education indicators on this list that can be disaggregated</p> <p>4.6.1 Proportion of population in a given age group achieving at least a fixed level of proficiency in functional (a) literacy and (b) numeracy skills, by sex</p>	<ul style="list-style-type: none"> • Literacy rate by sex, geographical residence, and disability status • School attendance rate by sex, geographical residence, and disability status • Education attainment level by sex, geographical residence, and disability status
6. Water and sanitation	Other relevant socioeconomic indicators	Microdata analysis
	<p>6.1.1 Proportion of population using safely managed drinking water services</p>	<p>Proportion of households with access to piped water services, by disability status</p>
7. Electricity	Other relevant socioeconomic indicators	Microdata analysis
	<p>7.1.1 Proportion of population with access to electricity</p>	<p>Proportion of households with access to electricity, by disability status</p>
8. Employment	Disability-specific indicators	Calculations from ESCWA statistics
	<p>8.5.2 Unemployment rate, by sex, age and persons with disabilities</p>	<ul style="list-style-type: none"> • Unemployment rate by sex and disability status • Labor force participation rate by sex and disability status

Education (SDG 4)

Adult Literacy

The rate of literacy in the Arab region is considerably lower for persons with disabilities than for persons without disabilities. In Oman, where the gap is widest, only 31.2 per cent of all persons with disabilities are literate, whereas the rate among persons without disabilities, 87 per cent, is almost three times as high. Gender and location are also negatively correlated with literacy, and women with disabilities in rural areas are invariably the most affected group (see figure 10). In the eight countries for which data is available, their literacy rates vary between 6.7 per cent (Yemen) and 28.4 per cent (Palestine). Men without disabilities in urban areas, on the other hand, are in all countries the most literate group, with rates ranging from 79.3 per cent (Jordan) to 97.6 per cent (Palestine).

In all countries except Mauritania, women with disabilities in urban areas have the second lowest literacy rate, and men with disabilities in rural areas the third lowest. In Egypt, there is large gap between the rates for women with disabilities in rural areas (18.8 per cent) and for women with disabilities in urban areas (40.9 per cent). The latter rate is almost as high as that of men with disabilities in rural areas (42.2 per cent). The fact that women with disabilities in rural areas have such a low literacy rate compared to each of these two other groups underlines their particular vulnerability. Similar patterns can be seen in other countries, such as Morocco. In Oman, on the other hand, there is a relatively small gap between the literacy rates for women with disabilities in rural and urban areas (respectively 15.9 per cent and 21.6 per cent), whereas the rate for men with disabilities in rural areas is considerably higher at 34.7 per cent.

In Mauritania, notably, the literacy rate for men without disabilities in rural areas (49.8 per cent) is lower than the one for women with disabilities in urban areas (52 per cent). In all other countries,

the literacy rate for men without disabilities in rural areas is at least twice as high as the one for women with disabilities in urban areas—in Oman it is more than four times higher. These figures suggest that although location, gender and disability are clearly factors of vulnerability in all countries, the relative impact of each varies considerably.

It is important that literacy data be considered in light of the age-disability nexus. The proportion of children who learn to read has increased steadily in the Arab region during the last fifty years. Consequently, the regional literacy rate today is much higher among the young than among the old. As of 2016, according to UNESCO, 90 per cent of youth aged 15-24 were literate, compared to only 53 per cent of older persons aged 65 and above. Among older persons, the female literacy rate is more than twenty percentage points lower than that of males, whereas the difference between the rates for female and male youth is a mere two points.²⁶ The fact that the average age of persons with disabilities, especially women, is very high may in part explain why their literacy rates are so low.

Furthermore, the relative difference in literacy rates between persons with and without disabilities appears more considerable in those countries where persons with disabilities are particularly overrepresented among older persons, such as Oman and Morocco. However, data disaggregated by disability, literacy and age are not available, which makes it difficult to draw definitive conclusions about the impact of each factor.

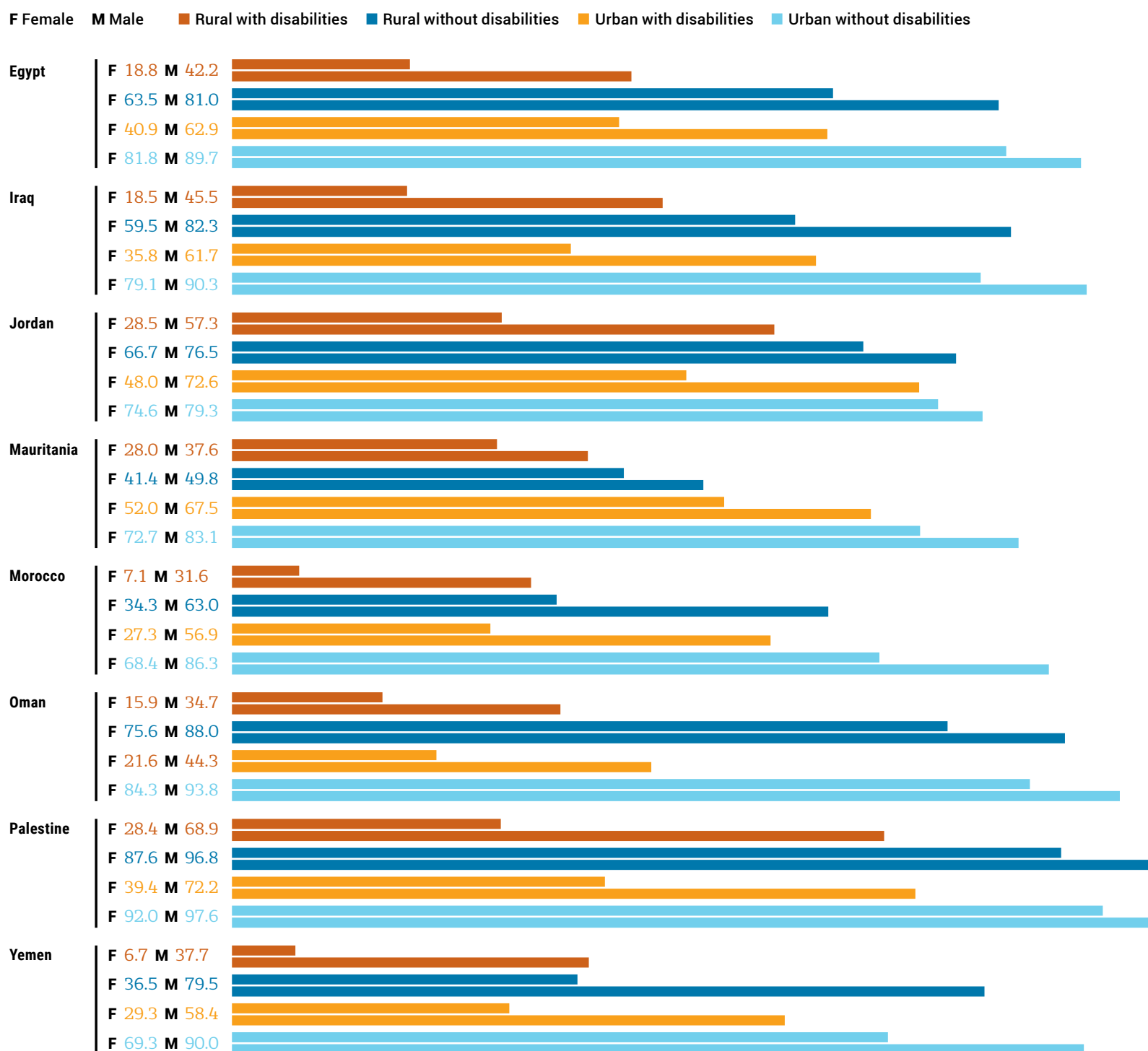
Educational attainment

Persons with disabilities in the Arab region are significantly less likely than persons without disabilities to have attained any form of education (figure 11). As with literacy, the biggest difference is found in Oman, where the proportion of persons without disabilities attained International Standard Classification of Education (ISCED)²⁷ level 1 or

²⁶ | UNESCO, 2017, p. 9.

²⁷ | UNESCO, 2006.

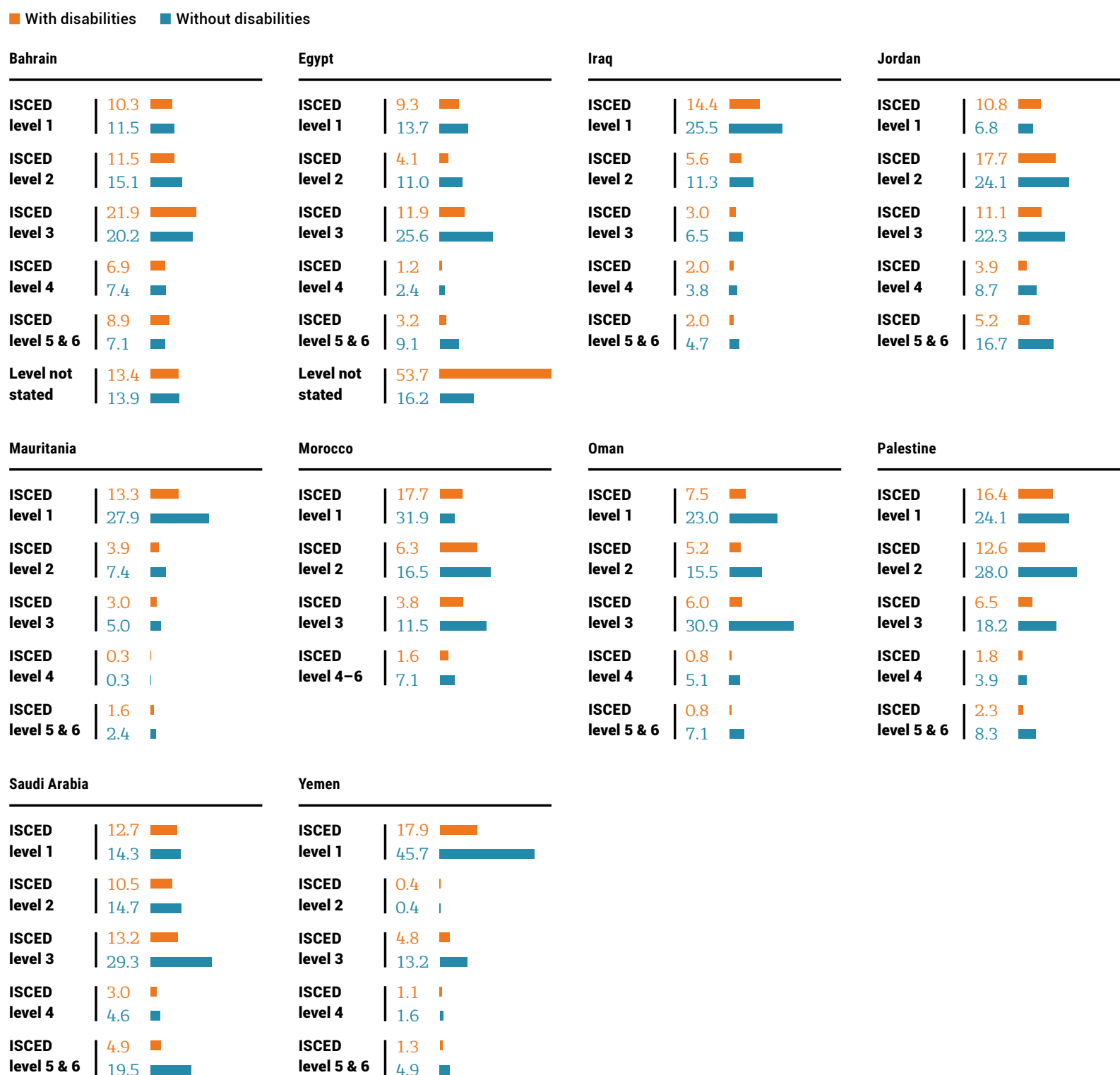
Figure 10. Percentage of the population aged 15 and above who are literate



SOURCE: Calculated from Arab Disability Statistics in Number 2017, based on data compiled and verified from National Statistics Offices (NSOs) from the following censuses and surveys: Egypt Labor Force Survey (LFS) 2016, Iraq Poverty and Maternal Mortality Survey (PMMS) 2013, Jordan Census 2015, Mauritania Census 2013, Morocco Census 2014, Oman Census 2010, Palestine Census 2007, Yemen Household Budget Survey (HBS) 2014.

NOTE: For Palestine, urban includes areas categorized as camps in the data source. For Jordan, the data include a high proportion of persons without disabilities whose literacy status has not been stated—see country profile.

Figure 11. Educational attainment (%)



SOURCE: Calculated from Arab Disability Statistics in Number 2017, based on data compiled and verified from National Statistics Offices (NSOs) from the following censuses and surveys: Bahrain Census 2010, Egypt Labor Force Survey (LFS) 2016, Iraq Poverty and Maternal Mortality Survey (PMMS) 2013, Jordan Census 2015, Mauritania Census 2013, Morocco Census 2014, Oman Census 2010, Palestine Census 2007, Saudi Arabia Demographic and Health Survey (DHS) 2016, Yemen Household Budget Survey (HBS) 2014.

NOTE: Ages are 5+ for Bahrain, Mauritania, Morocco and Yemen, 6+ for Egypt and Iraq, 10+ for Oman, Palestine and Saudi Arabia, and 13+ for Jordan. Morocco has a single category for ISCED levels 4-6 (see country profiles).

higher (81.6 per cent) is more than four times as high as the proportion of persons with disabilities who have done so (20.3 per cent). By comparison, in Jordan the rate of persons without disabilities having attained ISCED level 1 or higher (78.6 per cent) is only 1.6 times higher than the rate among persons with disabilities (48.7 per cent). Again, a certain correlation can be discerned between, on the one hand, a large gap between the attainment rates of persons with and without disabilities, and, on the other hand, a strong overrepresentation of persons with disabilities among older persons.

The data also show that persons with disabilities tend to be particularly underrepresented among the population with higher educational attainment. In Palestine for instance, the proportion of persons without disabilities who have attained any form of education (82.5 per cent) is 2.1 times higher than the proportion of persons without disabilities having done so (39.6 per cent), but the proportion of attainment at ISCED levels 5 or 6 is 3.6 times higher among persons without disabilities (8.3 per cent) than among persons with disabilities (2.3 per cent). The main exception from this pattern is Mauritania, where the underrepresentation of persons with disabilities progressively declines from levels 1 to 4.

Again, location and gender have an unmistakable impact. Women with disabilities in rural areas invariably have the highest rate of non-attainment, exceeding 80 per cent in most countries, whereas the rates for men without disabilities in urban areas are usually below 20 per cent. Women with disabilities in urban areas are the second most disadvantaged group in all countries except Mauritania and Morocco, where men with disabilities in rural areas are. Not surprisingly, the educational attainment rates for different subgroups in large part reflect literacy rates. In Mauritania, the non-attainment rates for women and men with disabilities in rural areas are very similar, at 91.2 per cent and 87.7 per cent, respectively. In Palestine, on the other

hand, there is a much larger gap between the two rates at 80.7 and 52.6 per cent. Again, Mauritania appears to be the only country where women with disabilities in urban areas (who have a non-attainment rate of 71.8 per cent) fare better than men without disabilities in rural areas (61.2 per cent).

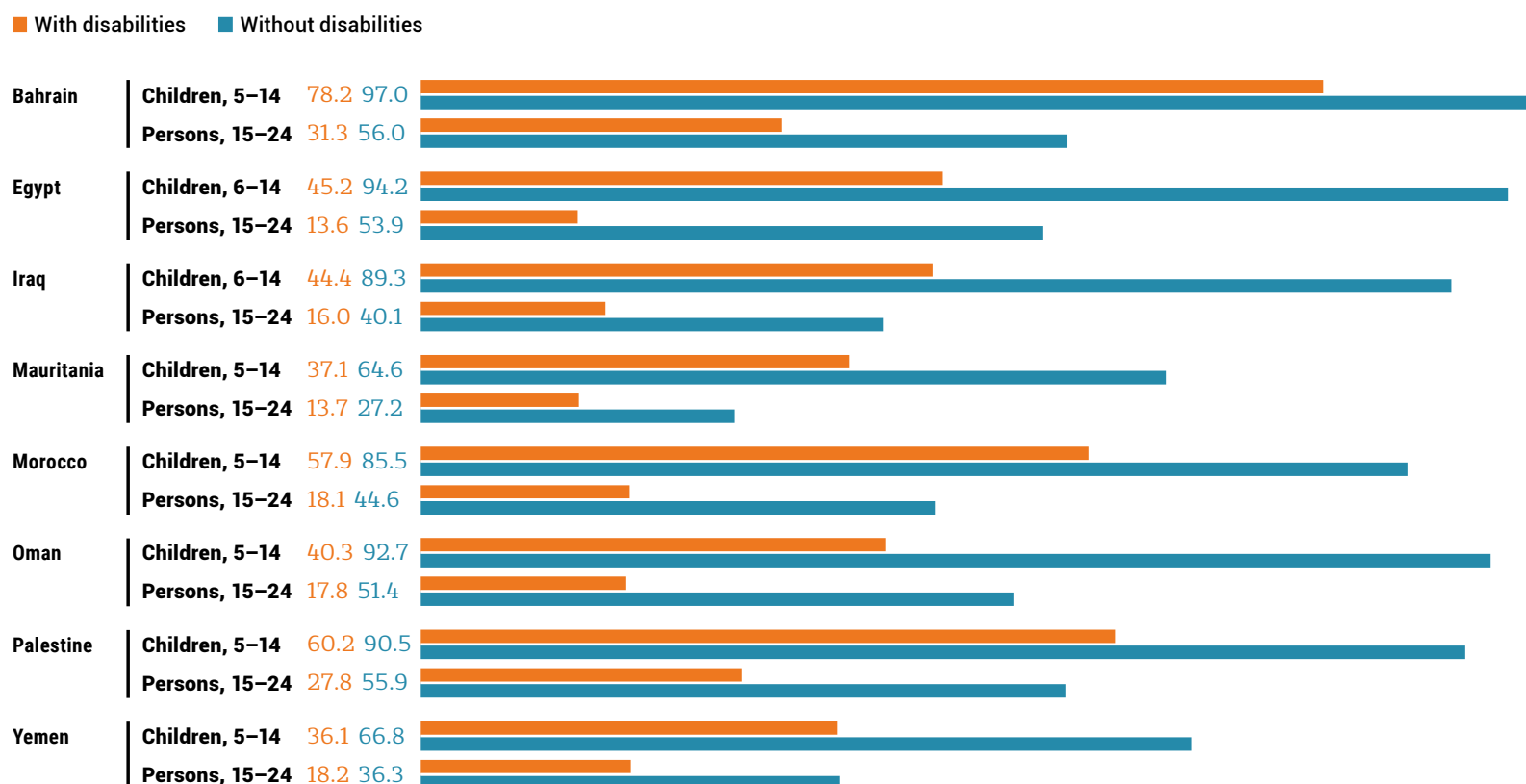
School Attendance

In many countries, data on school attendance depict somewhat smaller discrepancies between persons with and without disabilities than the data on literacy and educational attainment, possibly indicating a positive development. In Oman, as shown in figure 11, the proportion of persons without disabilities having attained some form of education is more than four times higher than the proportion of persons with disabilities. Yet, as seen in figure 12, the attendance rate of children in Oman without disabilities aged 5-14 years (92.7 per cent) is only 2.3 times higher than that of children with disabilities (40.3 per cent)—possibly indicating that the gap, though still extremely wide, is closing.

That said, the attendance of persons with disabilities remains strikingly lower than that of persons without disabilities. Importantly, while in all groups there is a significant drop in school attendance from ages 5-14 years to 15-24 years, persons with disabilities are particularly underrepresented among students aged 15-24, indicating a higher dropout rate and lower level of higher educational attainment. In Egypt, for example, the attendance rate for persons with disabilities is 3.3 times higher in the younger age span (45.2 per cent) than in the older one (13.6 per cent). Among persons without disabilities, meanwhile, the attendance rate is only 1.7 times higher in the younger age span (94.2 per cent) than in the older (53.9 per cent).

Almost without exception, girls and women with disabilities in rural areas have the lowest attendance rates, as well as the lowest graduation rates. Most strikingly, in Yemen only 1.8 per cent of

Figure 12. School attendance (%)



SOURCE: Calculated from Arab Disability Statistics in Number 2017, based on data compiled and verified from National Statistics Offices (NSOs) from the following censuses and surveys: Bahrain Census 2010, Egypt Labor Force Survey (LFS) 2016, Iraq Poverty and Maternal Mortality Survey (PMMS) 2013, Mauritania Census 2013, Morocco Census 2014, Oman Census 2010, Palestine Census 2007, Yemen Household Budget Survey (HBS) 2014.

women with disabilities in rural areas aged 15-24 attend school. Notably, this rate is extremely low in comparison to the rate for men with disabilities in rural areas (15.1 per cent), women without disabilities in rural areas (19.8 per cent) and women with disabilities in urban areas (32.1 per cent). In Palestine, in contrast, girls and women with disabilities do not have the lowest attendance rates in either of the two age groups. This is surprising, given the data above which indicates that women with disabilities in rural areas in Palestine have the lowest rates of literacy and educational attainment.

Persons with disabilities encounter a multitude of barriers to schooling. The hurdle may, in many cases, be due to misconceptions among family

members about the nature of disability and a lack of understanding about the needs and capacities of persons with disabilities, resulting in neglect or discouragement. When going to school, students with disabilities often have to navigate poor transport, road infrastructure and inaccessible educational facilities. At school, classmates may be insensitive to differences and even perpetuate stigma and isolation. Teachers tend to lack training on how to accommodate diverse needs. Even if they have received training, they may not have the necessary resources (such as teaching aids or adapted curricula) to deliver appropriate instruction. Schools lack the funding for support programmes and specialized support personnel to prepare students with disabilities for courses and to retain them once they are enrolled.²⁸

28 | UNESCO, 2015.

It is critical to remember that attendance rates do not reveal whether the education is inclusive and/or of good quality, in line with the targets of SDG 4 and Article 24 of the Convention. If these criteria are not met, higher attendance rates among persons with disabilities do not necessarily translate into better learning outcomes in terms of, for example, literacy, nor in a higher social awareness about the rights and capacities of persons with disabilities. It is also important to bear in mind that the data on attendance do not tell us whether education comes at a direct or indirect financial cost to persons with disabilities and their families, bearing in mind that both the 2030 Agenda and the Convention call for education to be free at least at the primary and secondary levels.

There are three main approaches to educating students with disabilities: segregated in special school settings, integrated where they join mainstream institutions but have to adapt to the system, and inclusive where the educational system accommodates the students. The SDGs and the Convention, in letter and in spirit, call on States to promote the inclusive model in so far as this conforms to the interests and wishes of persons with disabilities. However, ensuring that the needs of persons with disabilities are accommodated in mainstream educational institutions—for instance, by adapting the facilities and by ensuring that the school personnel are properly qualified—may be a lengthy process requiring consultation and financial resources. If this process is rushed, the quality of the education risks being compromised.

Furthermore, sometimes persons with disabilities themselves prefer a segregated approach. While it is possible for hard-of-hearing students to participate in mainstream schools with the use of hearing aids, deaf persons have expressed a preference for an environment where the main mode of communication is sign language and where they are not excluded from daily conversation and engagement.²⁹

In the Arab world, a variety of education services have been established for different types of impairments, initially by the private sector (both non-profit and for profit) with gradually increasing government involvement. Despite growing appeals for the inclusion of students with disabilities, especially following the ratification of the Convention, segregation persists in most countries. Relatively little research and evaluation has been done to investigate the impact and effectiveness of the three education models in the region. The resultant lack of information about the services and their outcomes impedes both advocates and policymakers from making well informed decisions.³⁰

Although the age-disability nexus in part explains the fact that persons with disabilities' rates of literacy and educational attainment are low and suggests that these rates could be expected to progressively rise, this does not mean that the current situation for older persons is acceptable. Older persons, with or without disabilities, have the same right to participation, information and independence as everybody else. Being able to read and write is not less important to them than to others. It is therefore important that educational opportunities are expanded and improved for adults as well as for youth.

²⁹ | World Health Organization and World Bank, 2011, p. 211.

³⁰ | Hadidi and Al Khateeb, 2015.

Employment (SDG 8)

Not unexpectedly, the rate of employment (calculated as the percentage of the working age population who are employed) is generally lower for persons with disabilities in Arab countries. Likewise, their rates of economic inactivity (calculated as the percentage of the working age population who are neither employed nor seeking employment) and unemployment (calculated as the percentage of economically active persons aged 15 or older who seek employment)³¹ are higher.

In nine of the 10 countries for which data are available, the employment rate for persons with disabilities is no higher than 14 per cent for women and 34 per cent for men, and often much lower than that (figure 13). Bahrain is an outlier on the high end, with an employment rate of 26.7 per cent for women with disabilities and 78.3 per cent for men with disabilities. The fact that the overall employment rate for females in the region is very low makes it hard to evaluate the different impacts of disability on the employment prospects of women and men.

The two reasons for non-employment are economic inactivity and unemployment. The rate of economic inactivity among women with disabilities is above 84 per cent in all countries for which data are available, reaching 95.4 per cent in Iraq (figure 14). However, the rate for women without disabilities is not much lower, and in most countries women without disabilities are only around 1.1 times more likely than women with disabilities to be economically inactive. Among men with disabilities, the rate of economic inactivity varies between 50 and 70 per cent, apart from in Oman where it stands at 76.1 per cent. For men without disabilities, the rates are much lower, exceeding 30 per cent only in Saudi Arabia. Thus, in relative terms as well as measured in percentage points, the divergence between persons with and without

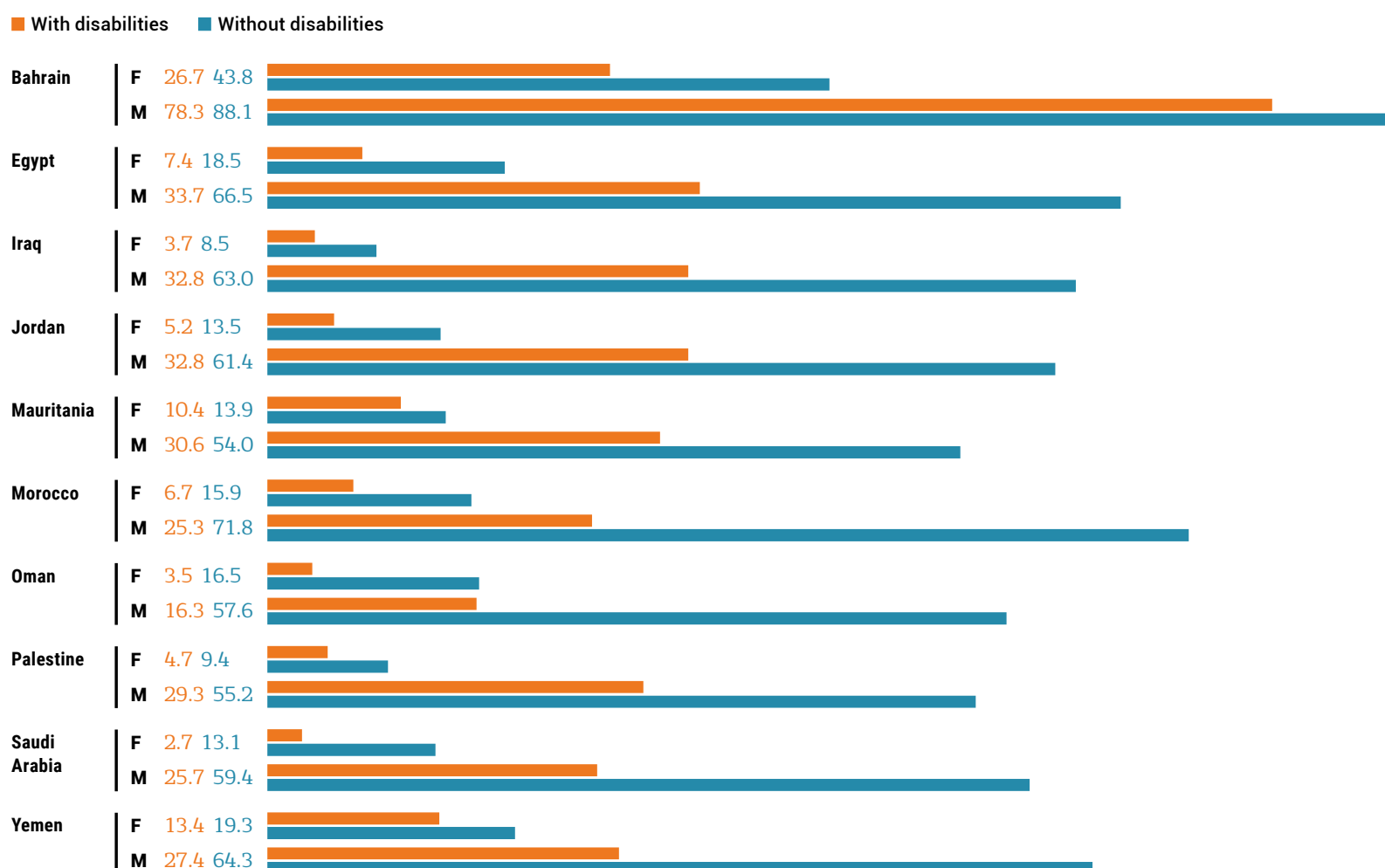
disabilities is considerably more apparent within the male population. In Morocco, notably, the rate of economic inactivity is 3.9 times higher among men with disabilities (69.1 per cent) than among men without disabilities (17.9 per cent).

With a few exceptions, unemployment is higher among persons with disabilities of both genders (figure 15). The most extreme differences are in Saudi Arabia, where the unemployment rate for women with disabilities (75.3 per cent) is 2.3 times higher than the rate for women without disabilities (32.8 per cent), and the rate for men with disabilities (48.6 per cent) 4.2 times higher than the rate for men without disabilities (11.5 per cent). An outlier at the other end is Yemen, which has the lowest unemployment rates for women as well as for men with disabilities (5.8 and 13.7 per cent). The female rate, notably, is less than half of the one for women without disabilities (12.6 per cent). The rate for men with disabilities, meanwhile, is only marginally higher than the one for men without disabilities (12.9 per cent).

Unlike with indicators of education, it cannot be established that women with disabilities in rural areas are consistently the most disadvantaged group in the area of employment. In several countries, the unemployment rates for persons with disabilities are higher in urban areas than in rural ones. In Palestine and Yemen, women with disabilities in urban areas have that lowest levels of employment and the highest levels of economic inactivity. In Palestine, the unemployment rate among women with disabilities is almost three times higher in urban areas (29 per cent) than in rural ones (10.7 per cent), which could indicate that women with disabilities in urban areas, rather than in rural areas, are especially marginalized. In Morocco, similarly, the unemployment rate among men with disabilities is higher in urban areas (22 per cent) than in rural ones (12 per cent).

31 | The ILO recommends that all three rates be measured among the population aged 15 or older. However, for this purpose, the age span 15-64 has been used for employment and economic inactivity since the overrepresentation of persons with disabilities among older persons, who are overall considerably less likely to be employed or economically active, would have rendered the comparison between persons with and without disabilities less meaningful. The same is not true concerning unemployment, since this is measured only among the economically active population, so the method recommended by the ILO has been used.

Figure 13. Employment rate among the population aged 15–64 (%)



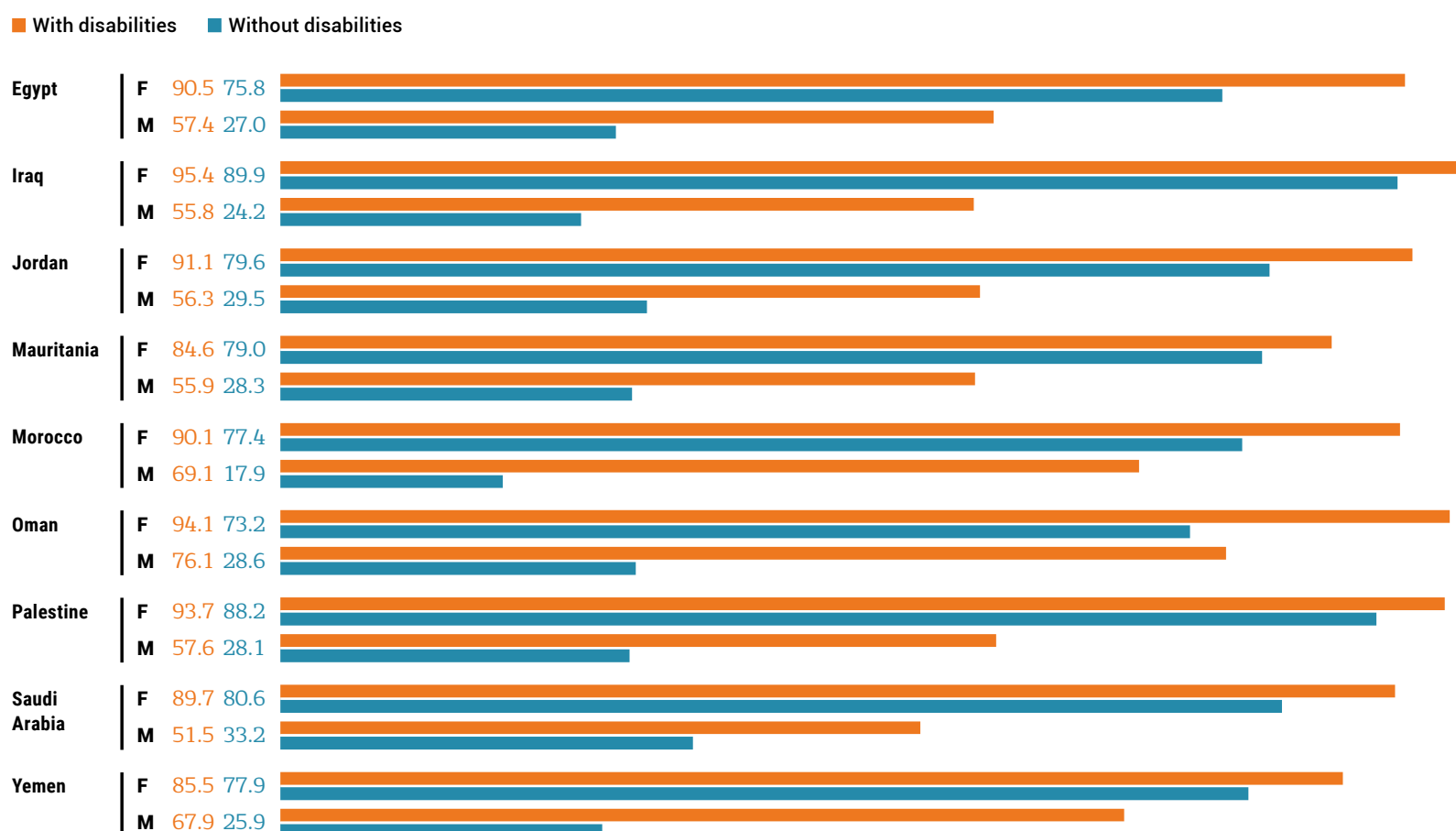
SOURCE: Calculated from Arab Disability Statistics in Number 2017, based on data compiled and verified from National Statistics Offices (NSOs) from the following censuses and surveys: Bahrain Census 2010, Egypt Labor Force Survey (LFS) 2016, Iraq Poverty and Maternal Mortality Survey (PMMS) 2013, Jordan Census 2015, Mauritania Census 2013, Morocco Census 2014, Oman Census 2010, Palestine Census 2007, Saudi Arabia Demographic and Health Survey (DHS) 2016, Yemen Household Budget Survey (HBS) 2014.

However, unemployment in these countries is higher overall in urban areas and cannot necessarily be assumed to indicate vulnerability. It should equally be remembered that employment is not a perfect proxy for well-being. On the contrary, unemployment in the Arab region is generally most prevalent among the young urban middle class, whereas the poorest simply cannot afford to be unemployed. Rather, they are compelled to perform any kind of work that they can find, even if it is in the informal economy and generates only extremely low revenues. However, in some Arab countries, such

as Jordan and Oman, unemployment is higher in rural areas, including for persons with disabilities. Interpreting this data is thus extremely difficult, and complementary qualitative research would be necessary to better understand the situation of persons with disabilities in the labour market.

Many countries in the region have instituted employment quota systems for persons with disabilities in both the public and private sectors. Despite the existence of enabling legislation, its impact is limited due to lack of enforcement and inadequate

Figure 14. Economic inactivity rate among the population aged 15–64 (%)



SOURCE: Calculated from Arab Disability Statistics in Number 2017, based on data compiled and verified from National Statistics Offices (NSOs) from the following censuses and surveys: Egypt Labor Force Survey (LFS) 2016, Iraq Poverty and Maternal Mortality Survey (PMMS) 2013, Jordan Census 2015, Mauritania Census 2013, Morocco Census 2014, Oman Census 2010, Palestine Census 2007, Saudi Arabia Demographic and Health Survey (DHS) 2016, Yemen Household Budget Survey (HBS) 2014.

NOTE: For Bahrain, the economic inactivity rate for persons aged 15–64 cannot be calculated due to insufficient data. The rate for the population aged 15+ is available in the country profile.

complementary interventions.³² As discussed above, low literacy and educational levels among persons with disabilities need to be tackled to ensure that persons with disabilities have the necessary skills to enter the labor market. In some countries, the social assistance framework and insurance schemes tie disability benefits to the inability to work, potentially disincentivizing labour force participation.³³ Other barriers to employment include employers' discriminatory attitudes and lack of accommodation at the work place.³⁴ Educating companies on the cost and benefit of providing reasonable accommodation for disability—such as accessibility of facilities, adaptive

training materials and modified work schedules—can reduce their fears and encourage them to recruit and retain persons with disabilities.

Similar to education, it is critical to remember that employment rates do not reveal whether jobs held by persons with disabilities are decent, as called for by Article 27 of the Convention and SDG 8. Data directly relating to pay and social insurance coverage is not available, but analysis of related indicators, such as type of employment, suggests that persons with disabilities are more likely than persons without disability to work in the informal economy.³⁵

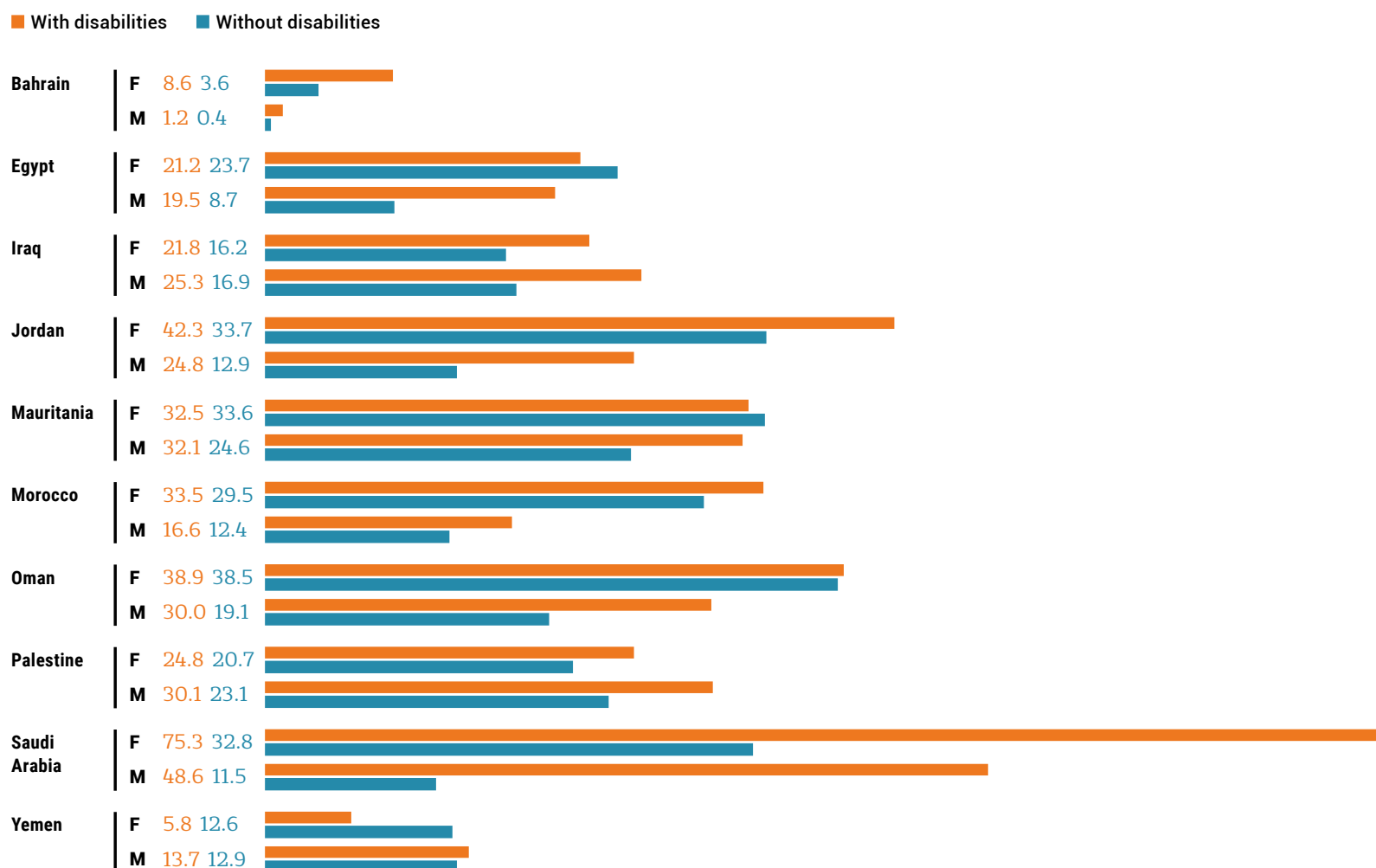
³² | ESCWA, 2017b, p. 36.

³³ | ESCWA, 2017b, p. 34.

³⁴ | World Health Organization and World Bank, 2011, pp. 238–249.

³⁵ | ESCWA, 2017b, pp. 34–36.

Figure 15. Unemployment rates among the population aged 15 and above (%)



SOURCE: Calculated from Arab Disability Statistics in Number 2017, based on data compiled and verified from National Statistics Offices (NSOs) from the following censuses and surveys: Bahrain Census 2010, Egypt Labor Force Survey (LFS) 2016, Iraq Poverty and Maternal Mortality Survey (PMMS) 2013, Jordan Census 2015, Mauritania Census 2013, Morocco Census 2014, Oman Census 2010, Palestine Census 2007, Saudi Arabia Demographic and Health Survey (DHS) 2016, Yemen Household Budget Survey (HBS) 2014.

Early Childhood Nutrition (SDG 2)³⁶

Two common metrics to assess hunger and malnutrition in children under five years of age are stunting (low height for age) and wasting (low weight for height), as measured against the WHO Child Growth Standards (CGS) which identify how children should grow in optimal conditions.³⁷

Stunting, or shortness, is a sign of long-term insufficient macronutrient intake and is exacerbated by recurrent and chronic illness, leading to a child's lack of growth. Stunting generally occurs during the 1000-day period that spans from pregnancy to a child's second birthday. Without interventions, stunting can lead to lifelong consequences including delayed motor development, impaired cognitive function and higher risk of metabolic and chronic diseases.³⁸ To eliminate stunting, underlying determinants of undernutrition need to be addressed, including poverty, access to health care and services (maternal health, treatment of acute and infectious diseases), improved water sanitation and women's education and empowerment.³⁹

Wasting, or thinness, is a symptom of recent and acute nutritional deficit and/or severe disease, resulting in rapid weight loss or the failure to gain weight normally. It is closely linked to high mortality risk and infectious disease, and can also lead to long-term developmental delays in survivors. Wasting requires urgent interventions and can be reversed with refeeding and timely treatment of severe infections.⁴⁰ It shares similar root causes with stunting.

In Yemen, the rates of stunting among children under five reached alarming levels in 2013. In rural areas of the country, a statistically significant difference could be seen between children with and without disabilities, whose respective rates of stunting stood at 64.2 and 51.5 per cent. Regarding wasting, the national rates for children with and without disabilities were 39.2 and 15.9 per cent. An even more pronounced difference could be seen between girls with and without disabilities in the country, as the rate of wasting reached 51.4 per cent among the former, but only 14.7 per cent among the latter. It should be stressed that the continuing conflict in Yemen has with all certainty caused the situation to further deteriorate since 2013. While similar data on stunting and wasting are available for Egypt, there are no statistically significant differences between children with and without disabilities.

Malnutrition can result in disabilities. However, research suggests that the reverse is also true, where disabilities lead to a higher risk of malnutrition due to both the child's physiological characteristics (reduced ability to consume food, poorer nutrient absorption and increased need of calorie intake to maintain healthy weight and recover from injuries and infections) and other social factors like exclusion from screening and feeding programmes as well as lack of attention from families.⁴¹

³⁶ | See the technical note for sources and methodology.

³⁷ | If a child's height-for-age or weight-for-age measurement is below two standard deviations from the median of the CGS, the child is considered stunted or wasted, respectively. See World Health Organization, 1997, pp. 45-52.

³⁸ | UNICEF, 2013a, pp. 5-6; Prendergast and Humphrey, 2014.

³⁹ | See, for instance, Bhutta and others, 2008.

⁴⁰ | World Health Organization, 2014.

⁴¹ | UNICEF, 2013b, p. 25; Kerac and others, 2014; Groce and others, 2014.

Health care (SDG 2)⁴²

In Yemen in 2013, 90.1 per cent of urban households including one or more persons with a disability had gone to a health facility during the last two years, whereas the rate among households without a person with a disability was 84.3 per cent. However, in rural areas, where most of the population lives, the respective rates for households with and without at least one person with a disability were 77.2 compared to 84.6 per cent. Location therefore seems to have a considerable impact on health care facility usage for households with a person with a disability, but hardly any difference for households without a person with a disability.

Data from 2012 show that households in Iraq that included at least one person with a disability faced 59 per cent higher health care expenditure than households that did not. The difference was about the same in rural and urban areas. However, it should be noted that health care expenditure is an ambiguous proxy for vulnerability. A low level of expenditure could indicate a low need for health care, access to low-cost or freely available services, or an inability to pay for essential care. For the data to be better interpretable, it would have to be set in relation to, for example, household income or total household expenditure. Moreover, the extent to which the specific health care needs of persons with disabilities are prioritized on the household level would also need to be considered.

Access to Water and Electricity (SDG 6 & SDG 7)⁴³

In rural areas of Yemen, 64.2 per cent of households including at least one person with a disability used electricity as their main source of energy for lighting. For households with no person with a disability, the rate stood at 68.1 per cent. In urban areas, virtually all households used electricity, and no statistically significant difference could be discerned based on disability. Similar data are available for Egypt, Jordan and Iraq, but no statistically significant differences between households with and without at least one person with a disability were found.

45.7 per cent of households in rural Yemen with at least one person with a disability used improved water sources,⁴⁴ whereas the rate for households with no persons with a disability reached 50.4 per cent. In urban areas, the rates for households with and without at least one person with a disability were 71.9 per cent compared to 79.4 percent.

⁴² | See the technical note for sources and methodology.

⁴³ | See the technical note for sources and methodology.

⁴⁴ | See technical note for definition.

CONCLUSION

Drawing primarily on data collected from NSOs and to a lesser extent on data from complementary sources, this analysis has tried to shed light on the issue of disability in the Arab region. Basic demographic factors as well as socioeconomic ones have been considered.

Countries in the region have clearly made great strides towards increasing the availability and enhancing the quality of disability-related data. The most important indication of this progress is the number of countries that have adopted, or are in the process of adopting, the standards recommended by the Washington Group.

However, as this report shows, **substantial limitations concerning data availability and quality remain.** Consequently, the report contains no or almost no data for several ESCWA member States. Collaboration between ESCWA and the NSOs has not yet yielded any data pertaining to a number of socioeconomic indicators, including income, poverty rate and social protection coverage.

The results also show that **further standardization in terms of how data are collected is required to enable more reliable country comparisons.**

In particular, the striking differences between national disability prevalence rates—although in part explainable by factors such as diverging age compositions—suggest the need for continued methodological harmonization. For instance, some countries using the WGSS exclude the domain of self-care, and persons with disabilities living in institutions may be overlooked by censuses and surveys.

Other factors undermining the reliability of the data include the underreporting that may come about due to the stigma attached to disability, which may vary from context to context and depending on factors such as age and gender. Though remedying such complex problems is highly challenging,

sharing experiences between NSOs and other involved actors has the potential to facilitate the identification of effective solutions.

The collaboration of NSOs and international organizations, including ESCWA, should be expanded and consolidated to further improve data quality and sharing. Producing more thoroughly disaggregated data should be a primary objective guiding such collaboration. As the analysis has shown, access to age-disaggregated data on literacy and educational attainment would have made it more feasible to draw conclusions about how much progress has been made in these areas among persons with disabilities.

Given the limitations mentioned above, the evidence from this analysis should be seen as merely indicative. Even so, it clearly suggests that persons with disabilities in the region still face substantial disadvantages in key areas of human development. Compared to the general population, they have lower literacy, lower educational attainment and lower school attendance. Their economic participation remains weak. Preliminary results from selected national surveys show that their households must spend more on health care.

These challenges are by no means unique to Arab societies: the existing literature has shown a strong link between disability and multiple dimensions of poverty. Disability can be both a cause and a consequence of poverty. It reduces the ability to work in traditional settings and entails direct costs which can lower standards of living. Conversely, poverty causes multiple forms of deprivation—from inadequate nutrition to lack of access to health services, to exposure to dangerous living and working conditions—all of which heighten the risk of impairments and disability.⁴⁵ However, the available data indicate minimal or no differences between persons with and without disabilities regarding access to basic services such as piped water and electricity.

⁴⁵ | UNESCO, 2010, pp. 181-184.

Overall, disability remains one of the most overlooked yet significant sources of disadvantage and marginalization. Where it intersects with gender and location, it leaves girls and women with disabilities in rural areas particularly vulnerable. **The fact that persons with disabilities are affected by gender and location as well as by disability underlines the need to implement the 2030 Agenda as an integrated package, so that efforts to overcome different types of inequalities are carried out in concert.**

Importantly, the multidimensional approach should not be over-simplified, as the data presented above also indicate that the relative impact of each dimension varies. In one context, gender may be more significant than location, meaning that women with disabilities (rural and urban alike) are more vulnerable than other groups, whereas elsewhere the opposite may be true, meaning that persons with disabilities in rural areas (women and men alike) are more vulnerable. Furthermore, there are many additional potential dimensions of vulnerability, including age, ethnicity, religion and displacement,⁴⁶ though data on these are even more limited.

These issues are gaining more attention in the Arab region, where the prevalence of disability is likely to rise in the coming decades due to the ageing population as well as the impact of ongoing conflicts. Countries in the region have shown a growing commitment to advancing the rights and well-being of persons with disabilities by enacting internationally recommended legislation. The SDGs and its GIF can also be important tools for governments implementing and evaluating programmes and policies, as well as for advocacy groups pushing for disability issues to be prioritized in the development agenda. **Disability must be integrated as a cross-cutting perspective involving all aspects of human life and throughout the life cycle.**

The area of education is a highly promising ground for change. Progressive models of education can combat stigma, exclusion and isolation when children are in the most formative years of their lives. Education has also been shown to be a key poverty-reducing factor. It is encouraging that more countries in the region are now exploring integration and inclusion in mainstream facilities, notably through teacher training and the creation of resource rooms.⁴⁷ **Investment is needed for school adaptations such as physical accessibility, accessible teaching and materials, in addition to establishing other support systems.** Such adaptations have the potential to benefit all students, not just those with disabilities. The cost would be partly offset by no longer needing to provide a parallel system of special schools for children with disabilities. Allowing children with disabilities to go to school near their residence could also relieve some of the burden on their families, who would not have to provide transport to special schools or pay for their children's accommodation at these schools.

While education for children and youth with disabilities is critical, a large number of adults with disabilities are still illiterate. More disability-specific interventions will be needed to reach this group.

Decent work is another key area for persons with disabilities to gain autonomy and participate in society. It is the most direct way for them to fulfill their own needs and to contribute to their families and society. Quality education can facilitate their entry to the labor market by equipping them with marketable skills and a wider network for career opportunities. **However, it is also necessary to overcome the environmental and attitudinal barriers that hinder persons with disabilities' access to employment.** Many countries in the region have expressed keen interest in new initiatives to break through these barriers, such as establishing

⁴⁶ | The preamble of the Convention on the Rights of Persons with Disabilities mentions "multiple or aggravated forms of discrimination on the basis of race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, birth, age or other status". The situation of displaced persons with disabilities will be discussed in a forthcoming report about disability and conflict.

⁴⁷ | Initiatives such as these are mentioned by a number of countries in their States Parties' reports to the Committee on the Rights of the Child. For Egypt, Jordan and Morocco see, respectively, United Nations Committee on the Rights of the Child, 2010, pp. 50-51; United Nations Committee on the Rights of the Child, 2013a, p. 26; United Nations Committee on the Rights of the Child, 2013b, p. 31.

disability and business networks and offering employers disability equality training that dispels misconceptions and stereotypes and encourages behavioral changes in recruitment and retention of employees with disabilities.

The concept of decent work, as defined by the ILO, encompasses among other things a fair income, workplace security and social protection coverage. In Arab countries, where most employment is informal, ensuring that these criteria are met constitutes a considerable challenge requiring comprehensive strategies. **Efforts to overcome the distinct disadvantages faced by persons with disabilities in the labour market should not be undertaken in isolation, but should be an integral part of the wider strategies aiming to enhance the accessibility and decency of work overall in the region.**

In the dimension of health, the exploratory analysis of the limited data available reinforces evidence pointing to the inadequacy of health care services for persons with disabilities in terms of provision and cost.⁴⁸ Persons with disabilities face several layers of disadvantages: they have greater unmet needs and a higher risk of developing secondary conditions and multiple medical issues, yet they are more at risk of exclusion from public health initiatives. They also encounter barriers to care in all aspects of access—from availability of required services, to accessibility in terms of time and distance, affordability, appropriateness of health care providers' skills and services rendered and accommodation at health facilities.⁴⁹ Poor health can have negative downstream effects on education and work, since it can lead to impaired cognitive skills and physical conditions. **Ensuring that community-wide services already in place—such as feeding, immunization, screening and sexual and reproductive health programmes—are disability-inclusive should be a priority.**

The availability of accessible infrastructure, corresponding to Article 9 of the Convention and SDG 11, is indispensable for realizing the human rights of persons with disabilities, including the right to education, work and health care. For example, ensuring that school and hospital facilities are made accessible and that the personnel have received appropriate training will not serve any purpose if persons with disabilities are not able to reach these services in the first place. Once again, this illustrates the interdependence of the Convention provisions and the SDGs and their targets.

Technological innovations, such as stair-climbing wheelchairs, digital Braille readers, communication devices controlled by eye movement and robotic prosthetics can enable persons with disabilities to overcome many of the barriers that hinder them from leading autonomous lives and participating in society on an equal basis with others. This is increasingly recognized in the Arab region. For example, in November 2017 the UAE hosted the AccessAbilities Expo, which brought together governments, private companies, NGOs, investors, medical institutions and caregivers to exhibit new technologies aiming to enhance accessibility.⁵⁰

However, for a very large number of persons with disabilities in the region, even basic assistive devices, such as electric wheelchairs, are neither available nor affordable. Even if they were, their utility would in many contexts be limited due to the inaccessibility of streets and public transport or an unreliable supply of electricity. **Governments and other stakeholders should strive to enhance the usage of existing technological solutions and encourage the development of new ones. Furthermore, the wider environment must be made accessible and adapted to make technological solutions useable.** This should be remembered not least in post-conflict reconstruction processes.

⁴⁸ | ESCWA, 2017b, pp. 47-48.

⁴⁹ | World Health Organization, 2018.

⁵⁰ | See: www.accessabilitiesexpo.com (accessed on 17 May 2018).

As the well-known slogan of the disability movement declares “nothing about us without us”, political participation and representation is vital to the realization of equal rights and opportunities for persons with disabilities. They have the capability to decide what is best for them and to articulate their needs and preferences, and they should have the power to do so. The right to full and effective political participation is recognized in Article 29 of the Convention and in SDG 16. Some countries, such as Egypt and Tunisia, have mandated the inclusion of persons with disabilities in candidate lists in elections at municipal or parliamentary levels. However, data on participation and representation are very limited.

Most countries in the region have established some kind of national body to coordinate disability issues and monitor the implementation of the Convention. Many of these bodies include persons with disabilities (see the country profiles). However, whether such representation does in practice lead to empowerment is difficult to gauge.

Inclusive societies benefit all groups and individuals. Strong arguments for greater inclusion of persons with disabilities have been proven in cost-benefit analyses.⁵¹ Greater labor participation by persons with disabilities can increase earnings and productivity as well as broaden the tax and consumer base. Disability-inclusive policies can also be seen as a form of insurance since disability can be experienced by anyone and since the burden of disability often falls on the family and the wider society. Furthermore, the whole of society benefits from inclusion principles and practices, not just persons with disabilities. Universal designs reduce barriers for people of different sizes, older persons, pregnant women and others with temporary impairments. Inclusive education facilitates better outcomes for children with different learning needs. Most fundamentally, it is a matter of human rights. What persons with disabilities demand—inclusion, equality, and non-discrimination—are universal rights that should be accorded to all in a just society.

TECHNICAL NOTE ON MICRODATA ANALYSIS

The microdata analysis was conducted with Stata data analysis statistical software. Due to the small proportion of persons with disabilities (lower than 3.5 per cent of total population in all surveys), the total population tend to have very similar proportions as persons without disabilities.

Data sources

The data comes from different national surveys, whose objective is to provide information on either health status or socioeconomic characteristics of households. The countries listed in table 6 made significant efforts in providing accurate data by working with different actors, including international and governmental organizations.

Table 6. National surveys used in microdata analysis

Country	Survey	Year	Number of households	Number of individuals	Producers and funders
Egypt	Demographic & Health Survey (DHS)	2014	28,175	120,276	Ministry of Health and Population and others
Egypt	Household Income, Expenditure, and Consumption Survey (HIECS)	2015	11,988	52,254	Central Agency for Public Mobilization and Statistics and Economic Research Forum
Iraq	Iraq Household Socioeconomic Survey (I-HSES)	2012	25,488	176,042	Central Statistical Organization and others
Jordan	Household Expenditure and Income Survey (HEIS)	2013	4,850	25,845	Department of Statistics and others
Yemen	DHS	2013	17,351	120,923	Ministry of Public Health and Population and others

Sample designs and estimations

All surveys use nationally representative samples and include adults and children, male and female, rural and urban areas, referenced in specific regions, governorates and clusters. Statistical sampling methods were applied based on geographical division to design the sample of respondents. Respondent households belong to predetermined areas of the country. The number of households in each area is chosen to closely match the characteristics of the population at the national and subnational levels.

For the estimations in this publication, the weight applied to each area, household and individual, were considered. The weights usually state the number of units (individuals or households) represented in the population by each unit in the sample. Those sample weights are also useful for adjusting the proportion

of each area (if the number of households in that area is over/under-sampled) and for adjusting for non-responses.

The diversity of the data sources and survey methodologies place three main limitations on this analysis: First, most surveys do not have a dedicated module on disability and simply ask one question regarding the disability status of the person (for example, "Do you suffer from a disability condition that is expected to last for more than six months?"). Second, even when surveys contain modules on disability, the questions vary and do not always conform to the WGSS methodology. Third, in some cases, it is not sound to provide disaggregated data on subsets of persons with disabilities (for example, children with disabilities under the age of five). Since persons with disabilities represent a small proportion of the total population, the repartition of this group into subgroups lowers the number of observations which can lead to a statistical bias.

52 | We use the Wald test to test differences in means across groups. The Wald test uses an asymptotic argument to compare that statistic with a standard normal distribution, while the t-test relies on an exact small-sample argument to compare the test statistic with a t-distribution. While the t-test is not exactly equivalent to the Wald test, they are asymptotically equivalent.

Table 7. Adjusted Wald test for differences in means⁵²

STUNTING (AGE 0-5 YEARS)

Location/ gender	Disability status	Egypt (DHS 2014)			Yemen (DHS 2013)		
		Total	Mean	Adjusted Wald test	Total	Mean	Adjusted Wald test
Urban	With	28	0.210468	0.8171	18	0.309025	0.7854
	Without	5,575	0.232526		3,232	0.3396	
Rural	With	31	0.208724	0.7899	71	0.64235	0.075
	Without	8,295	0.229631		10,793	0.514582	
Male	With	35	0.142217	0.1259	52	0.57158	0.3051
	Without	7,129	0.230593		7,120	0.477069	
Female	With	24	0.318587	0.2803	37	0.526925	0.4733
	Without	6,741	0.200438		6,905	0.455111	

WASTING (AGE 0-5 YEARS)

Location/ gender	Disability status	Egypt (DHS 2014)			Yemen (DHS 2013)		
		Total	Mean	Adjusted Wald test	Total	Mean	Adjusted Wald test
Urban	With	28	0.068624	0.7291	5	0.141748	0.2488
	Without	5,575	0.089923		1,265	0.437086	
Rural	With	31	0.067188	0.7613	18	0.37022	0.155
	Without	8,295	0.082666		3,077	0.168519	
Male	With	35	0.06313	0.6257	13	0.312286	0.3329
	Without	7,129	0.084239		2,221	0.171433	
Female	With	24	0.072965	0.8562	10	0.514049	0.0669
	Without	6,741	0.085608		2,121	0.147028	

HOUSEHOLDS MEMBER VISITED HEALTH FACILITY DURING THE LAST TWO YEARS

Yemen (DHS 2013)				
Location	Disability status	Total	Mean	Adjusted Wald test
Urban	With	810	0.900595	0.0001
	Without	3,880	0.842624	
Rural	With	2,425	0.772149	0
	Without	10,209	0.84604	

NOTE: With disability indicates the inclusion of at least one person with a disability in the household.

HOUSEHOLD HEALTH EXPENDITURE

Location	Disability status	Iraq (I-HSES 2012)			Jordan (HEIS 2013)		
		Total	Mean	Adjusted Wald test	Total	Mean	Adjusted Wald test
Urban	With	2,920	1344.024	0.0001	810	0.900595	0.0001
	Without	11,035	843.8889		3,880	0.842624	
Rural	With	2,028	1202.882	0.007	2,425	0.772149	0
	Without	7,286	751.6314		10,209	0.84604	

NOTE: With disability indicates the inclusion of at least one person with a disability in the household.

HOUSEHOLD ACCESS TO IMPROVED WATER

		Egypt (HIECS 2015)			Iraq (I-HSES 2012)		
Location	Disability status	Total	Mean	Adjusted Wald test	Total	Mean	Adjusted Wald test
Urban	With	386	0.977632	0.6389	2,991	0.988147	0.5795
	Without	4,835	0.982774		11,893	0.986327	
Rural	With	533	0.91241	0.8244	2,129	0.767554	0.2838
	Without	6,234	0.915699		8,133	0.750487	
		Jordan (HEIS 2013)			Yemen (DHS 2013)		
Location	Disability status	Total	Mean	Adjusted Wald test	Total	Mean	Adjusted Wald test
Urban	With	221	0.590462	0.014	734	0.719027	0.0016
	Without	2,830	0.468809		3,265	0.794407	
Rural	With	115	0.673524	0.0573	2,115	0.456726	0.0022
	Without	1,684	0.550265		8,061	0.503938	

NOTE: With disability indicates the inclusion of at least one person with a disability in the household. Water is defined as improved if it comes from a household connection, a public standpipe, a borehole, a protected dug well or spring or from rainwater collection. Unimproved drinking water signifies water coming from an unprotected well or spring, from rivers or from ponds, as well as vendor-provided, bottled and tanker truck water. The data for Jordan pertains only to access to piped water, without taking into account other sources of improved water. See World Health Organization, undated.

HOUSEHOLDS ACCESS TO ELECTRICITY

		Egypt (HIECS 2015)			Iraq (I-HSES 2012)		
Location	Disability status	Total	Mean	Adjusted Wald test	Total	Mean	Adjusted Wald test
Urban	With	386	0.990574	0.9916	2,991	0.998952	0.825
	Without	4,835	0.990651		11,893	0.998724	
Rural	With	533	0.994306	0.9596	2,129	0.992918	0.9592
	Without	6,234	0.994149		8,133	0.992766	
		Jordan (HEIS 2013)			Yemen (DHS 2013)		
Location	Disability status	Total	Mean	Adjusted Wald test	Total	Mean	Adjusted Wald test
Urban	With	221	0.93678	0.6036	733	0.983161	0.5162
	Without	2,830	0.927857		3,265	0.986845	
Rural	With	115	0.860632	0.4135	2,111	0.641912	0.0091
	Without	1,684	0.899386		8,052	0.681072	

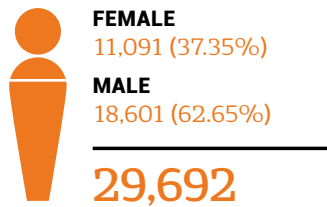
NOTE: With disability indicates the inclusion of at least one person with a disability in the household. For Yemen, Iraq, and Egypt, access to electricity means access to publicly networked electricity. For Jordan, ownership of an electrical fan was used as a proxy for access to electricity.

BAHRAIN 2014

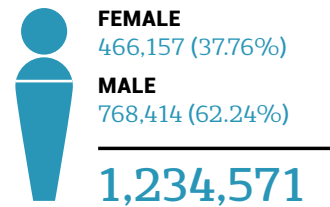
SOCIO-ECONOMIC INDICATORS	HDI	Life expectancy at birth	GNI per capita
Source: UNDP (2016)	0.824	76.7	37,236

Population

Persons with disabilities

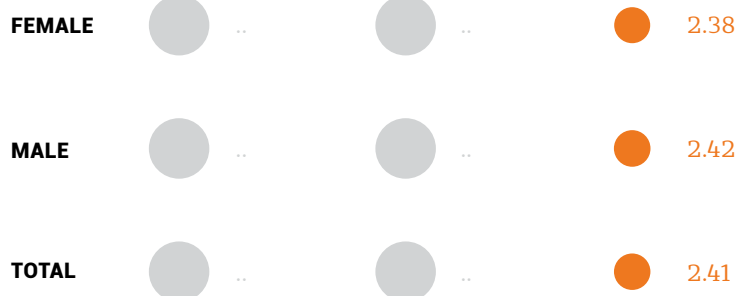


Total population



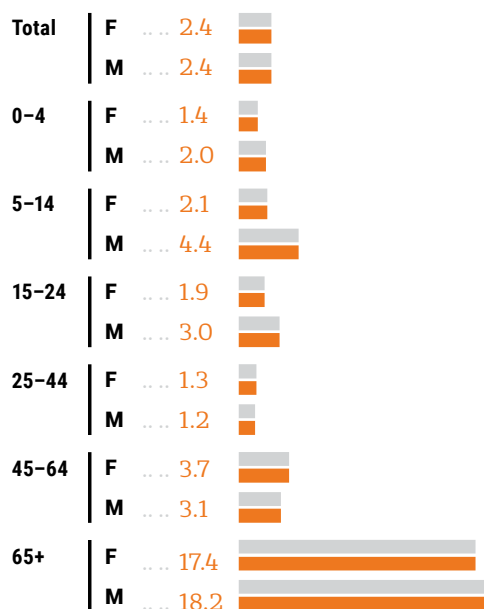
Disability prevalence (%)

■ Rural ■ Urban ■ Total



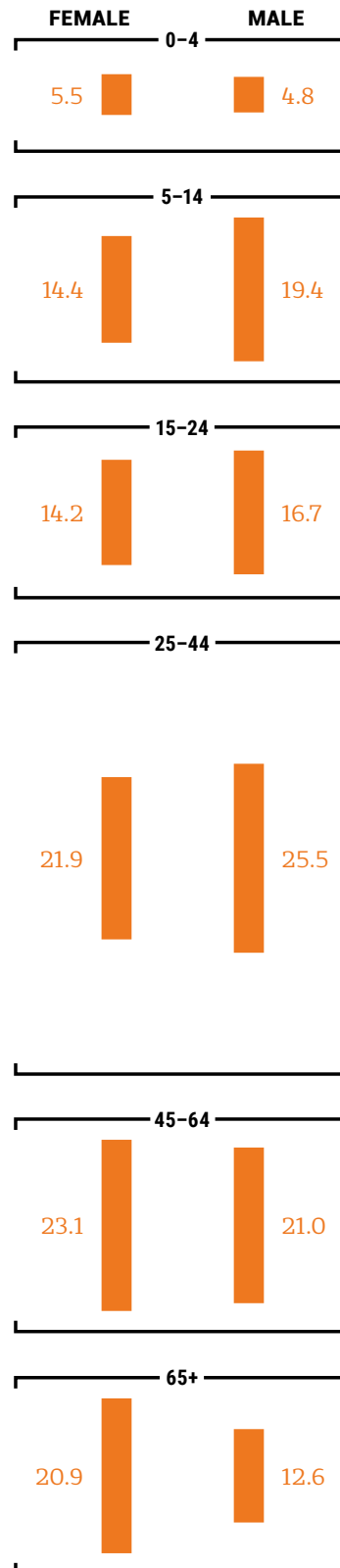
Age-specific disability prevalence (%)

■ Rural ■ Urban ■ Total F Female M Male

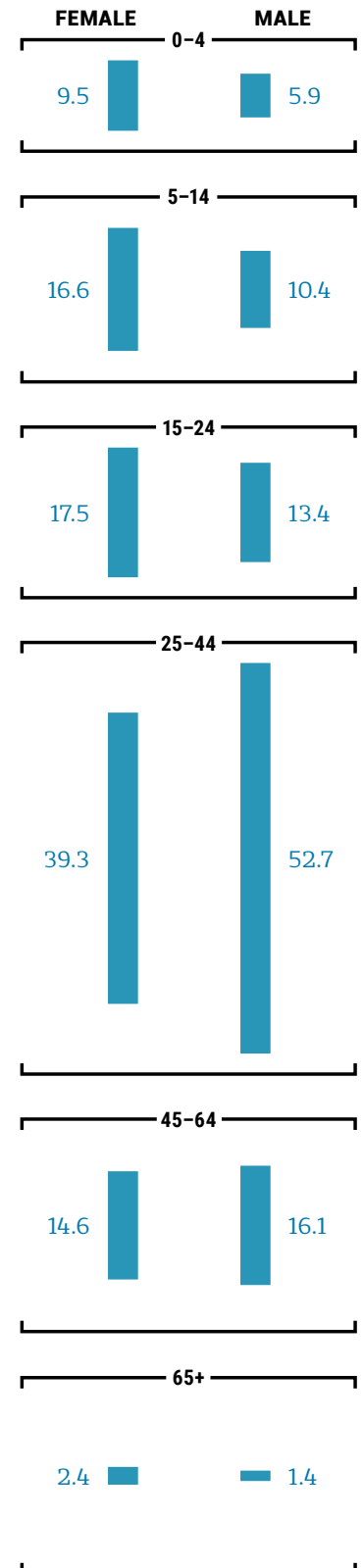


Age distribution (%)

Persons with disabilities



Persons without disabilities





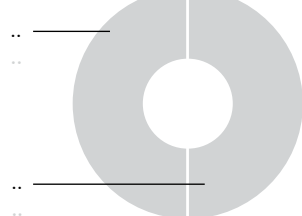
by LITERACY STATUS

Age: 15+ years

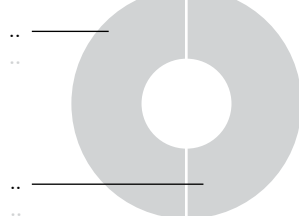
Persons with disabilities (%)

■ Rural ■ Urban ■ Total

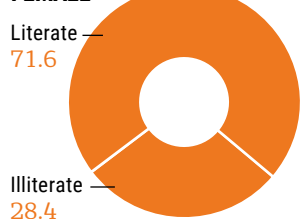
FEMALE



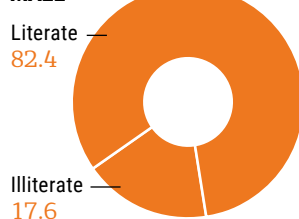
MALE



FEMALE



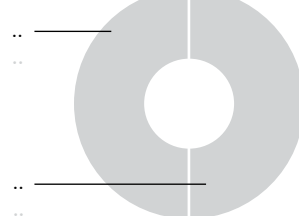
MALE



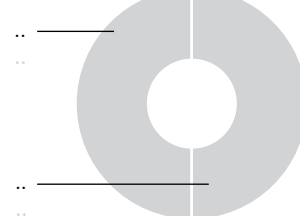
Persons without disabilities (%)

■ Rural ■ Urban ■ Total

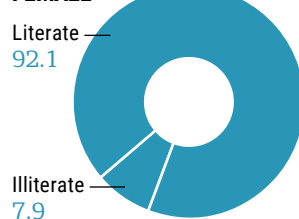
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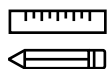
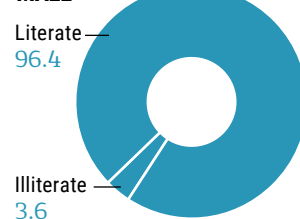
MALE



FEMALE



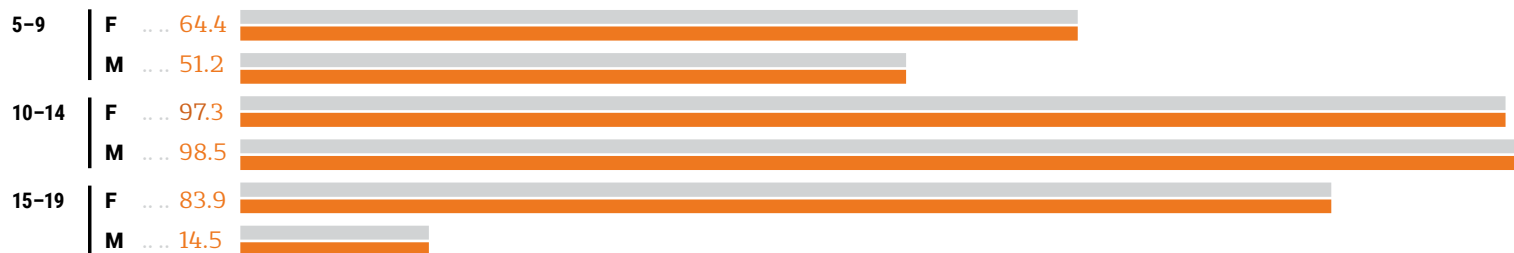
MALE



by SCHOOL ATTENDANCE

Persons with disabilities (%)

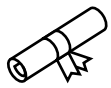
■ Rural ■ Urban ■ Total F Female M Male



Persons without disabilities (%)

■ Rural ■ Urban ■ Total F Female M Male



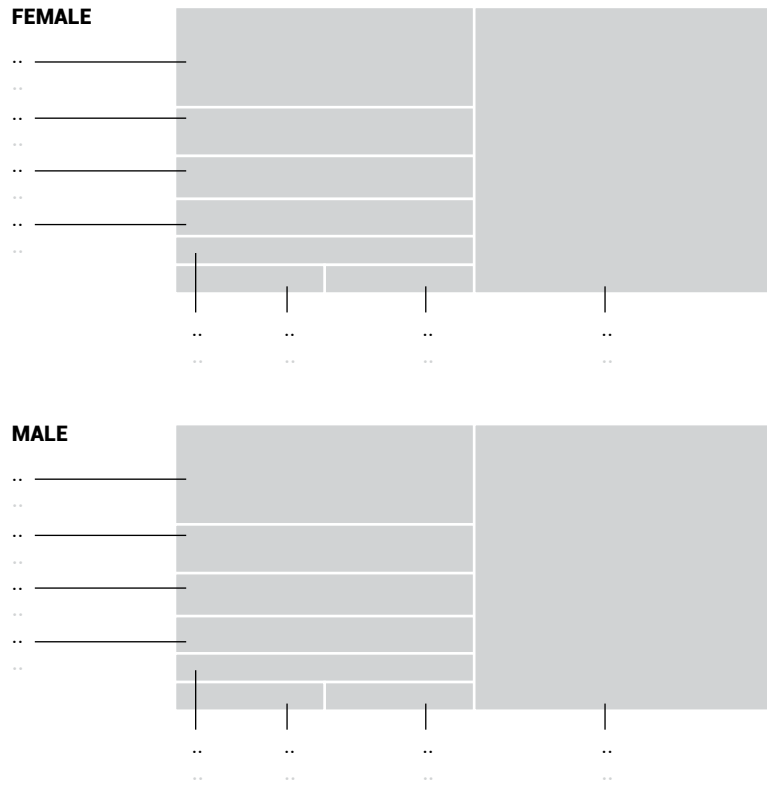


by EDUCATIONAL ATTAINMENT

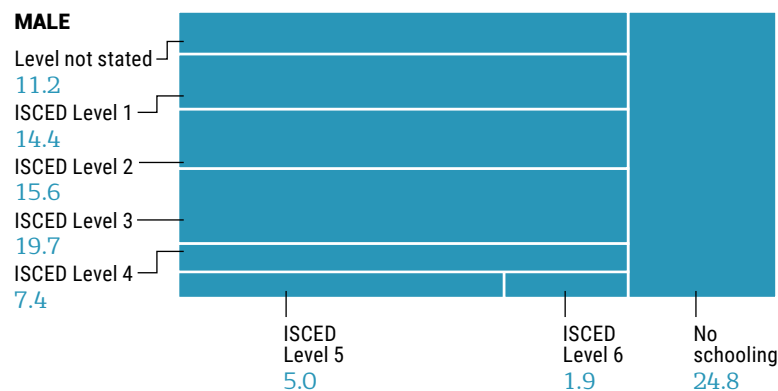
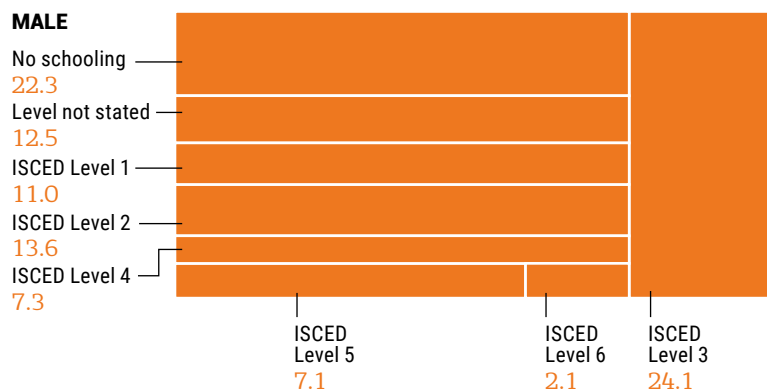
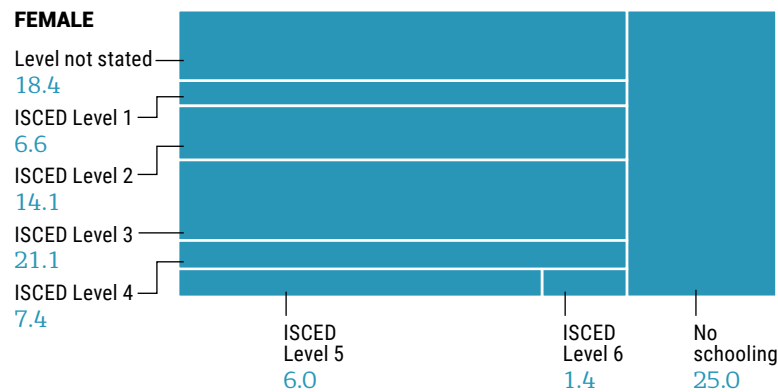
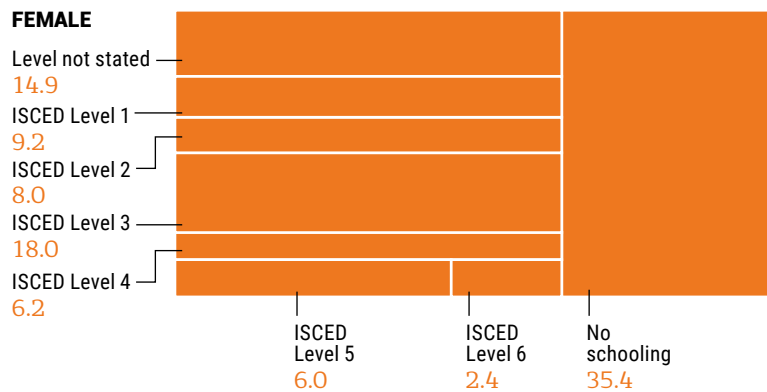
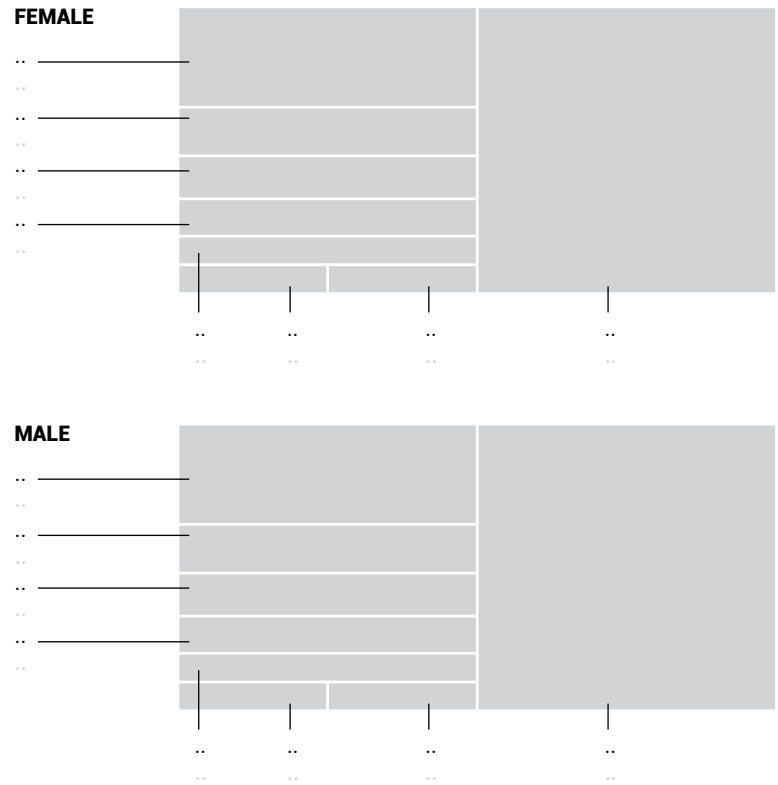
Age: 5+ years

Data source includes a more detailed breakdown for ISCED level 6 (by high diploma, master's degree and doctorate) and "level not stated" (by age group).

Persons with disabilities (%) ■ Rural ■ Urban ■ Total



Persons without disabilities (%) ■ Rural ■ Urban ■ Total



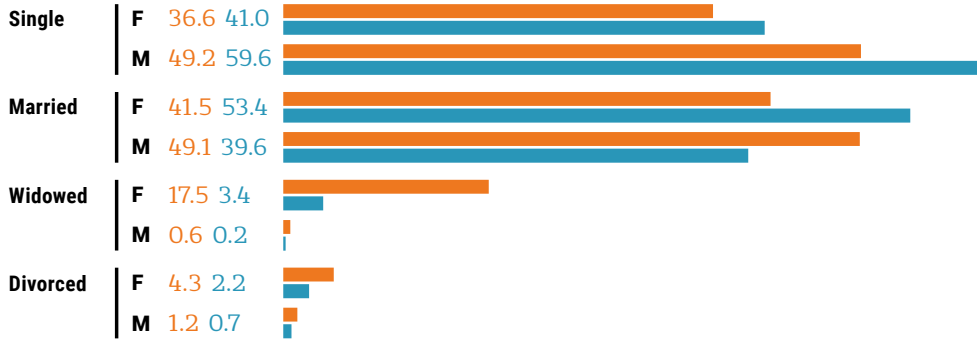


by MARITAL STATUS

By age group

Age disaggregation is not available.

15+ years ■ Total with disabilities ■ Total without disabilities F Female M Male



.. ■ Total with disabilities ■ Total without disabilities F Female M Male



.. ■ Total with disabilities ■ Total without disabilities F Female M Male





by ECONOMIC ACTIVITY

Age: 15+ years

Due to data limitations it was not possible to use the age-span 15-64 years.

Persons with disabilities (%)

■ Rural ■ Urban ■ Total

FEMALE



MALE



FEMALE



MALE



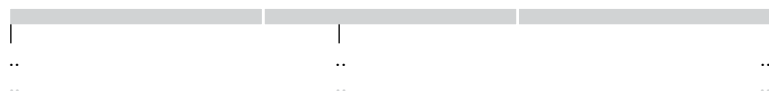
Persons without disabilities (%)

■ Rural ■ Urban ■ Total

FEMALE



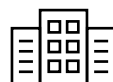
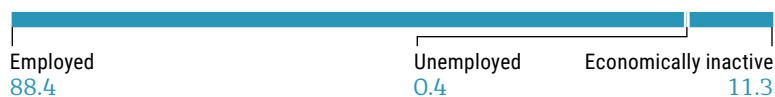
MALE



FEMALE



MALE

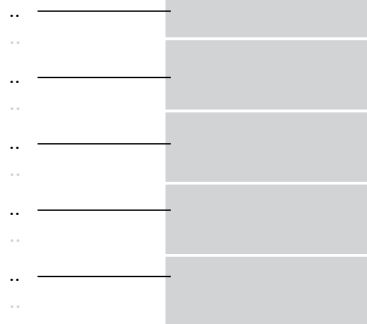


by SECTOR OF EMPLOYMENT

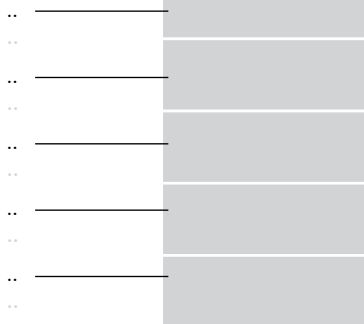
Persons with disabilities (%)

■ Rural ■ Urban ■ Total

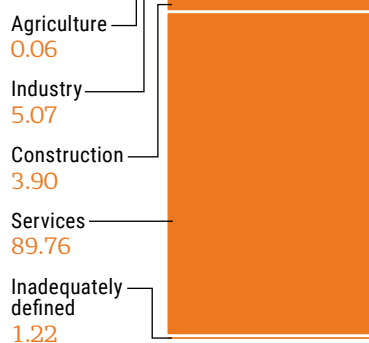
FEMALE



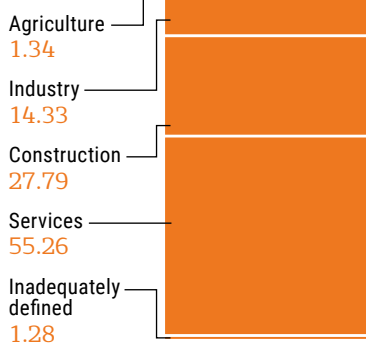
MALE



FEMALE



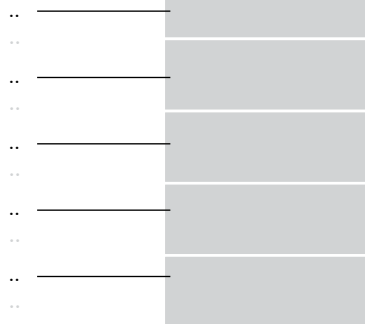
MALE



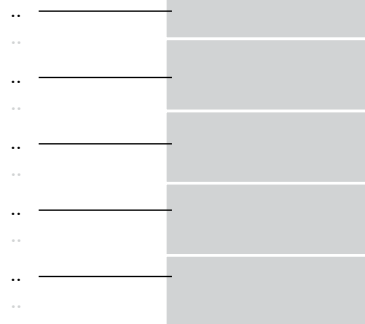
Persons without disabilities (%)

■ Rural ■ Urban ■ Total

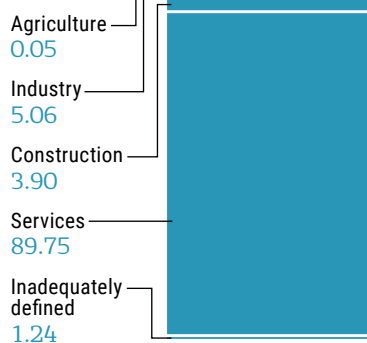
FEMALE



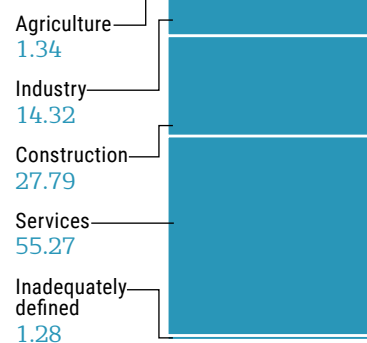
MALE



FEMALE

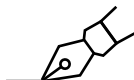

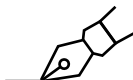



MALE

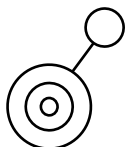
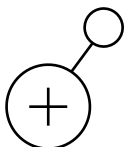


Signature/ratification of the Convention on the Rights of Persons with Disabilities & its optional protocol

Source: United Nations Treaty Collection (2018a), (2018b)

Convention		Optional protocol	
	Signed 25.6.2007		Ratified/acceded 22.9.2011
	Signed No		Ratified/acceded No

Focal point for implementing the Convention in accordance with Article 33(1)

Lead focal point	Additional focal points
 Ministry of Labour and Social Development	 High Commission for Disability Affairs

National coordination mechanism for implementing the Convention in accordance with Article 33(1)

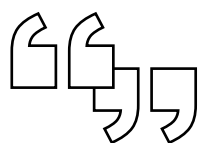
Mechanism name	Composition
 High Commission for Disability Affairs	 Ministry of Labour and Social Development, Ministry of Education, Bahrain Chamber of Commerce and Industry, Ministry of Health, Ministry of Housing, Supreme Council for Women, Ministry of Works, Municipalities and Urban Planning, Civil Service Bureau, Ministry of Information Affairs; civil society organizations, National Institute for Disabled, Bahrain Sports Federation for Disabilities, Bahrain Mobility International, General Organization for Youth and Sports, Bahraini Association for the Parents and Friends of the Disabled
 Chair Minister of Labour and Social Development	
 Year established 2007	
 Persons with disabilities represented? Yes	

Framework for the promotion, protection and monitoring of the Convention in accordance with Article 33(2) composition



Ministry of Labour and Social Development, Ministry of Education, Bahrain Chamber of Commerce and Industry, Ministry of Health, Ministry of Housing, Supreme Council for Women, Ministry of Works, Municipalities and Urban Planning, Civil Service Bureau, Ministry of Information Affairs, Bahrain Mobility International, General Organization for Youth and Sports, Bahraini Sports Federation for persons with disabilities, Bahraini Association for the Parents and Friends of the Disabled

National definition of disability/persons with disabilities



A disabled person is a person who suffers from a shortage of physical or sensory or mental capacities as a result of illness or accident or congenital cause or hereditary factors that led to a total or partial inability to work or to continue working or to progress in their career, and that weakened their capacity to perform other basic functions in life, and who needs care and rehabilitation in order to be integrated or reintegrated into society (Law No. 74 on the Welfare, Rehabilitation and Employment of Persons with Disabilities, 2006).

National legislative framework for disability/persons with disabilities (year of adoption)

Articles on disability included in the constitution?

Yes

General/overarching national disability law

Law No. 59 of 2014 amending Article 5 of Law No. 74 of 2006 on the Welfare, Rehabilitation and Employment of Persons with Disabilities

National disability strategy/plan

National Strategy for Persons with Disabilities and Its Implementation Plan (2012–2016)

SOURCE

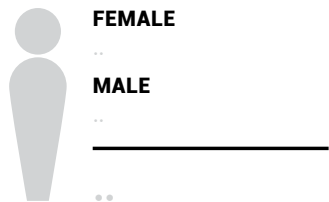
Based on data collected from government focal points through the ESCWA Questionnaire on the Implementation of Article 33 by Arab States (2016).

EGYPT 2016

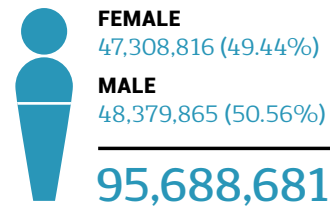
SOCIO-ECONOMIC INDICATORS	HDI	Life expectancy at birth	GNI per capita
Source: UNDP (2016)	0.691	71.3	10,064

Population¹

Persons with disabilities



Total population



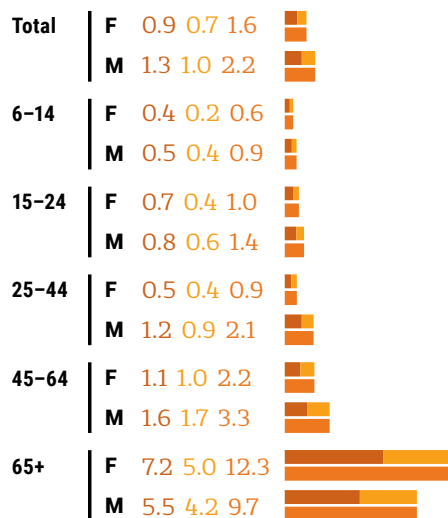
Disability prevalence (%)

■ Rural ■ Urban ■ Total



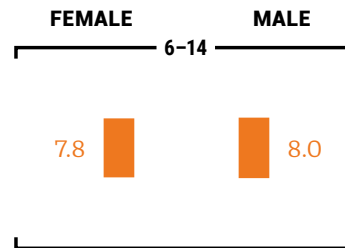
Age-specific disability prevalence (%)

■ Rural ■ Urban ■ Total F Female M Male

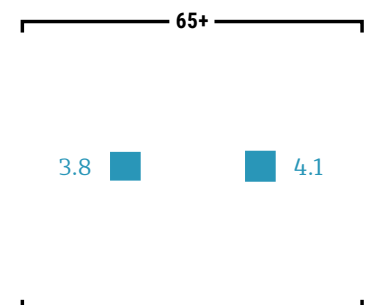
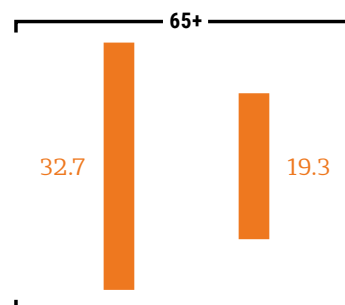
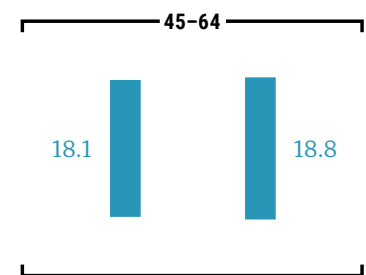
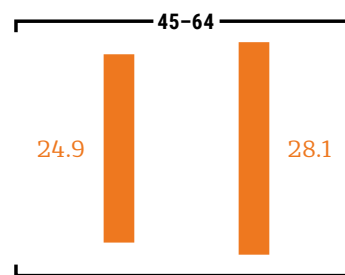
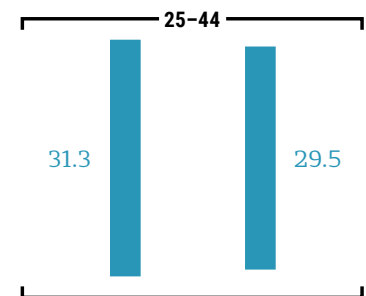
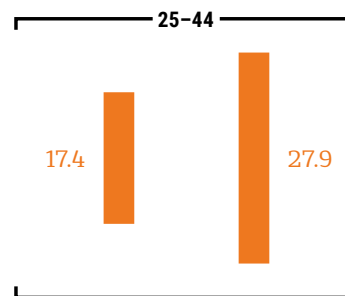
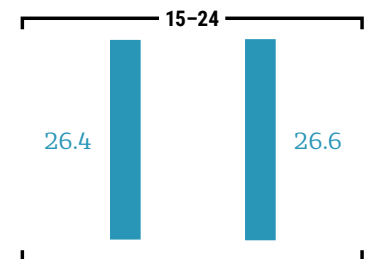
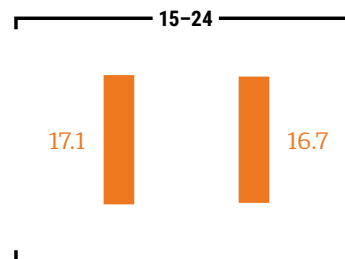
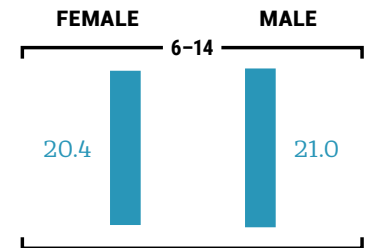


Age distribution (%)

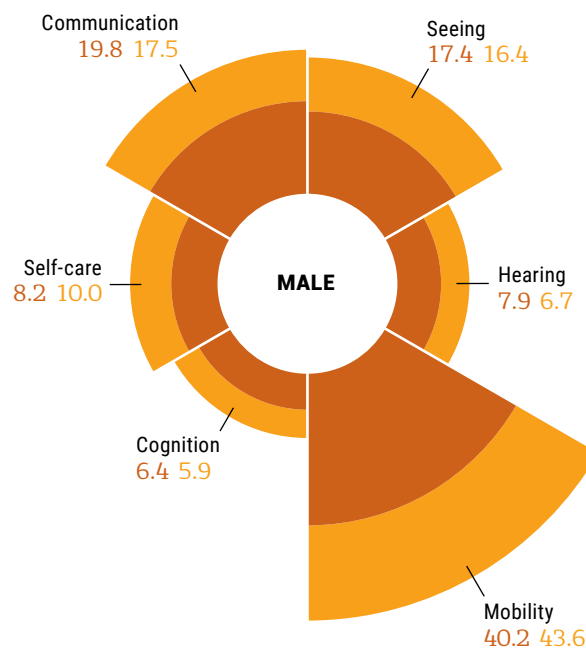
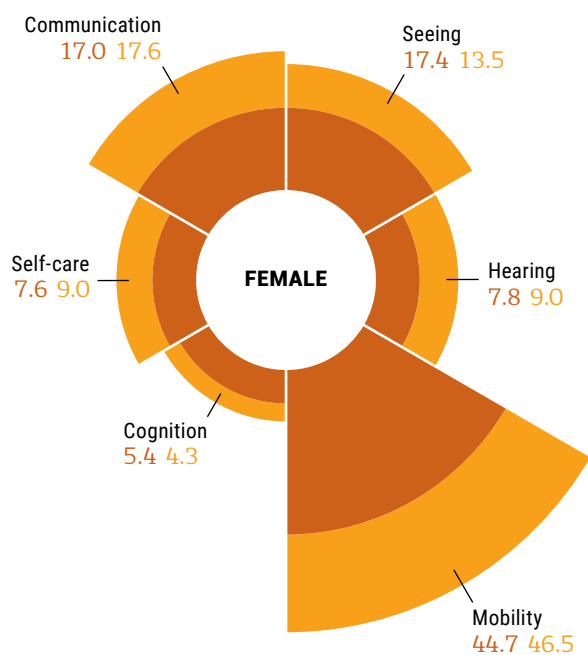
Persons with disabilities



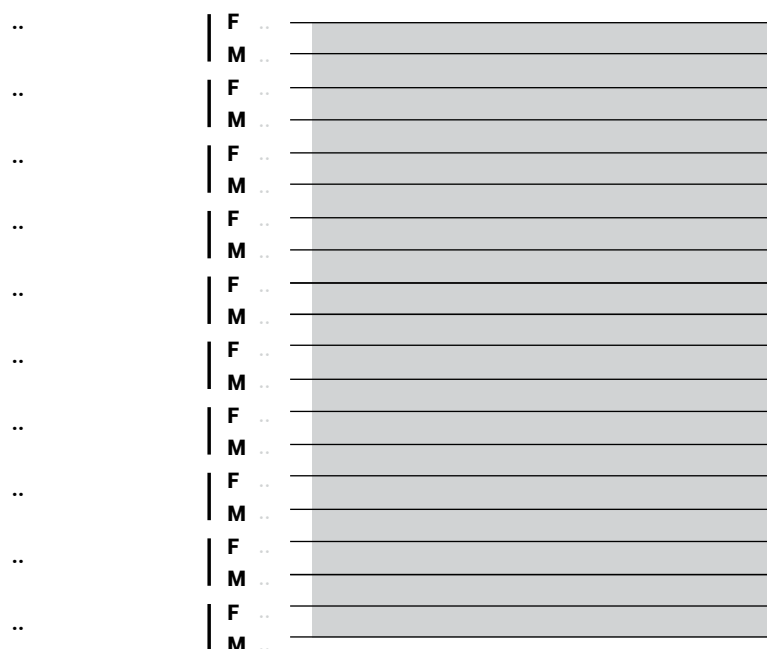
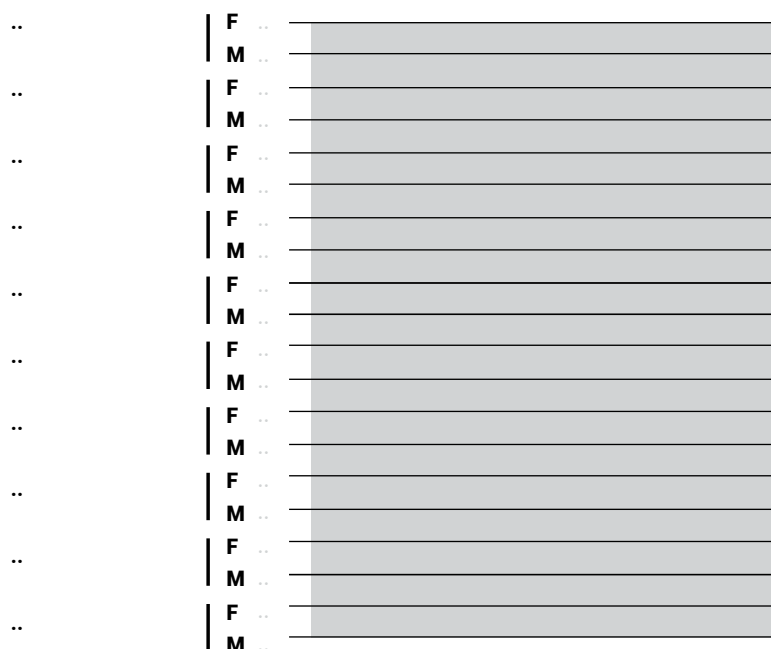
Persons without disabilities



Type of disability/difficulty (%)



Cause of disability (%)



All data categories are as provided by Egypt.

SOURCE

Calculated from ESCWA, 2017a, based on data provided by the NSO from the Egypt Labor Force Survey 2016, unless otherwise indicated

FOOTNOTES

1 Source: World Bank (2018). Data on the total number of persons with disabilities are not available in the source. Data on the sample size are available from the indicated source.



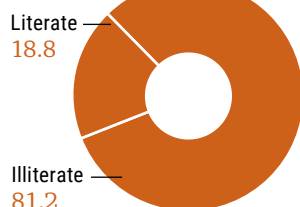
by LITERACY STATUS

Age: 15+ years

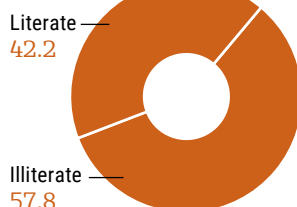
Persons with disabilities (%)

■ Rural ■ Urban

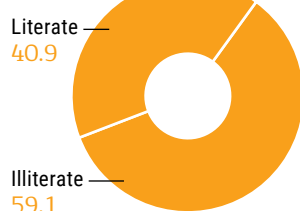
FEMALE



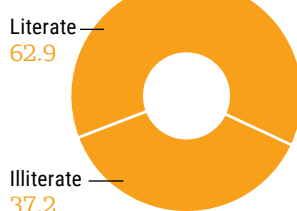
MALE



FEMALE



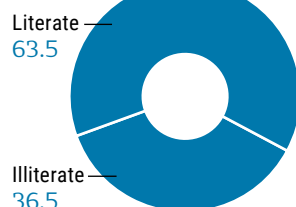
MALE



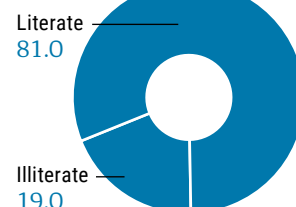
Persons without disabilities (%)

■ Rural ■ Urban

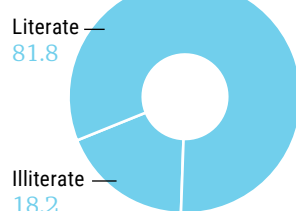
FEMALE



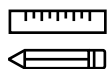
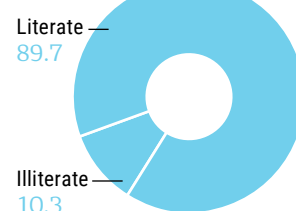
MALE



FEMALE



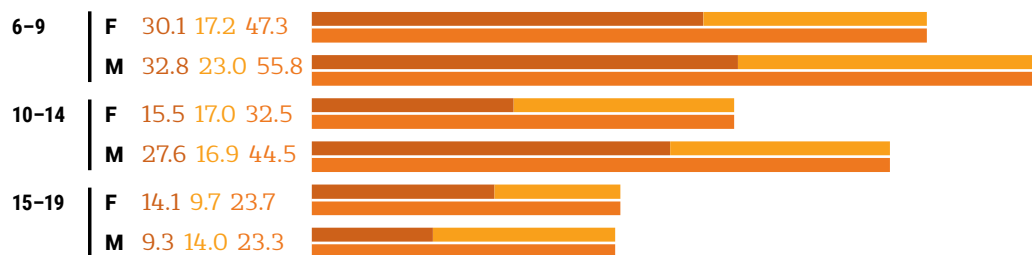
MALE



by SCHOOL ATTENDANCE

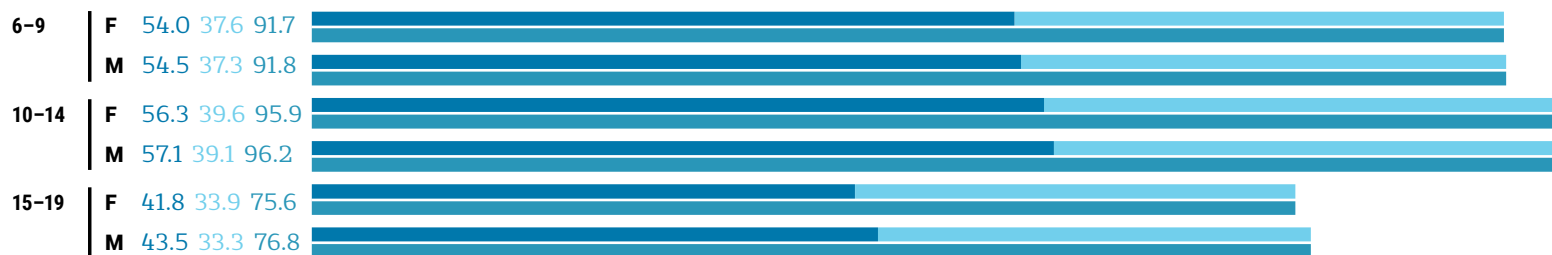
Persons with disabilities (%)

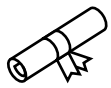
■ Rural ■ Urban ■ Total F Female M Male



Persons without disabilities (%)

■ Rural ■ Urban ■ Total F Female M Male



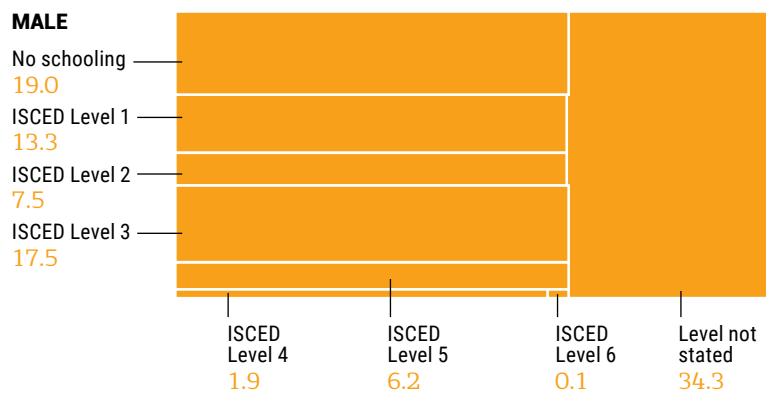
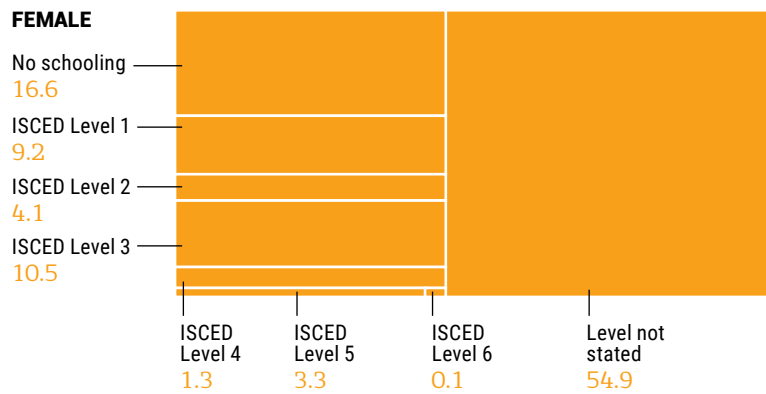
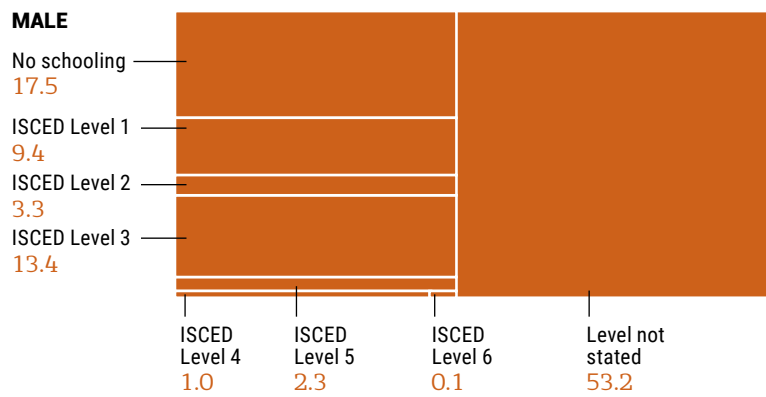
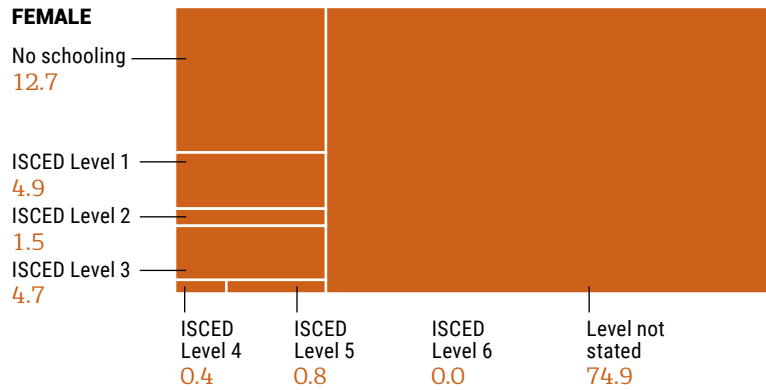


by EDUCATIONAL ATTAINMENT

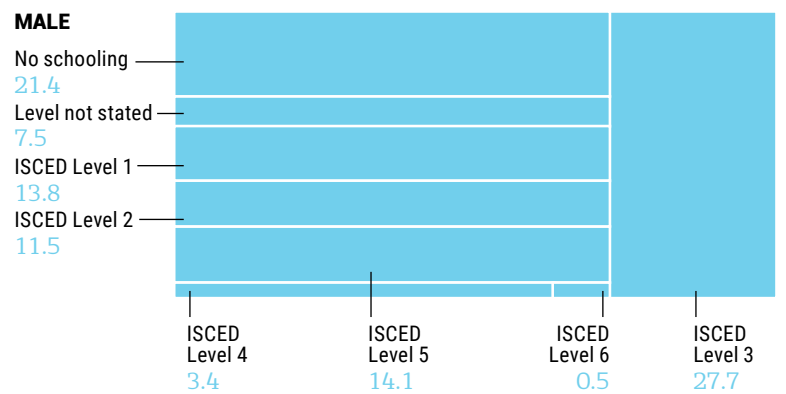
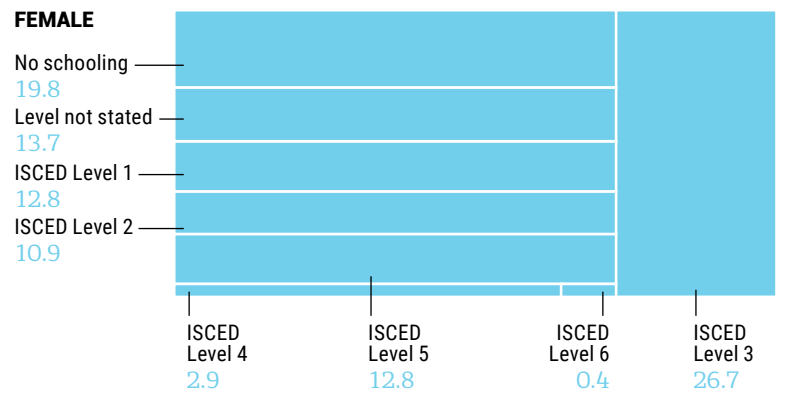
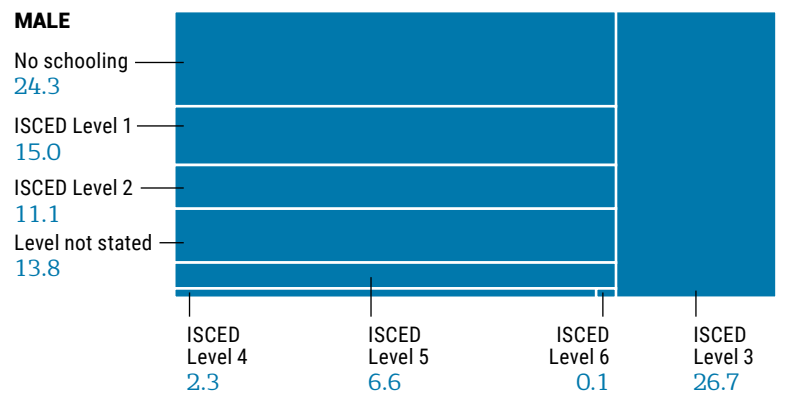
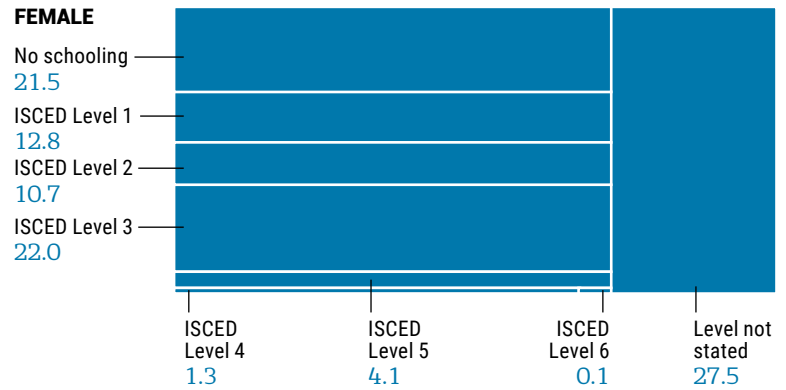
Age: 6+ years

"Level not stated" includes education that cannot be classified by level.

Persons with disabilities (%) ■ Rural ■ Urban



Persons without disabilities (%) ■ Rural ■ Urban





by MARITAL STATUS





by ECONOMIC ACTIVITY

Age: 15–64 years

Persons with disabilities (%) ■ Rural ■ Urban

FEMALE



MALE



FEMALE



MALE



Persons without disabilities (%) ■ Rural ■ Urban

FEMALE



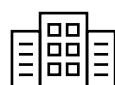
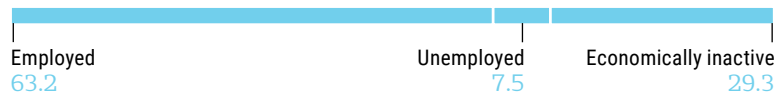
MALE



FEMALE



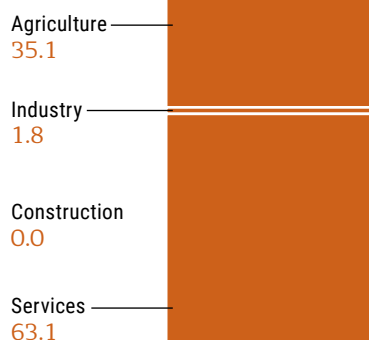
MALE



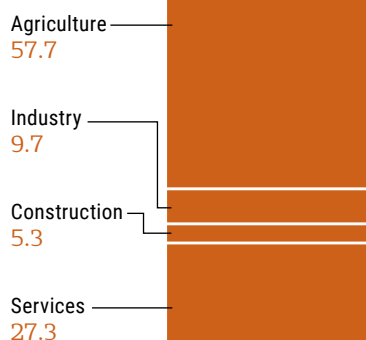
by SECTOR OF EMPLOYMENT

Persons with disabilities (%) ■ Rural ■ Urban

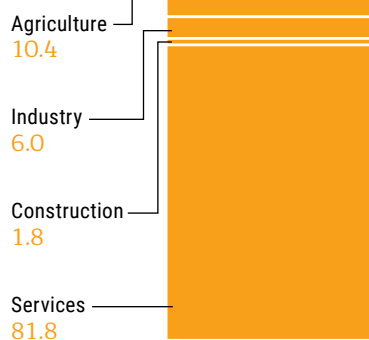
FEMALE



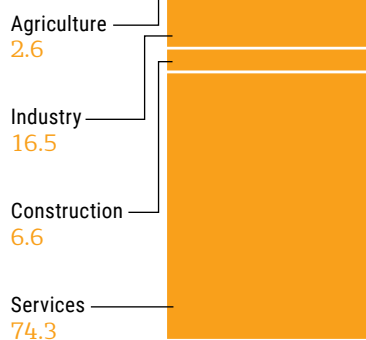
MALE



FEMALE

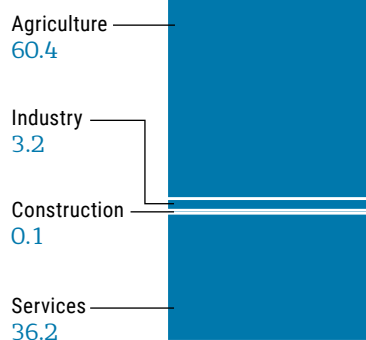


MALE

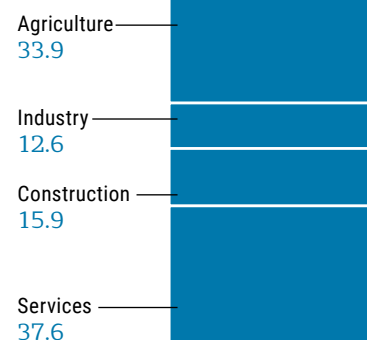


Persons without disabilities (%) ■ Rural ■ Urban

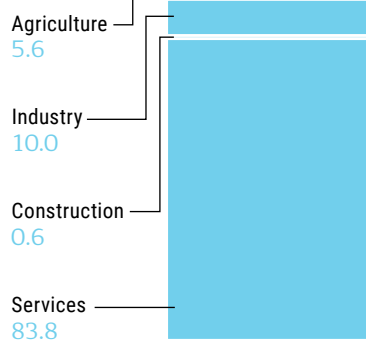
FEMALE



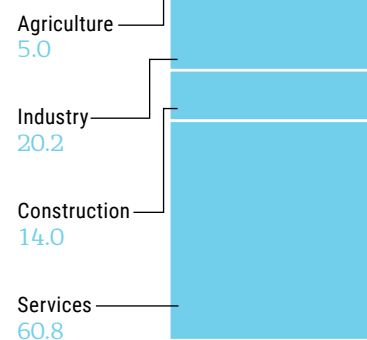
MALE



FEMALE

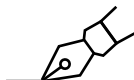

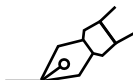



MALE

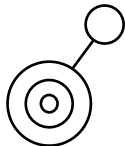
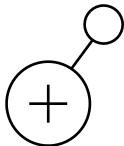


Signature/ratification of the Convention on the Rights of Persons with Disabilities & its optional protocol

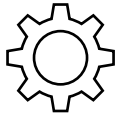
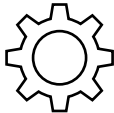
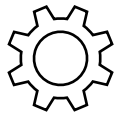
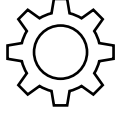

Source: United Nations Treaty Collection (2018a), (2018b)

Convention		Optional protocol	
	Signed 4.4.2007		Ratified/acceded 14.4.2008
			Signed No
			Ratified/acceded No

Focal point for implementing the Convention in accordance with Article 33(1)

Lead focal point	Additional focal points
 National Council for Disability Affairs	 No

National coordination mechanism for implementing the Convention in accordance with Article 33(1)

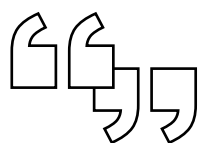
Mechanism name	Composition
 National Council for Disability Affairs with the government and concerned parties	 Prime Minister, Minister of Health and Population, Minister of Education, Minister of Social Solidarity, Minister of Planning and Administrative Reform, Minister of Manpower and Immigration, Federation of Organizations for Persons with Disabilities, experts in the field of disability, representatives of organizations of persons with disabilities, representatives of the private sector
 Chair Prime Minister	
 Year established 2012	
 Persons with disabilities represented? Yes	

Framework for the promotion, protection and monitoring of the Convention in accordance with Article 33(2) composition



National Council for Disability Affairs

National definition of disability/persons with disabilities



Person with disability means: each person who has a malfunction in whole or in part if it is physical, mental or sensory. If this malfunction is stable and prevents him from dealing with different obstacles and participating fully and actively in society equally with others, the implementation list of this law specifies the procedures, cases and the degree of disability that determine disability when implementing item 1 of this article (Law No. 10 of 2018 on the Rights of Persons with Disabilities).

National legislative framework for disability/persons with disabilities (year of adoption)

Articles on disability included in the constitution?

Yes

General/overarching national disability law

Law No. 10 on the Rights of Persons with Disabilities (2018)

National disability strategy/plan

Currently being developed

SOURCE

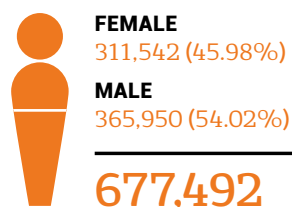
Based on data collected from government focal points through the ESCWA Questionnaire on the Implementation of Article 33 by Arab States (2016).

IRAQ 2013

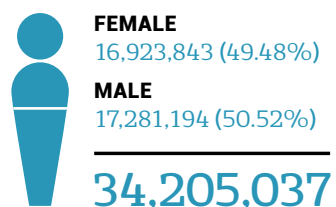
SOCIO-ECONOMIC INDICATORS	HDI	Life expectancy at birth	GNI per capita
Source: UNDP (2016)	0.649	69.6	11,608

Population

Persons with disabilities

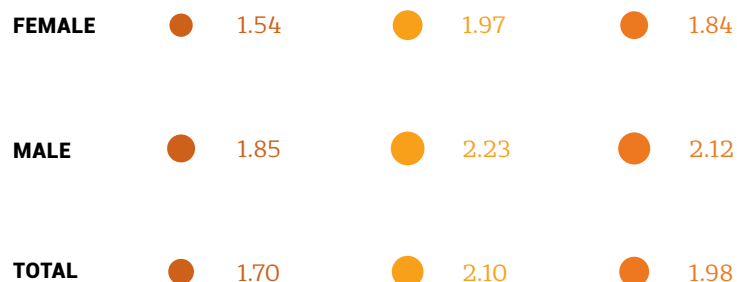


Total population



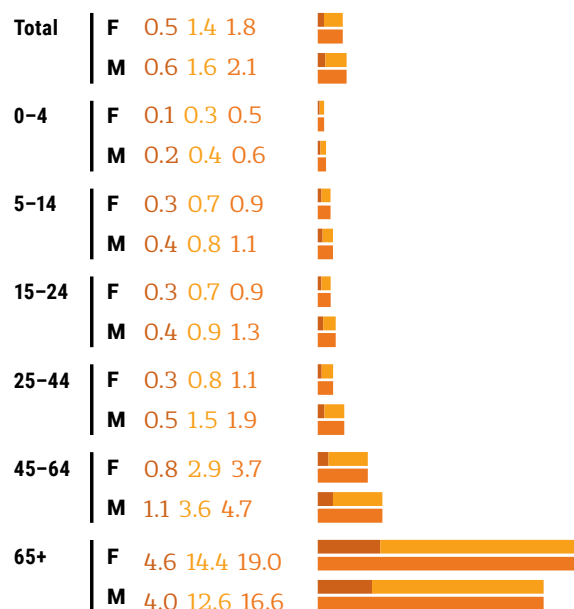
Disability prevalence (%)

■ Rural ■ Urban ■ Total



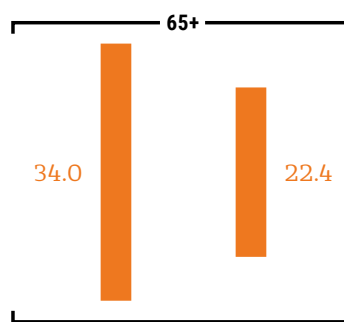
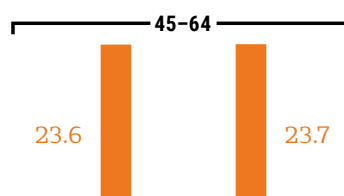
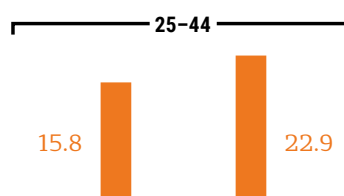
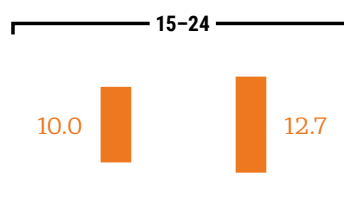
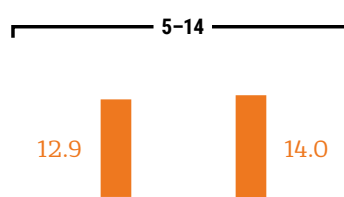
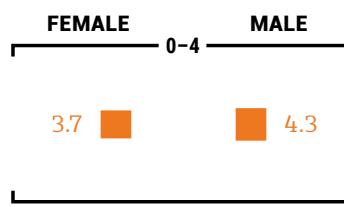
Age-specific disability prevalence (%)

■ Rural ■ Urban ■ Total F Female M Male

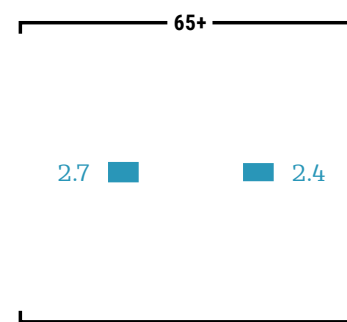
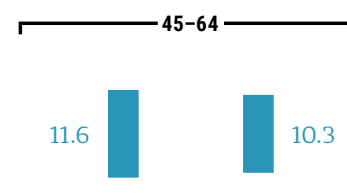
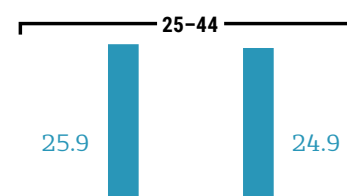
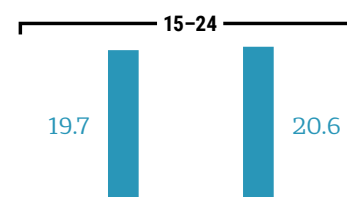
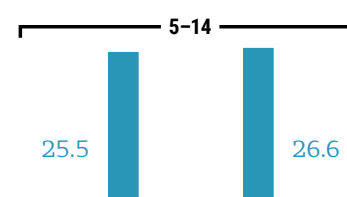
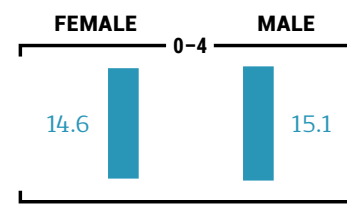


Age distribution (%)

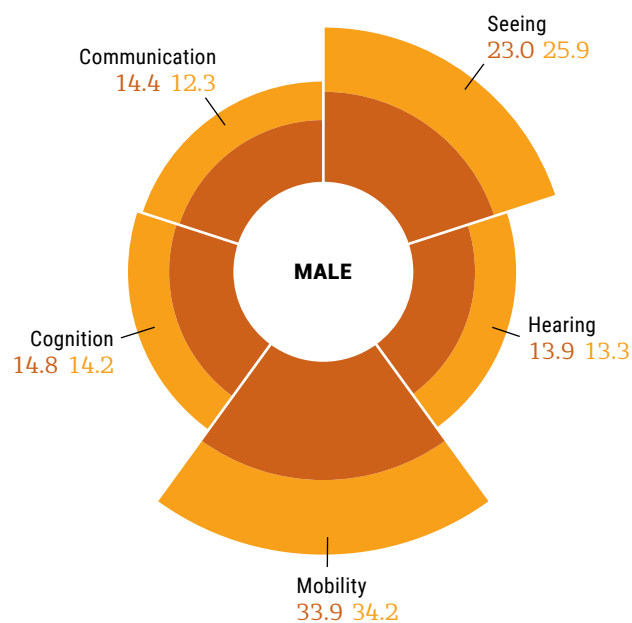
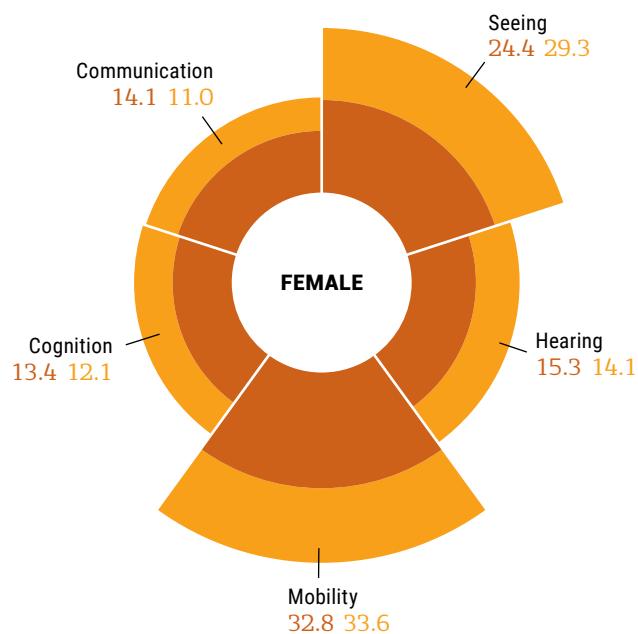
Persons with disabilities



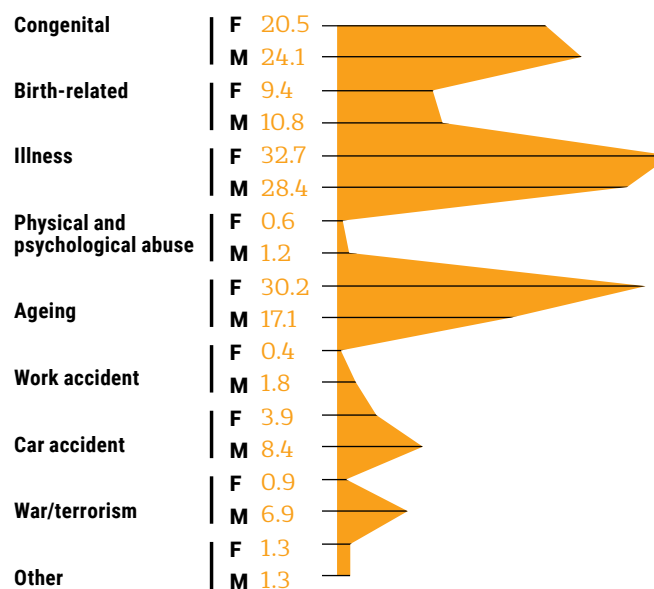
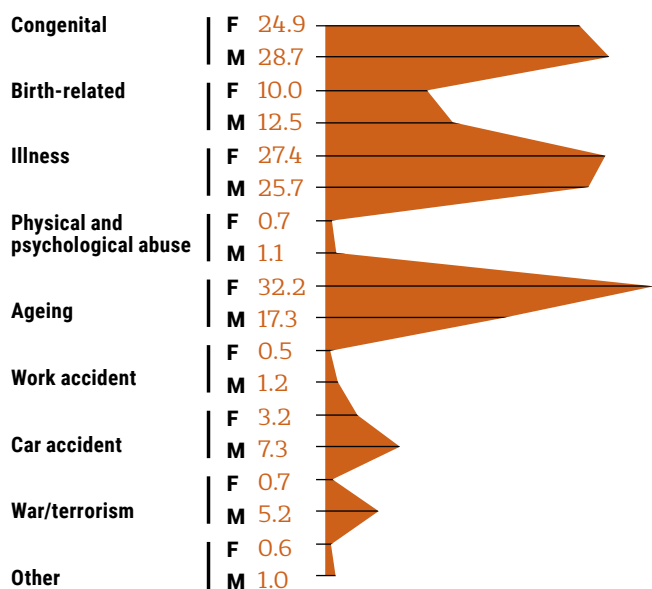
Persons without disabilities



Type of disability/difficulty (%)¹ ■ Rural ■ Urban



Cause of disability (%)² ■ Rural ■ Urban F Female M Male



All data categories are as provided by Iraq.

SOURCE

Calculated from ESCWA, 2017a, based on data provided by the NSO from the Iraq Poverty and Maternal Mortality Survey 2013, unless otherwise indicated

FOOTNOTES

- 1 Persons may report more than one type of disability.
- 2 Persons may report more than one cause of disability.



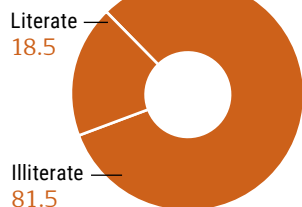
by LITERACY STATUS

Age: 15+ years

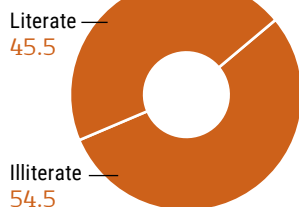
Persons with disabilities (%)

■ Rural ■ Urban

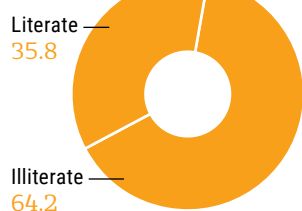
FEMALE



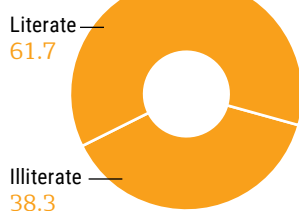
MALE



FEMALE



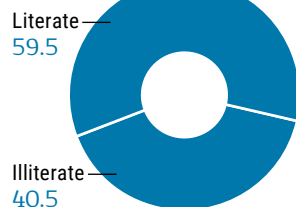
MALE



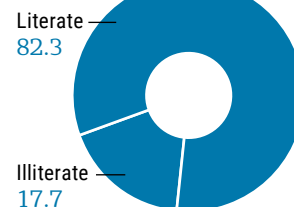
Persons without disabilities (%)

■ Rural ■ Urban

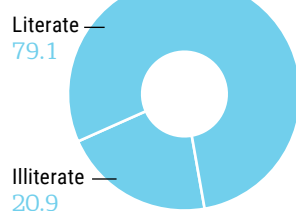
FEMALE



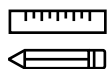
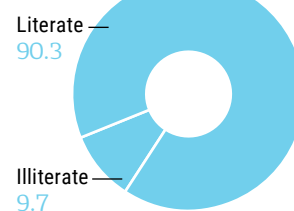
MALE



FEMALE



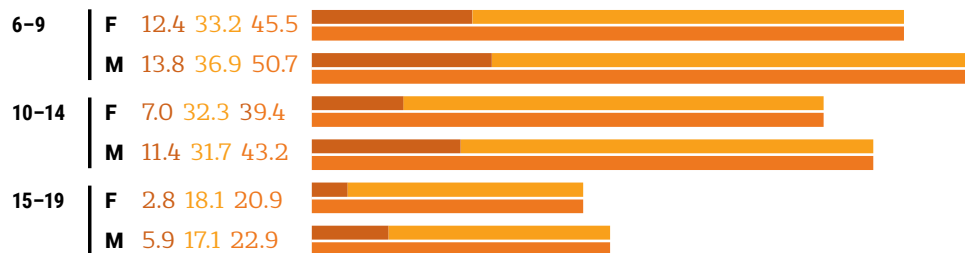
MALE



by SCHOOL ATTENDANCE

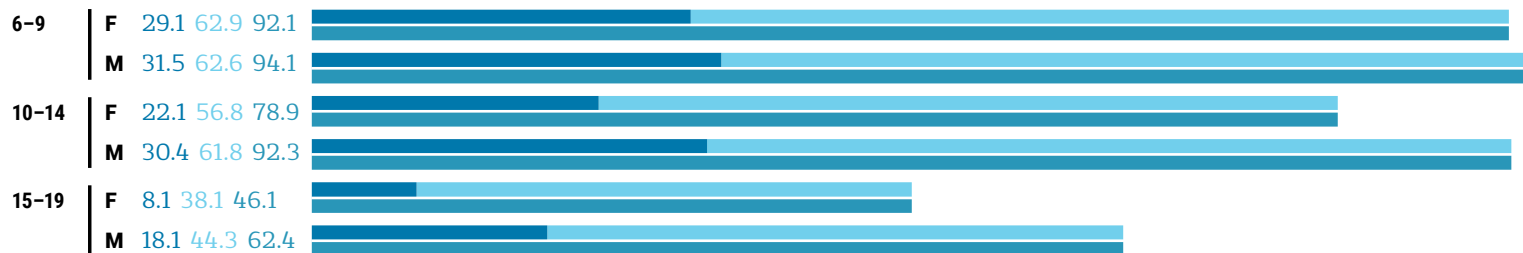
Persons with disabilities (%)

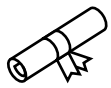
■ Rural ■ Urban ■ Total F Female M Male



Persons without disabilities (%)

■ Rural ■ Urban ■ Total F Female M Male



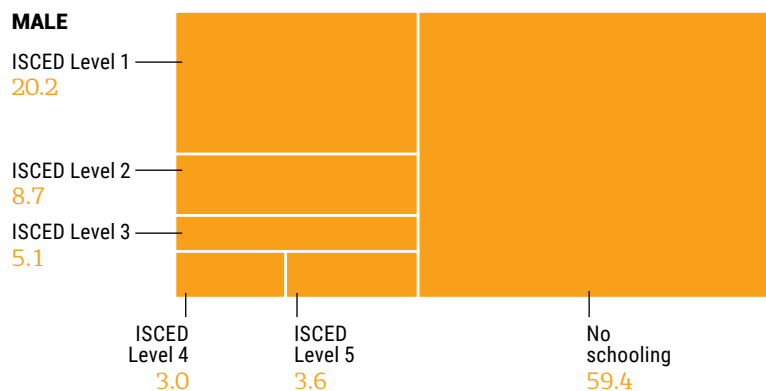
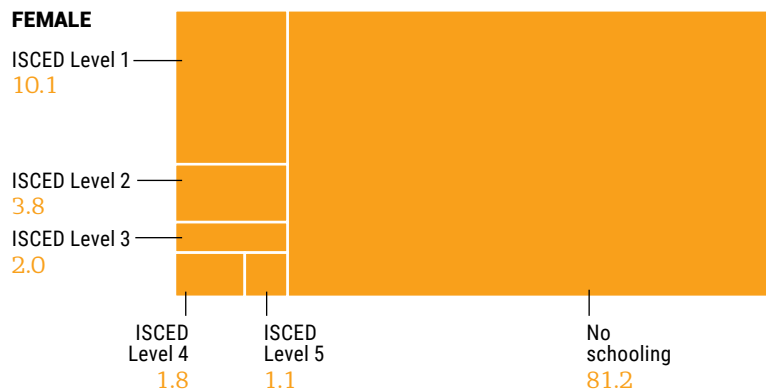
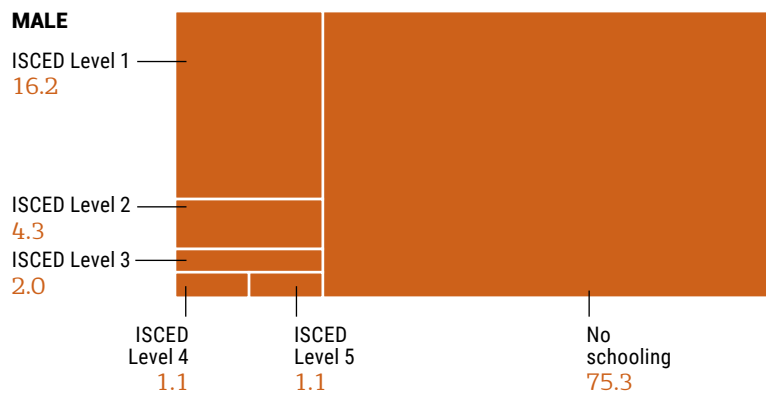
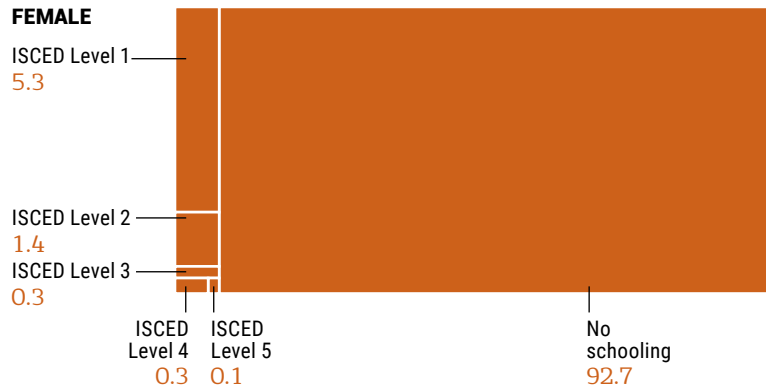


by EDUCATIONAL ATTAINMENT

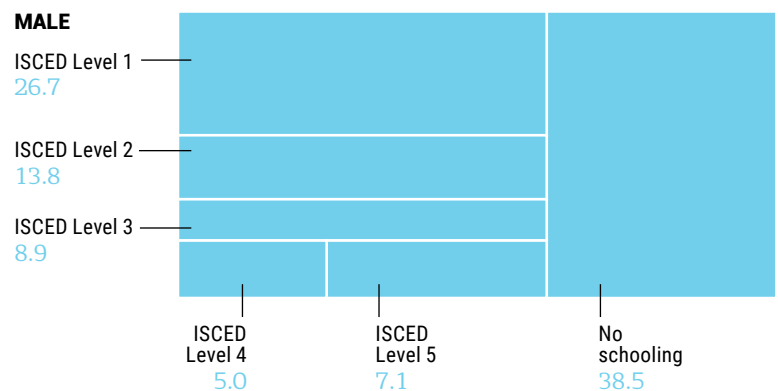
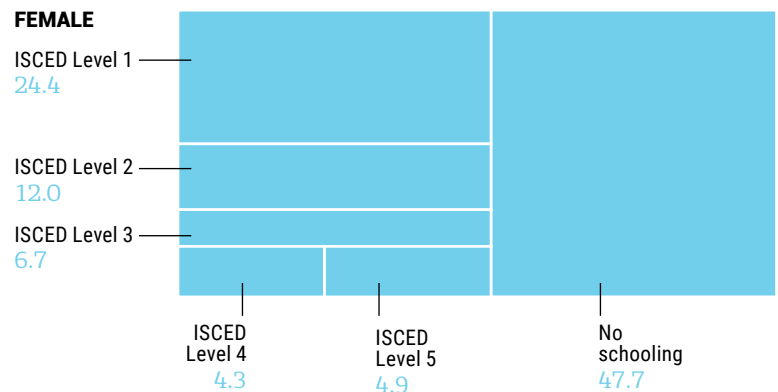
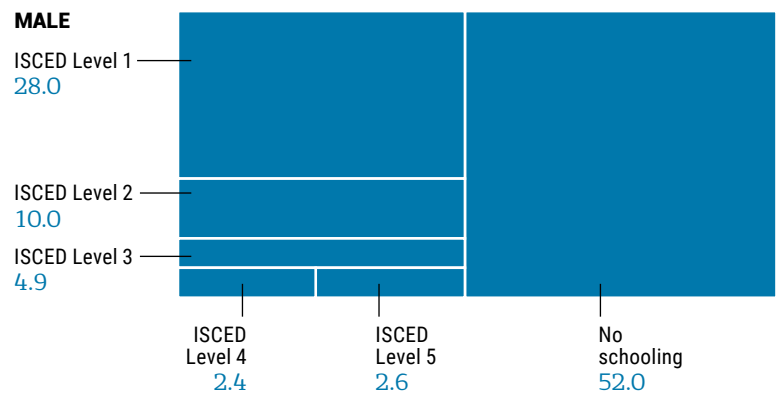
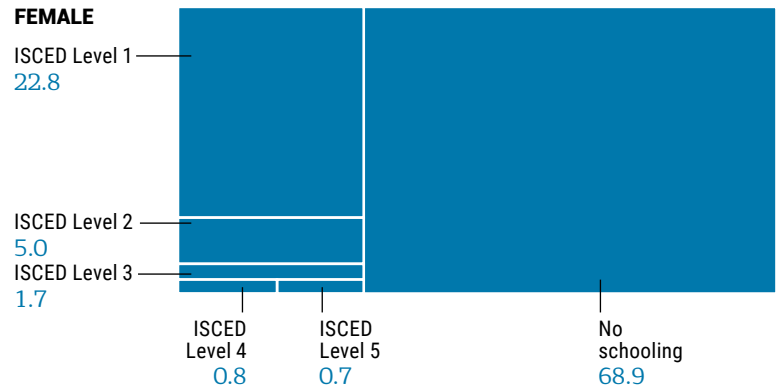
Age: 6+ years

Data source includes a more detailed breakdown for children aged 6-9 with "no schooling" (by primary school enrolment).

Persons with disabilities (%) ■ Rural ■ Urban



Persons without disabilities (%) ■ Rural ■ Urban





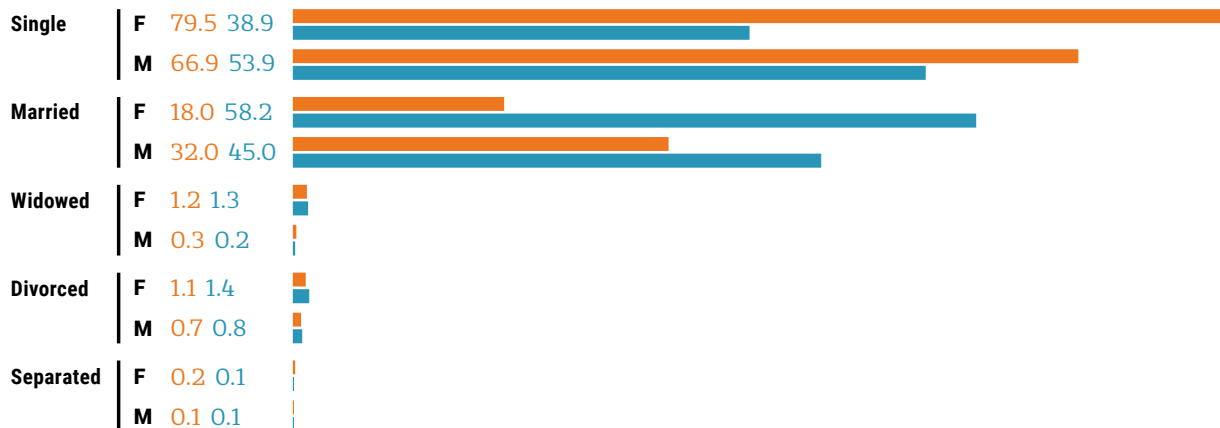
by MARITAL STATUS

By age group

205,753 persons of unknown marital status, amounting to 1.01 per cent of the total population aged 15 and above, have been excluded from the calculation since no disaggregation by disability is available for this group.

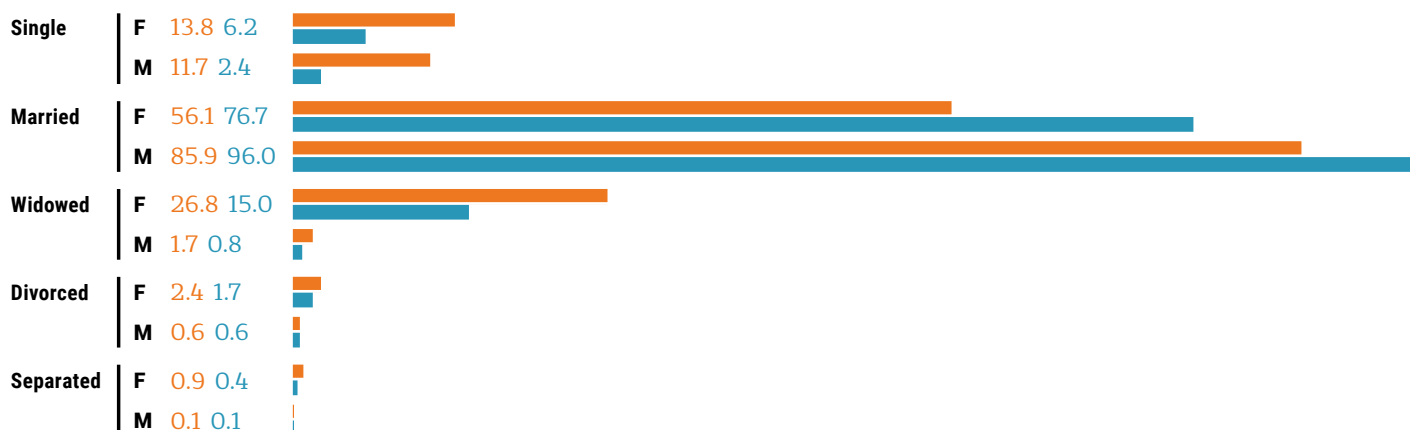
15–39 years

■ Total with disabilities
 ■ Total without disabilities
 F Female M Male



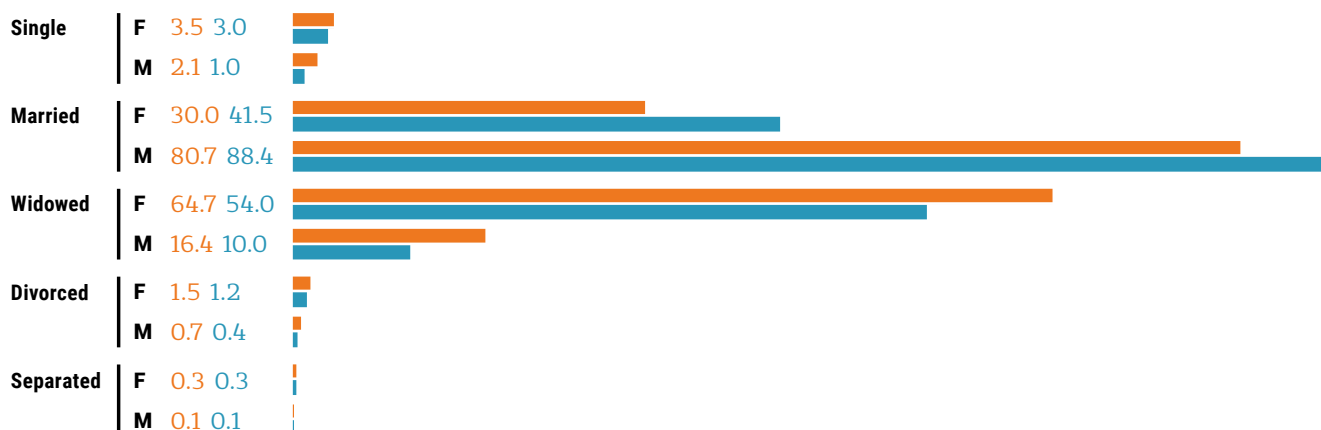
40–64 years

■ Total with disabilities
 ■ Total without disabilities
 F Female M Male



65+ years

■ Total with disabilities
 ■ Total without disabilities
 F Female M Male





by ECONOMIC ACTIVITY

Age: 15–64 years

Persons with disabilities (%) ■ Rural ■ Urban

FEMALE



MALE



FEMALE

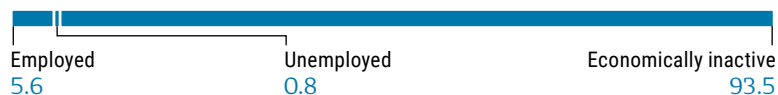


MALE



Persons without disabilities (%) ■ Rural ■ Urban

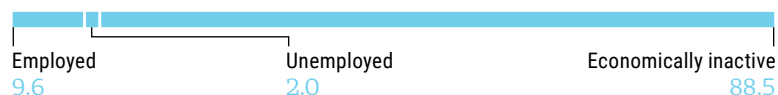
FEMALE



MALE



FEMALE



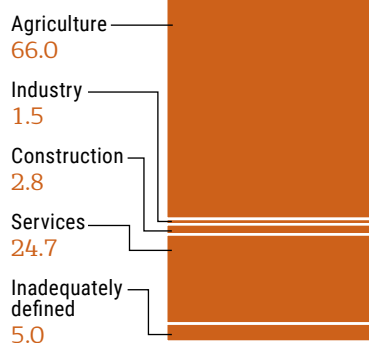
MALE



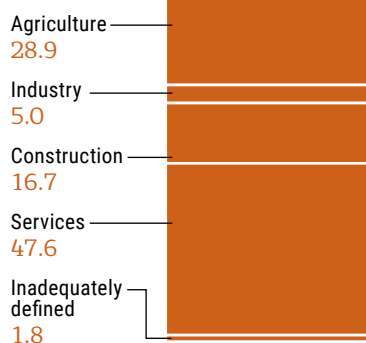
by SECTOR OF EMPLOYMENT

Persons with disabilities (%) ■ Rural ■ Urban

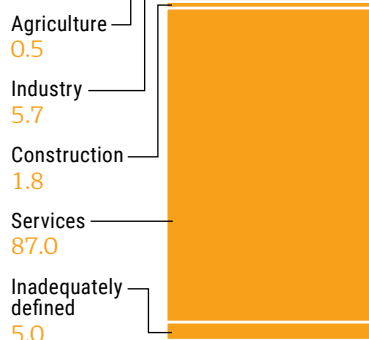
FEMALE



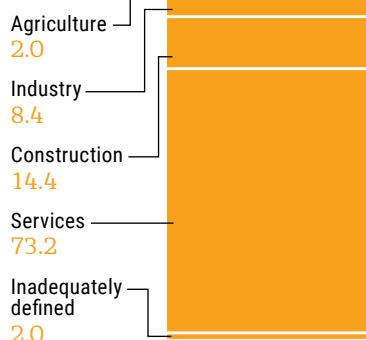
MALE



FEMALE

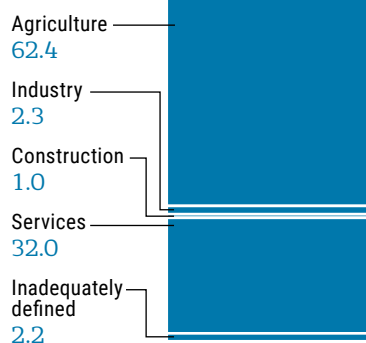


MALE

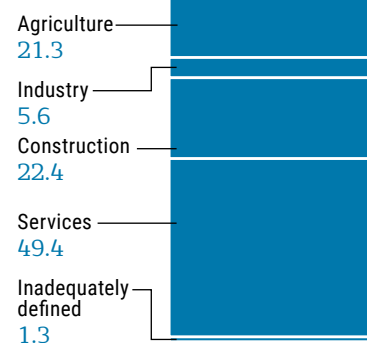


Persons without disabilities (%) ■ Rural ■ Urban

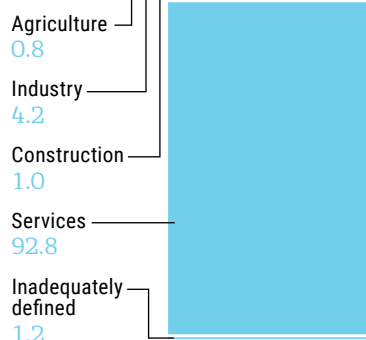
FEMALE



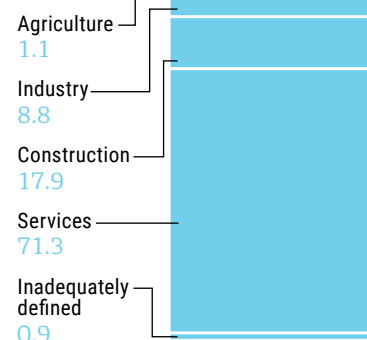
MALE



FEMALE

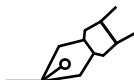

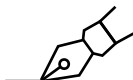



MALE

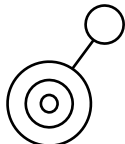
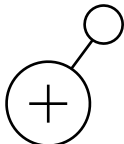


Signature/ratification of the Convention on the Rights of Persons with Disabilities & its optional protocol

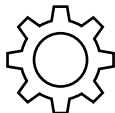
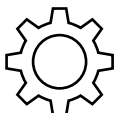
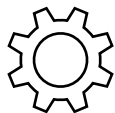
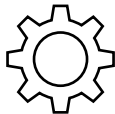
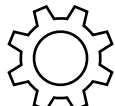
Source: United Nations Treaty Collection (2018a), (2018b)

Convention		Optional protocol	
	Signed No		Ratified/acceded 20.3.2013
	Signed No		Ratified/acceded No

Focal point for implementing the Convention in accordance with Article 33(1)

Lead focal point	Additional focal points
 Commission of Care for Persons with Disabilities and Special Needs	 No

National coordination mechanism for implementing the Convention in accordance with Article 33(1)

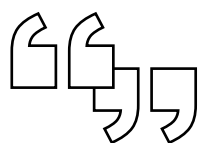
Mechanism name	Composition
 Commission of Care for Persons with Disabilities and Special Needs	 Ministry of Finance, Ministry of Defence, Ministry of Trade, Ministry of Justice, Ministry of Interior, Ministry of Labor and Social Affairs, Ministry of Education, Ministry of Health, Ministry of Construction and Housing, Ministry of Higher Education and Scientific Research, Ministry of Planning, Ministry of Youth and Sport, Iraqi High Commission for Human Rights, representative of the Kurdistan Regional Government, civil society organizations
 Chair Chairman for the Commission of Care for Persons with Disabilities and Special Needs	
 Year established 2013	
 Persons with disabilities represented? Yes	

Framework for the promotion, protection and monitoring of the Convention in accordance with Article 33(2) composition



Commission of Care for Persons with Disabilities and Special Needs

National definition of disability/persons with disabilities



Disability: any restriction or inability to interact with the environment within the limits of what is considered normal due to an impairment or deficiency. Persons with disabilities: any person who has lost their ability, totally or partially, to participate in community life on the same basis as others, as a result of a physical, mental or sensory impairment that has led to an inability to perform certain functions (Law No. 38 on the Care for Persons with Disabilities and Special Needs, 2013).

National legislative framework for disability/persons with disabilities (year of adoption)

<p>Articles on disability included in the constitution?</p> <hr/> <p>Yes</p>	<p>General/overarching national disability law</p> <hr/> <p>Law No. 38 on the Care for Persons with Disabilities and Special Needs (2013)</p>	<p>National disability strategy/plan</p> <hr/> <p>No</p>
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SOURCE

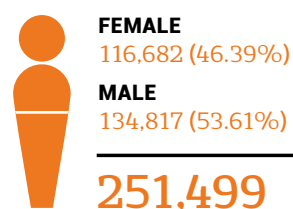
Based on data collected from government focal points through the ESCWA Questionnaire on the Implementation of Article 33 by Arab States (2016).

JORDAN 2015

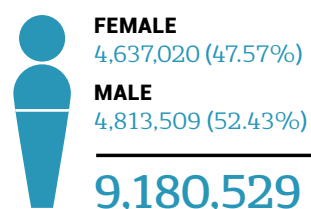
SOCIO-ECONOMIC INDICATORS	HDI	Life expectancy at birth	GNI per capita
Source: UNDP (2016)	0.742	74.2	10,111

Population

Persons with disabilities



Total population



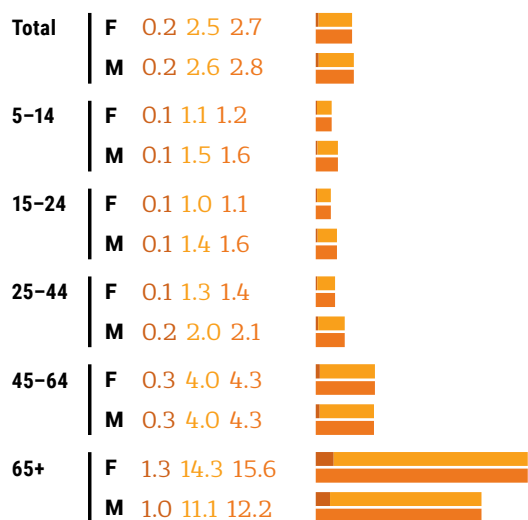
Disability prevalence (%)¹

■ Rural ■ Urban ■ Total



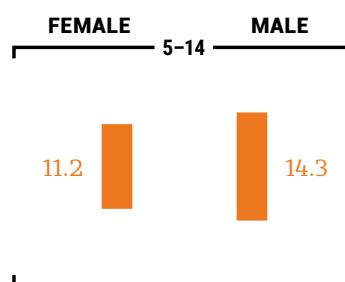
Age-specific disability prevalence (%)

■ Rural ■ Urban ■ Total F Female M Male

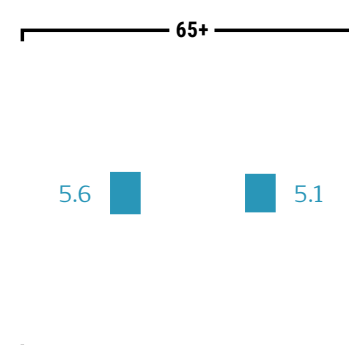
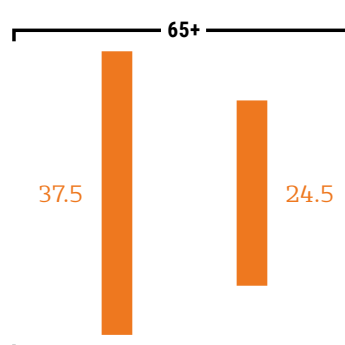
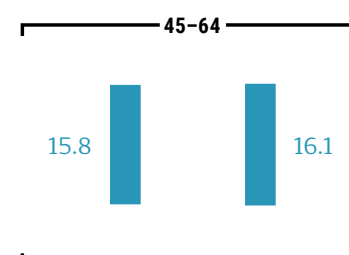
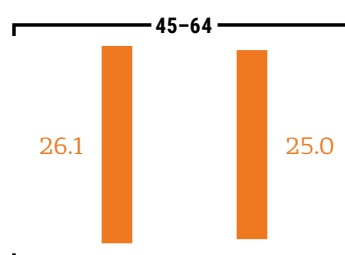
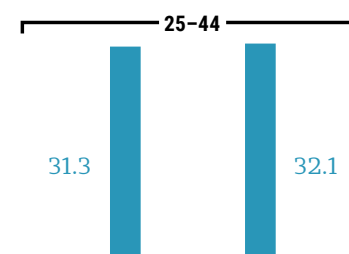
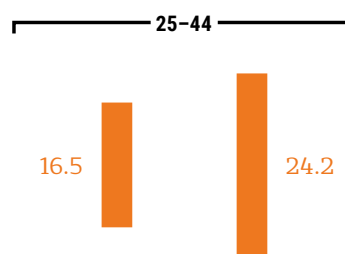
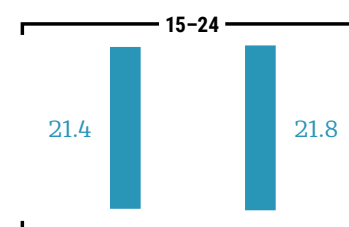
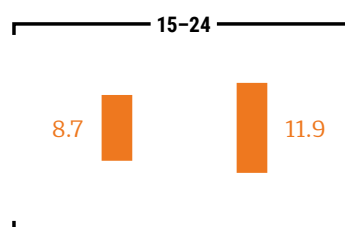
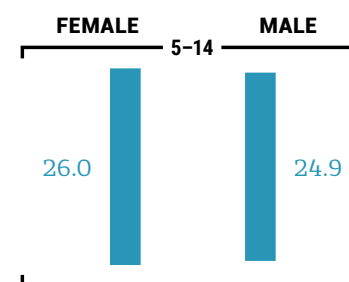


Age distribution (%)

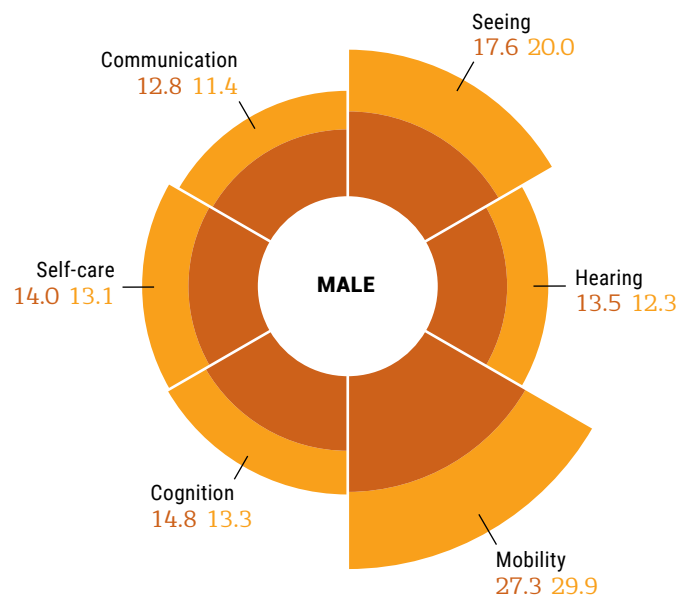
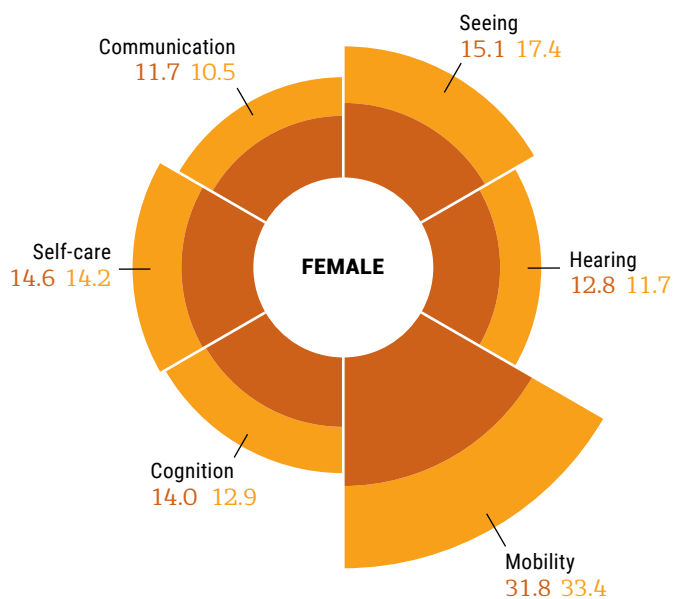
Persons with disabilities



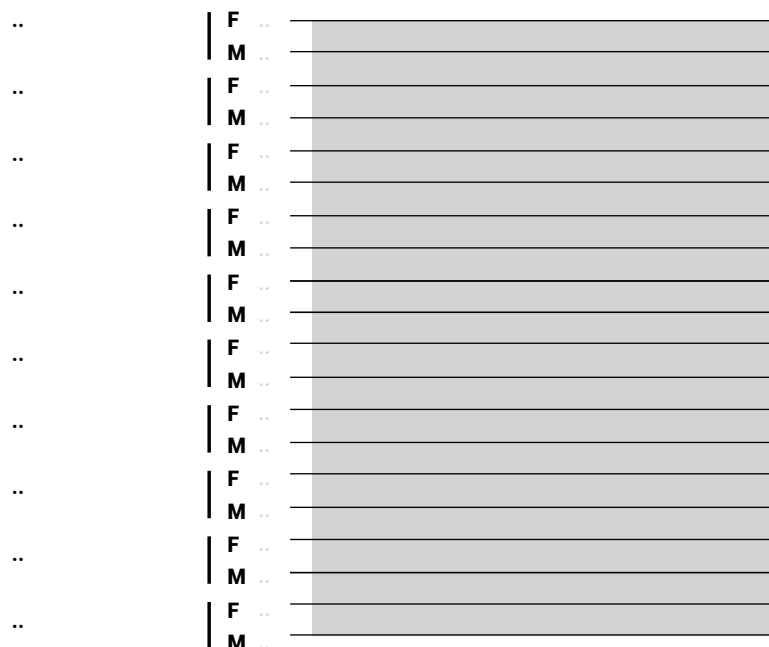
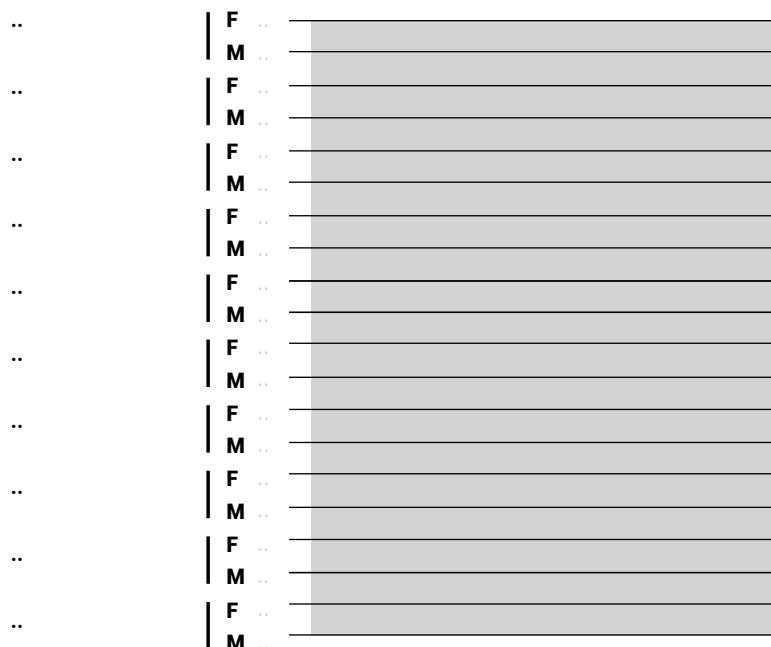
Persons without disabilities



Type of disability/difficulty (%)² ■ Rural ■ Urban



Cause of disability (%) ■ Rural ■ Urban F Female M Male



All data categories are as provided by Jordan.

SOURCE

Calculated from ESCWA, 2017a, based on data provided by the NSO from the Jordan census 2015, unless otherwise indicated

FOOTNOTES

- 1 The data pertain only to persons aged 5 and above.
- 2 Persons may report more than one type of disability.



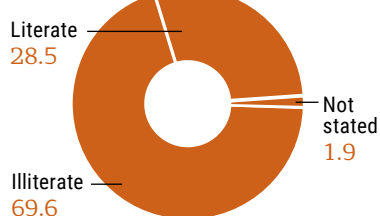
by LITERACY STATUS

Age: 15+ years

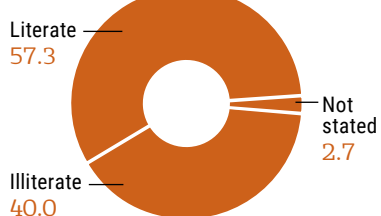
Persons with disabilities (%)

■ Rural ■ Urban

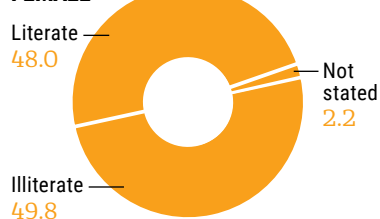
FEMALE



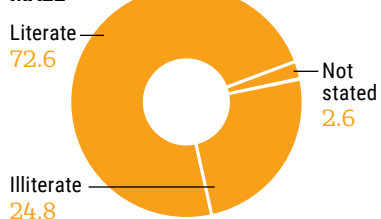
MALE



FEMALE



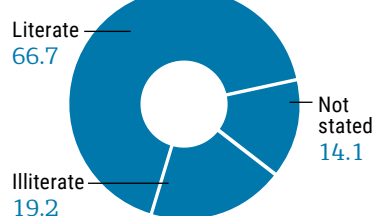
MALE



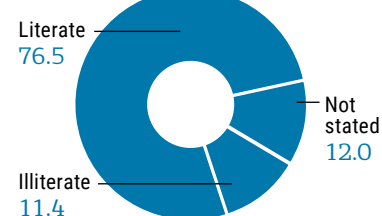
Persons without disabilities (%)

■ Rural ■ Urban

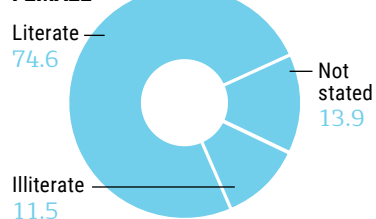
FEMALE



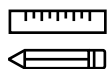
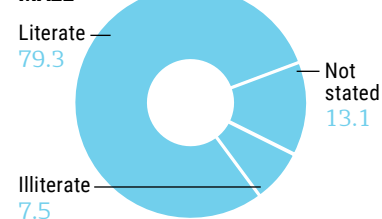
MALE



FEMALE



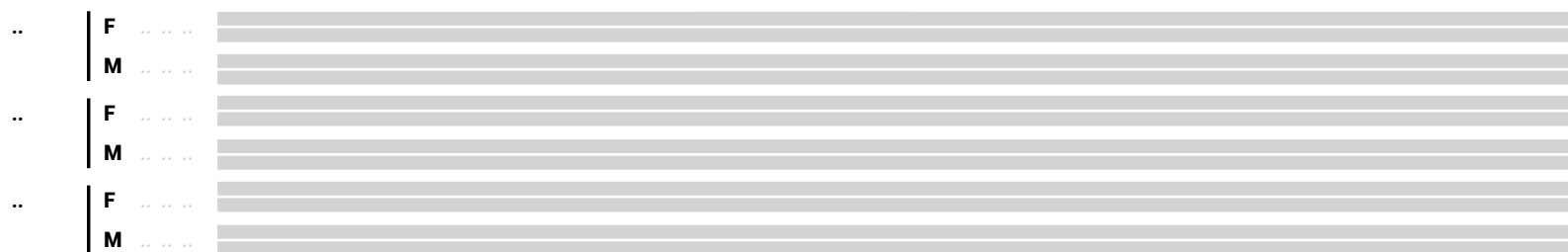
MALE



by SCHOOL ATTENDANCE

Persons with disabilities (%)

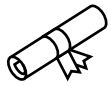
■ Rural ■ Urban ■ Total F Female M Male



Persons without disabilities (%)

■ Rural ■ Urban ■ Total F Female M Male



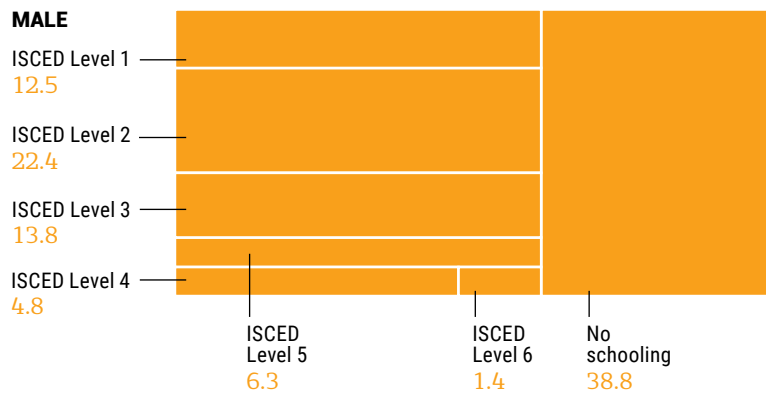
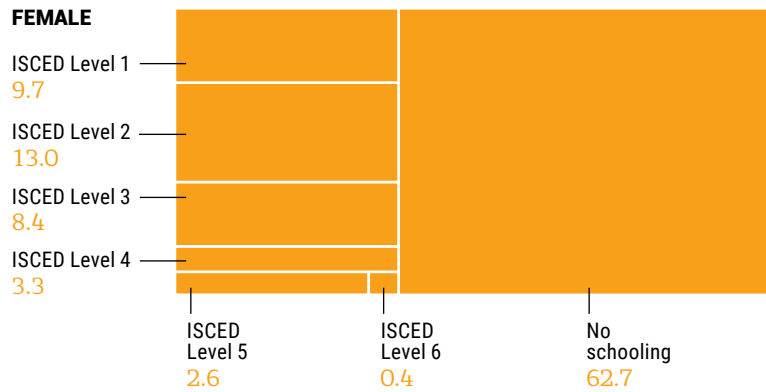
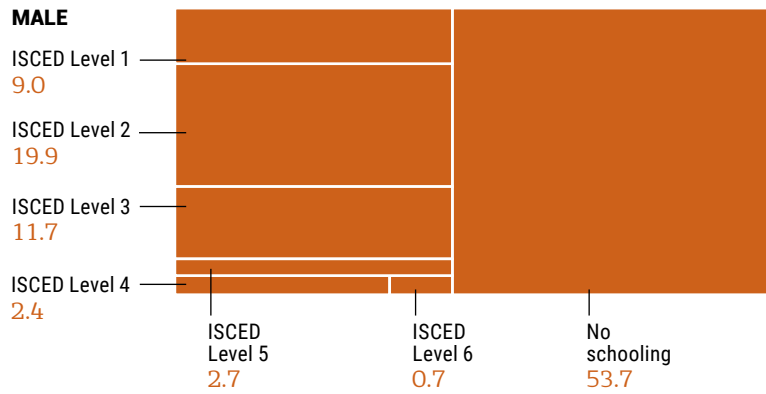
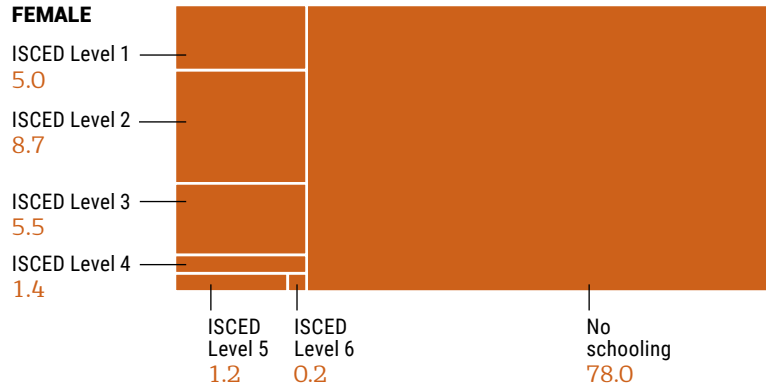


by EDUCATIONAL ATTAINMENT

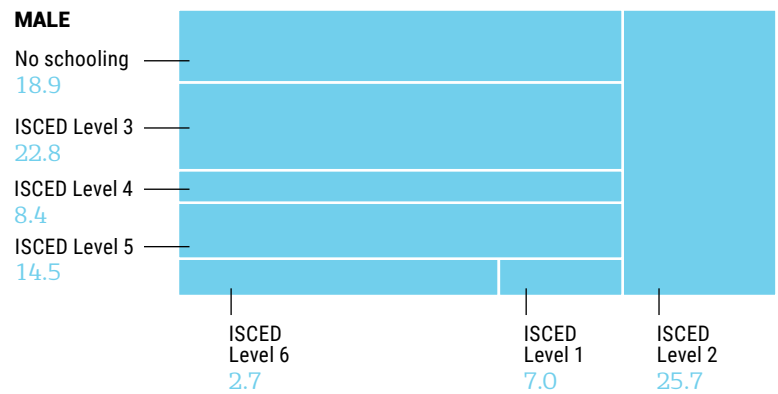
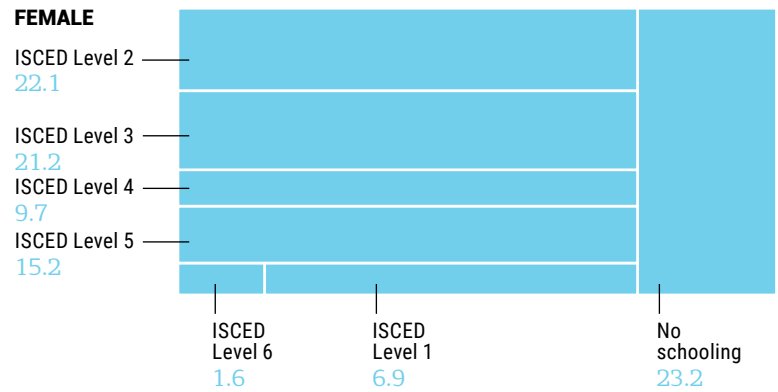
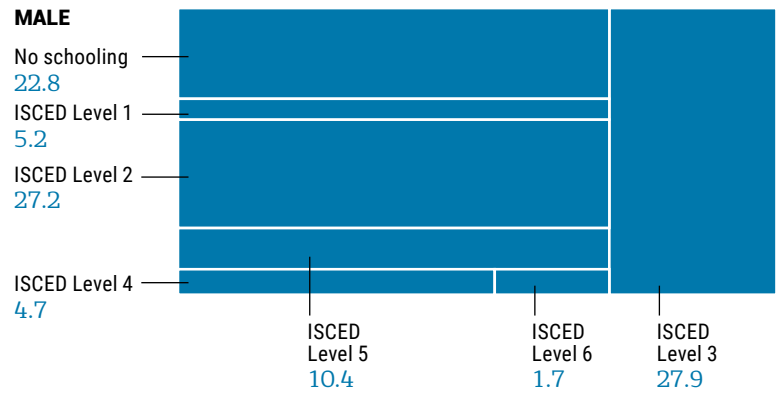
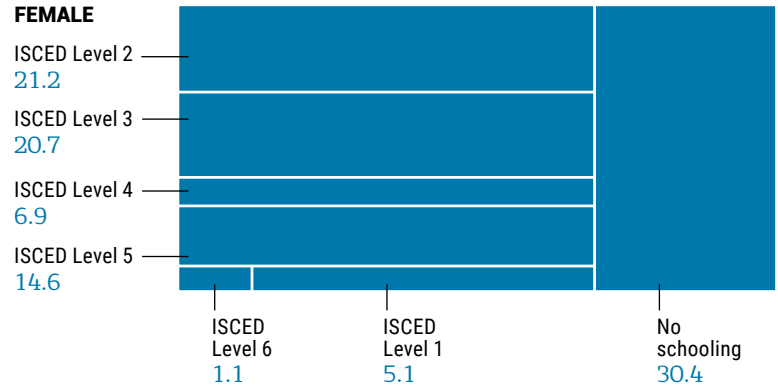
Age: 13+ years

Data source includes a more detailed breakdown for ISCED levels 2 (by general and lower secondary) and 3 (by upper secondary and technical/vocational).

Persons with disabilities (%) ■ Rural ■ Urban



Persons without disabilities (%) ■ Rural ■ Urban

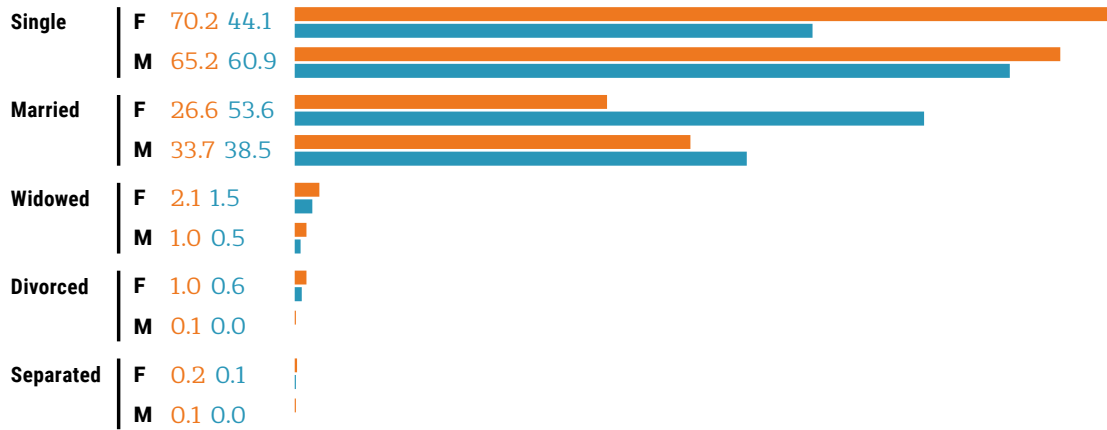




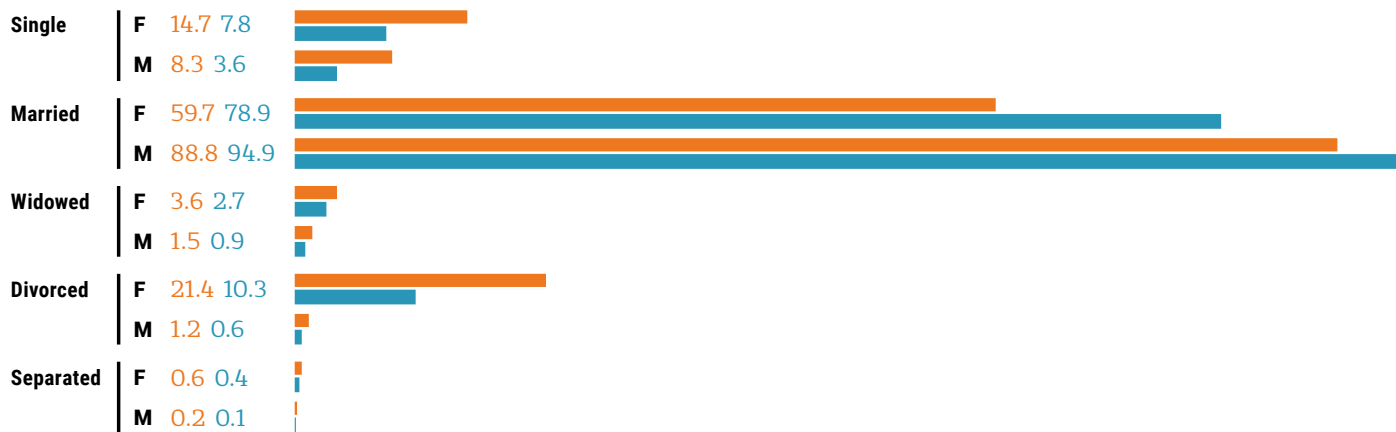
by MARITAL STATUS

By age group

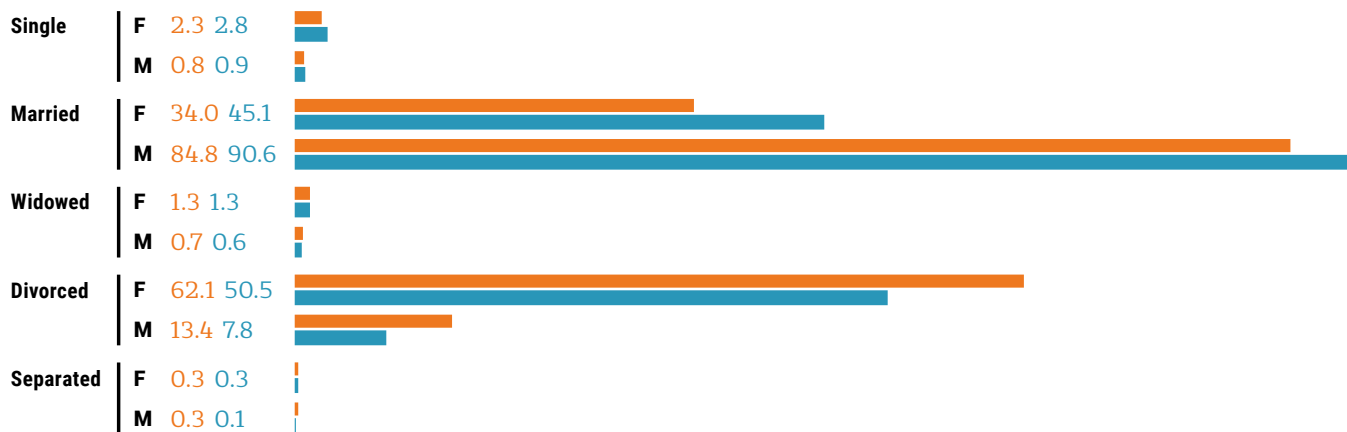
15–39 years



40–64 years



65+ years





by ECONOMIC ACTIVITY

Age: 15–64 years

Persons with disabilities (%) ■ Rural ■ Urban

FEMALE



MALE



FEMALE



MALE

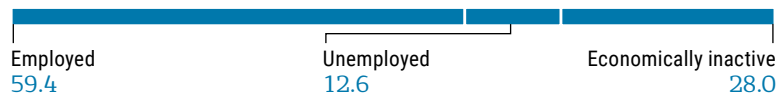


Persons without disabilities (%) ■ Rural ■ Urban

FEMALE



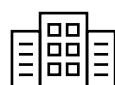
MALE



FEMALE



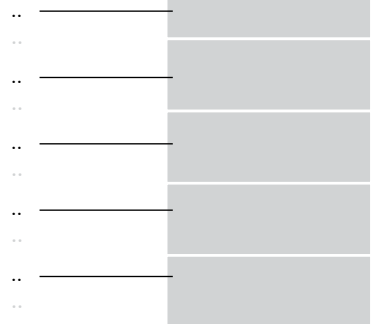
MALE



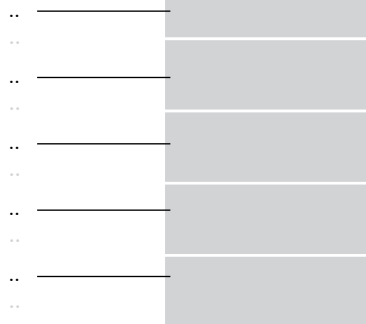
by SECTOR OF EMPLOYMENT

Persons with disabilities (%) ■ Rural ■ Urban

FEMALE

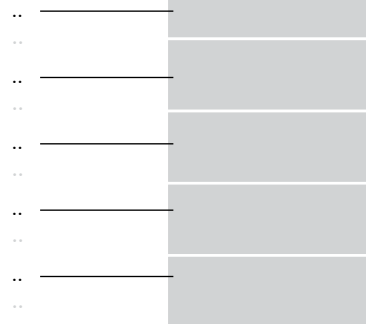


MALE

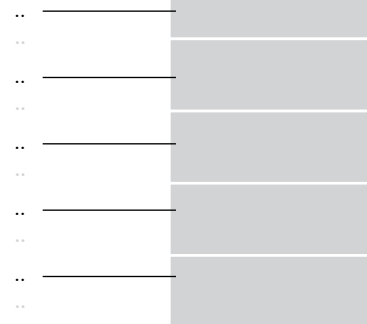


Persons without disabilities (%) ■ Rural ■ Urban

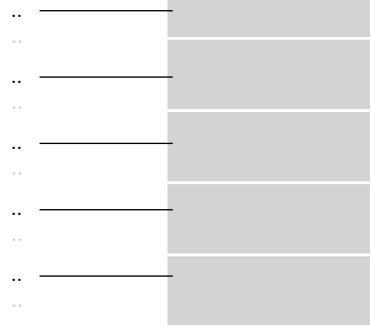
FEMALE



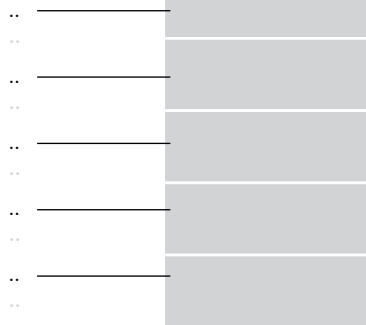
MALE



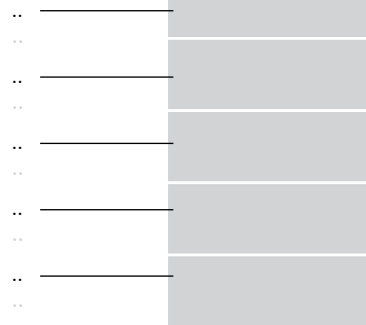
FEMALE



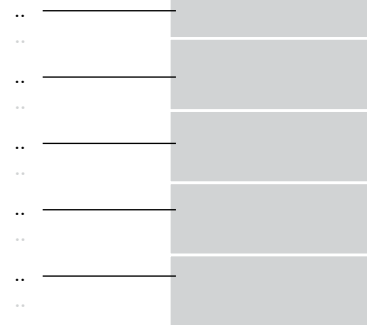
MALE



FEMALE

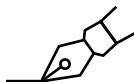

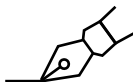



MALE



Signature/ratification of the Convention on the Rights of Persons with Disabilities & its optional protocol

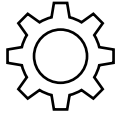
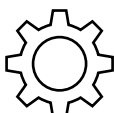
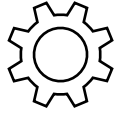
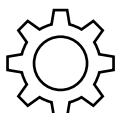
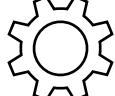
Source: United Nations Treaty Collection (2018a), (2018b)

Convention		Optional protocol	
	Signed 30.3.2007		Ratified/acceded 31.3.2008
			Signed 30.3.2007
			Ratified/acceded No

Focal point for implementing the Convention in accordance with Article 33(1)

Lead focal point	Additional focal points
 Higher Council for the Rights of Persons with Disabilities	 No

National coordination mechanism for implementing the Convention in accordance with Article 33(1)

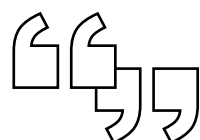
Mechanism name	Composition
 Higher Council for the Rights of Persons with Disabilities	 Board of Trustees, made up of a total of 25 representatives. It comprises at least 9 people with disabilities reflecting all types of disabilities, 3 representatives of families of persons with disabilities with one being a parent or first-degree relative, and 8 experts in the field of disability
 Chair President of the Higher Council for the Rights of Persons with Disabilities	
 Year established 2007	
 Persons with disabilities represented? Yes	

Framework for the promotion, protection and monitoring of the Convention in accordance with Article 33(2) composition



National Centre for Human Rights, Higher Council for the Rights of Persons with Disabilities

National definition of disability/persons with disabilities



Any person with a long-term deficiency in physical, sensory, mental, psychological, or neurological functions, which as a result of overlap with physical barriers and behavioural obstacles, prevents one from undertaking any major life activity, or exercising one's rights or any fundamental freedom independently (Law No. 20 of 2017 on the Rights of Persons with Disabilities).

National legislative framework for disability/persons with disabilities (year of adoption)

<p>Articles on disability included in the constitution?</p> <hr/> <p>Yes</p>	<p>General/overarching national disability law</p> <hr/> <p>Law No. 20 of 2017 on the Rights of Persons with Disabilities</p>	<p>National disability strategy/plan</p> <hr/> <p>Currently being developed</p>
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SOURCE

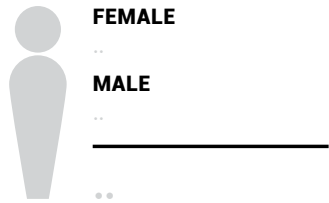
Based on data collected from government focal points through the ESCWA Questionnaire on the Implementation of Article 33 by Arab States (2016).

KUWAIT

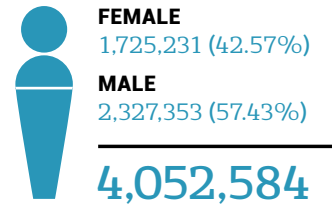
SOCIO-ECONOMIC INDICATORS	HDI	Life expectancy at birth	GNI per capita
Source: UNDP (2016)	0.800	74.5	76,075

Population¹

Persons with disabilities

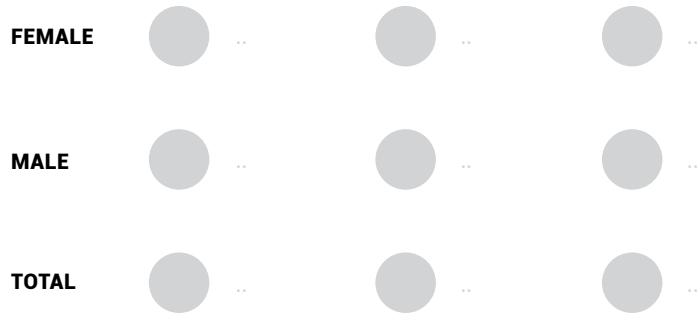


Total population



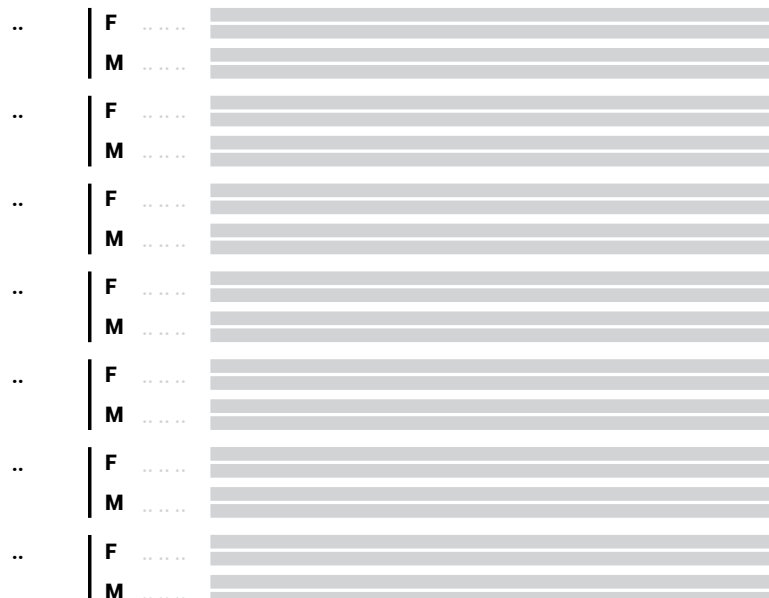
Disability prevalence (%)

■ Rural ■ Urban ■ Total



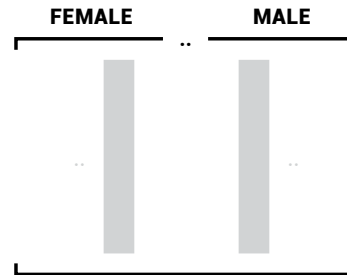
Age-specific disability prevalence (%)

■ Rural ■ Urban ■ Total F Female M Male

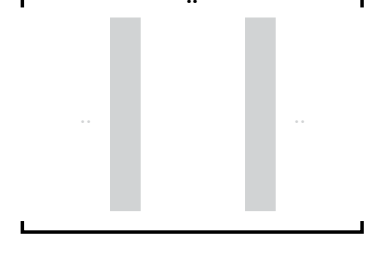
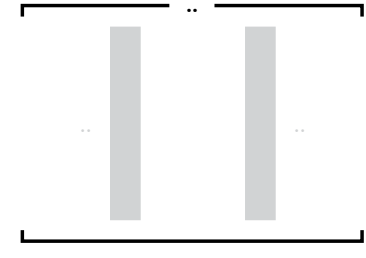
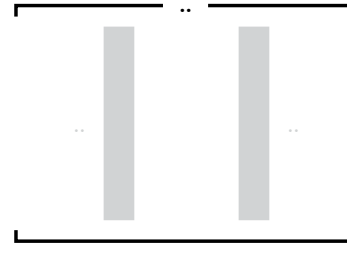
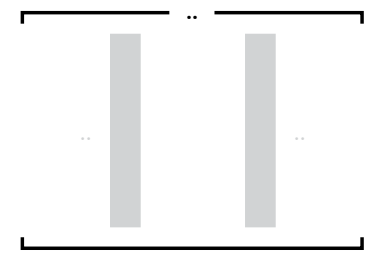
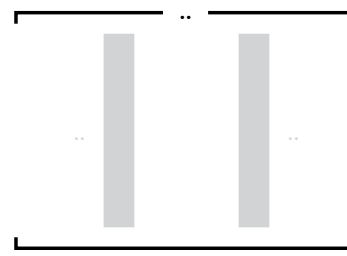
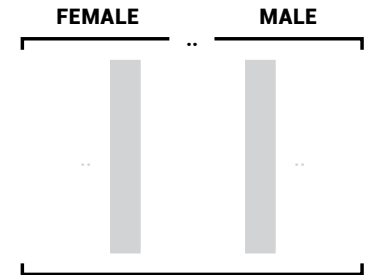


Age distribution (%)

Persons with disabilities

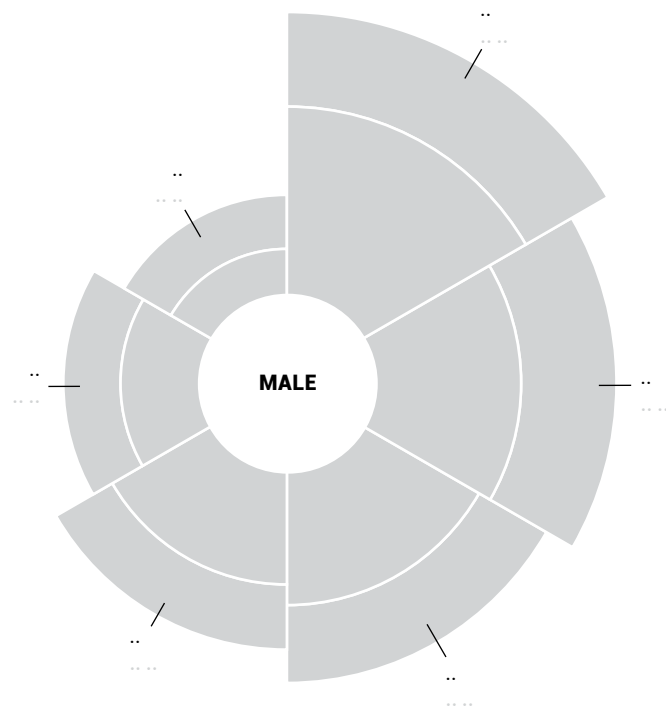
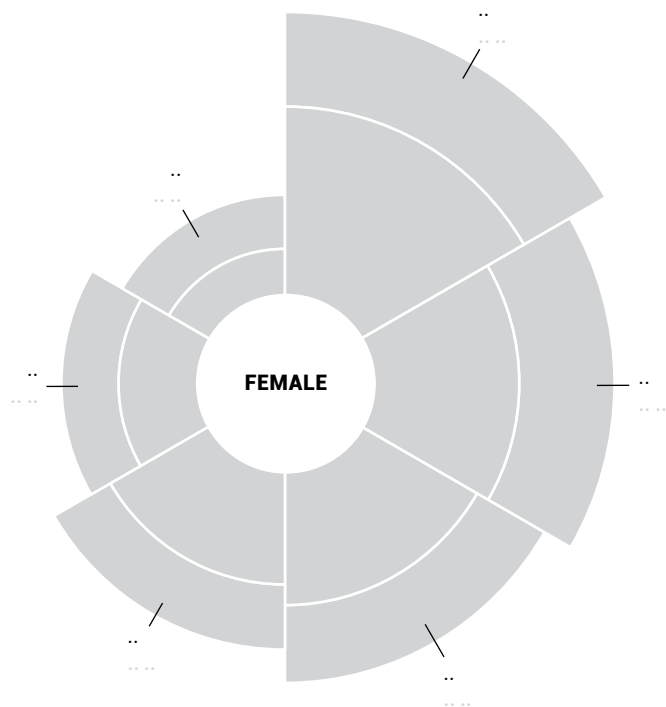


Persons without disabilities



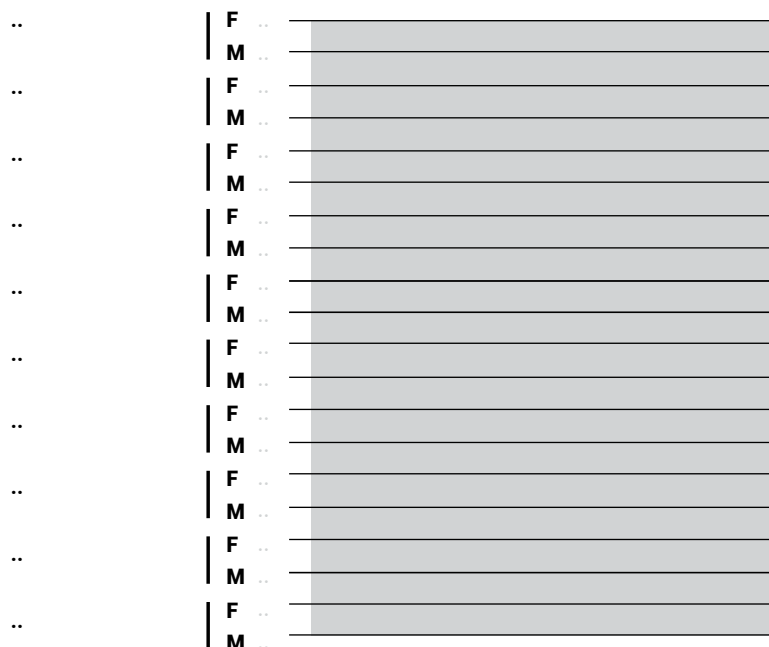
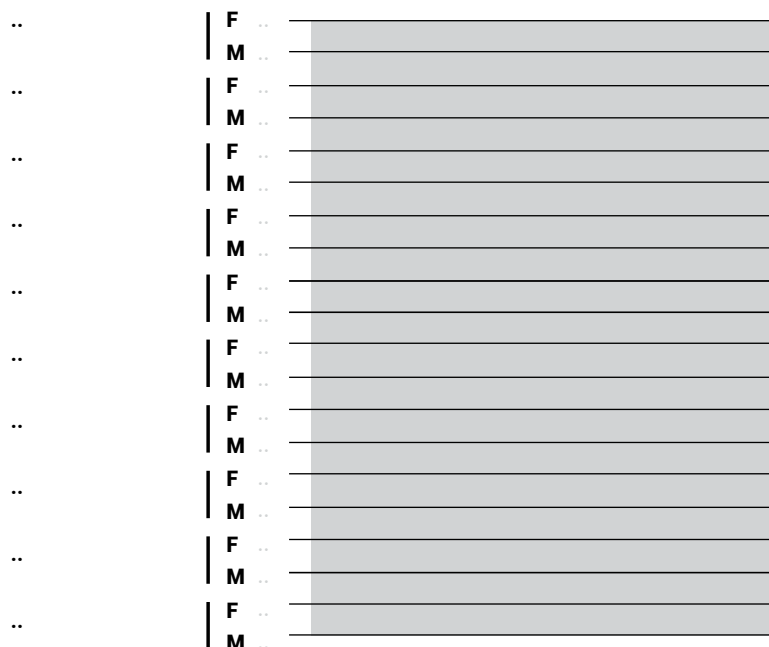
Type of disability/difficulty (%)

■ Rural ■ Urban



Cause of disability (%)

■ Rural ■ Urban F Female M Male

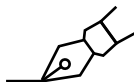

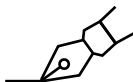



FOOTNOTES

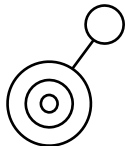
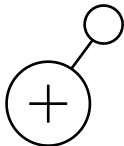
1 Source: World Bank (2018). Data on the total number of persons with disabilities is not available.

Signature/ratification of the Convention on the Rights of Persons with Disabilities & its optional protocol

Source: United Nations Treaty Collection (2018a), (2018b)

Convention		Optional protocol	
	Signed No		Ratified/acceded 22.8.2013
	Signed No		Ratified/acceded No

Focal point for implementing the Convention in accordance with Article 33(1)

Lead focal point	Additional focal points
 Public Authority of the Disabled (PADA)	 No

National coordination mechanism for implementing the Convention in accordance with Article 33(1)

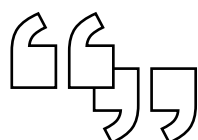
Mechanism name	Composition
 Supreme Council of the Public Authority of the Disabled	 Ministry of Social Affairs and Labor, Ministry of Health, Ministry of Education, Ministry of Higher Education, Public Authority for Youth and Sport, two representatives of public welfare associations and clubs working in the field of disability, two persons with competence and experience in the field of disability, Director General of Public Authority of the Disabled
 Chair Minister of Social Affairs and Labour	
 Year established 2010	
 Persons with disabilities represented? Yes	

Framework for the promotion, protection and monitoring of the Convention in accordance with Article 33(2) composition



No

National definition of disability/persons with disabilities



Everyone who suffers from permanent total or partial disorders leading to deficiencies in their physical, mental, or sensory abilities, which prevent them from securing the necessities of life or participating fully and effectively in society on an equal basis with others (Law No. 8 on the Rights of Disabled Persons, 2010).

National legislative framework for disability/persons with disabilities (year of adoption)

Articles on disability included in the constitution?

Yes

General/overarching national disability law

Law No. 8 on the Rights of Persons with Disabilities (2010)

National disability strategy/plan

The Strategic Plan of the Authority and the Strategic Project "Achieving Kuwait Vision 2035 Towards Persons with Disabilities" with the United Nations Development Programme

SOURCE

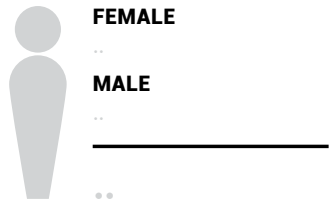
Based on data collected from government focal points through the ESCWA Questionnaire on the Implementation of Article 33 by Arab States (2016).

LEBANON

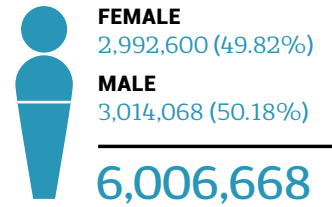
SOCIO-ECONOMIC INDICATORS	HDI	Life expectancy at birth	GNI per capita
Source: UNDP (2016)	0.763	79.5	13,312

Population¹

Persons with disabilities

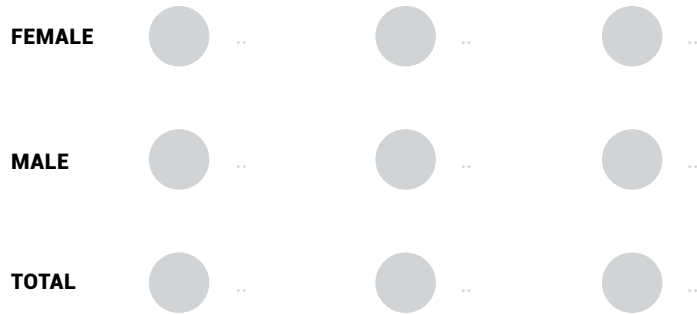


Total population



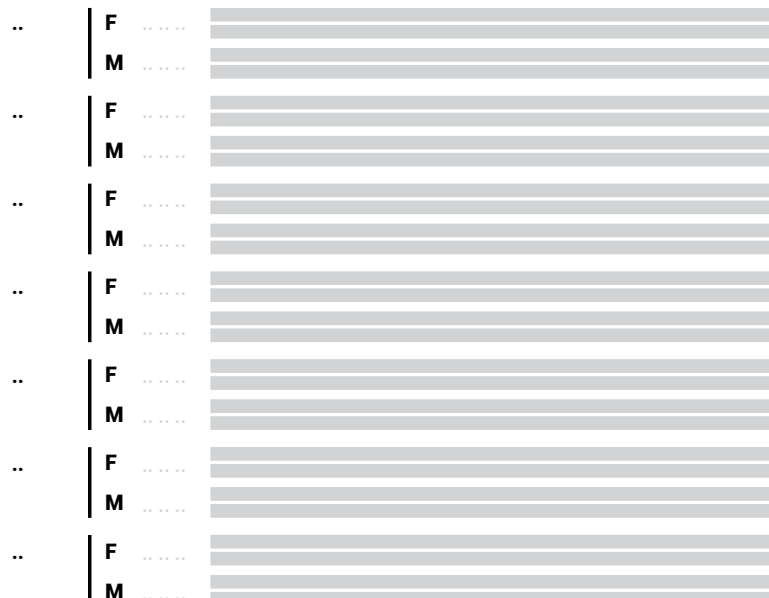
Disability prevalence (%)

■ Rural ■ Urban ■ Total



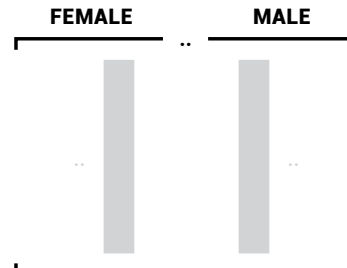
Age-specific disability prevalence (%)

■ Rural ■ Urban ■ Total F Female M Male

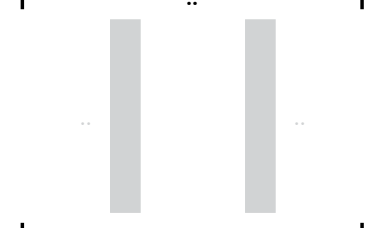
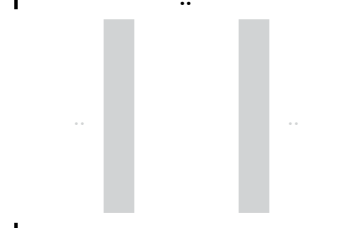
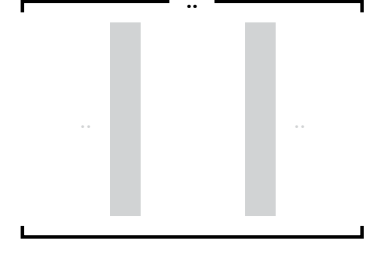
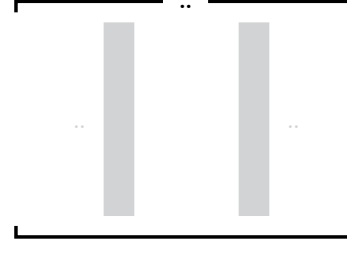
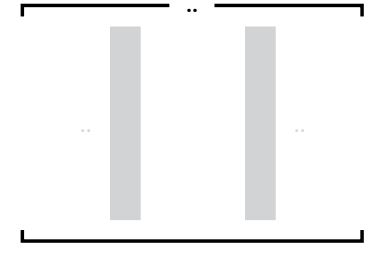
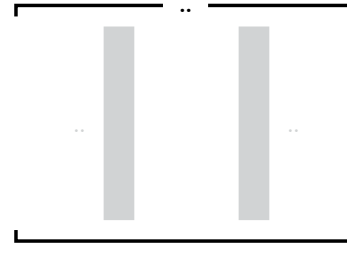
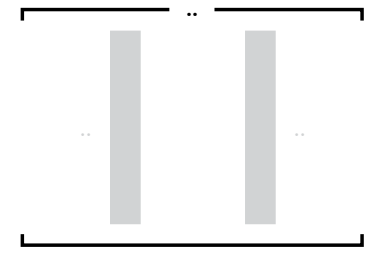
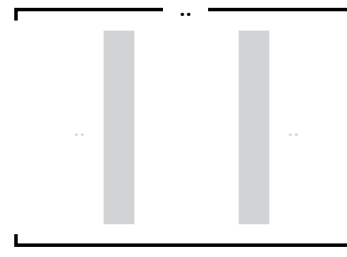
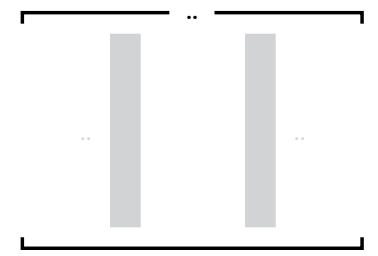
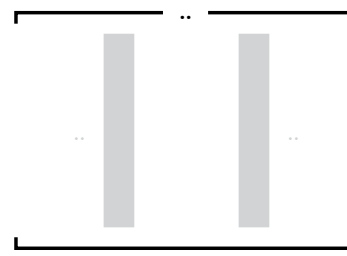
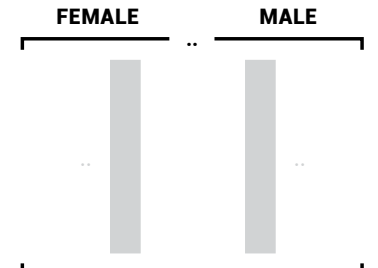


Age distribution (%)

Persons with disabilities

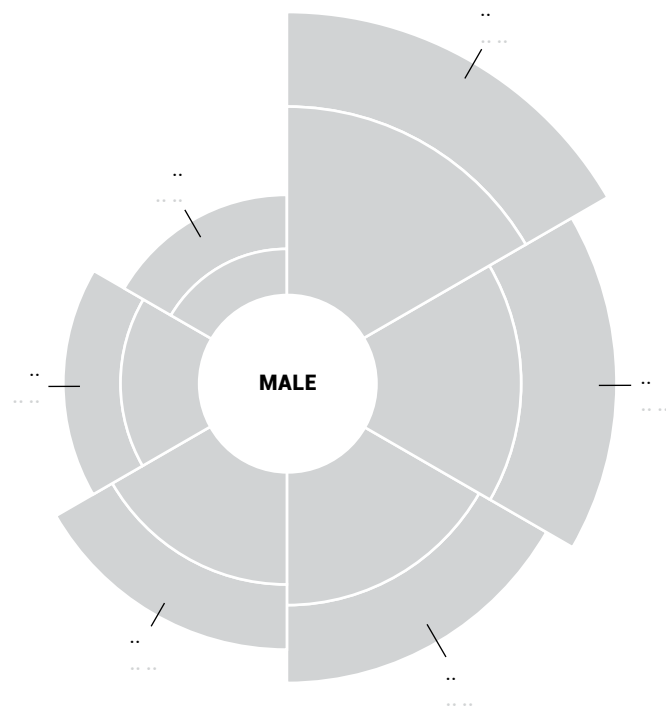
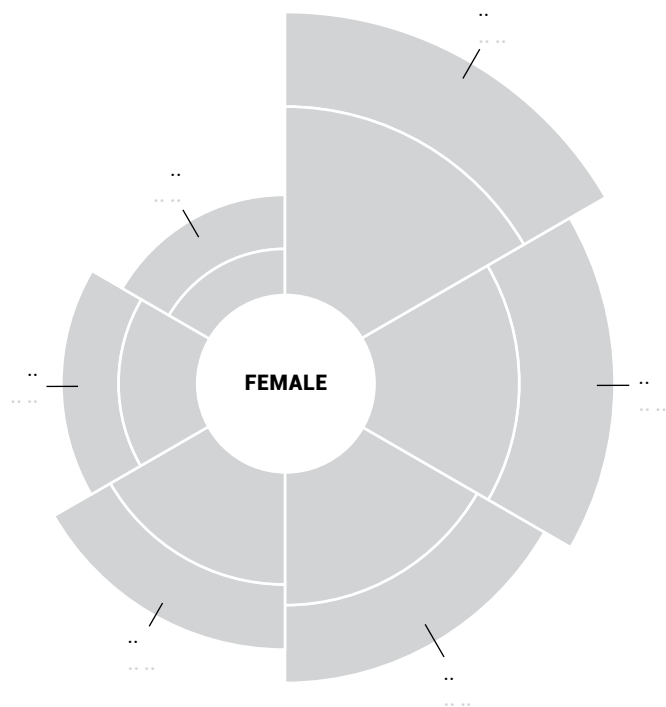


Persons without disabilities



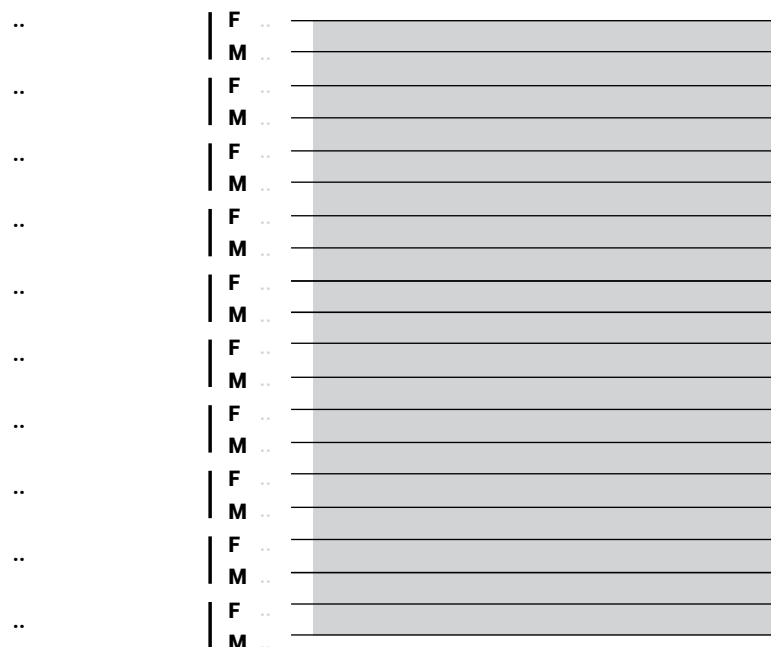
Type of disability/difficulty (%)

■ Rural ■ Urban



Cause of disability (%)

■ Rural ■ Urban F Female M Male

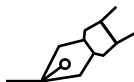

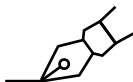



FOOTNOTES

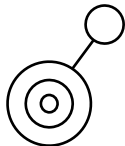
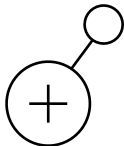
1 Source: World Bank (2018). Data on the total number of persons with disabilities is not available.

Signature/ratification of the Convention on the Rights of Persons with Disabilities & its optional protocol

Source: United Nations Treaty Collection (2018a), (2018b)

Convention		Optional protocol	
	Signed¹ 14.6.2007		Ratified/acceded No
	Signed 14.6.2007		Ratified/acceded No

Focal point for implementing the Convention in accordance with Article 33(1)

Lead focal point	Additional focal points
 National Council for Disability Affairs	 No

National coordination mechanism for implementing the Convention in accordance with Article 33(1)

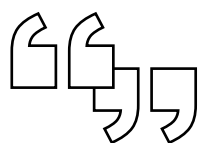
Mechanism name	Composition
 National Council for Disability Affairs	 18 members, out of which 12 are elected, including four representatives of persons with disabilities, four representatives of associations of persons with disabilities, four representatives of institutions and associations working in the field of disability, four members from the Ministry of Social Affairs (including the Minister of Social Affairs) and two persons appointed by the Minister
 Chair Minister of Social Affairs	
 Year established 1993	
 Persons with disabilities represented? Yes	

Framework for the promotion, protection and monitoring of the Convention in accordance with Article 33(2) composition



No

National definition of disability/persons with disabilities



A disabled person is a person who has a decreased ability or has become unable to perform one or more important daily activities, or to attend to their personal needs on their own, or to participate in social activities on an equal basis with others, or to lead a normal personal and social life according to the current standards of the society, due to a loss or functional impairment, be it physical, sensory or mental, total or partial, permanent or temporary, resulting from a congenital disorder, an acquired condition, or a medical condition that lasted beyond normal medical expectations (Law No. 220 on the Rights of Disabled Persons, 2000).

National legislative framework for disability/persons with disabilities (year of adoption)

Articles on disability included in the constitution?

No

General/overarching national disability law

Law No. 220 on the Rights of Disabled Persons (2000)

National disability strategy/plan

Currently being developed (to be implemented by the programme for ensuring the rights of persons with disabilities with the aim of integrating them into society)

SOURCE

Based on data collected from government focal points through the ESCWA Questionnaire on the Implementation of Article 33 by Arab States (2016).

FOOTNOTES

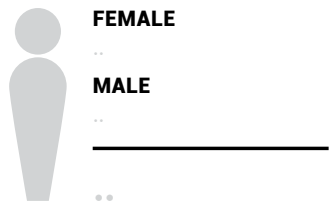
1 Forwarded to Parliament.

LIBYA

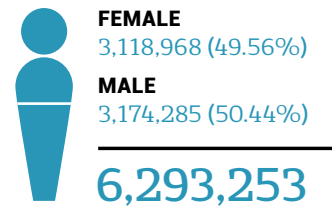
SOCIO-ECONOMIC INDICATORS	HDI	Life expectancy at birth	GNI per capita
Source: UNDP (2016)	0.716	71.8	14,303

Population¹

Persons with disabilities

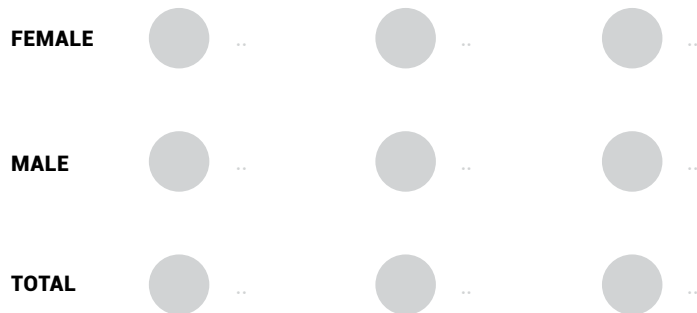


Total population



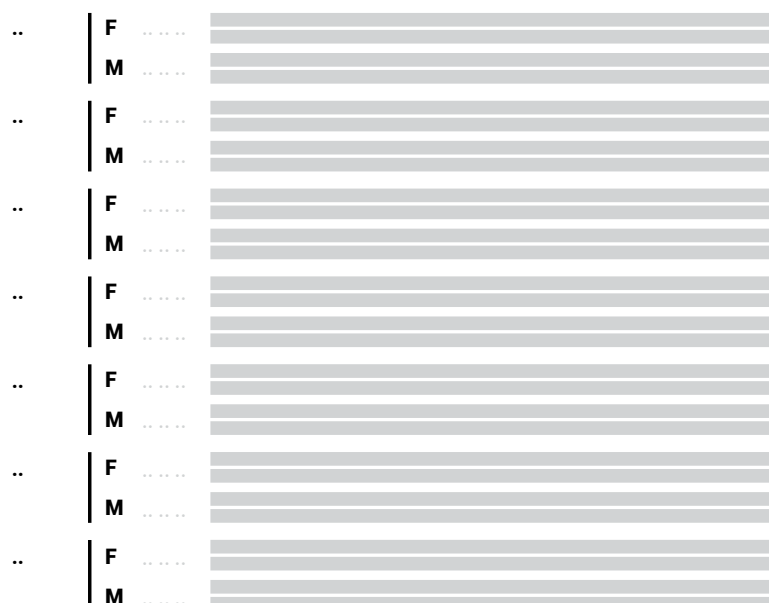
Disability prevalence (%)

■ Rural ■ Urban ■ Total



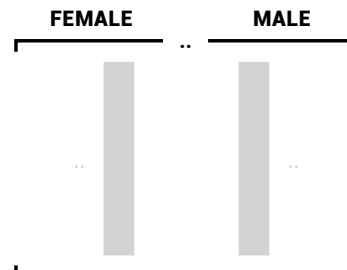
Age-specific disability prevalence (%)

■ Rural ■ Urban ■ Total F Female M Male

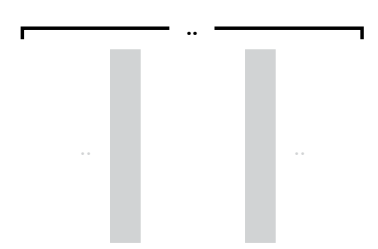
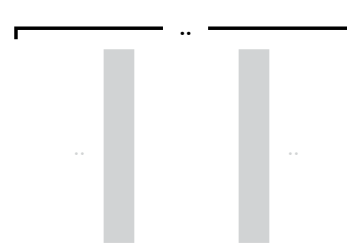
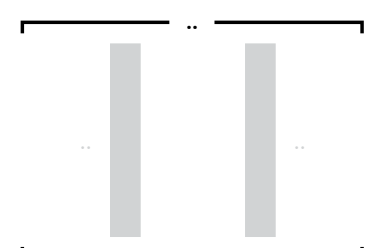
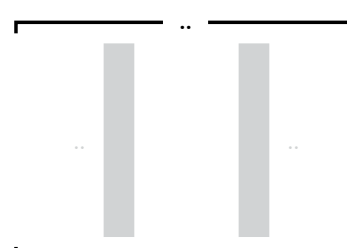
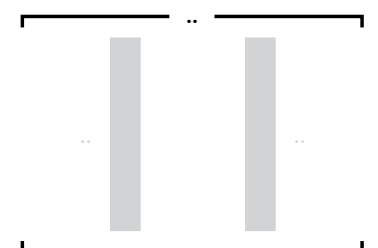
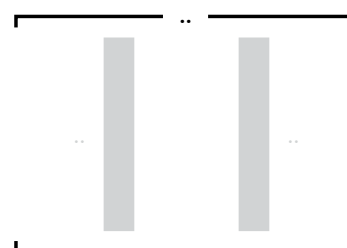
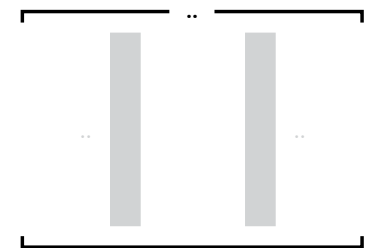
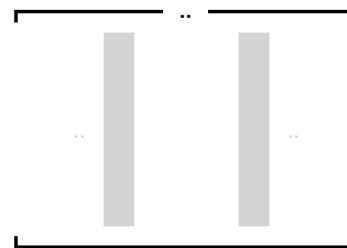
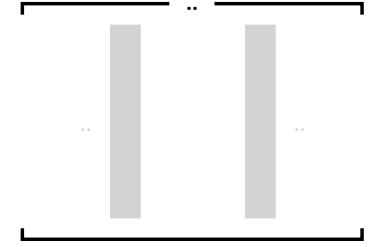
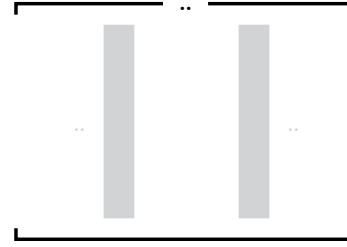


Age distribution (%)

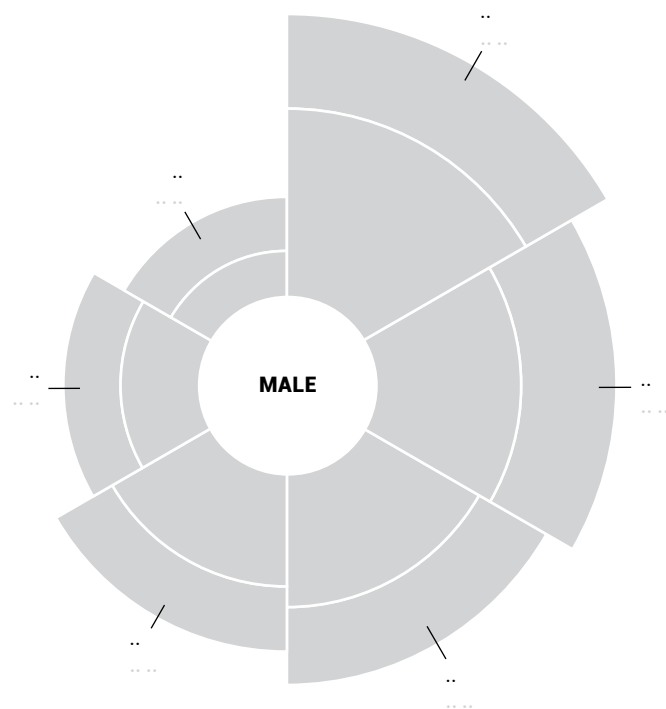
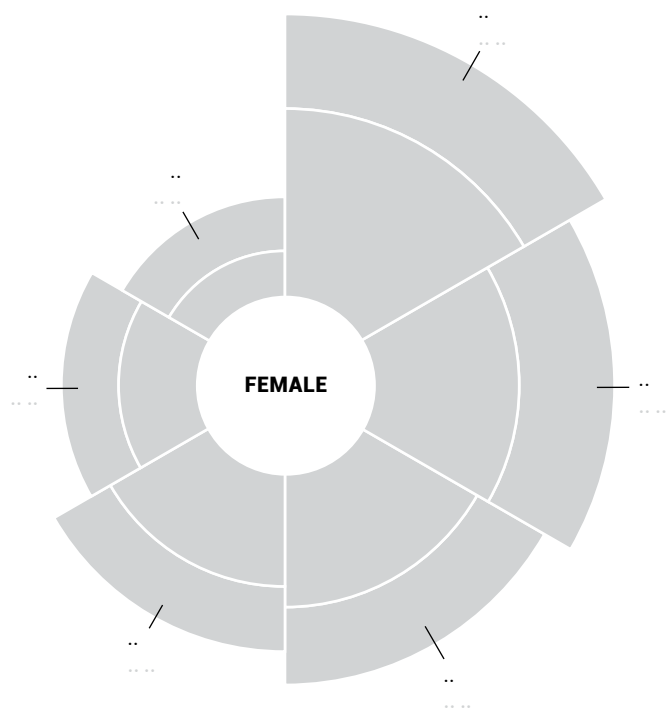
Persons with disabilities



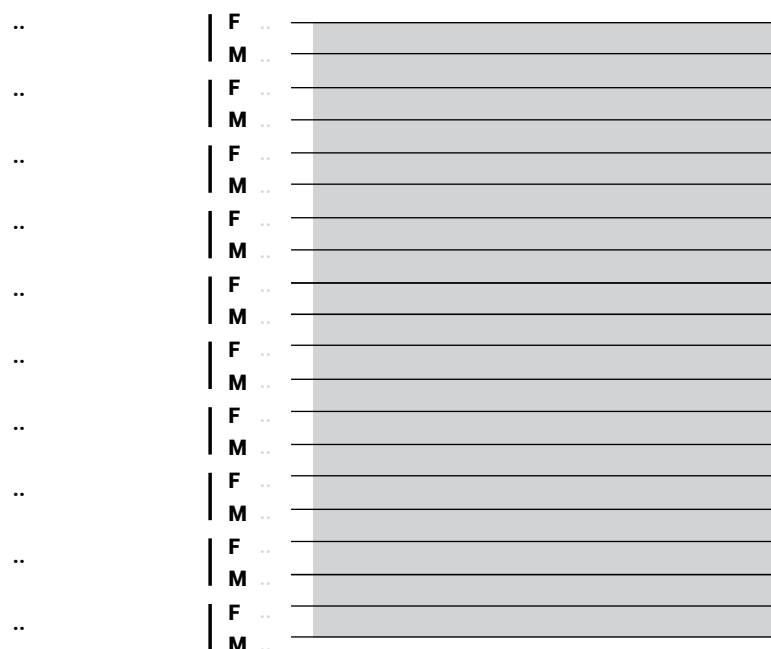
Persons without disabilities



Type of disability/difficulty (%) ■ Rural ■ Urban



Cause of disability (%) ■ Rural ■ Urban F Female M Male

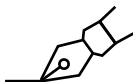

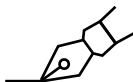


FOOTNOTES

1 Source: World Bank (2018). Data on the total number of persons with disabilities is not available.

Signature/ratification of the Convention on the Rights of Persons with Disabilities & its optional protocol

Source: United Nations Treaty Collection (2018a), (2018b)

Convention		Optional protocol	
	Signed 1.5.2008		Ratified/acceded 13.2.2018
	Signed No		Ratified/acceded No

Focal point for implementing the Convention in accordance with Article 33(1)

Lead focal point	Additional focal points
 ..	 ..

National coordination mechanism for implementing the Convention in accordance with Article 33(1)

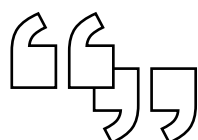
Mechanism name	Composition
 ..	 ..
Chair ..	
Year established ..	
Persons with disabilities represented? ..	

Framework for the promotion, protection and monitoring of the Convention in accordance with Article 33(2) composition



..

National definition of disability/persons with disabilities



A disabled person is someone who is suffering from a total or partial impairment precluding him from performing work, behaving normally in society, whether this impairment is mental, psychological, sensory or physical, and irrespective of whether it is congenital or acquired (Law No. 5 of 1987 on disabled persons).

National legislative framework for disability/persons with disabilities (year of adoption)

Articles on disability included in the constitution?

Yes, in the draft constitution

General/overarching national disability law

Law No. 5 of 1987 on disabled persons

National disability strategy/plan

..

SOURCE

Libya, Law No. 5 of 1987 on disabled persons. Available at: <https://www.mindbank.info/item/6205>

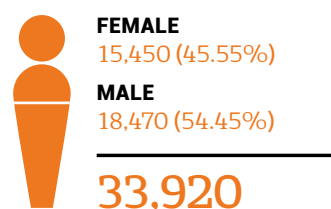
Libya, Libyan Constitution (29 July 2017). Available at: <http://www.libyaobserver.ly/libyan-constitution>

MAURITANIA 2013

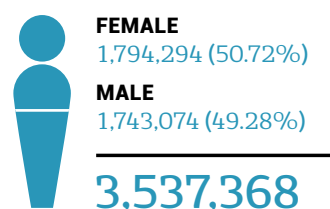
SOCIO-ECONOMIC INDICATORS	HDI	Life expectancy at birth	GNI per capita
Source: UNDP (2016)	0.513	63.2	3,527

Population

Persons with disabilities



Total population



Disability prevalence (%)

■ Rural ■ Urban ■ Total

	Rural	Urban	Total
FEMALE	0.86	0.86	0.86
MALE	1.04	1.08	1.06
TOTAL	0.95	0.97	0.96

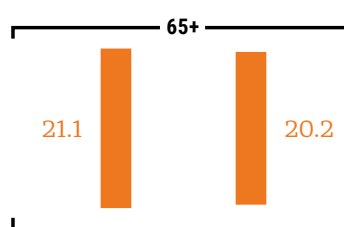
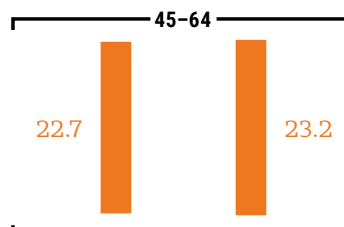
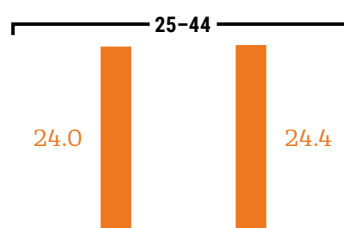
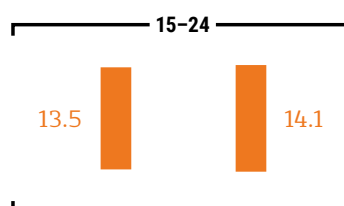
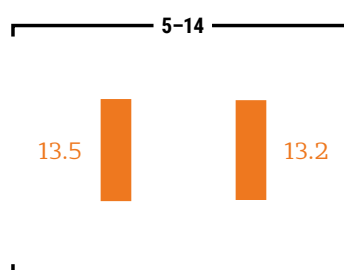
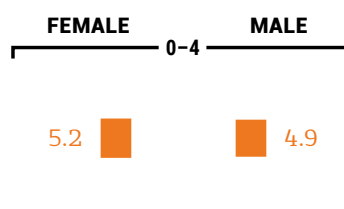
Age-specific disability prevalence (%)

■ Rural ■ Urban ■ Total F Female M Male

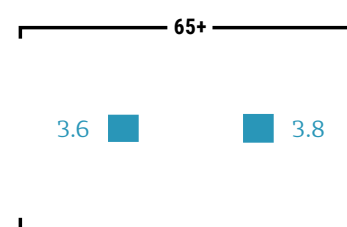
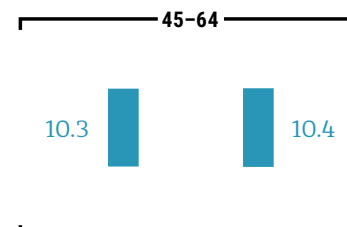
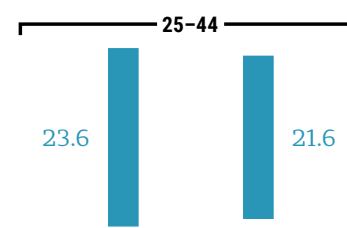
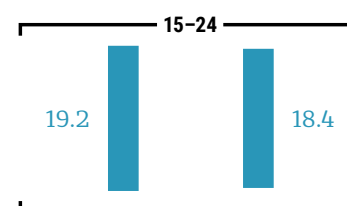
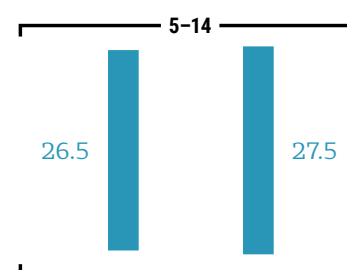
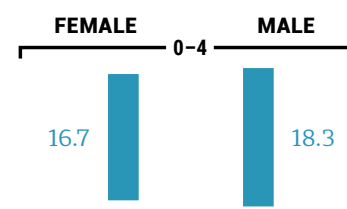
Age Group	Sex	Rural	Urban	Total
Total	F	0.5	0.4	0.9
	M	0.5	0.5	1.1
0-4	F	0.1	0.1	0.3
	M	0.2	0.1	0.3
5-14	F	0.2	0.2	0.4
	M	0.3	0.3	0.5
15-24	F	0.3	0.3	0.6
	M	0.4	0.4	0.8
25-44	F	0.4	0.5	0.9
	M	0.5	0.7	1.2
45-64	F	1.0	0.9	1.9
	M	1.1	1.3	2.3
65+	F	3.2	1.6	4.8
	M	3.4	2.0	5.4

Age distribution (%)

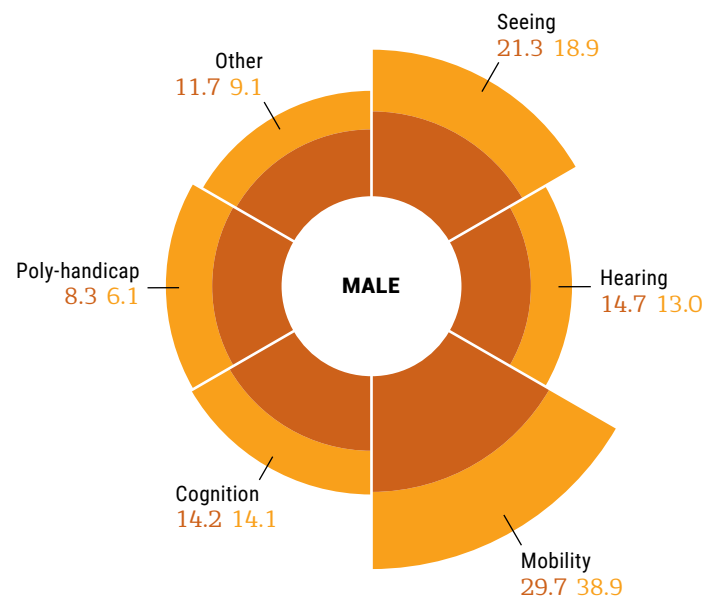
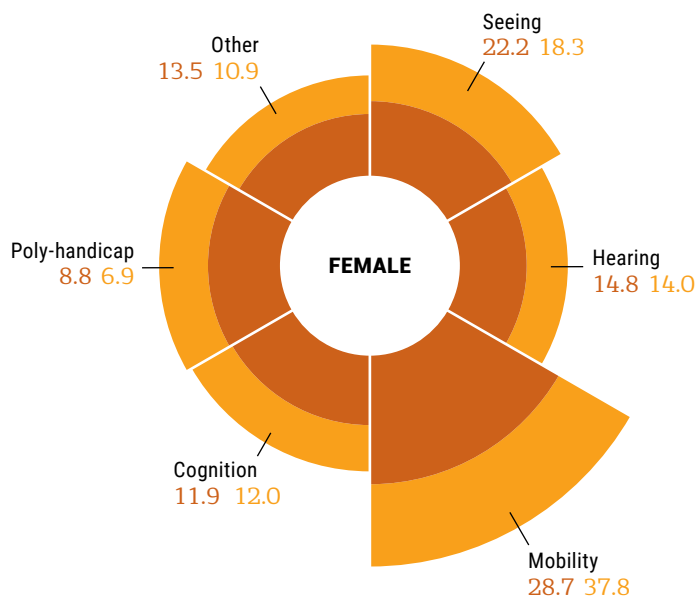
Persons with disabilities



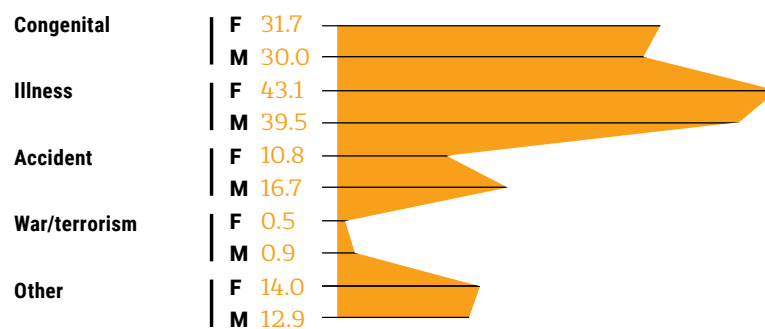
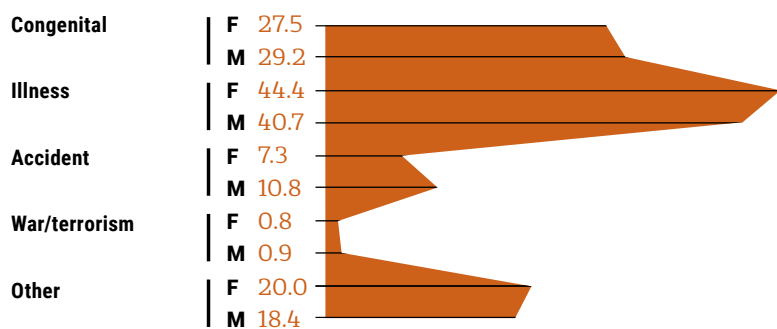
Persons without disabilities



Type of disability/difficulty (%) ■ Rural ■ Urban



Cause of disability (%) ■ Rural ■ Urban F Female M Male



All data categories are as provided by Mauritania.

SOURCE

Calculated from ESCWA, 2017a, based on data provided by the NSO from the Mauritania Census 2013, unless otherwise indicated



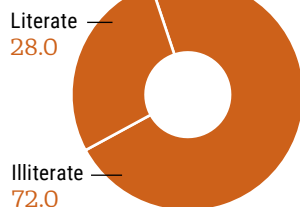
by LITERACY STATUS

Age: 15+ years

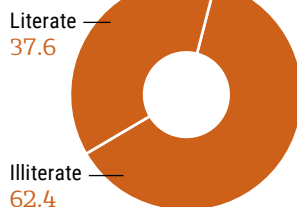
Persons with disabilities (%)

■ Rural ■ Urban

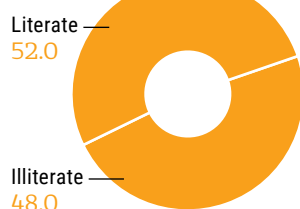
FEMALE



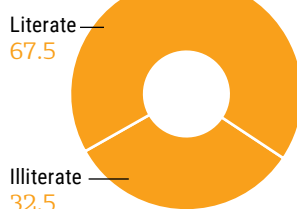
MALE



FEMALE



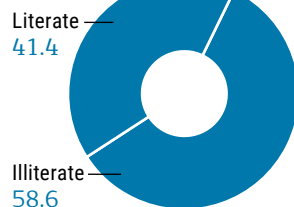
MALE



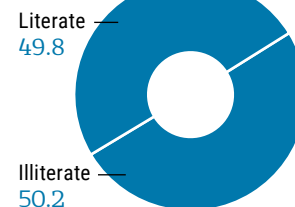
Persons without disabilities (%)

■ Rural ■ Urban

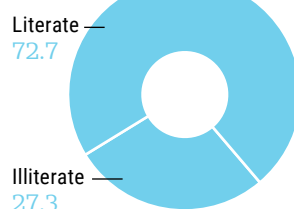
FEMALE



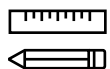
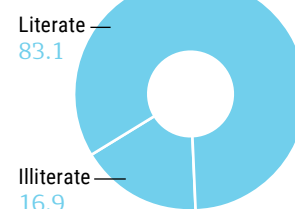
MALE



FEMALE



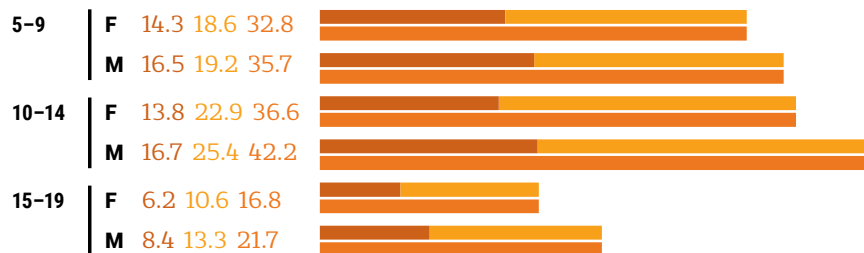
MALE



by SCHOOL ATTENDANCE

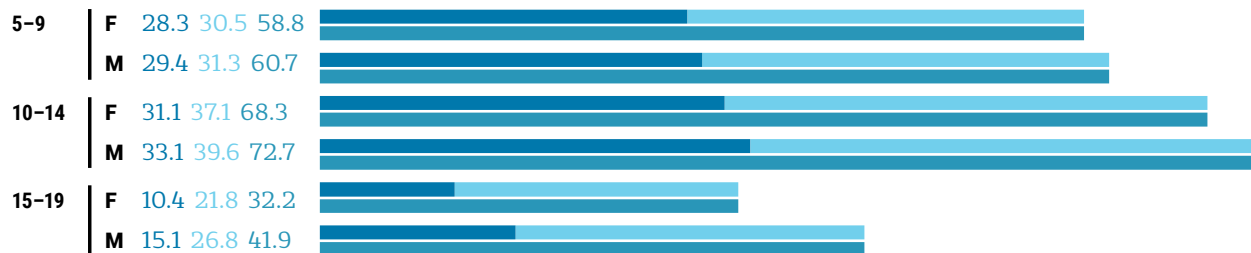
Persons with disabilities (%)

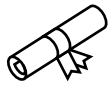
■ Rural ■ Urban ■ Total F Female M Male



Persons without disabilities (%)

■ Rural ■ Urban ■ Total F Female M Male

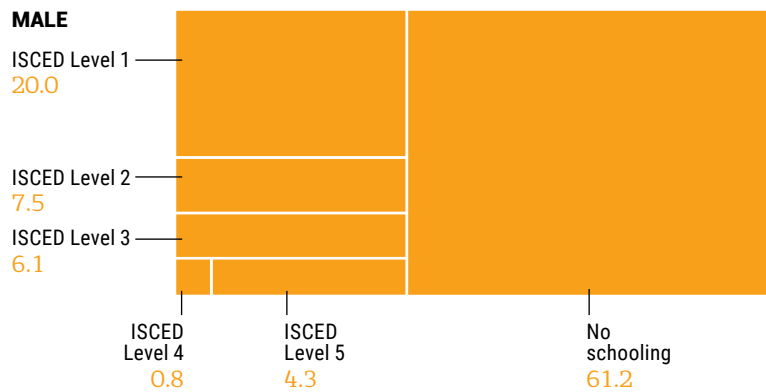
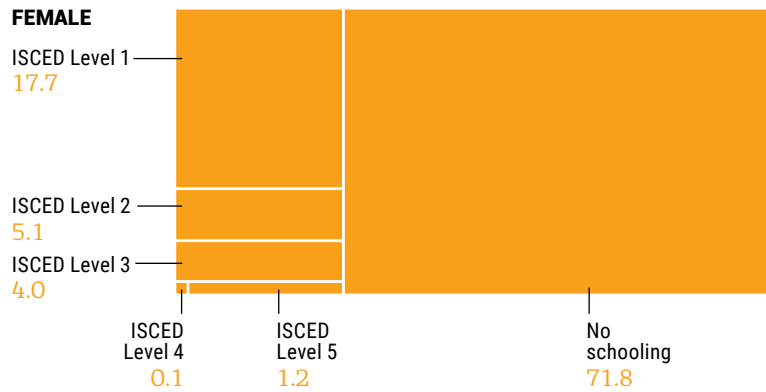
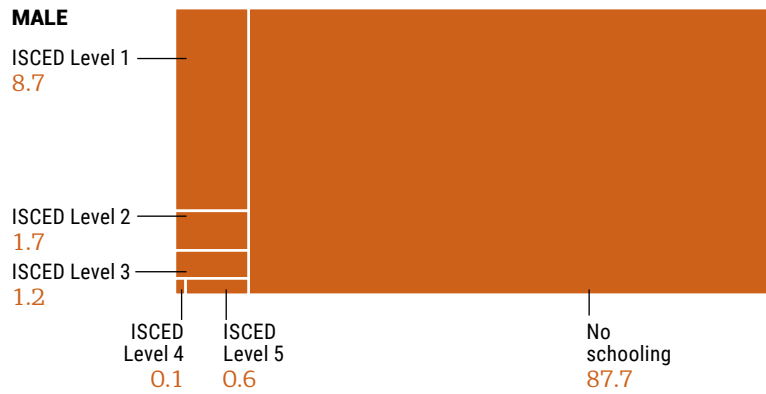
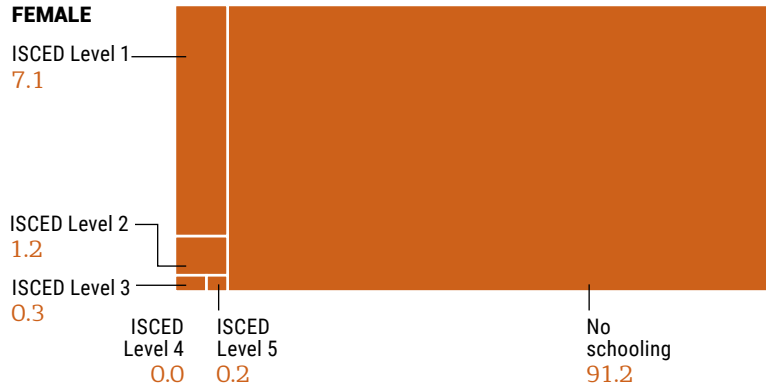




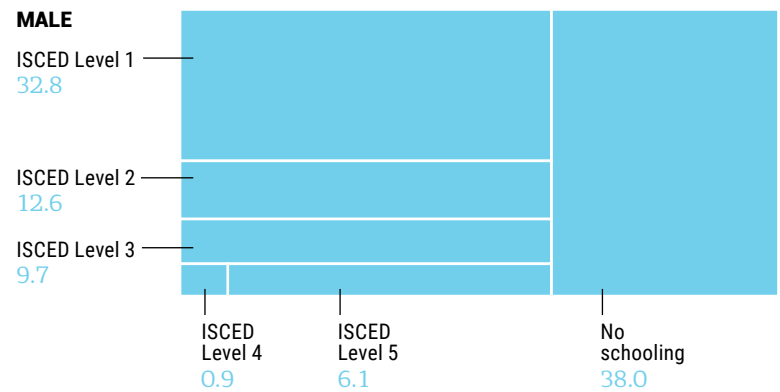
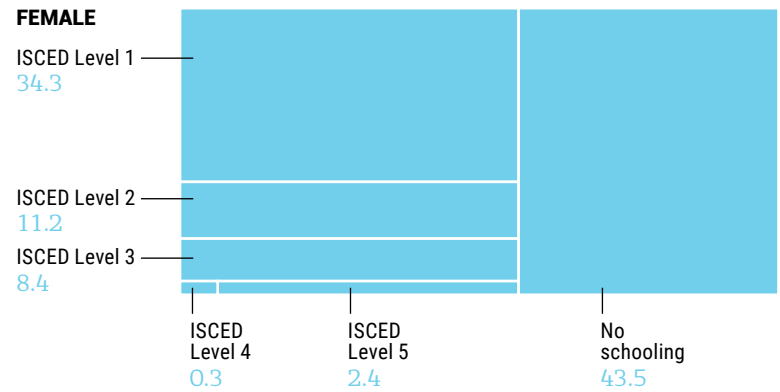
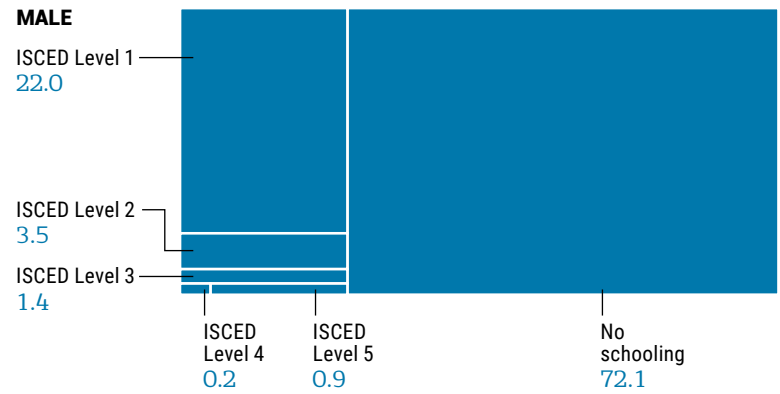
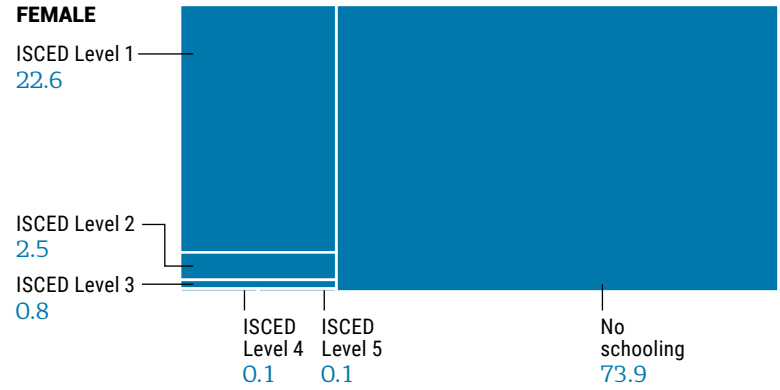
by EDUCATIONAL ATTAINMENT

Age: 5+ years

Persons with disabilities (%) ■ Rural ■ Urban



Persons without disabilities (%) ■ Rural ■ Urban

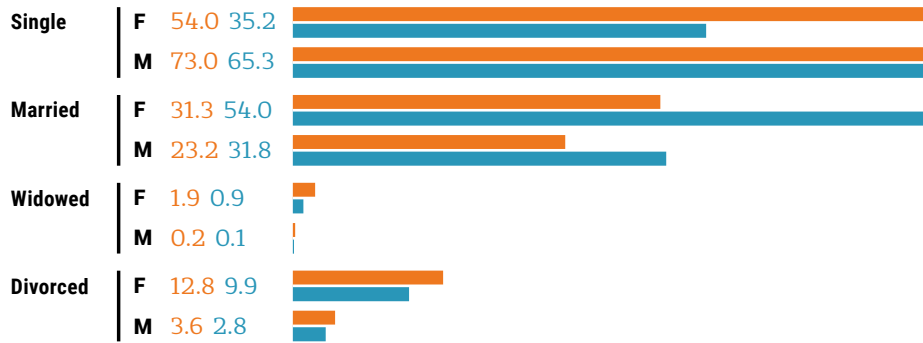




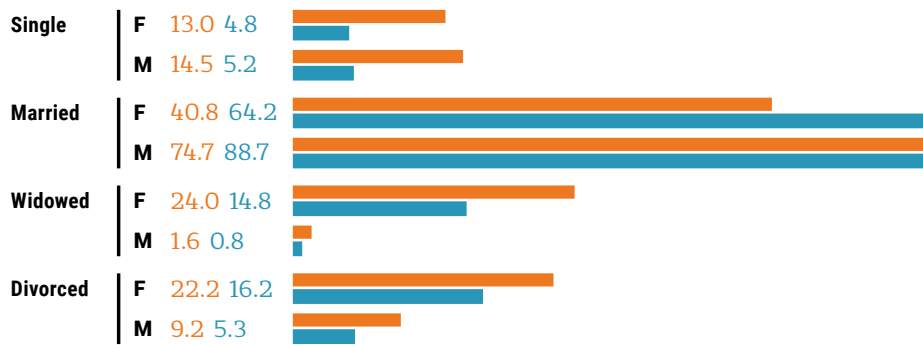
by MARITAL STATUS

By age group

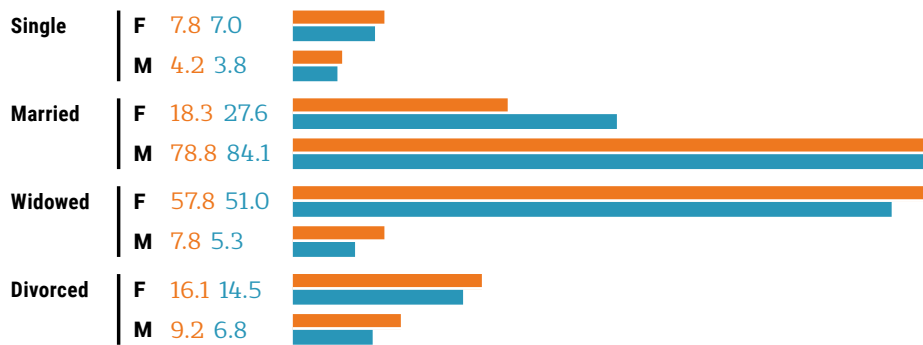
15–39 years



40–64 years



65+ years



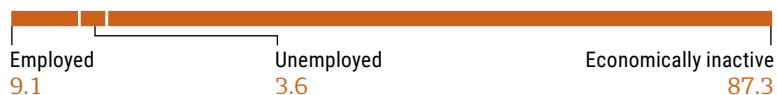


by ECONOMIC ACTIVITY

Age: 15–64 years

Persons with disabilities (%) ■ Rural ■ Urban

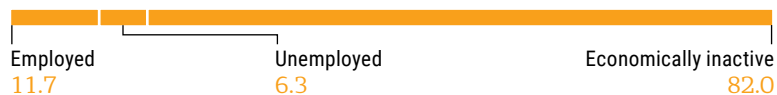
FEMALE



MALE



FEMALE



MALE



Persons without disabilities (%) ■ Rural ■ Urban

FEMALE



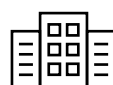
MALE



FEMALE



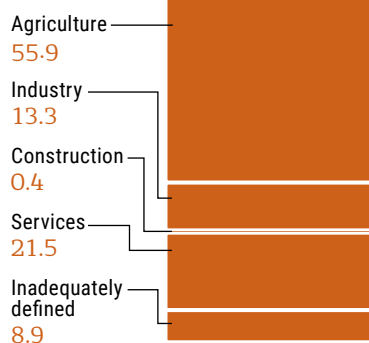
MALE



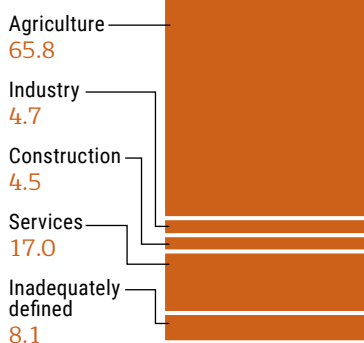
by SECTOR OF EMPLOYMENT

Persons with disabilities (%) ■ Rural ■ Urban

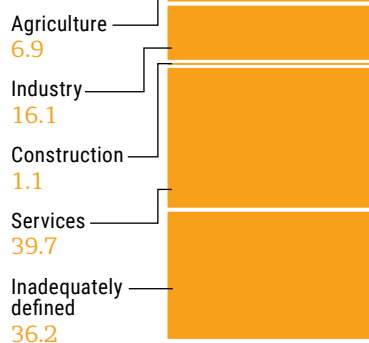
FEMALE



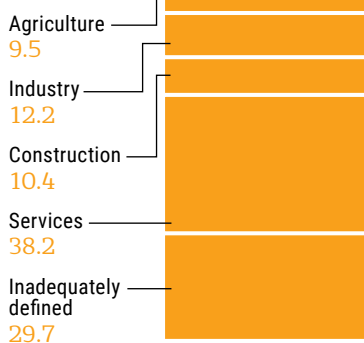
MALE



FEMALE

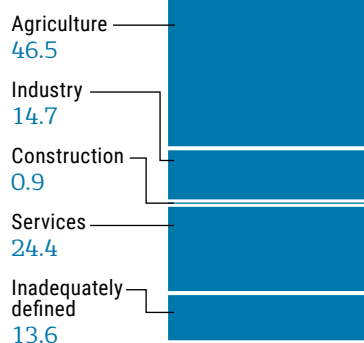


MALE

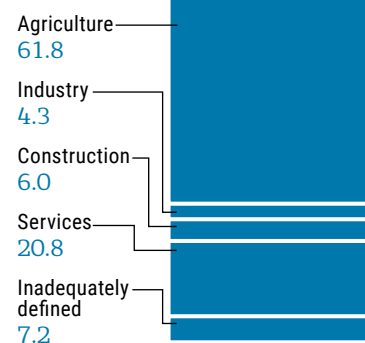


Persons without disabilities (%) ■ Rural ■ Urban

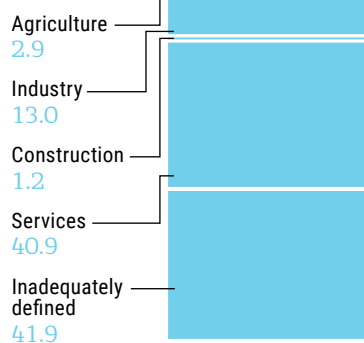
FEMALE



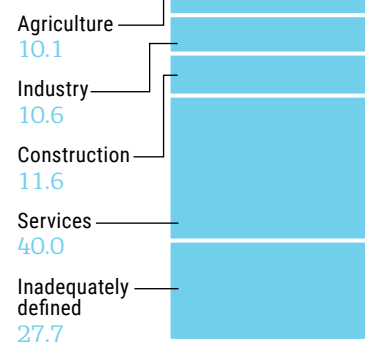
MALE



FEMALE

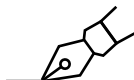

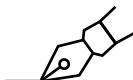



MALE



Signature/ratification of the Convention on the Rights of Persons with Disabilities & its optional protocol

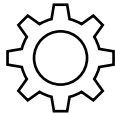
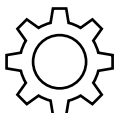
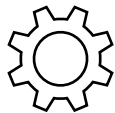
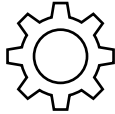
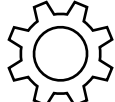
Source: United Nations Treaty Collection (2018a), (2018b)

Convention		Optional protocol	
	Signed No		Ratified/acceded 3.4.2012
	Signed No		Ratified/acceded 3.4.2012

Focal point for implementing the Convention in accordance with Article 33(1)

Lead focal point	Additional focal points
 Ministry of Social Affairs, Childhood and Family	 Multi-sectoral Council for the Promotion of Persons with Disabilities

National coordination mechanism for implementing the Convention in accordance with Article 33(1)

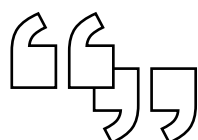
Mechanism name	Composition
 Multi-sectoral Council for the Promotion of Persons with Disabilities	 All represented government sectors, Mauritanian Federation of National Associations of Persons with Disabilities, Federation of Employers, trade unions, local groups
 Chair Adviser to the Prime Minister	
 Year established 2010	
 Persons with disabilities represented? Yes	

Framework for the promotion, protection and monitoring of the Convention in accordance with Article 33(2) composition



National Commission for Human Rights

National definition of disability/persons with disabilities



A disabled person refers to all persons incapable of accomplishing, totally or partially, one or several activities in their ordinary life due to suffering from permanent or occasional loss of sensory, mental, or motor functions, whether originating from birth or acquired (Mauritania Disability Act, 2006).

National legislative framework for disability/persons with disabilities (year of adoption)

Articles on disability included in the constitution?

No

General/overarching national disability law

Order No. 2006-043 on the Protection and Promotion of Persons with Disabilities and applicable decrees

National disability strategy/plan

National Strategy for the Protection and Promotion of Persons with Disabilities;
The National Plan of the Multi-sectoral Council for the Promotion of Persons with Disabilities

SOURCE

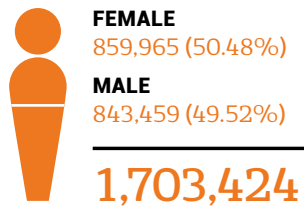
Based on data collected from government focal points through the ESCWA Questionnaire on the Implementation of Article 33 by Arab States (2016).

MOROCCO 2014

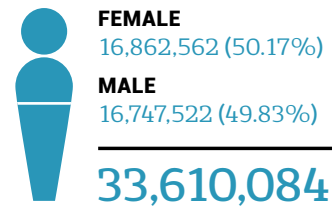
SOCIO-ECONOMIC INDICATORS	HDI	Life expectancy at birth	GNI per capita
Source: UNDP (2016)	0.647	74.3	7,195

Population

Persons with disabilities

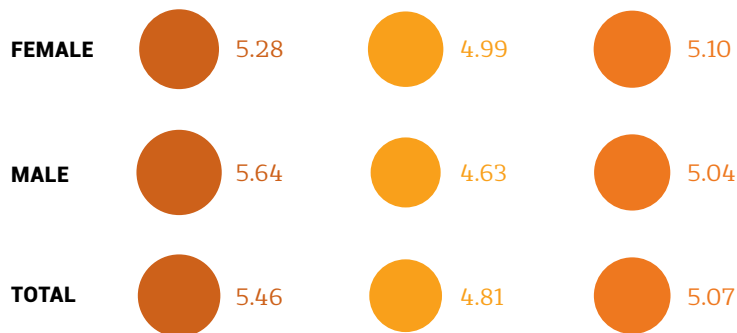


Total population



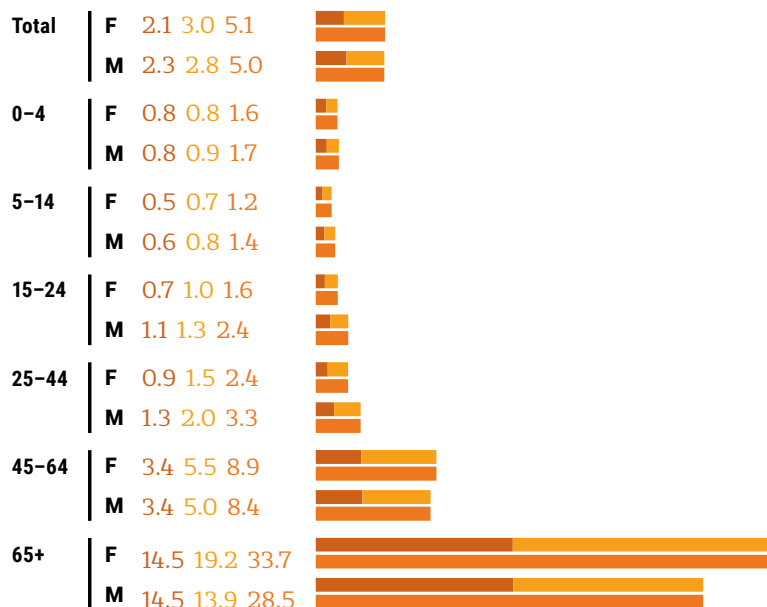
Disability prevalence (%)

■ Rural ■ Urban ■ Total



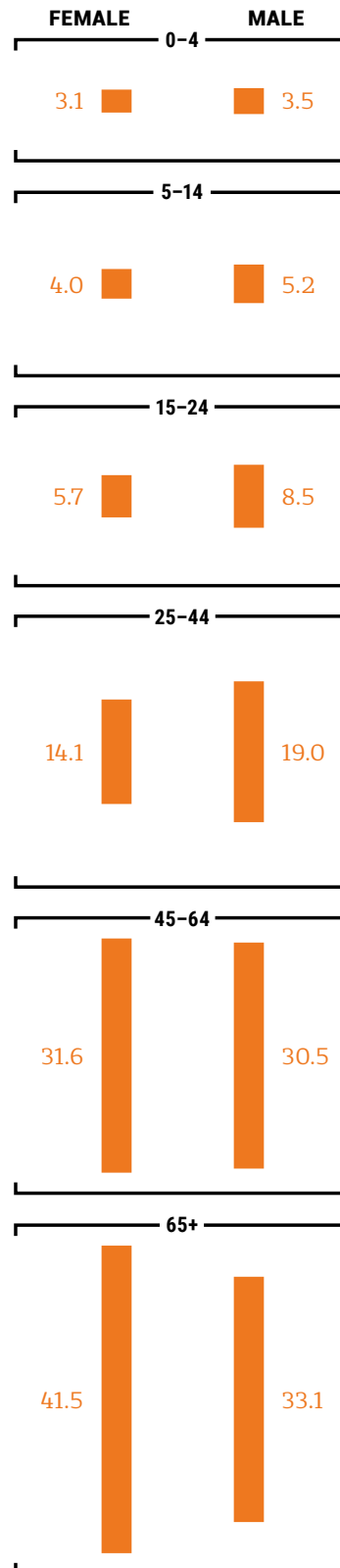
Age-specific disability prevalence (%)

■ Rural ■ Urban ■ Total F Female M Male

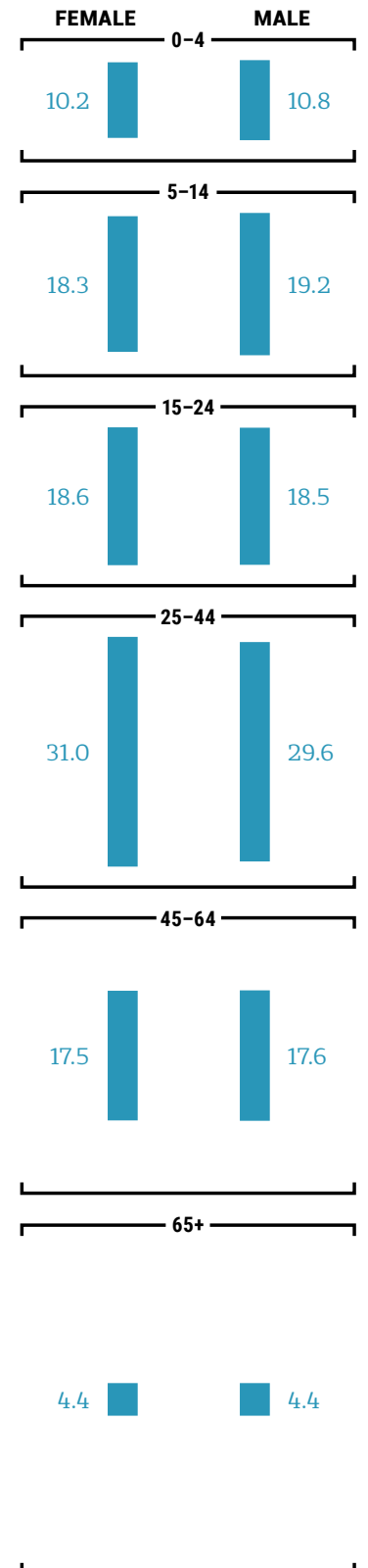


Age distribution (%)

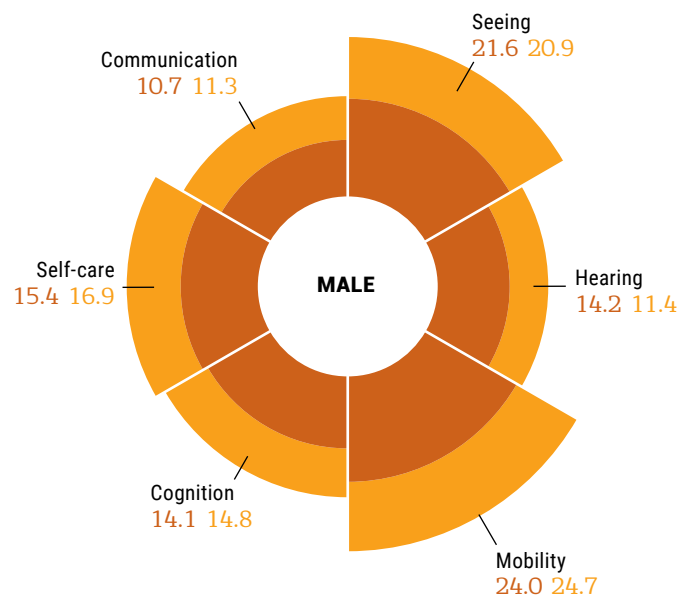
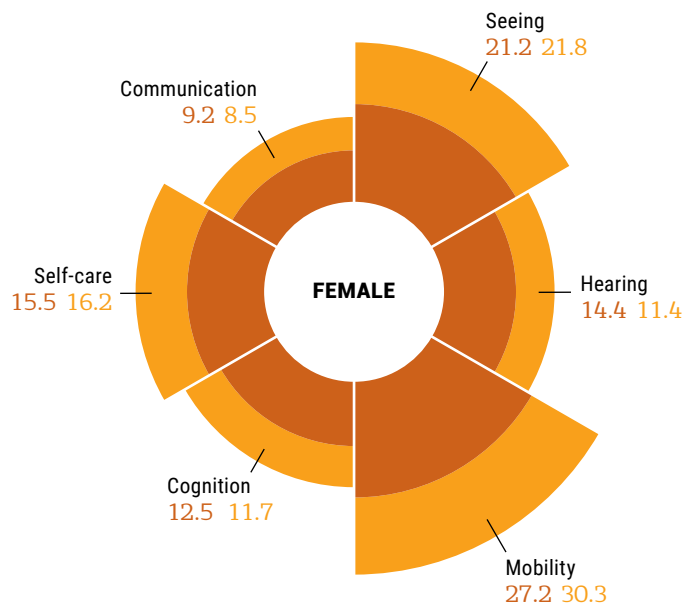
Persons with disabilities



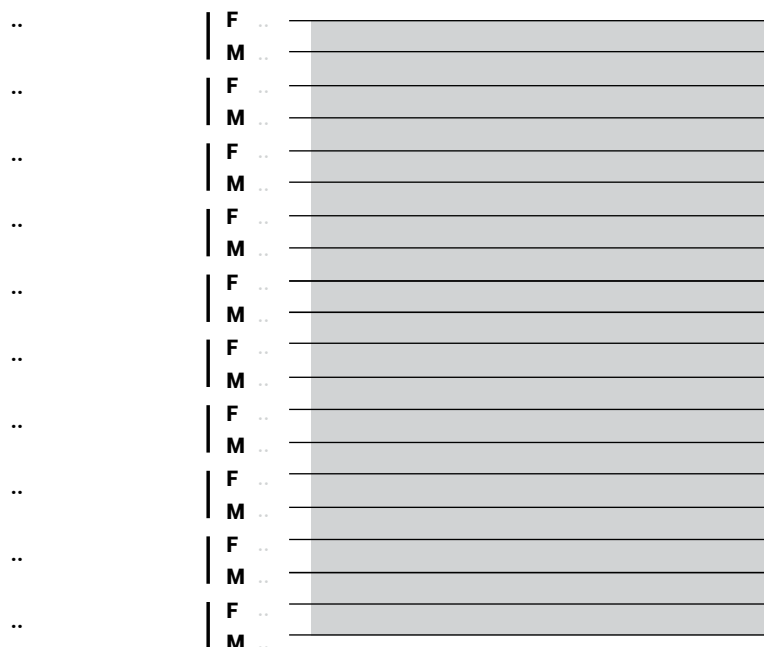
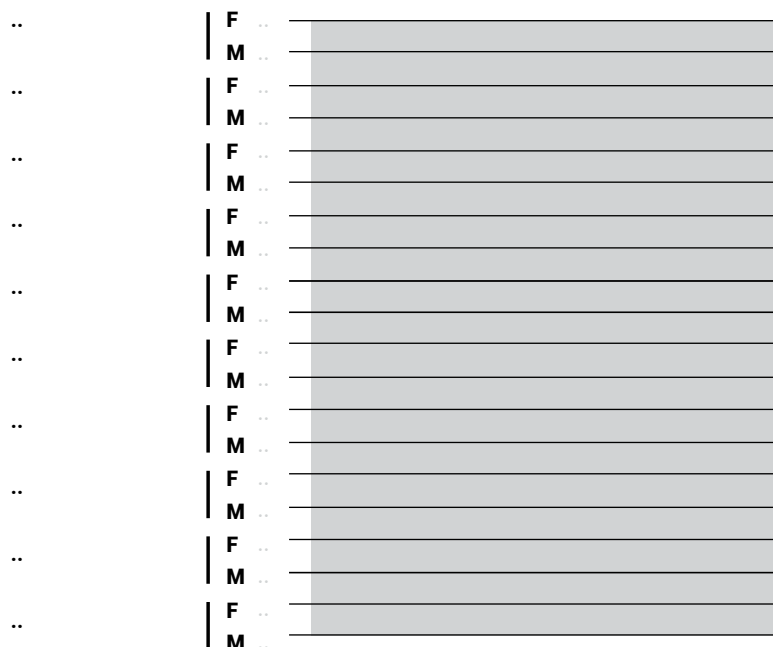
Persons without disabilities



Type of disability/difficulty (%)¹ ■ Rural ■ Urban



Cause of disability (%) ■ Rural ■ Urban F Female M Male



All data categories are as provided by Morocco.

SOURCE

Calculated from ESCWA, 2017a, based on data provided by the NSO from the Morocco census 2014, unless otherwise indicated

FOOTNOTES

1 Persons may report more than one type of disability.



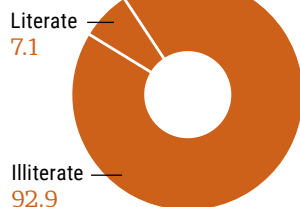
by LITERACY STATUS

Age: 15+ years

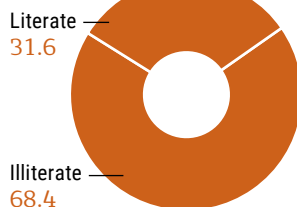
Persons with disabilities (%)

■ Rural ■ Urban

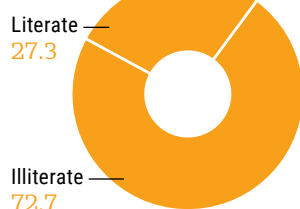
FEMALE



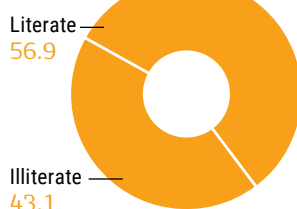
MALE



FEMALE



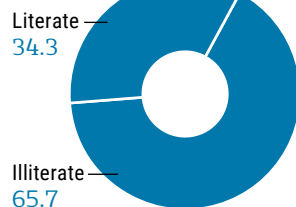
MALE



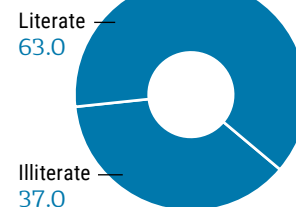
Persons without disabilities (%)

■ Rural ■ Urban

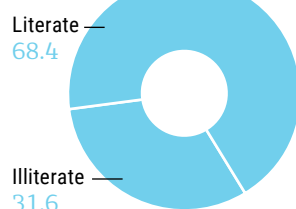
FEMALE



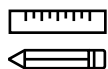
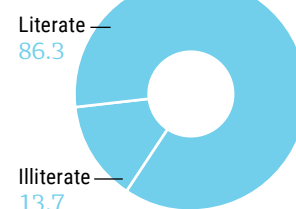
MALE



FEMALE



MALE

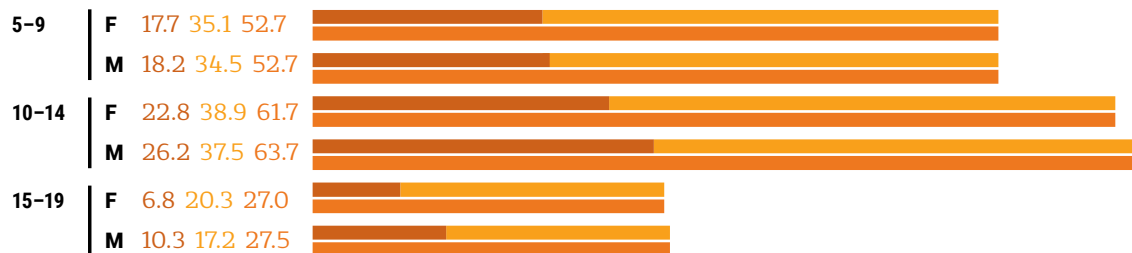


by SCHOOL ATTENDANCE

Persons who have not stated whether they attend school have been left out of the calculation.

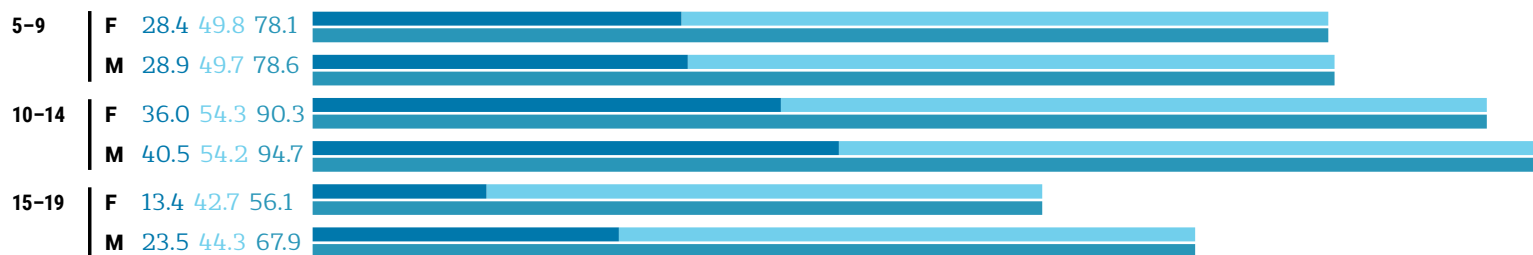
Persons with disabilities (%)

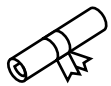
■ Rural ■ Urban ■ Total F Female M Male



Persons without disabilities (%)

■ Rural ■ Urban ■ Total F Female M Male



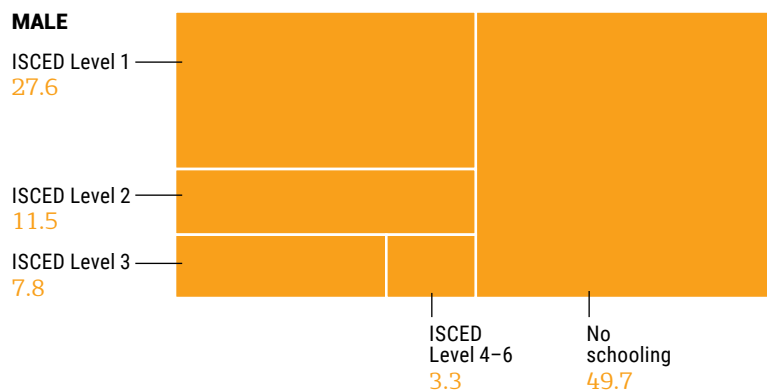
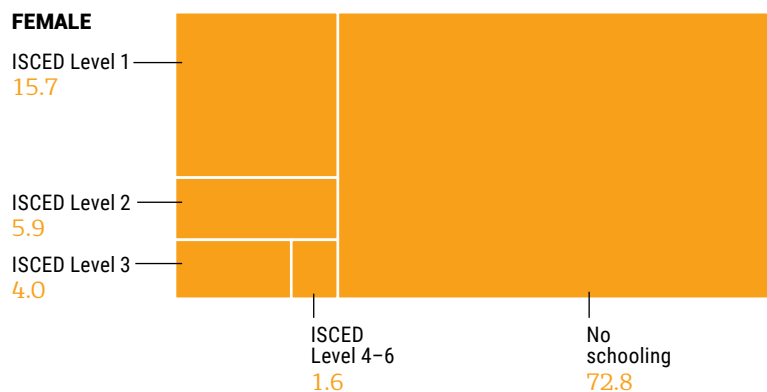
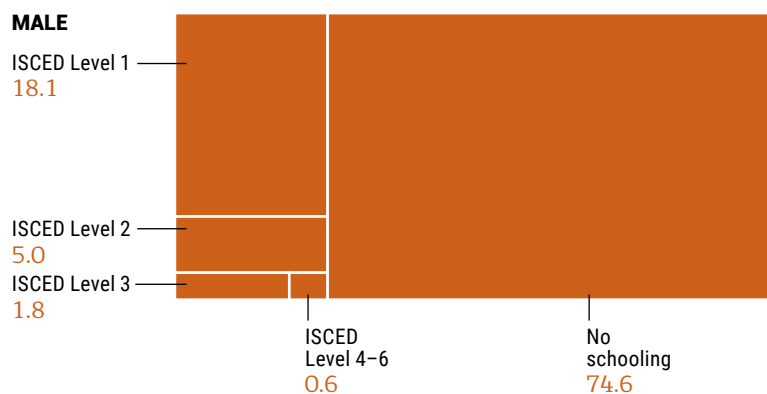
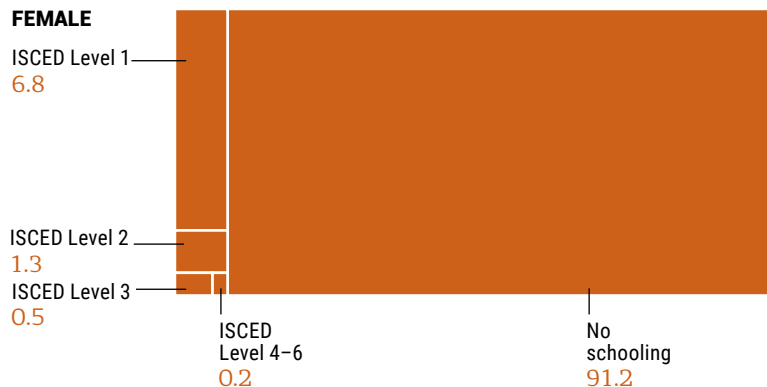


by EDUCATIONAL ATTAINMENT

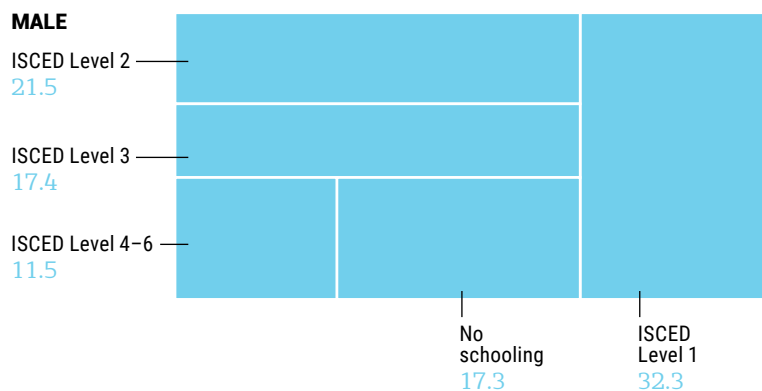
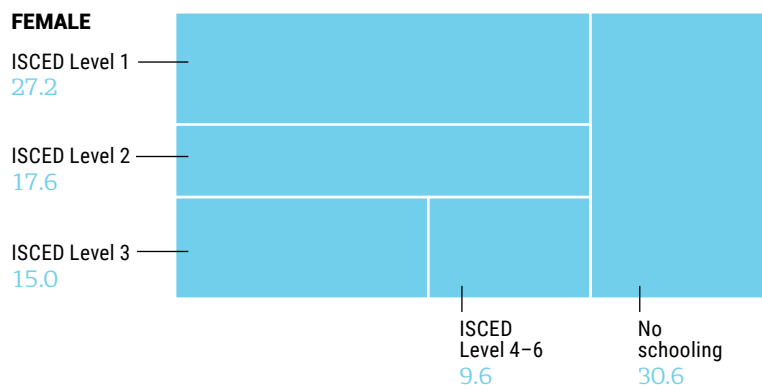
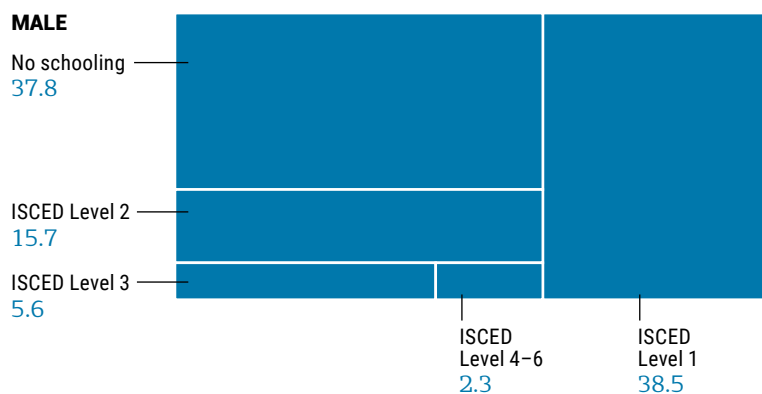
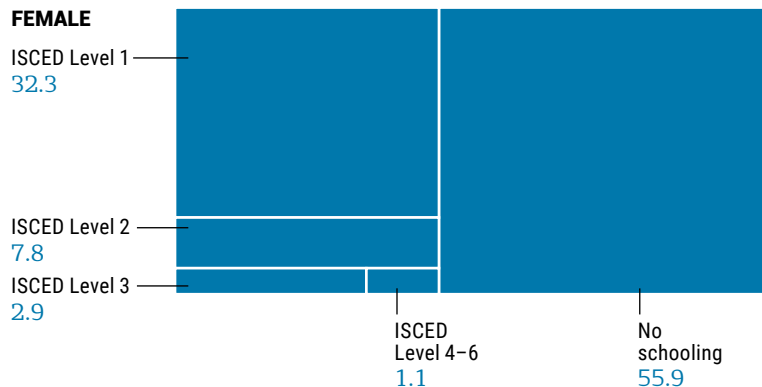
Age: 5+ years

The data source includes a more detailed breakdown for "no schooling" (by pre-school attendance).

Persons with disabilities (%) ■ Rural ■ Urban



Persons without disabilities (%) ■ Rural ■ Urban

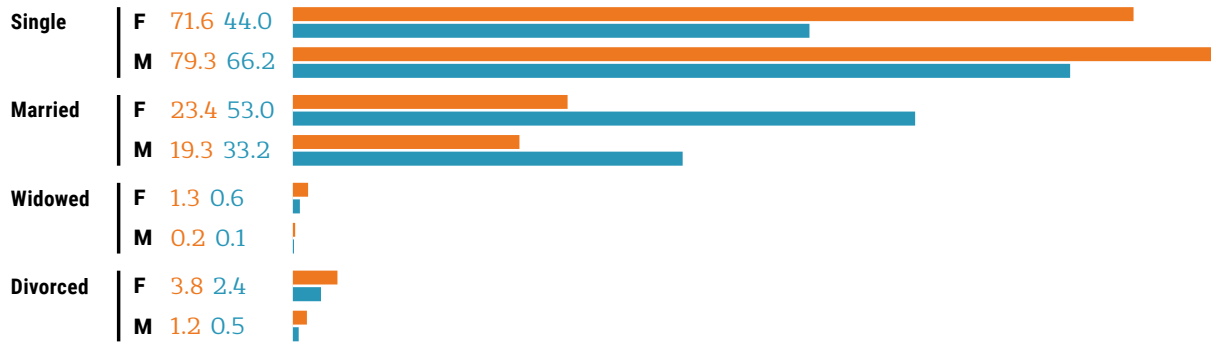




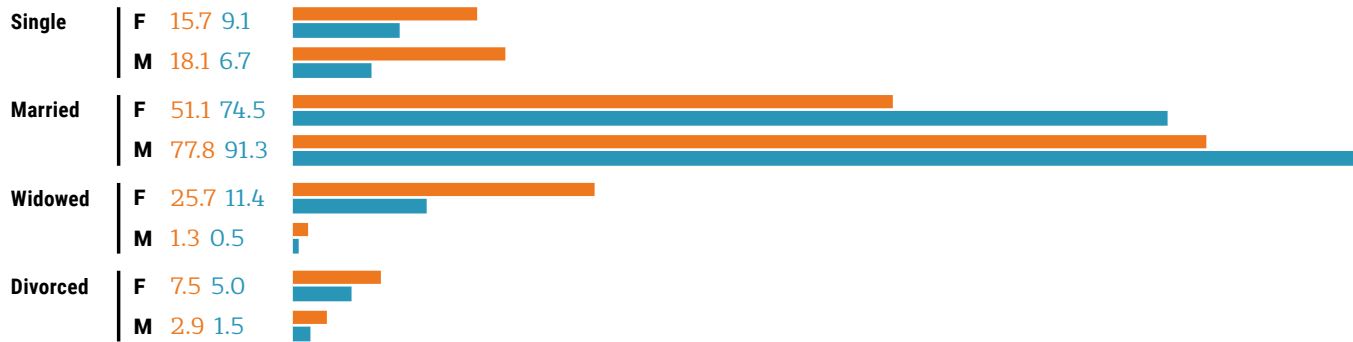
by MARITAL STATUS

By age group

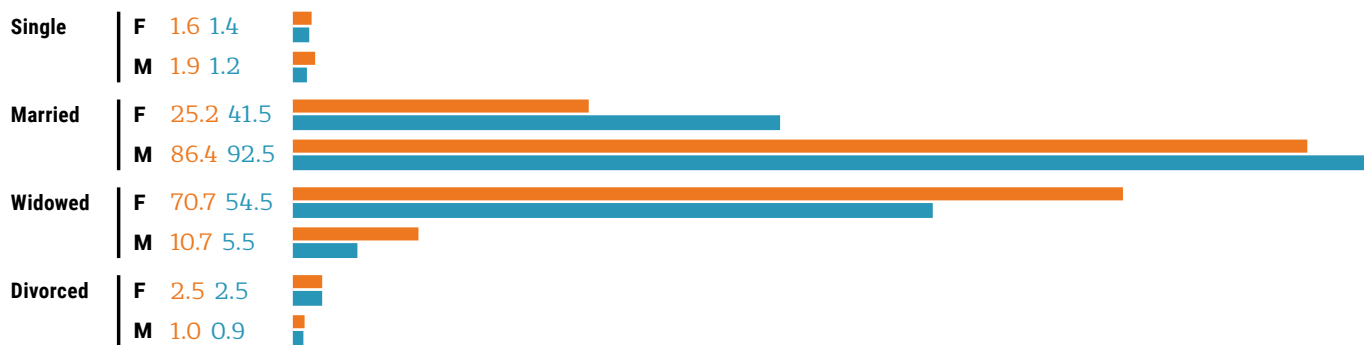
15–39 years



40–64 years



65+ years





by ECONOMIC ACTIVITY

Age: 15-64 years

Persons with disabilities (%) ■ Rural ■ Urban

FEMALE



MALE



FEMALE



MALE

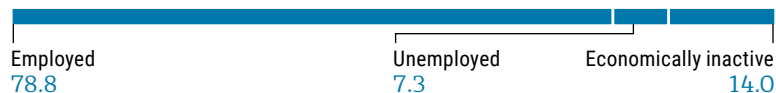


Persons without disabilities (%) ■ Rural ■ Urban

FEMALE



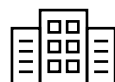
MALE



FEMALE



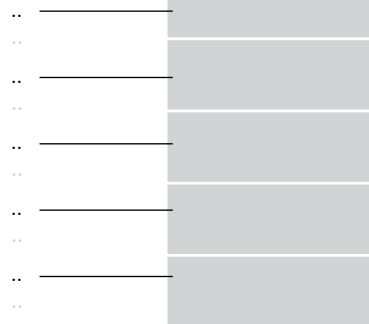
MALE



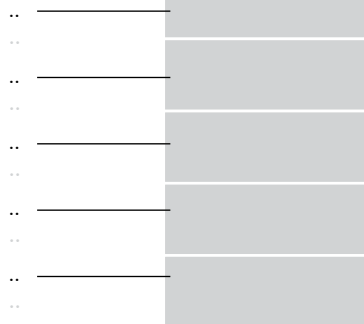
by SECTOR OF EMPLOYMENT

Persons with disabilities (%) ■ Rural ■ Urban

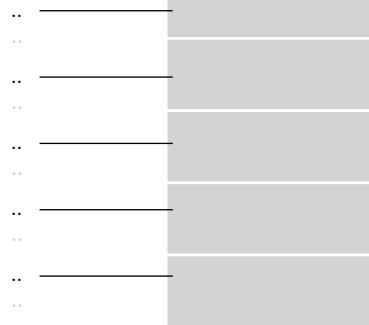
FEMALE



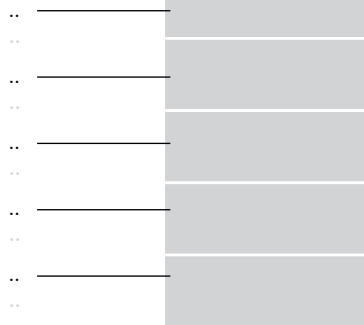
MALE



FEMALE

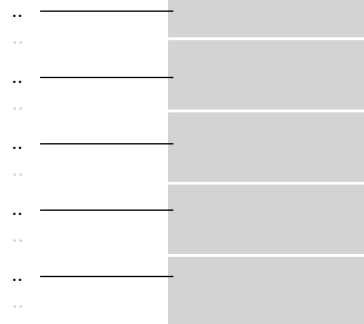


MALE

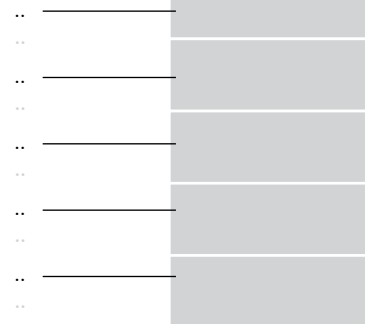


Persons without disabilities (%) ■ Rural ■ Urban

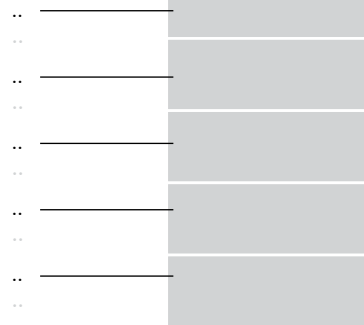
FEMALE



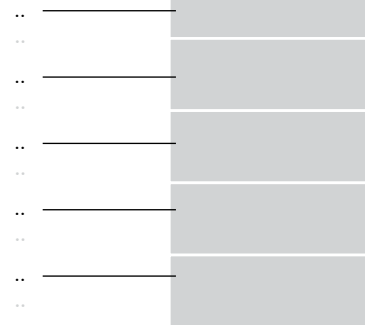
MALE



FEMALE

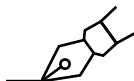

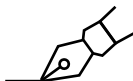



MALE

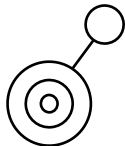
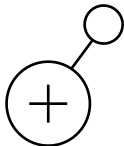


Signature/ratification of the Convention on the Rights of Persons with Disabilities & its optional protocol

Source: United Nations Treaty Collection (2018a), (2018b)

Convention		Optional protocol	
	Signed 30.3.2007		Ratified/acceded 8.4.2009
	Signed No		Ratified/acceded 8.4.2009

Focal point for implementing the Convention in accordance with Article 33(1)

Lead focal point	Additional focal points
 Ministry of Family, Solidarity, Equality and Social Development	 No

National coordination mechanism for implementing the Convention in accordance with Article 33(1)

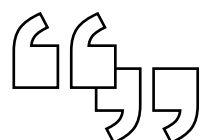
Mechanism name	Composition
 Interministerial Commission to monitor the implementation of strategies and programmes for the promotion of the rights of persons with disabilities	 Ministry of Foreign Affairs and International Cooperation, Ministry of Interior, Ministry of Justice, Ministry of Habous and Islamic Affairs, Ministry of Economy and Finance, National Planning, Urban Planning, Housing and Urban Policy, Ministry of National Education, Vocational Training, Higher Education and Scientific Research, Ministry of Equipment, Transport, Logistics and Water, Ministry of Industry, Trade, Investment and Digital Economy, Ministry of Youth and Sports, Ministry of Health, Ministry of Culture and Communication, Ministry of Tourism, Air Transport, Handicraft and Social Economy, Ministry of Family, Solidarity, Equality and Social Development, Ministry of Employment and Vocational Training, Ministry of General Affairs and Governance, Ministry of Reform of the Administration and the Civil Service, Higher Planning Commission, Deputy Minister for Human Rights, General Directorate of Prison Administration and Reintegration
 Chair Prime Minister	
 Year established 2014	
 Persons with disabilities represented? No	

Framework for the promotion, protection and monitoring of the Convention in accordance with Article 33(2) composition



National Human Rights Council

National definition of disability/persons with disabilities



Any person presenting, in a permanent manner, a limitation or a restriction, whether it be stable or evolving, of their physical, mental, psychical or sensorial faculties, which in interaction with various barriers can obstruct their full and effective participation in the society on an equal basis with others (Law No. 97-13 of 2016 on the Protection and Promotion of the Rights of Persons with Disabilities).

National legislative framework for disability/persons with disabilities (year of adoption)

Articles on disability included in the constitution?

Yes

General/overarching national disability law

Law No. 97-13 of 2016 on the Protection and Promotion of the Rights of Persons with Disabilities

National disability strategy/plan

Public policy to promote the rights of persons in a situation of disability (2015)

SOURCE

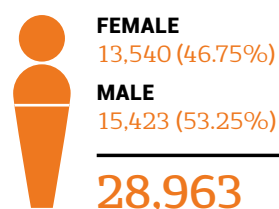
Based on data collected from government focal points through the ESCWA Questionnaire on the Implementation of Article 33 by Arab States (2016).

OMAN 2010

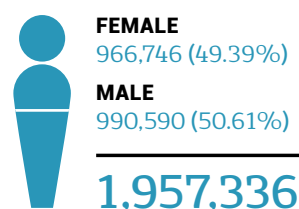
SOCIO-ECONOMIC INDICATORS	HDI	Life expectancy at birth	GNI per capita
Source: UNDP (2016)	0.796	77.0	34,402

Population¹

Persons with disabilities

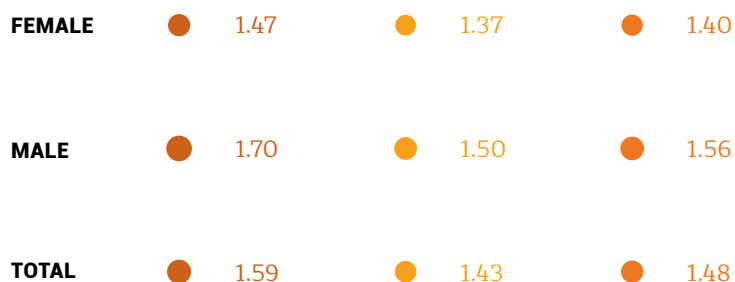


Total population



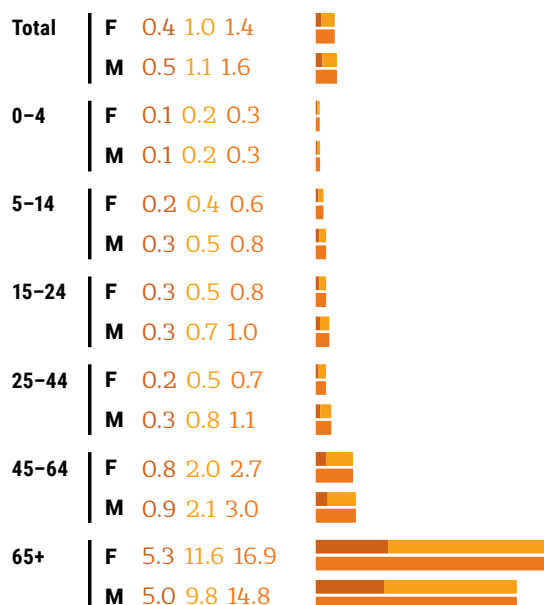
Disability prevalence (%)

■ Rural ■ Urban ■ Total



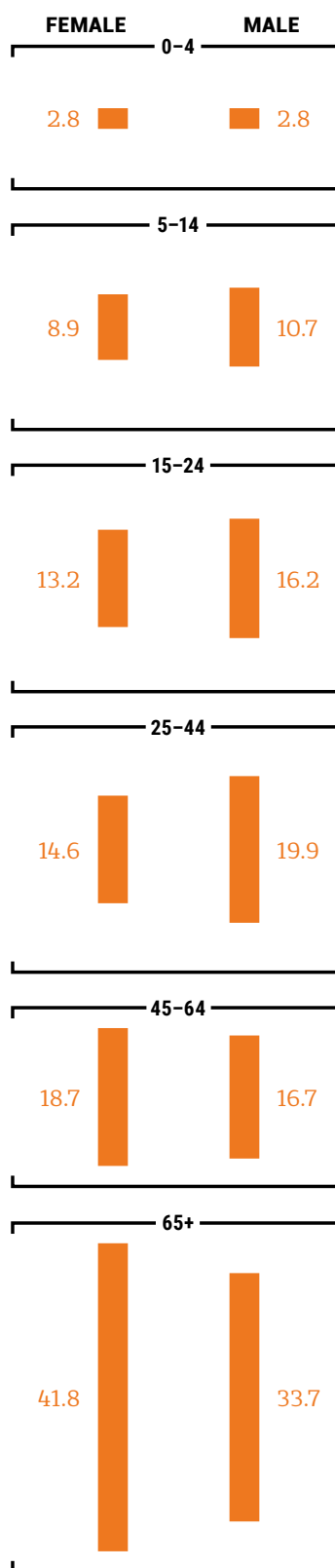
Age-specific disability prevalence (%)

■ Rural ■ Urban ■ Total F Female M Male

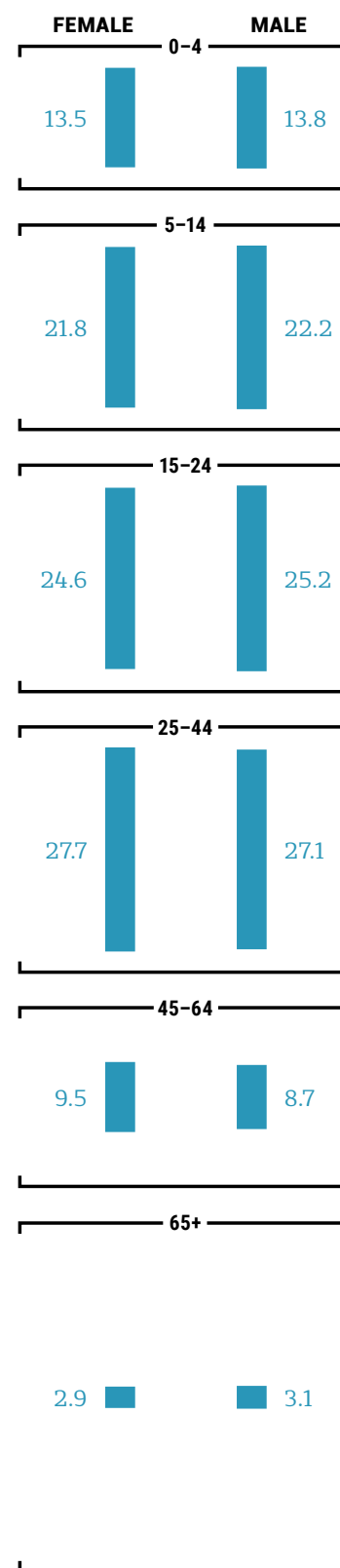


Age distribution (%)

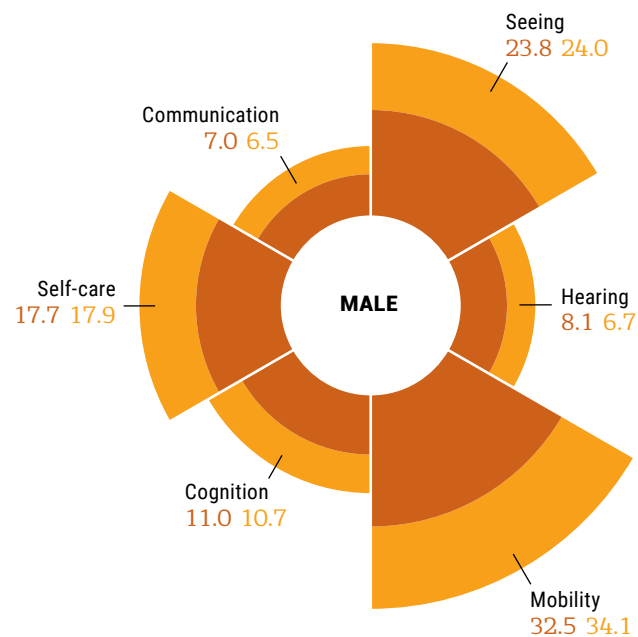
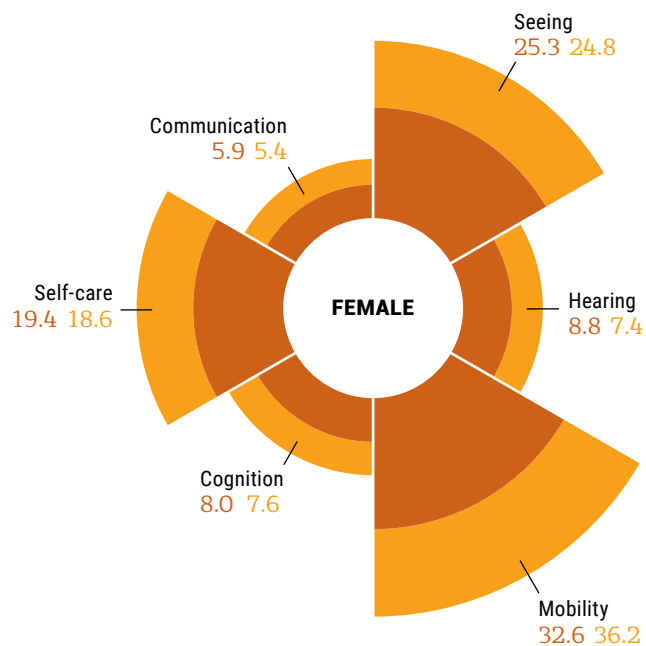
Persons with disabilities



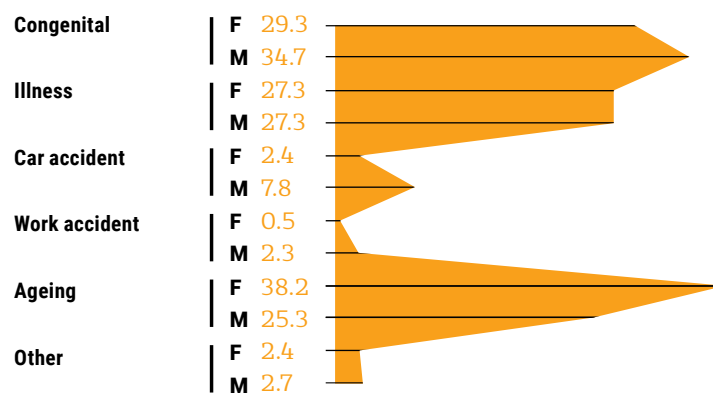
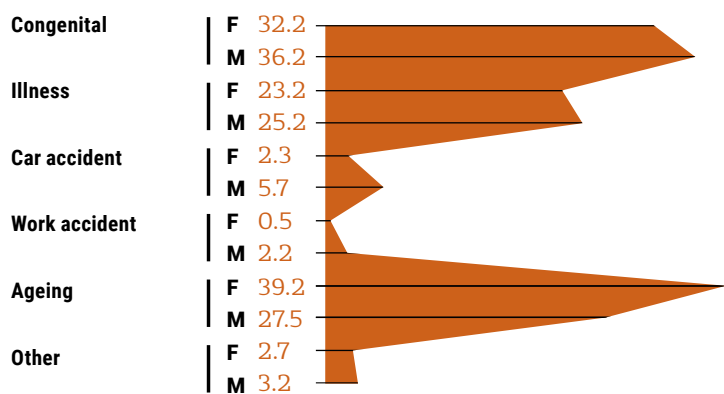
Persons without disabilities



Type of disability/difficulty (%)



Cause of disability (%)



All data categories are as provided by Oman.

SOURCE

Calculated from ESCWA, 2017a, based on data provided by the NSO from the Oman census 2010, unless otherwise indicated

FOOTNOTES

1 Data are for nationals only.



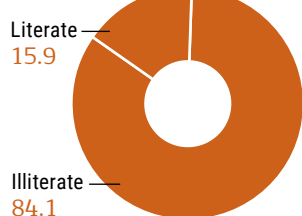
by LITERACY STATUS

Age: 15+ years

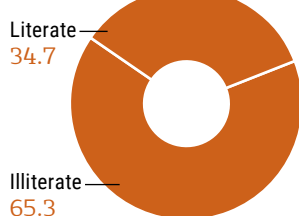
Persons with disabilities (%)

■ Rural ■ Urban

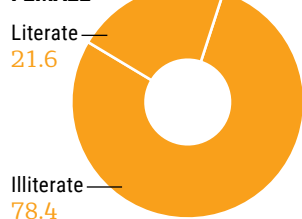
FEMALE



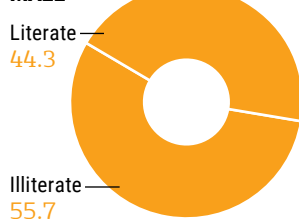
MALE



FEMALE



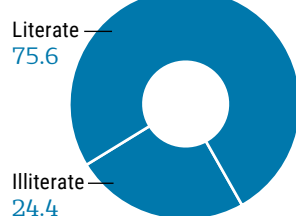
MALE



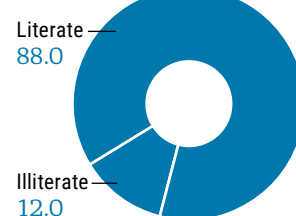
Persons without disabilities (%)

■ Rural ■ Urban

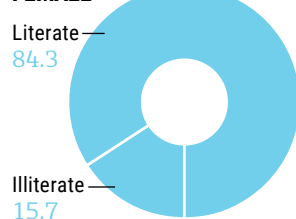
FEMALE



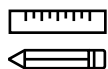
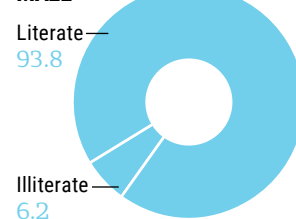
MALE



FEMALE



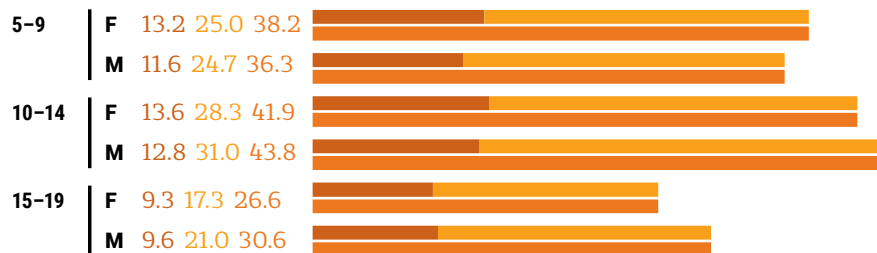
MALE



by SCHOOL ATTENDANCE

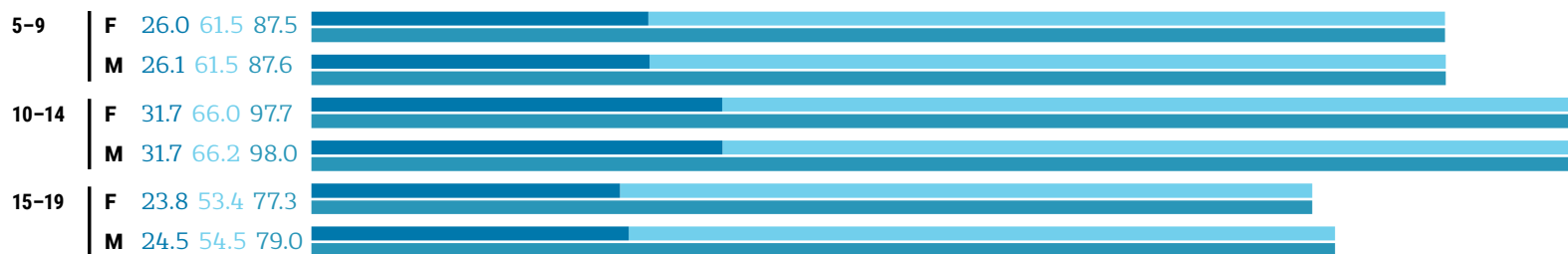
Persons with disabilities (%)

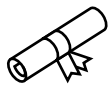
■ Rural ■ Urban ■ Total F Female M Male



Persons without disabilities (%)

■ Rural ■ Urban ■ Total F Female M Male



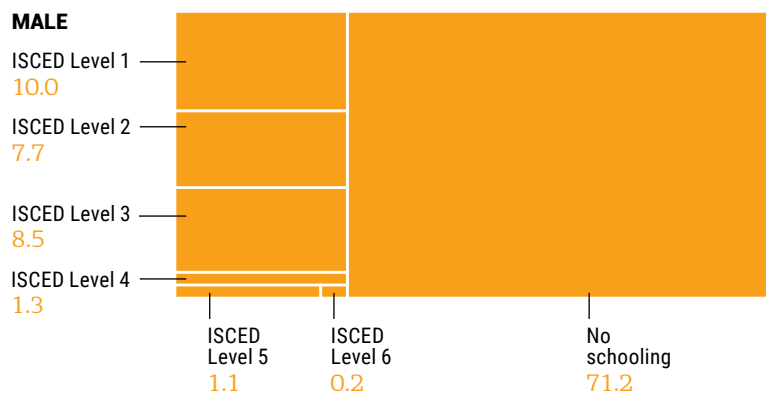
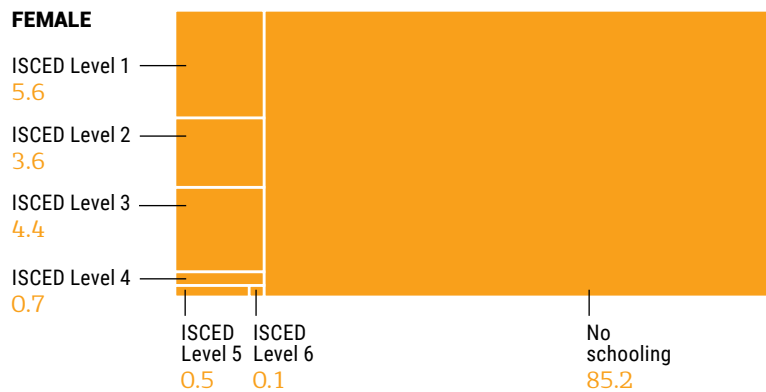
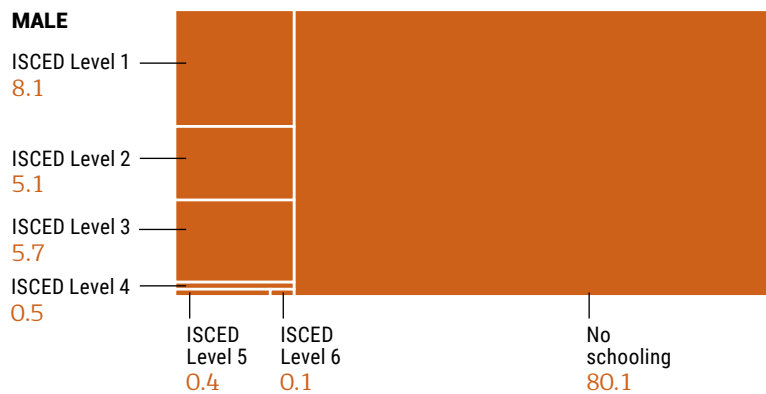
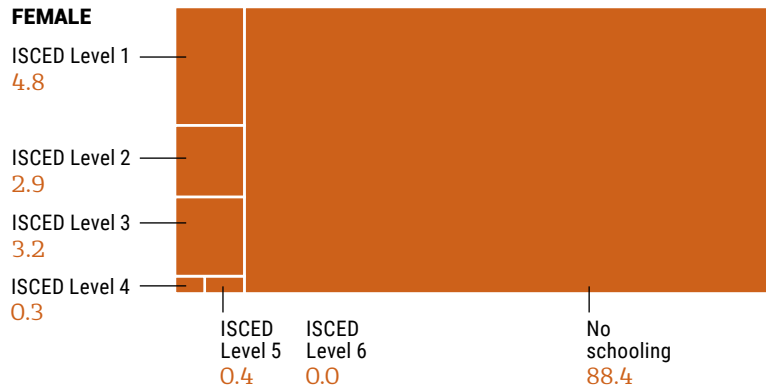


by EDUCATIONAL ATTAINMENT

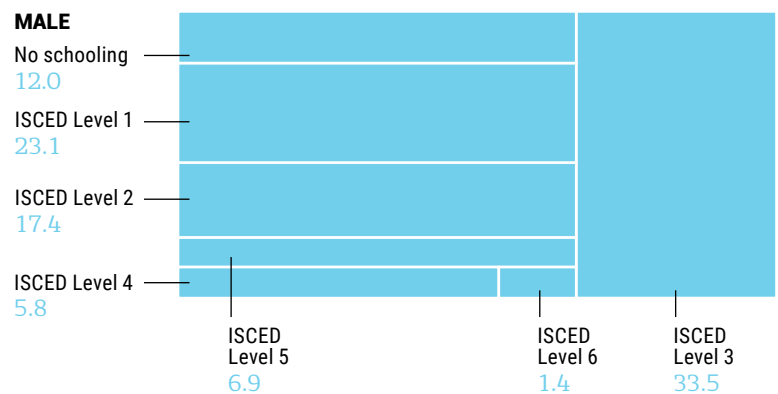
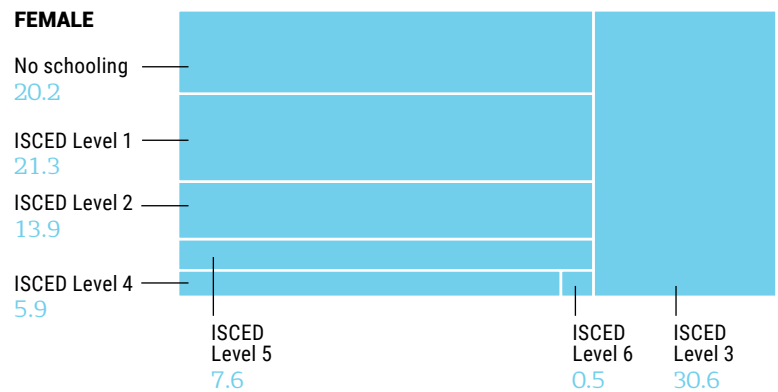
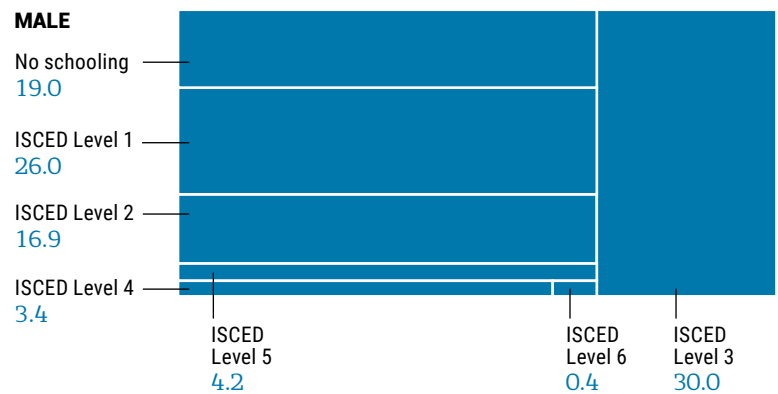
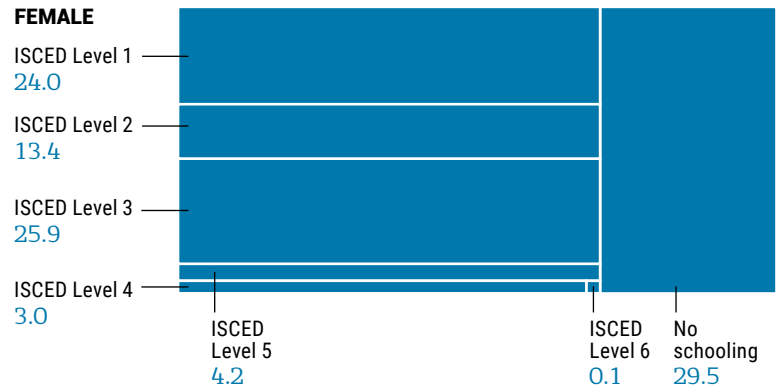
Age: 10+ years

Data source includes a more detailed breakdown for "no schooling" (by illiterate and can read/write) and ISCED levels 1 (by primary and basic education/first loop), 2 (by preparatory and basic education/second loop), 3 (by secondary and general certificate diploma) and 6 (by master's degree and PhD).

Persons with disabilities (%) ■ Rural ■ Urban



Persons without disabilities (%) ■ Rural ■ Urban

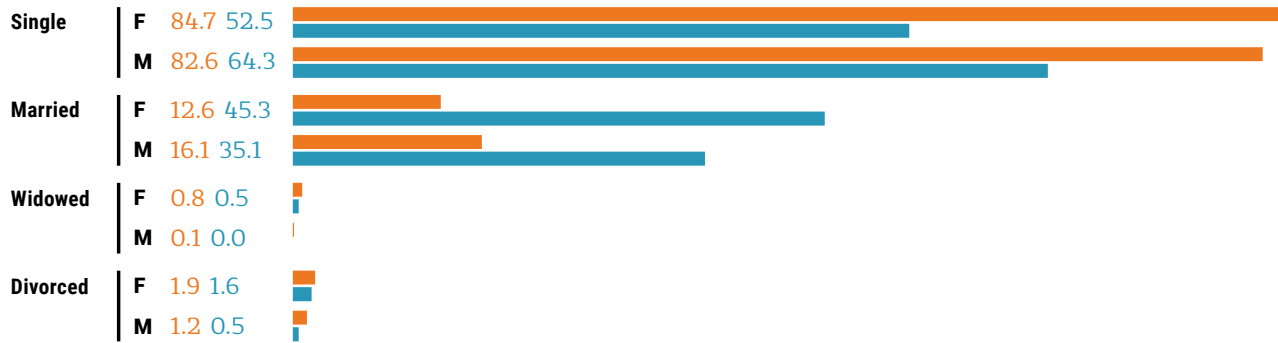




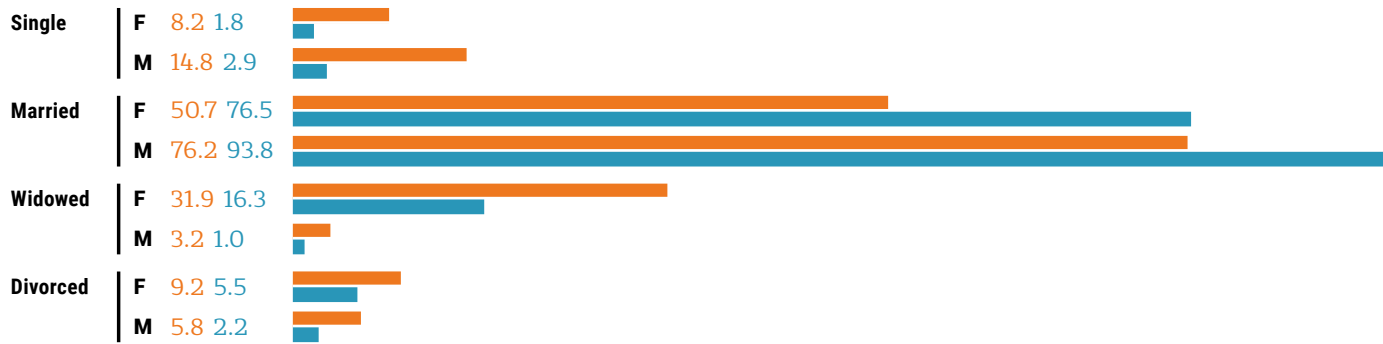
by MARITAL STATUS

By age group

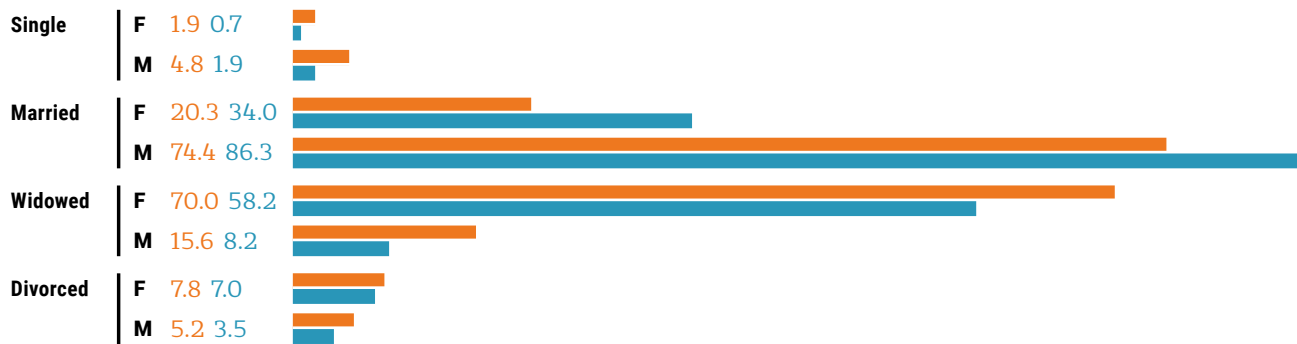
15–39 years



40–64 years



65+ years





by ECONOMIC ACTIVITY

Age: 15–64 years

Persons with disabilities (%) ■ Rural ■ Urban

FEMALE



MALE



FEMALE



MALE



Persons without disabilities (%) ■ Rural ■ Urban

FEMALE



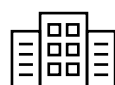
MALE



FEMALE



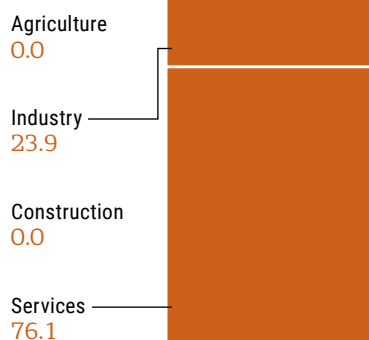
MALE



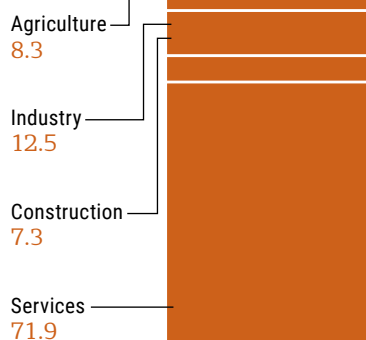
by SECTOR OF EMPLOYMENT

Persons with disabilities (%) ■ Rural ■ Urban

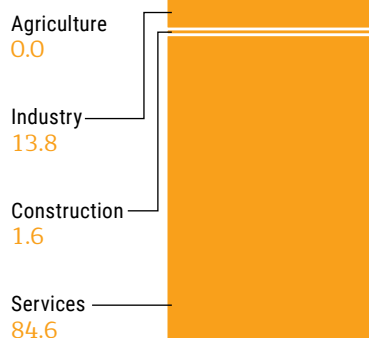
FEMALE



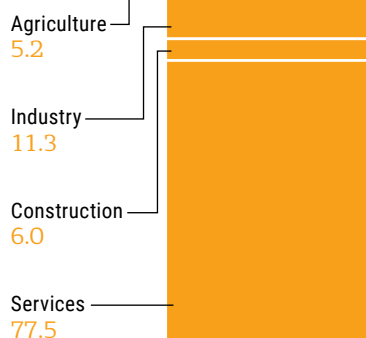
MALE



FEMALE

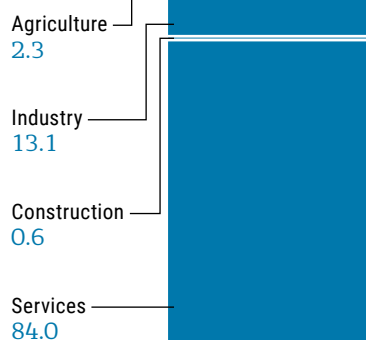


MALE

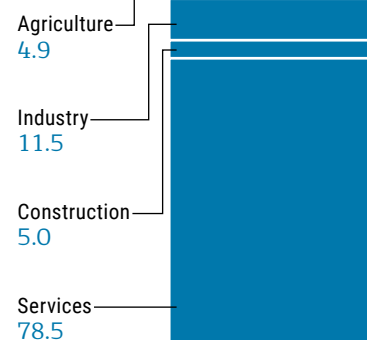


Persons without disabilities (%) ■ Rural ■ Urban

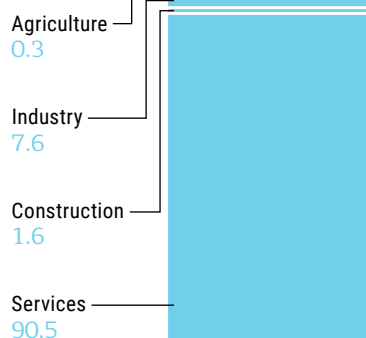
FEMALE



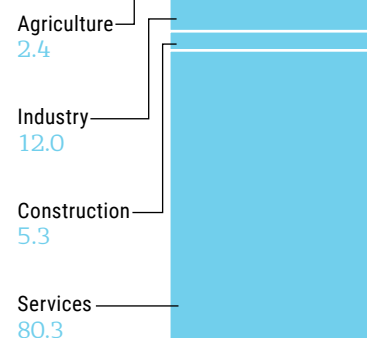
MALE



FEMALE

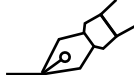

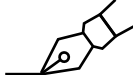



MALE

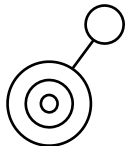
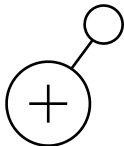


Signature/ratification of the Convention on the Rights of Persons with Disabilities & its optional protocol

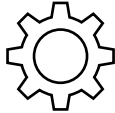
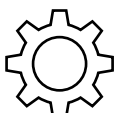
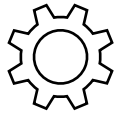
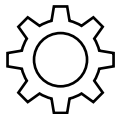
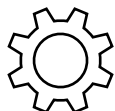
Source: United Nations Treaty Collection (2018a), (2018b)

Convention		Optional protocol	
	Signed 17.3.2008		Ratified/acceded 6.1.2009
			Signed No
			Ratified/acceded No

Focal point for implementing the Convention in accordance with Article 33(1)

Lead focal point	Additional focal points
 National Committee for the Care of Persons with Disabilities	 Oman Human Rights Committee

National coordination mechanism for implementing the Convention in accordance with Article 33(1)

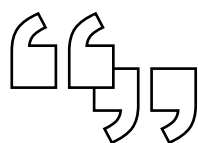
Mechanism name	Composition
 National Committee for the Care of Persons with Disabilities	 Ministry of Social Development, Ministry of Health, Ministry of Education, Ministry of Manpower, Ministry of Transport and Communications, Ministry of Housing, Ministry of Finance, Royal Oman Police, Ministry of Sports Affairs, Oman Human Rights Commission, Oman Chamber of Commerce and Industry (representing the private sector), representative of institutions of persons with disabilities, representative of persons with disabilities
 Chair Ministry of Social Development	
 Year established 2008	
 Persons with disabilities represented? Yes	

Framework for the promotion, protection and monitoring of the Convention in accordance with Article 33(2) composition



Ministry of Social Development, Oman Human Rights Commission, Ministry of Legal Affairs, Ministry of Justice, Ministry of Health, Ministry of Education, Ministry of Manpower, Ministry of Transport and Communications, Ministry of Regional Municipalities and Water Resources, Ministry of Finance, Royal Oman Police, Ministry of Sports Affairs, Ministry of Information, representative of persons with disabilities

National definition of disability/persons with disabilities



The person who suffers from a deficiency in some of their sensory, physical or mental capacities, be it congenital, or the result of a hereditary factor, disease or accident, which limits their ability to perform their natural role in life in comparison to those of the same age, and which results in the need for special care and rehabilitation in order to assume their role in life (Sultanate Decree No. 63 on the Law on Care and Rehabilitation of the Disabled, 2008).

National legislative framework for disability/persons with disabilities (year of adoption)

Articles on disability included in the constitution?

Yes

General/overarching national disability law

Sultanate Decree No. 63 on the Law on Care and Rehabilitation of the Disabled (2008)

National disability strategy/plan

Social Action Strategy 2016-2025, Centre for the Rights of Persons with Disabilities

SOURCE

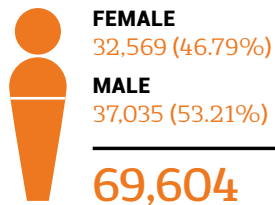
Based on data collected from government focal points through the ESCWA Questionnaire on the Implementation of Article 33 by Arab States (2016).

PALESTINE 2007¹

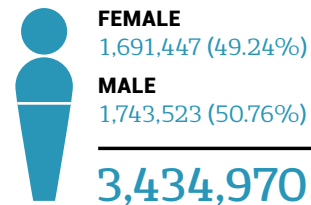
SOCIO-ECONOMIC INDICATORS	HDI	Life expectancy at birth	GNI per capita
Source: UNDP (2016)	0.684	73.1	5,256

Population

Persons with disabilities

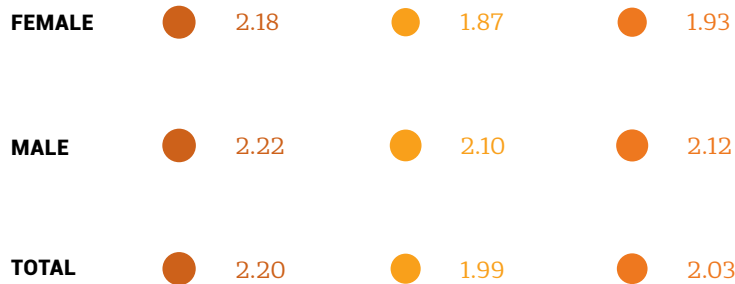


Total population



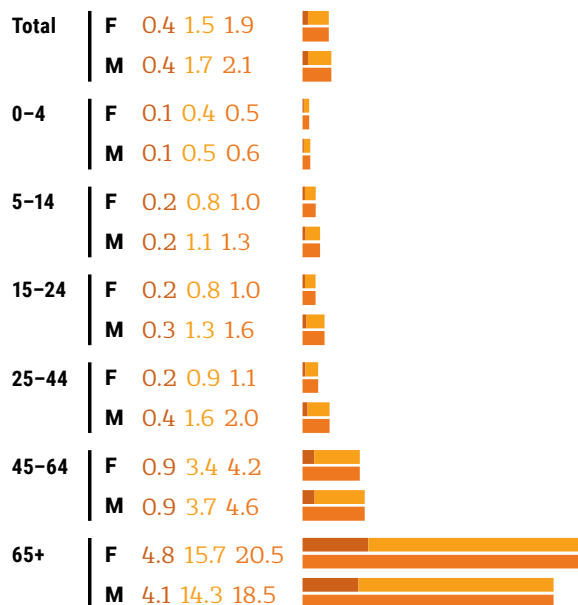
Disability prevalence (%)²

■ Rural ■ Urban ■ Total



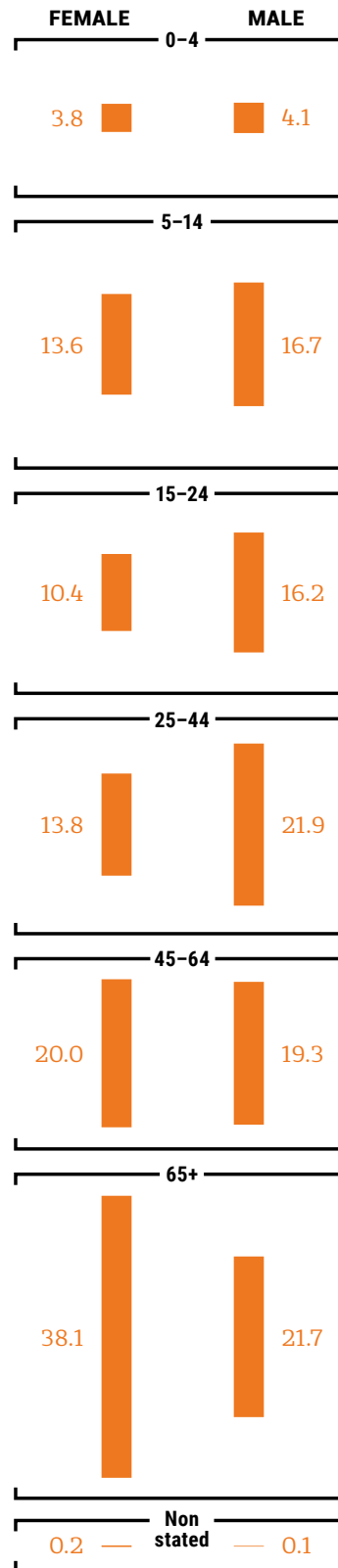
Age-specific disability prevalence (%)³

■ Rural ■ Urban ■ Total F Female M Male

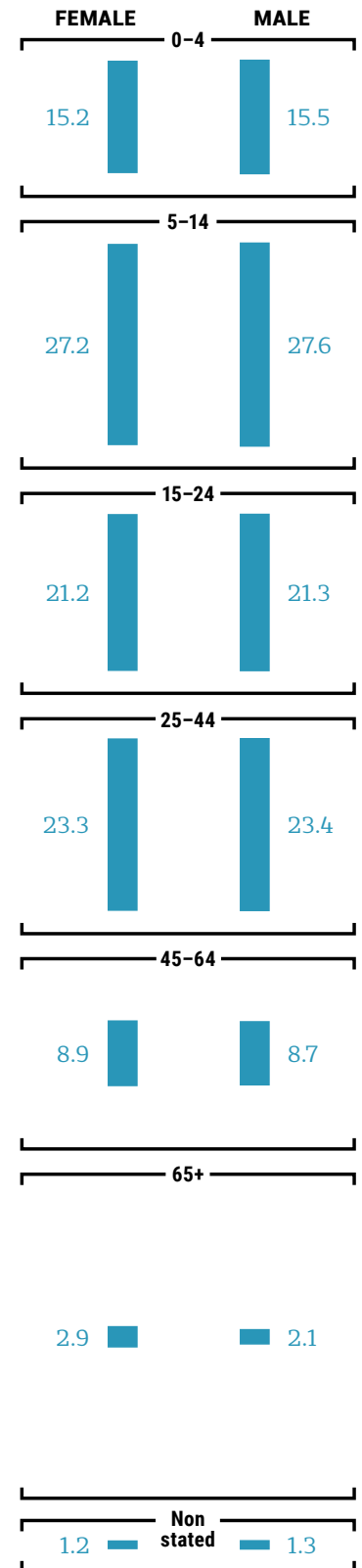


Age distribution (%)

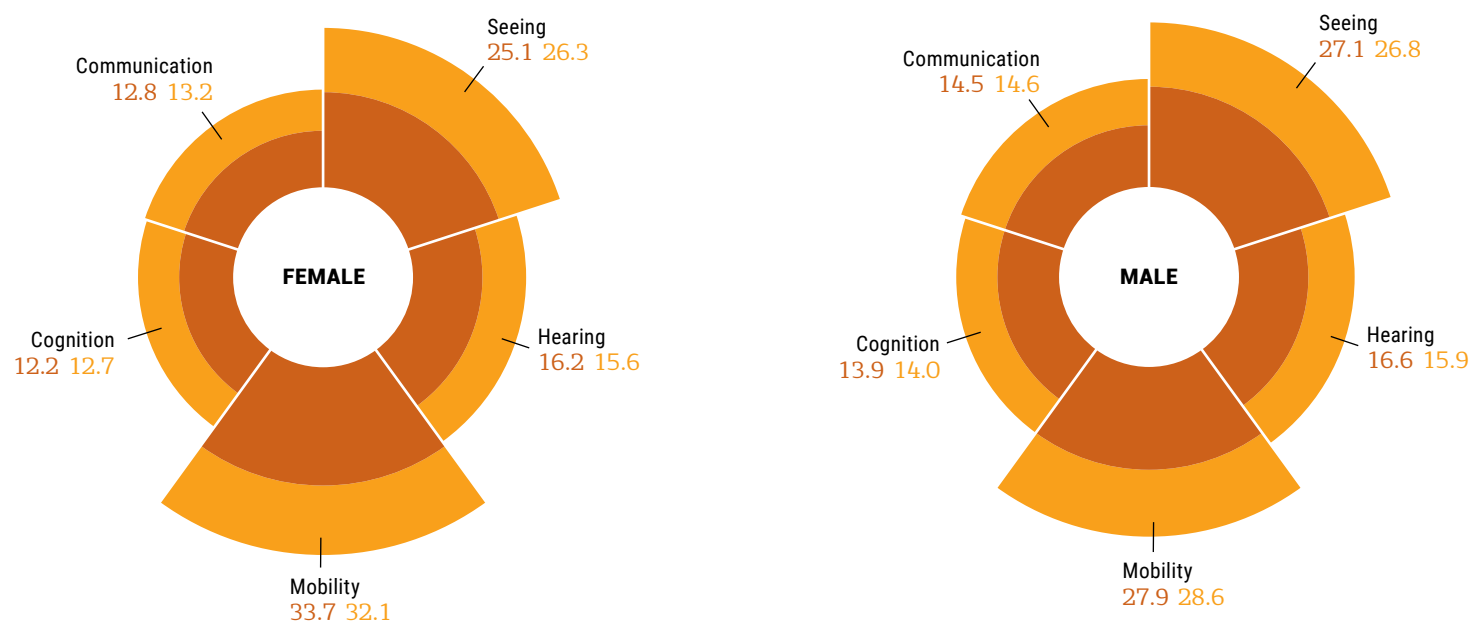
Persons with disabilities



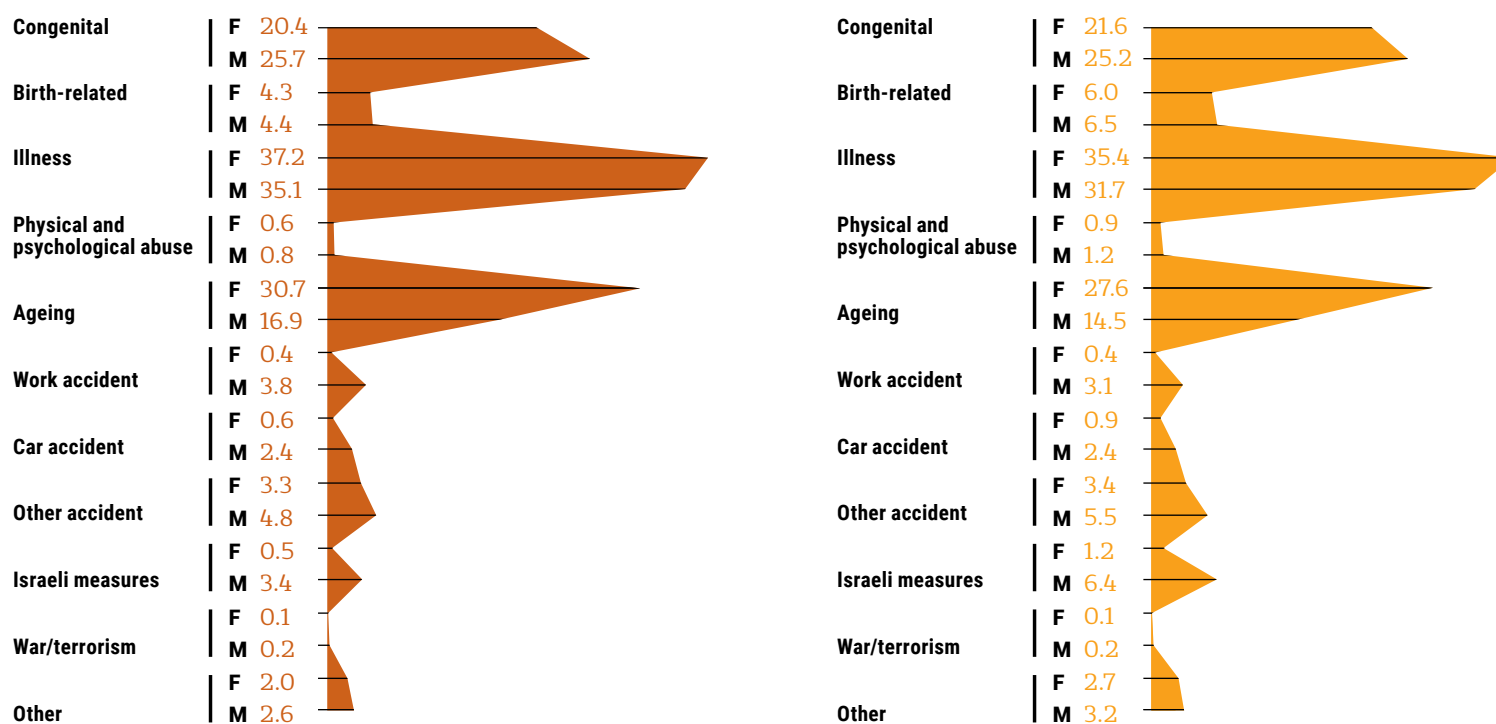
Persons without disabilities



Type of disability/difficulty (%)



Cause of disability (%)⁴



All data categories are as provided by Palestine.

SOURCE

Calculated from ESCWA, 2017a, based on data provided by the NSO from the Palestine census 2007, unless otherwise indicated

FOOTNOTES

- 1 The result of the 2017 census was not yet available when the data for this report were compiled.
- 2 Urban includes areas categorised as camps in the data source.
- 3 The data on total population include 20,645 persons of uncertain age.
- 4 Persons may report more than one cause of disability.



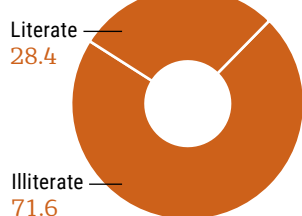
by LITERACY STATUS

Age: 15+ years

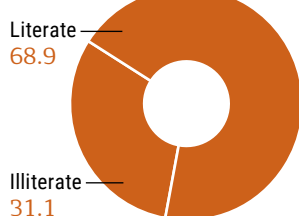
Persons with disabilities (%)

■ Rural ■ Urban

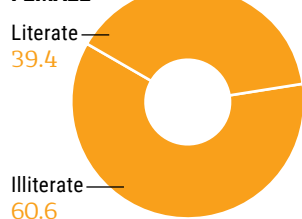
FEMALE



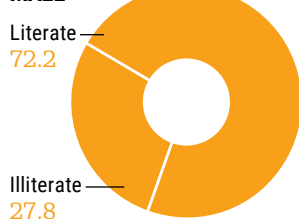
MALE



FEMALE



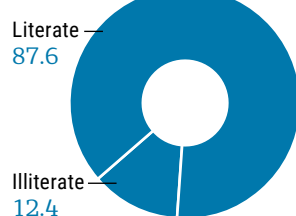
MALE



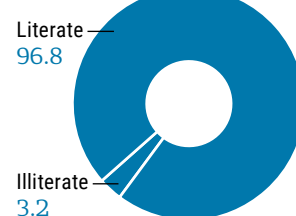
Persons without disabilities (%)

■ Rural ■ Urban

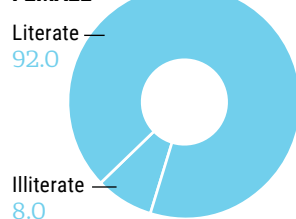
FEMALE



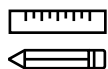
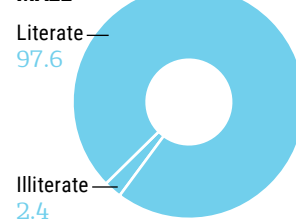
MALE



FEMALE



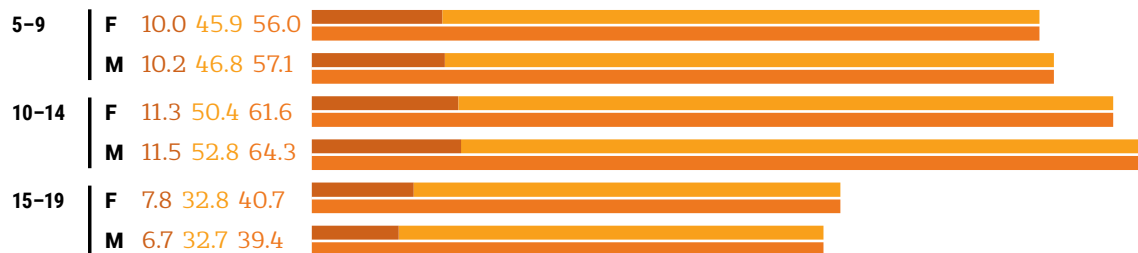
MALE



by SCHOOL ATTENDANCE

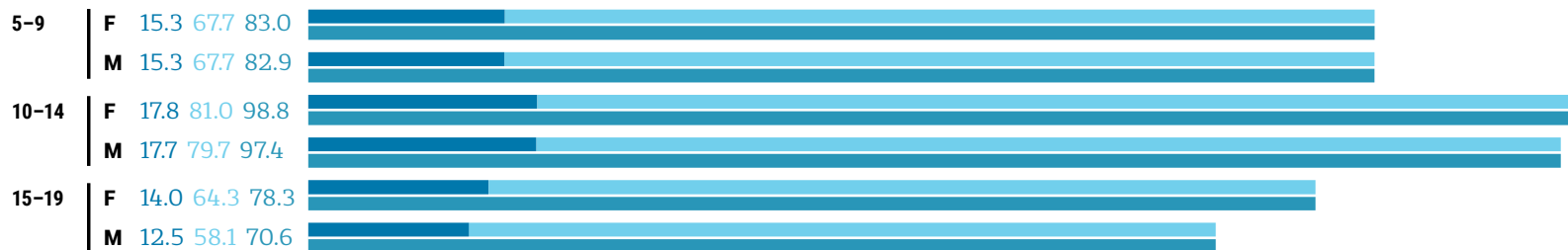
Persons with disabilities (%)

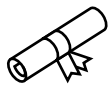
■ Rural ■ Urban ■ Total F Female M Male



Persons without disabilities (%)

■ Rural ■ Urban ■ Total F Female M Male



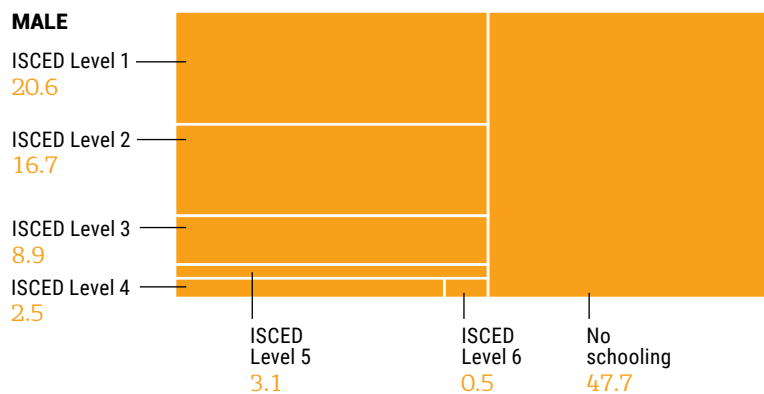
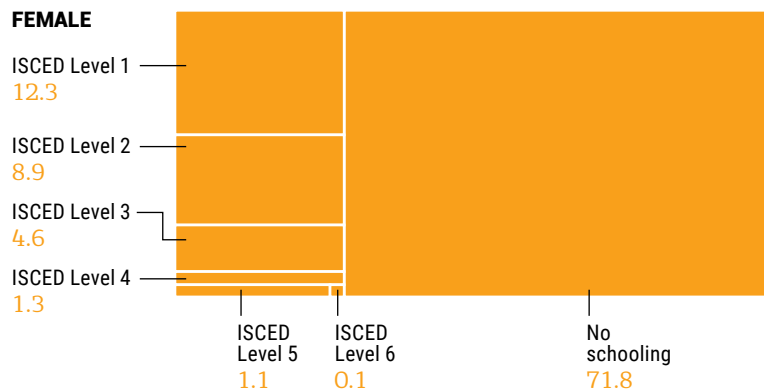
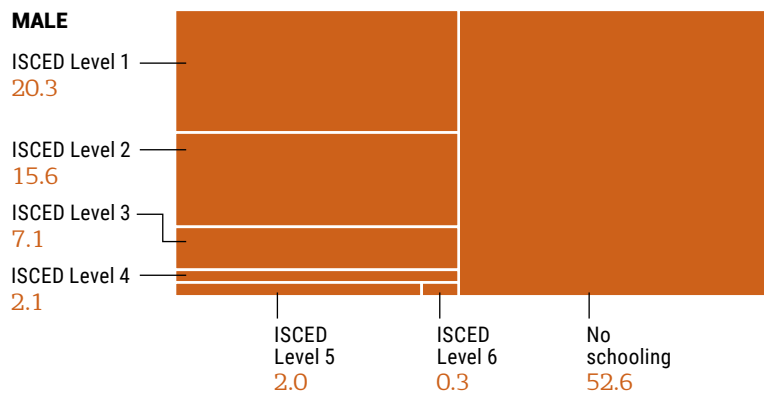
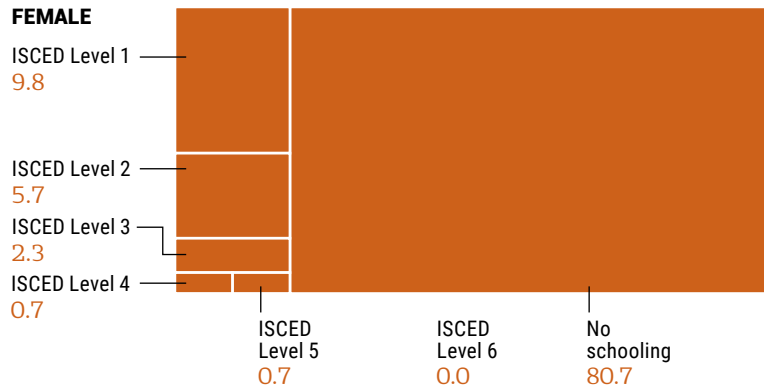


by EDUCATIONAL ATTAINMENT

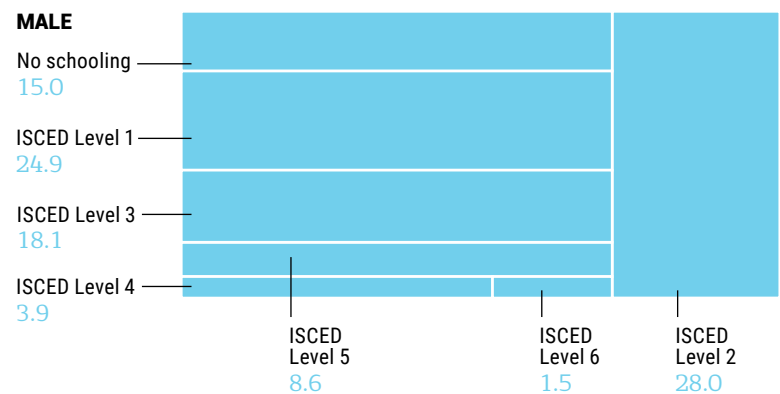
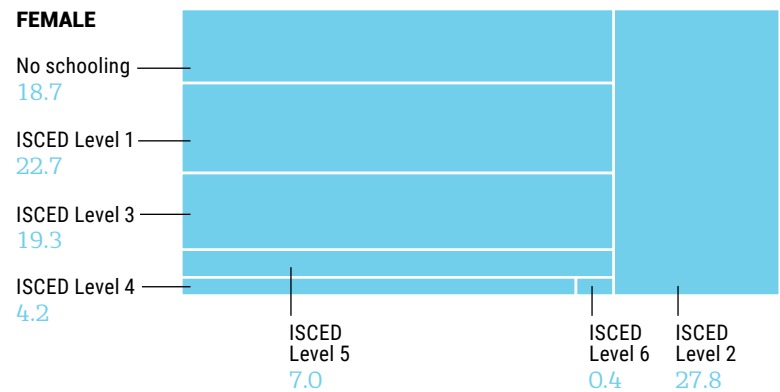
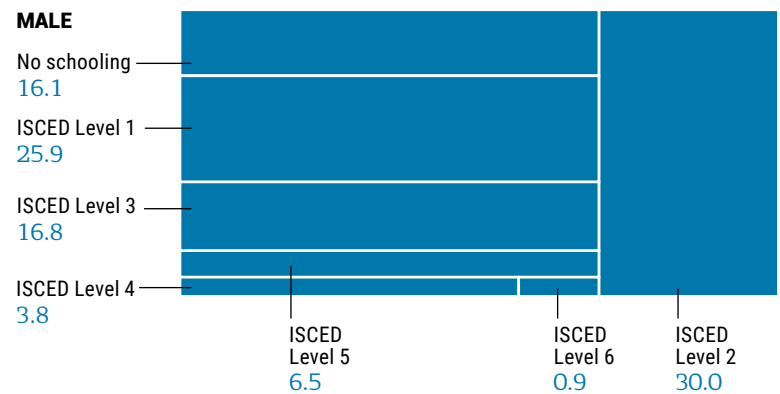
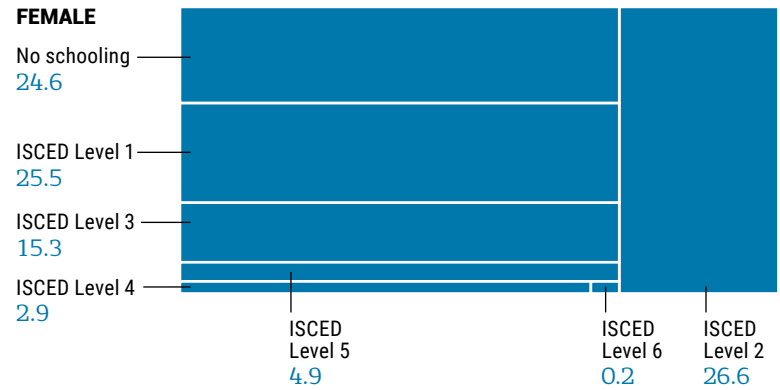
Age: 10+ years

Data source includes a more detailed breakdown for "no schooling" (by illiterate and can read/write) and ISCED level 6 (by higher diploma, master's degree and PhD).

Persons with disabilities (%) ■ Rural ■ Urban



Persons without disabilities (%) ■ Rural ■ Urban

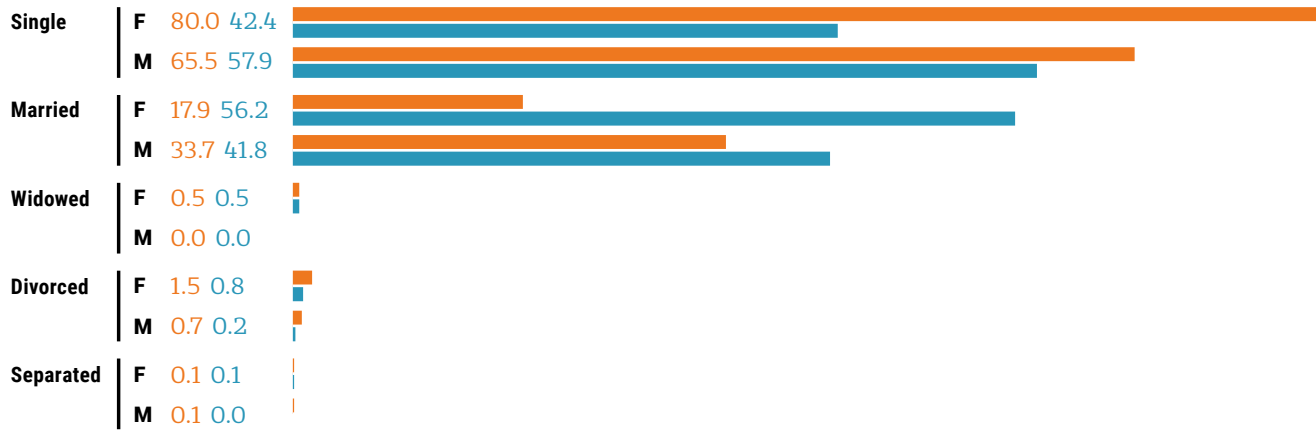




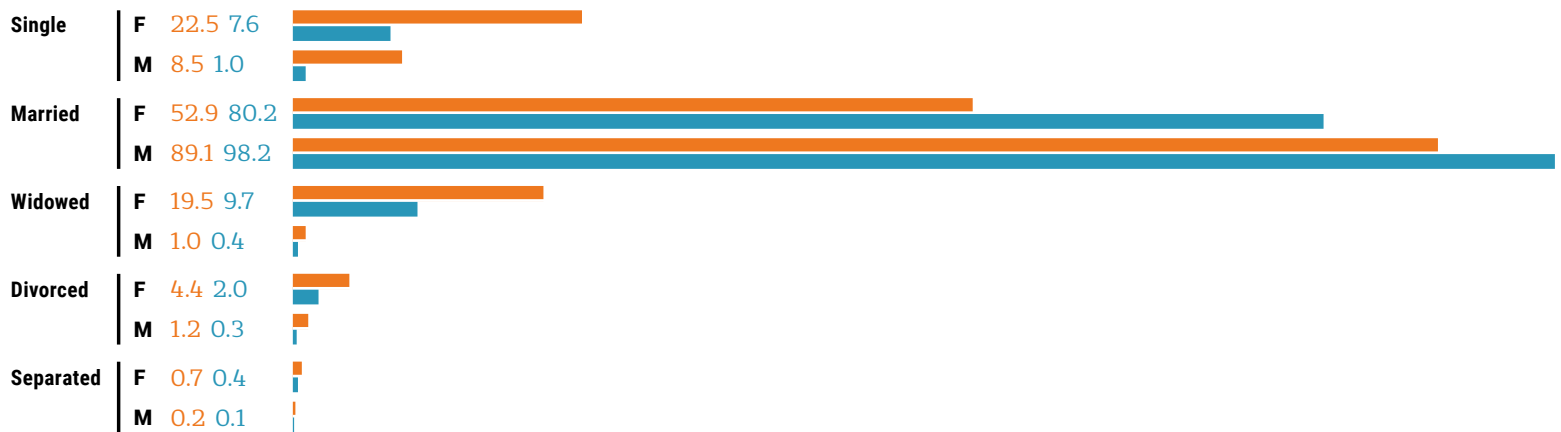
by MARITAL STATUS

By age group

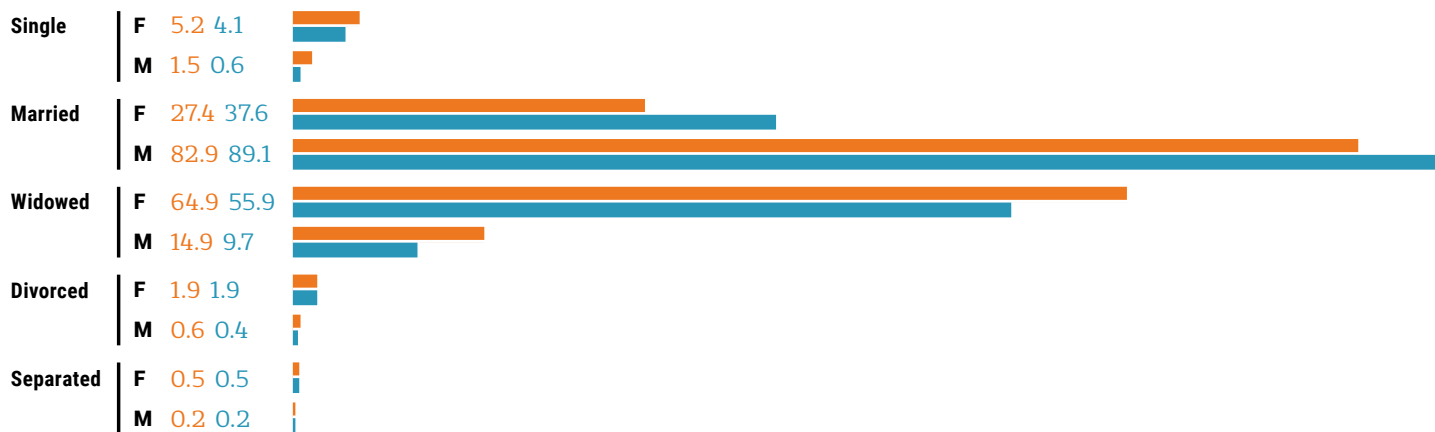
15–39 years



40–64 years



65+ years





by ECONOMIC ACTIVITY

Age: 15–64 years

Persons with disabilities (%) ■ Rural ■ Urban

FEMALE



MALE



FEMALE



MALE

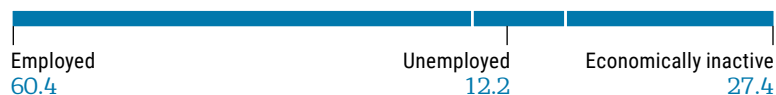


Persons without disabilities (%) ■ Rural ■ Urban

FEMALE



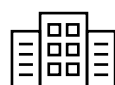
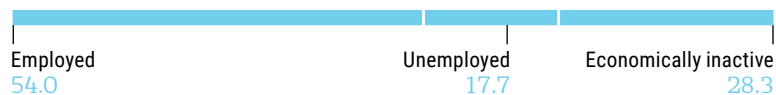
MALE



FEMALE



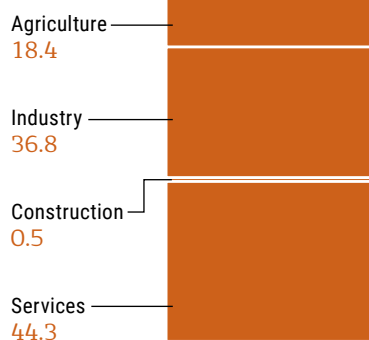
MALE



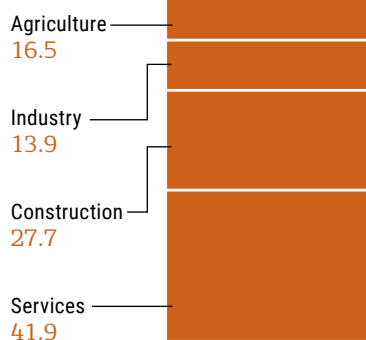
by SECTOR OF EMPLOYMENT

Persons with disabilities (%) ■ Rural ■ Urban

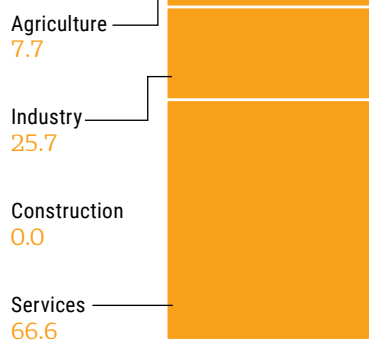
FEMALE



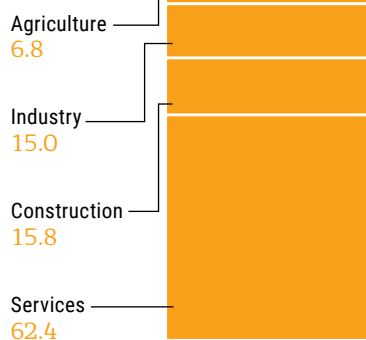
MALE



FEMALE

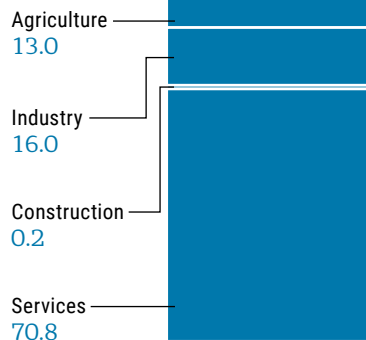


MALE

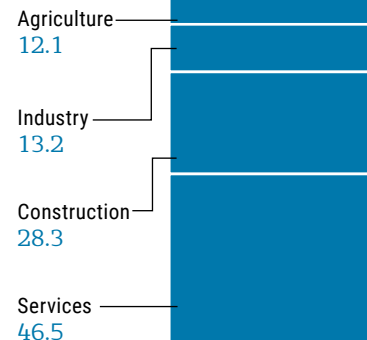


Persons without disabilities (%) ■ Rural ■ Urban

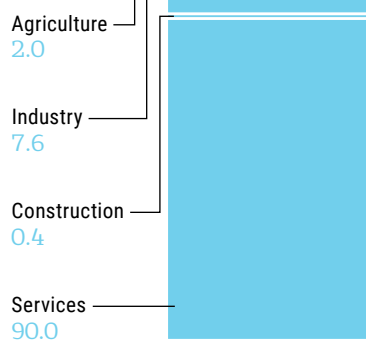
FEMALE



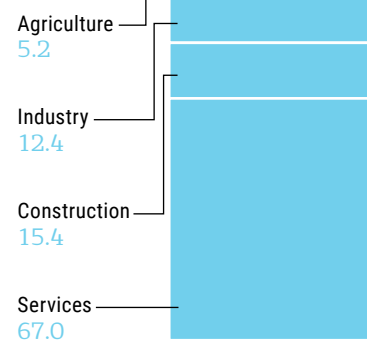
MALE



FEMALE

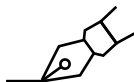

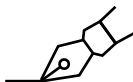



MALE

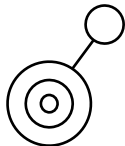
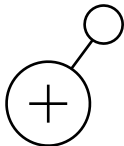


Signature/ratification of the Convention on the Rights of Persons with Disabilities & its optional protocol

Source: United Nations Treaty Collection (2018a), (2018b)

Convention		Optional protocol	
	Signed No		Ratified/acceded 2.4.2014
	Signed No		Ratified/acceded No

Focal point for implementing the Convention in accordance with Article 33(1)

Lead focal point	Additional focal points
 Minister of Social Development	 Higher Council for Persons with Disabilities; General Union of People with Disability

National coordination mechanism for implementing the Convention in accordance with Article 33(1)

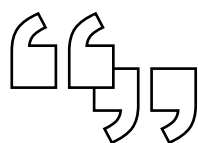
Mechanism name	Composition
 Higher Council for Persons with Disabilities	 Disability focal points of Ministries and other Governmental institutions (Ministry of Health, Ministry of Education and Higher Education, Ministry of Labour, Ministry of Local Government), General Union of People with Disability, Palestine Red Crescent Society, Bethlehem Arab Society for Rehabilitation, Young Men's Christian Association, The Jerusalem Princess Basma Centre, Patient's Friends Society, Independent Commission for Human Rights
 Chair Ministry of Social Development	
 Year established 2004	
 Persons with disabilities represented? Yes	

Framework for the promotion, protection and monitoring of the Convention in accordance with Article 33(2) composition



Complaints Unit in the Ministry of Social Development; human rights organizations

National definition of disability/persons with disabilities



Any individual suffering from a permanent partial or total disability, whether congenital or not, in their senses or in their physical, psychological, or mental capabilities to the extent that it restricts the fulfilment of their normal living requirements in a manner not usually faced by those without disabilities (Law No. 4 on the Rights of the Disabled, 1999).

National legislative framework for disability/persons with disabilities (year of adoption)

Articles on disability included in the constitution?

Yes

General/overarching national disability law

Law No. 4 on the Rights of the Disabled (1999)

National disability strategy/plan

National Strategic Plan for the Disability Sector (2012)

SOURCE

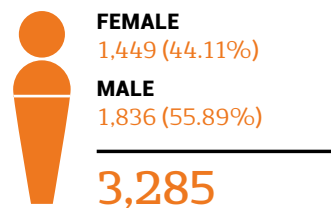
Based on data collected from government focal points through the ESCWA Questionnaire on the Implementation of Article 33 by Arab States (2016).

QATAR 2007

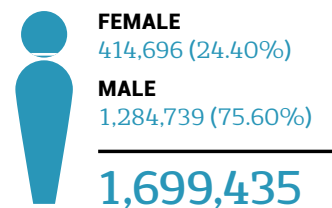
SOCIO-ECONOMIC INDICATORS	HDI	Life expectancy at birth	GNI per capita
Source: UNDP (2016)	0.856	78.3	129,916

Population

Persons with disabilities

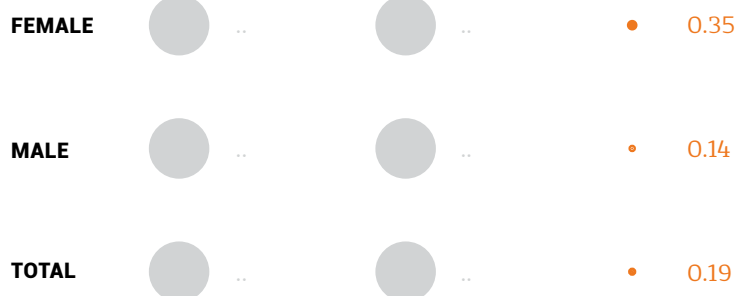


Total population



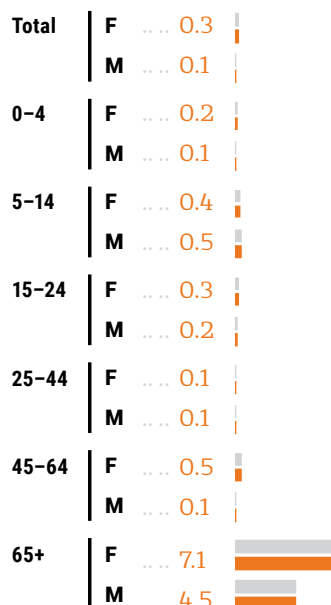
Disability prevalence (%)

■ Rural ■ Urban ■ Total



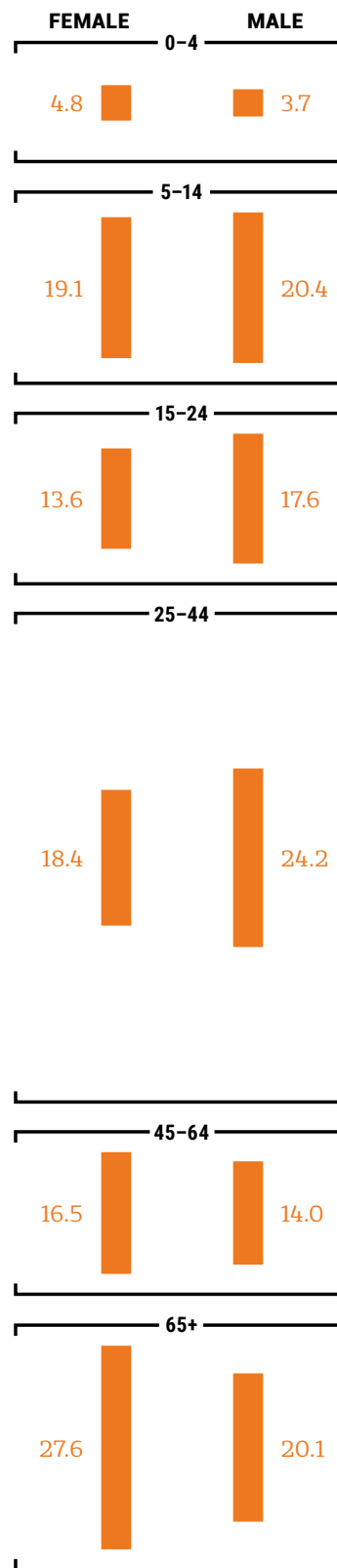
Age-specific disability prevalence (%)

■ Rural ■ Urban ■ Total F Female M Male

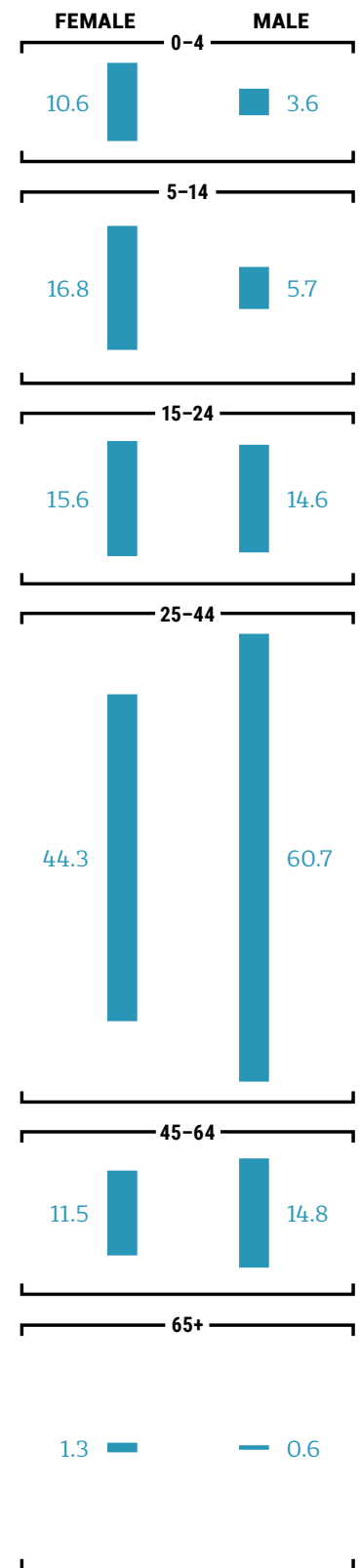


Age distribution (%)

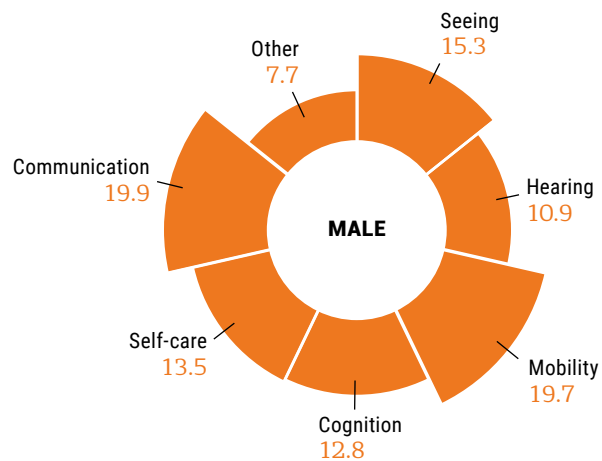
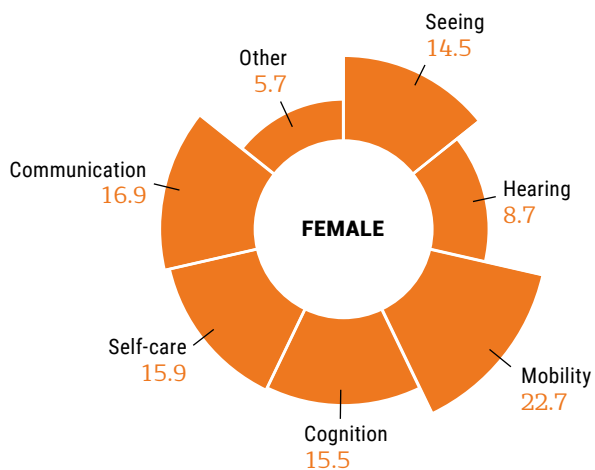
Persons with disabilities



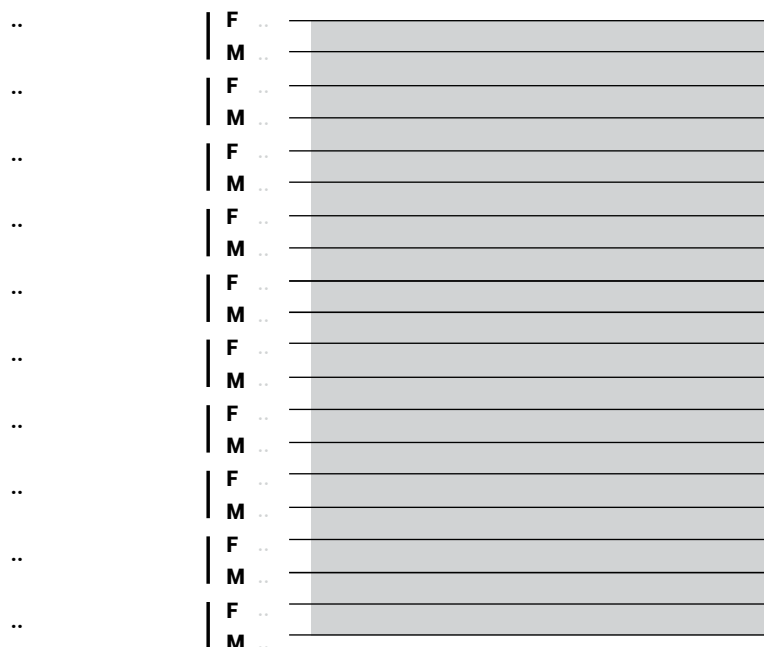
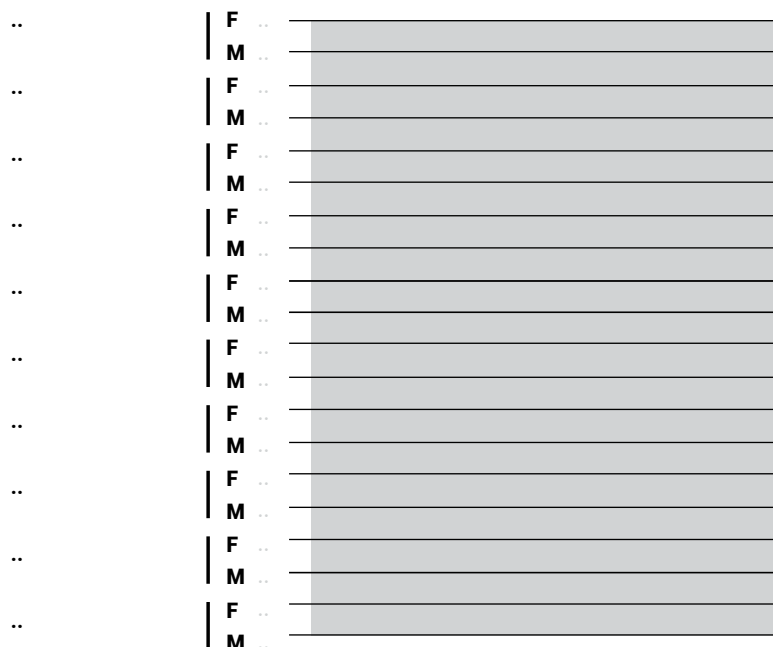
Persons without disabilities



Type of disability/difficulty (%)¹ ■ Rural ■ Urban ■ Total



Cause of disability (%) ■ Rural ■ Urban F Female M Male



All data categories are as provided by Qatar.

SOURCE

Calculated from ESCWA, 2017a, based on data provided by the NSO from the Qatar census 2007, unless otherwise indicated

FOOTNOTES

1 Persons may report more than one type of disability.



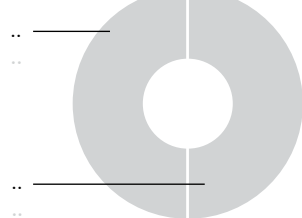
by LITERACY STATUS

Age: 15+ years

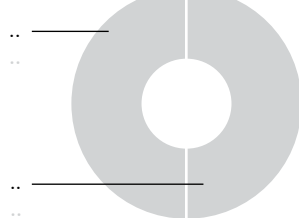
Persons with disabilities (%)

■ Rural ■ Urban ■ Total

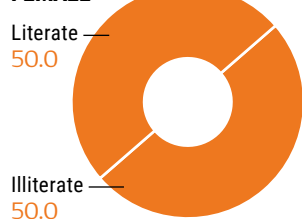
FEMALE



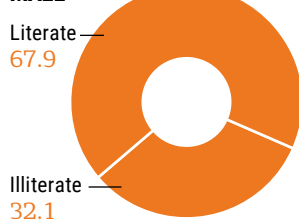
MALE



FEMALE



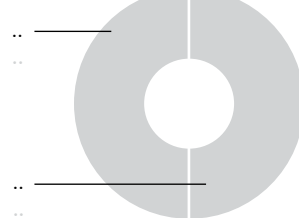
MALE



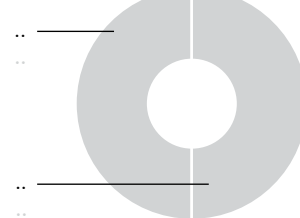
Persons without disabilities (%)

■ Rural ■ Urban ■ Total

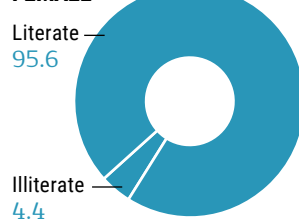
FEMALE



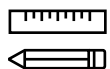
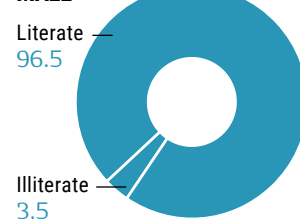
MALE



FEMALE



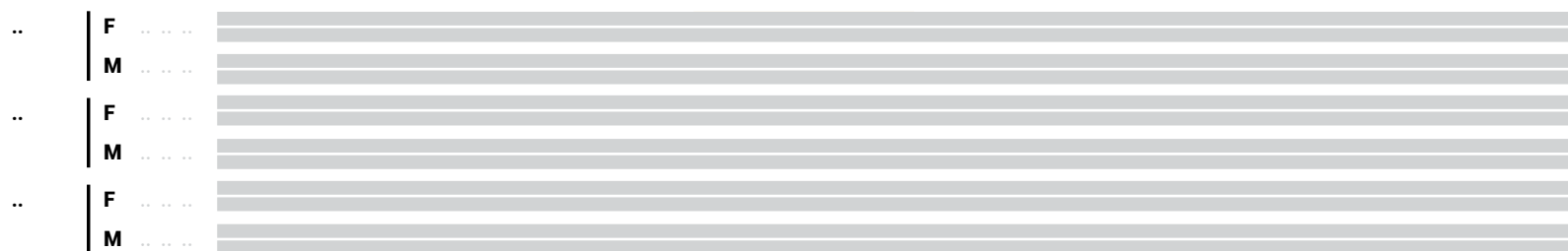
MALE



by SCHOOL ATTENDANCE

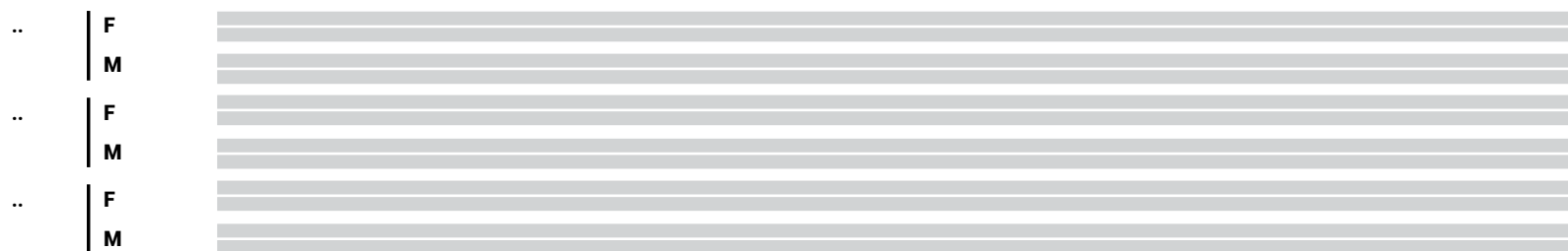
Persons with disabilities (%)

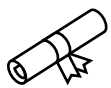
■ Rural ■ Urban ■ Total F Female M Male



Persons without disabilities (%)

■ Rural ■ Urban ■ Total F Female M Male

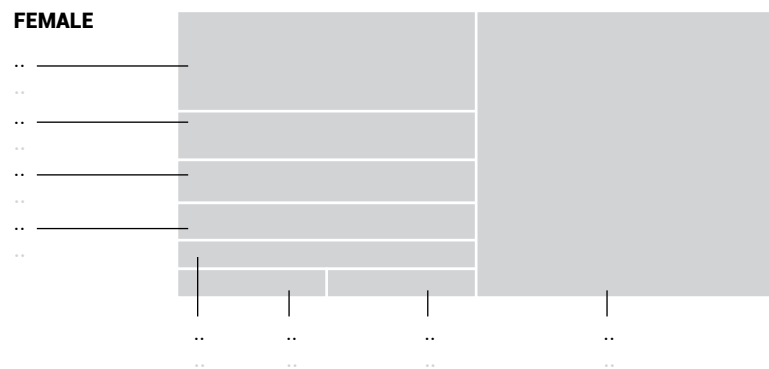




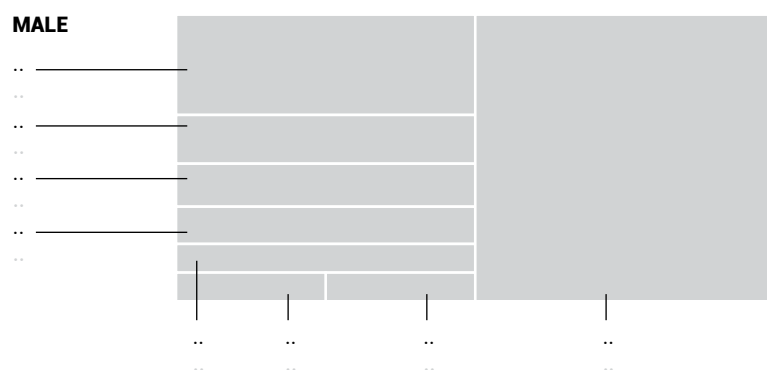
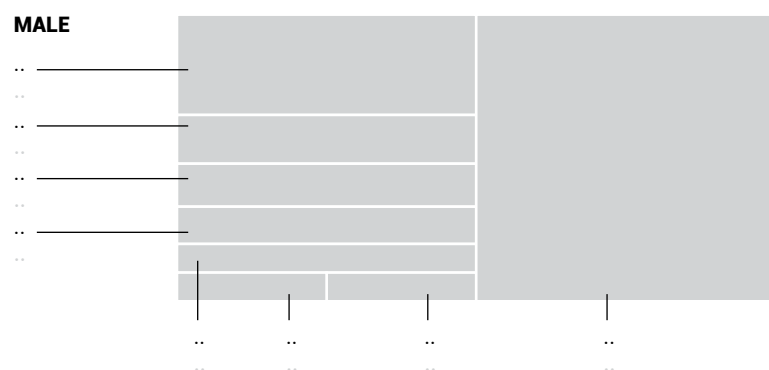
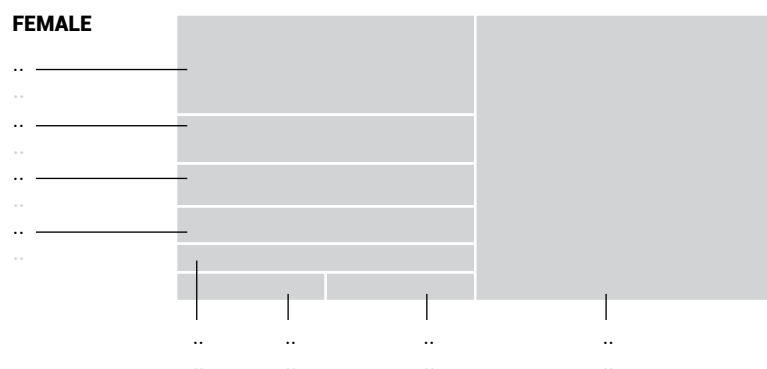
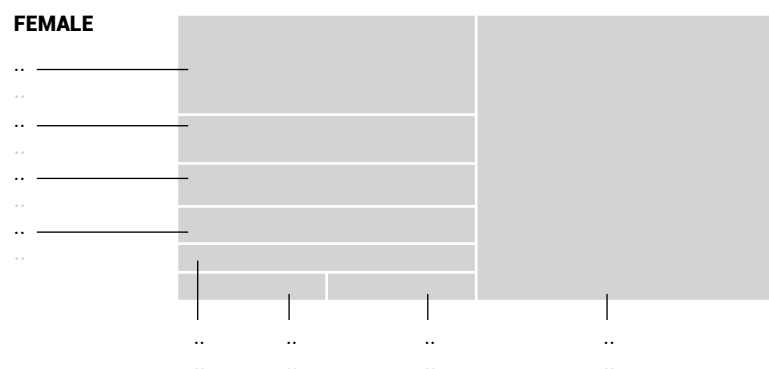
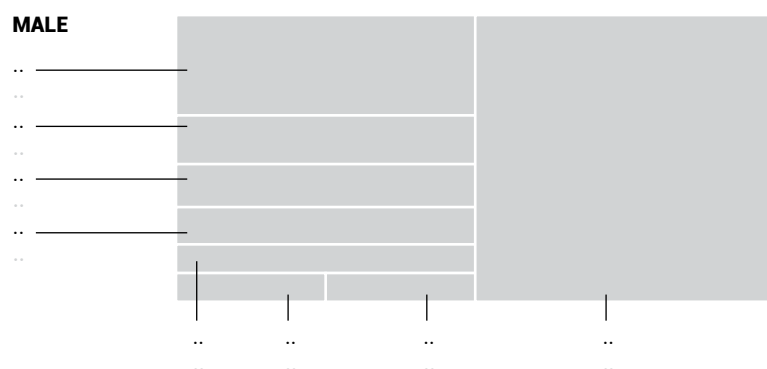
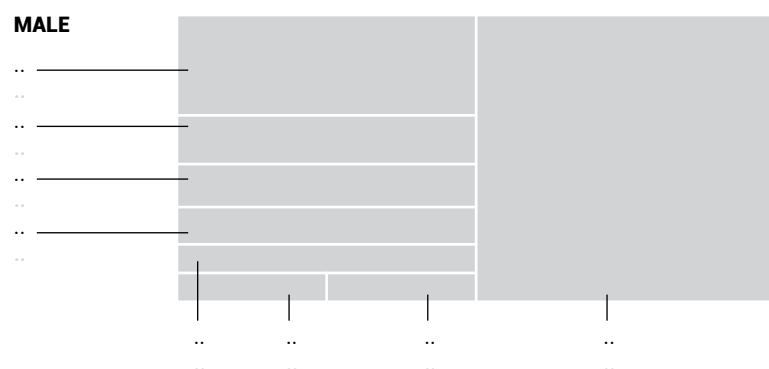
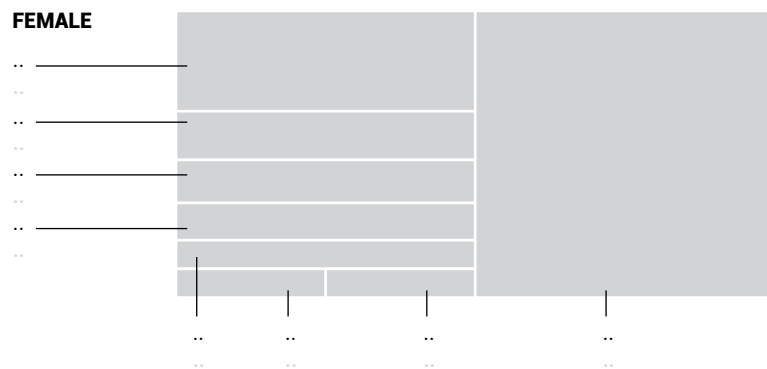
by EDUCATIONAL ATTAINMENT

Age: ..

Persons with disabilities (%) Rural Urban

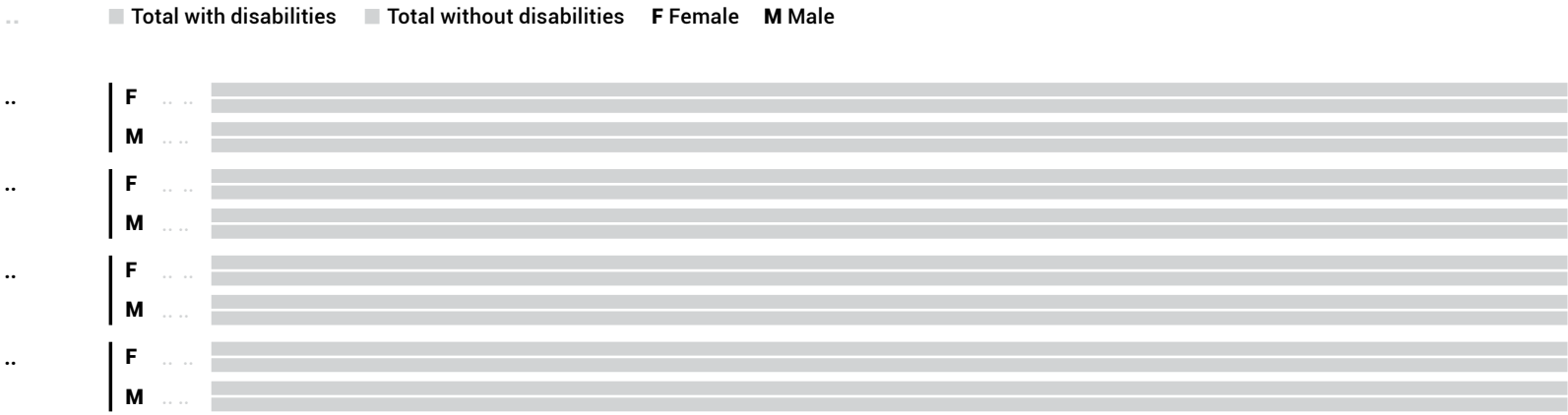


Persons without disabilities (%) Rural Urban





by MARITAL STATUS





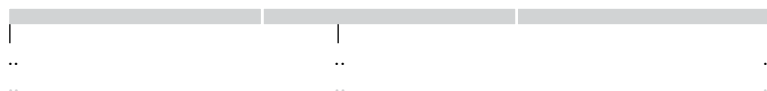
by ECONOMIC ACTIVITY

Age: ..

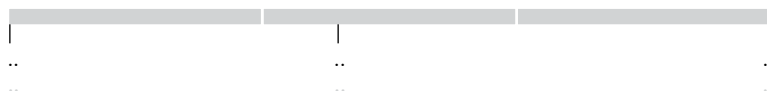
Persons with disabilities (%)

■ Rural ■ Urban

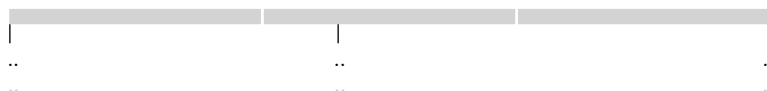
FEMALE



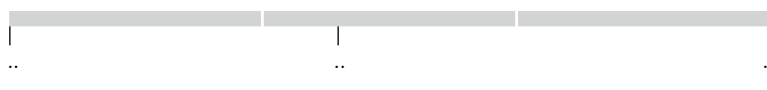
MALE



FEMALE



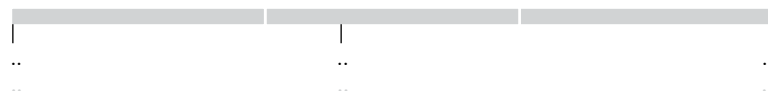
MALE



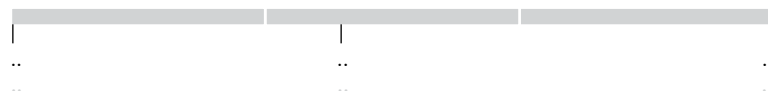
Persons without disabilities (%)

■ Rural ■ Urban

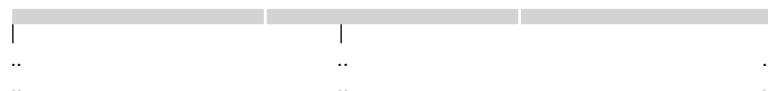
FEMALE



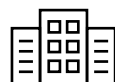
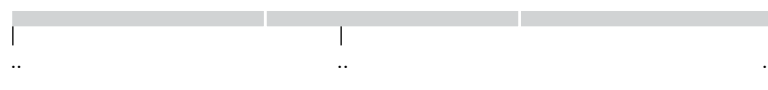
MALE



FEMALE



MALE

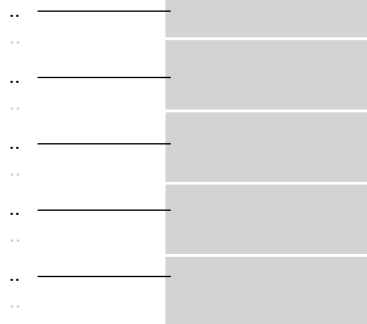


by SECTOR OF EMPLOYMENT

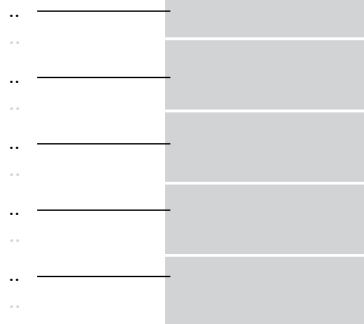
Persons with disabilities (%)

■ Rural ■ Urban ■ Total

FEMALE



MALE



FEMALE

Agriculture
0.0
Industry
6.1
Construction
0.0
Services
93.9



MALE

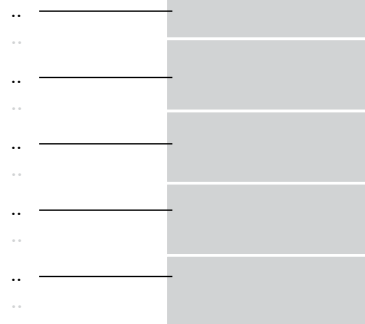
Agriculture
2.2
Industry
5.4
Construction
31.5
Services
60.9



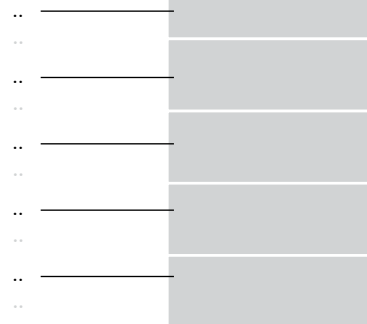
Persons without disabilities (%)

■ Rural ■ Urban ■ Total

FEMALE



MALE



FEMALE

Agriculture
0.0
Industry
2.0
Construction
1.8
Services
96.2



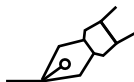

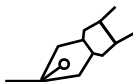

MALE

Agriculture
1.5
Industry
16.9
Construction
45.1
Services
36.5

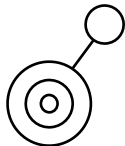
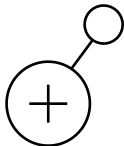


Signature/ratification of the Convention on the Rights of Persons with Disabilities & its optional protocol

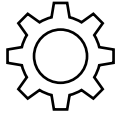
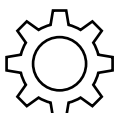
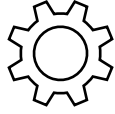
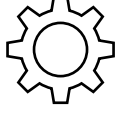
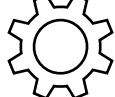
Source: United Nations Treaty Collection (2018a), (2018b)

Convention		Optional protocol	
	Signed 9.7.2007		Ratified/acceded 13.5.2008
	Signed 9.7.2007		Ratified/acceded No

Focal point for implementing the Convention in accordance with Article 33(1)

	Lead focal point Family Department at Ministry of Administrative Development, Labour and Social Affairs		Additional focal points No
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National coordination mechanism for implementing the Convention in accordance with Article 33(1)

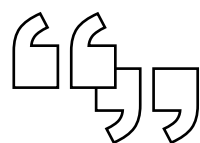
	Mechanism name Qatari Social Work Foundation		Composition Focal points for disability-related matters in line ministries and other governmental institutions, National Human Rights Committee
	Chair Chief Executive Officer		
	Year established 2013		
	Persons with disabilities represented? Yes (administrative functions)		

Framework for the promotion, protection and monitoring of the Convention in accordance with Article 33(2) composition



No

National definition of disability/persons with disabilities



“Those Who Have Special Needs” means any person with a permanent total or partial disability in any of the senses or in his or her physical ability or in his or her psychological or mental ability to such an extent that his or her opportunity to learn or to undergo rehabilitation or to earn a living is limited (Law No. 2 on Persons with Special Needs, 2004).

National legislative framework for disability/persons with disabilities (year of adoption)

Articles on disability included in the constitution?

Yes

General/overarching national disability law

Law No. 2 on Persons with Special Needs (2004)¹

National disability strategy/plan

Social Protection Sector Strategy/ Family Cohesion Strategy (2011–2016),² National Strategy for Autism (2017–2021)

SOURCE

Based on data collected from government focal points through the ESCWA Questionnaire on the Implementation of Article 33 by Arab States (2016).

FOOTNOTES

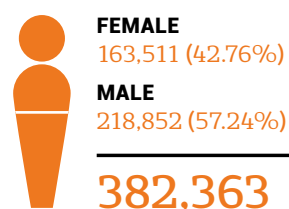
- 1 New law is currently being developed.
- 2 This social protection strategy broadly addresses vulnerable groups.

SAUDI ARABIA 2016

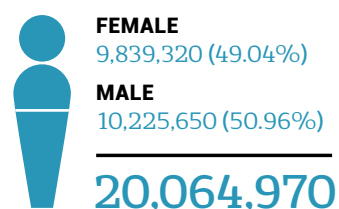
SOCIO-ECONOMIC INDICATORS	HDI	Life expectancy at birth	GNI per capita
Source: UNDP (2016)	0.847	74.4	51,320

Population¹

Persons with disabilities

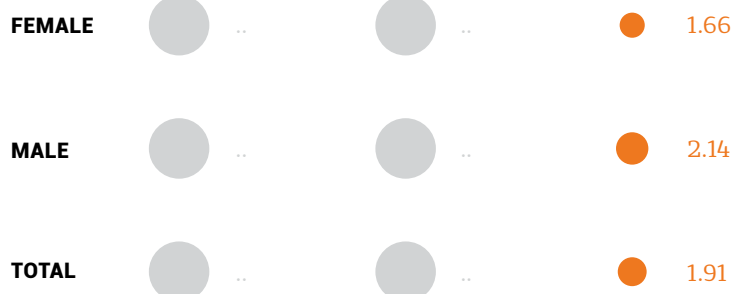


Total population



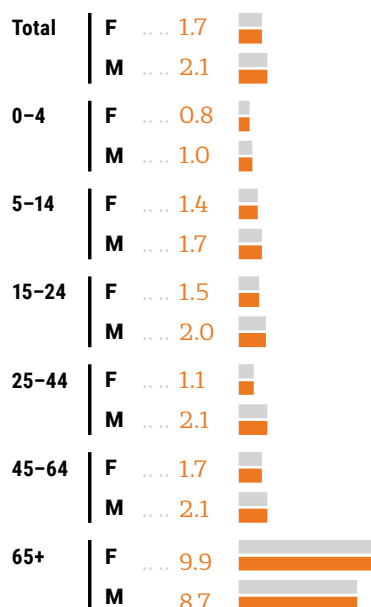
Disability prevalence (%)

■ Rural ■ Urban ■ Total



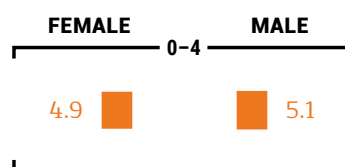
Age-specific disability prevalence (%)

■ Rural ■ Urban ■ Total F Female M Male

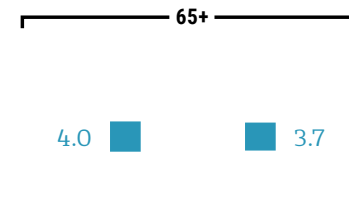
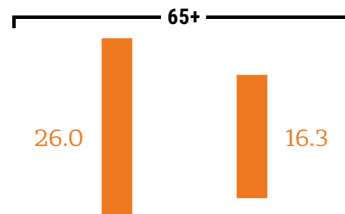
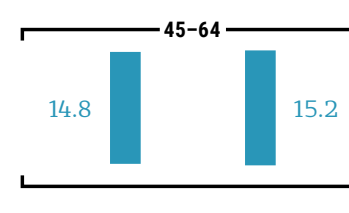
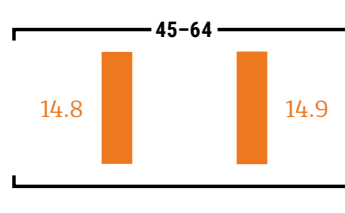
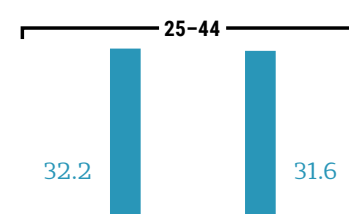
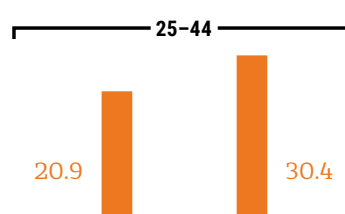
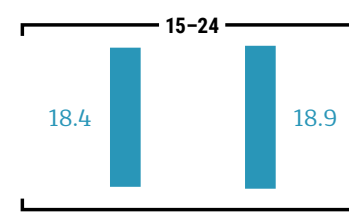
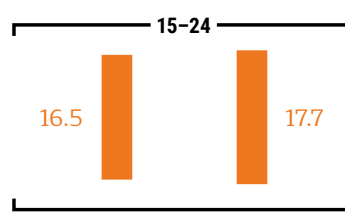
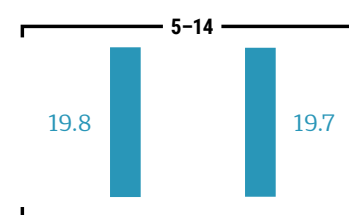
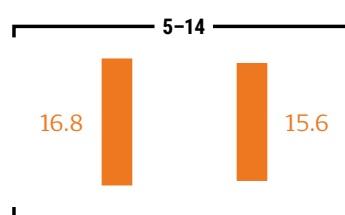
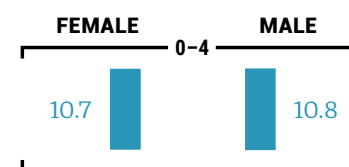


Age distribution (%)

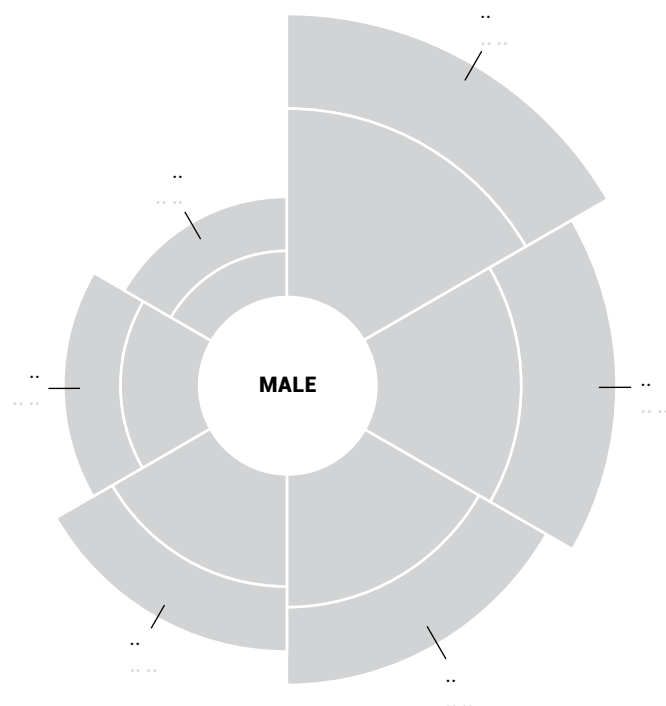
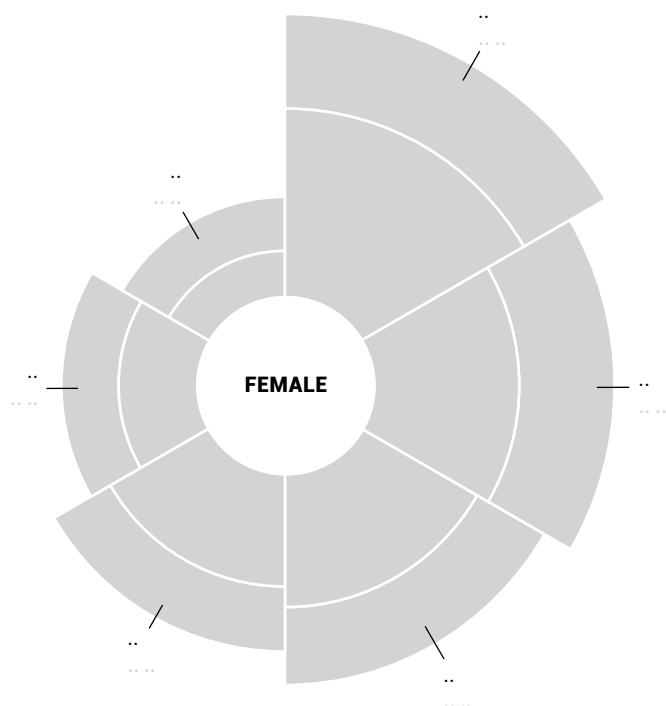
Persons with disabilities



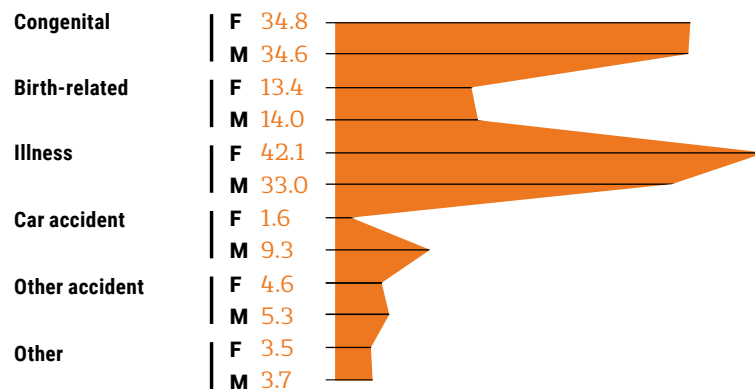
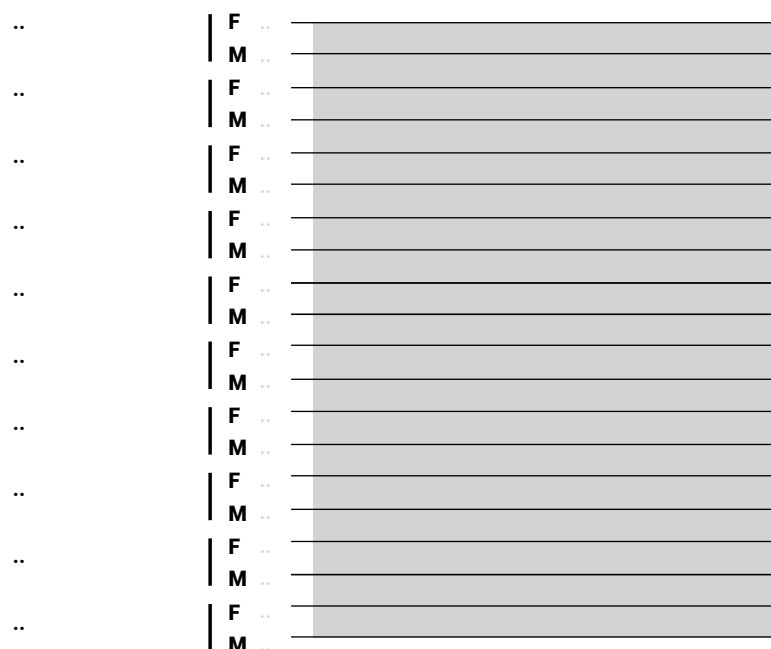
Persons without disabilities



Type of disability/difficulty (%) Rural Urban



Cause of disability (%) Rural Urban Total F Female M Male



All data categories are as provided by Saudi Arabia.

SOURCE

Calculated from ESCWA, 2017a, based on data provided by the NSO from the Saudi Arabia Demographic and Health Survey 2016, unless otherwise indicated

FOOTNOTES

1 Data are for nationals only.



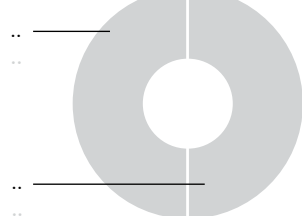
by LITERACY STATUS

Age: 15+ years

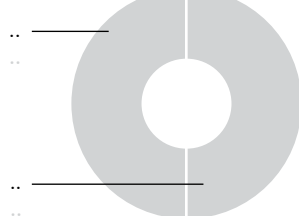
Persons with disabilities (%)

■ Rural ■ Urban ■ Total

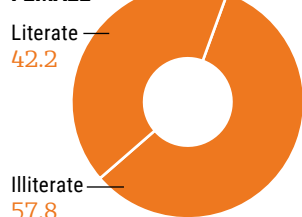
FEMALE



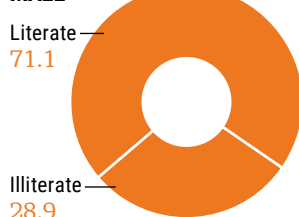
MALE



FEMALE



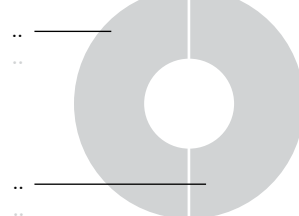
MALE



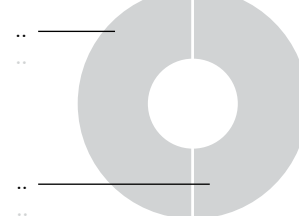
Persons without disabilities (%)

■ Rural ■ Urban ■ Total

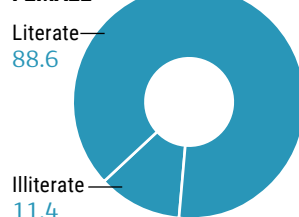
FEMALE



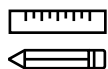
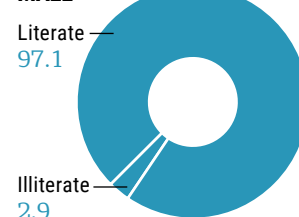
MALE



FEMALE



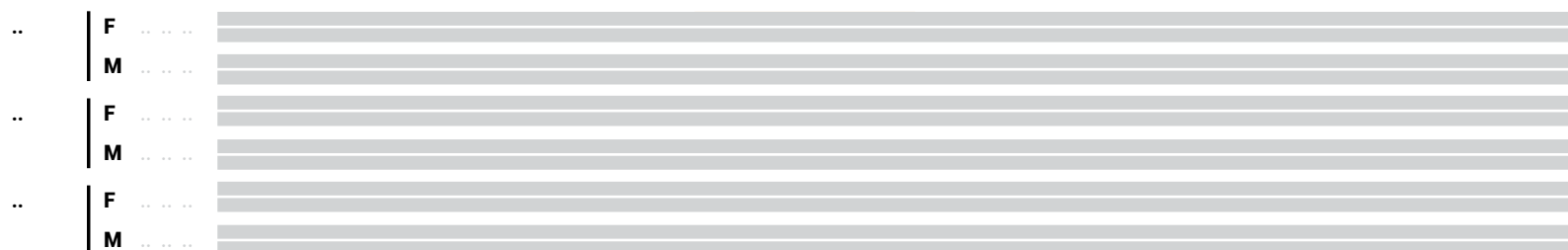
MALE



by SCHOOL ATTENDANCE

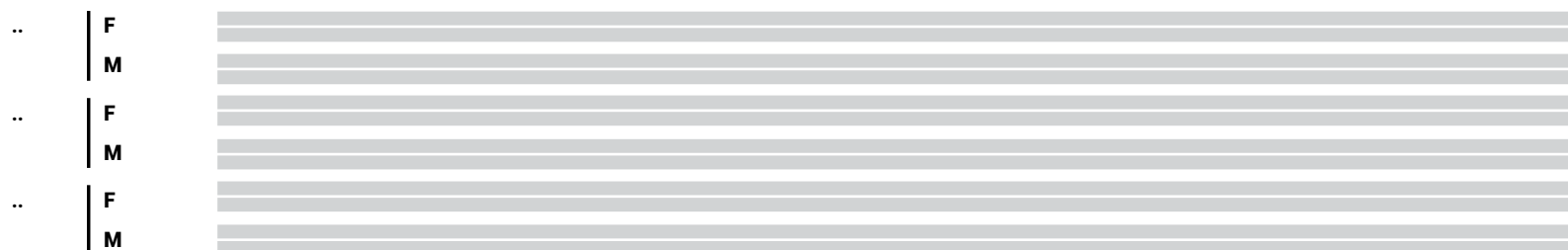
Persons with disabilities (%)

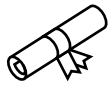
■ Rural ■ Urban ■ Total F Female M Male



Persons without disabilities (%)

■ Rural ■ Urban ■ Total F Female M Male



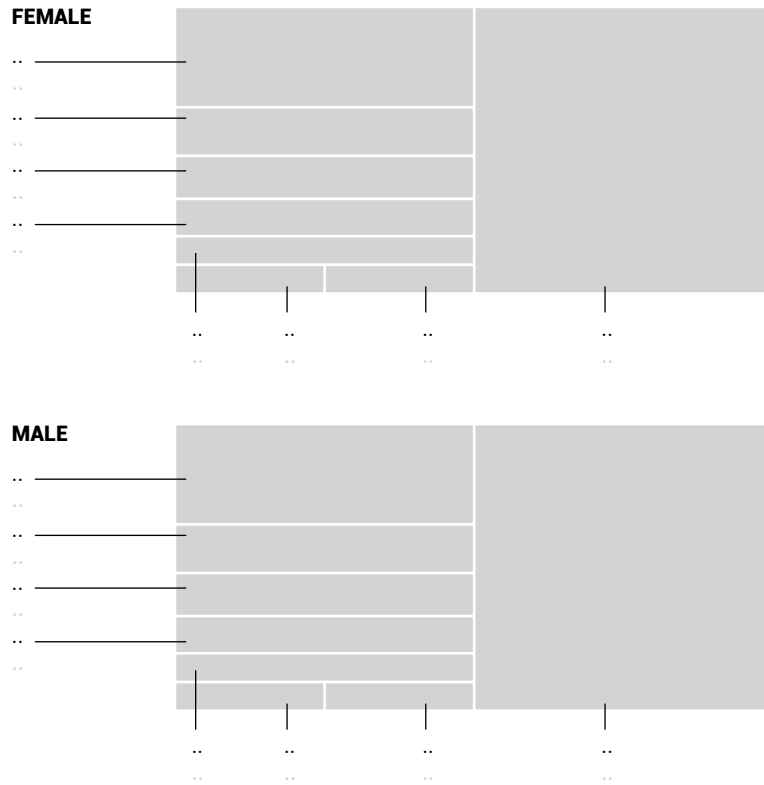


by EDUCATIONAL ATTAINMENT

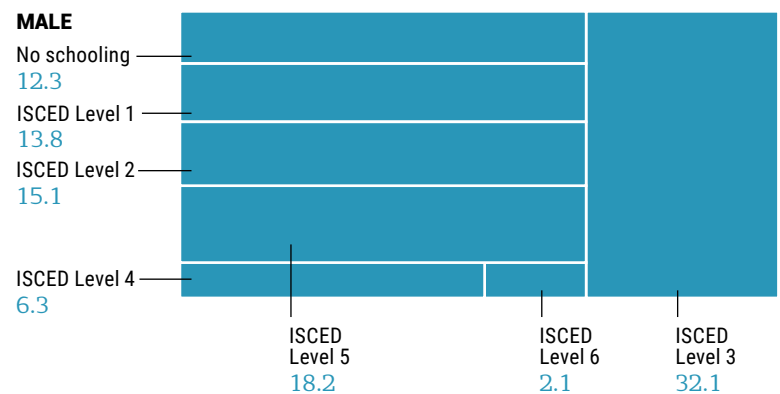
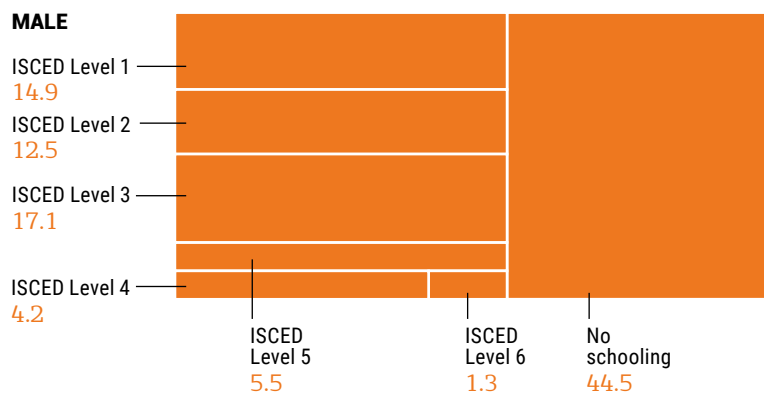
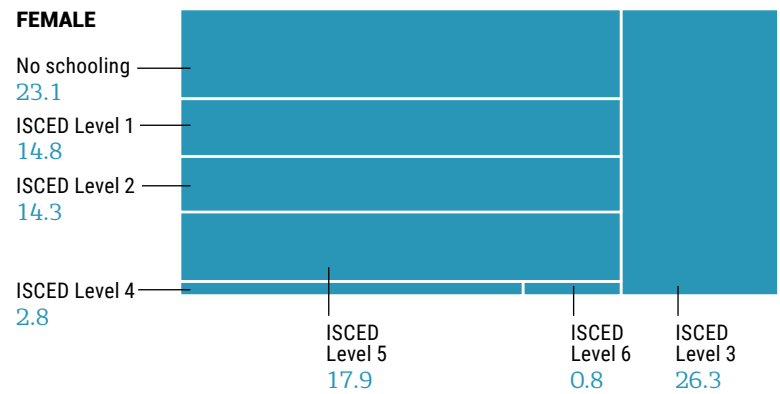
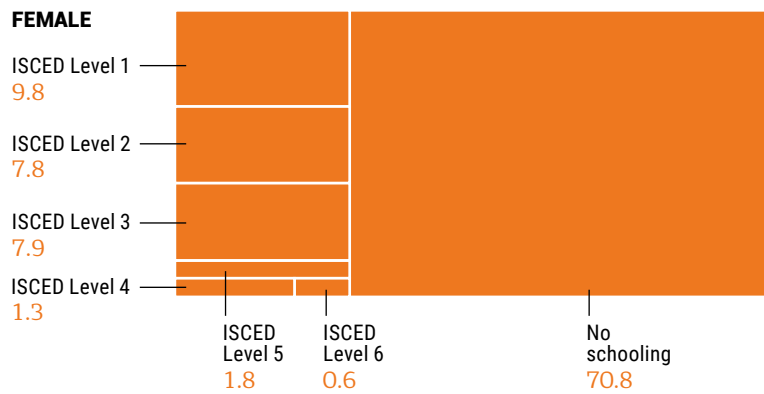
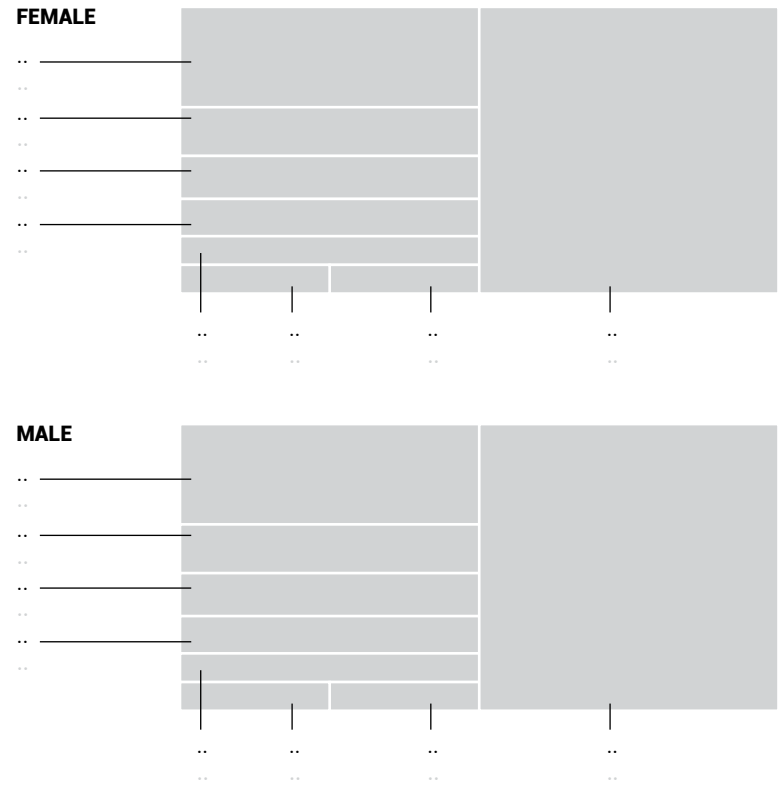
Age: 10+ years

Data source includes a more detailed breakdown for "no schooling" (by illiterate and can read/write).

Persons with disabilities (%) ■ Rural ■ Urban ■ Total



Persons without disabilities (%) ■ Rural ■ Urban ■ Total

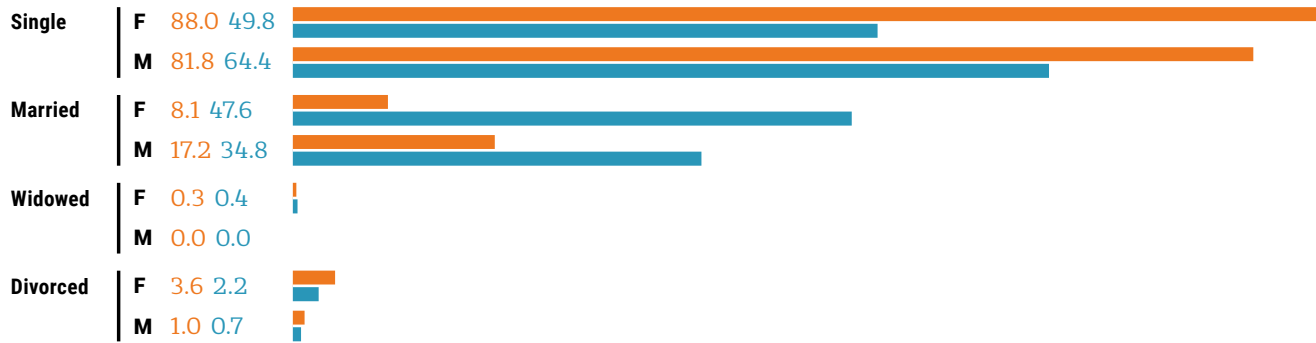




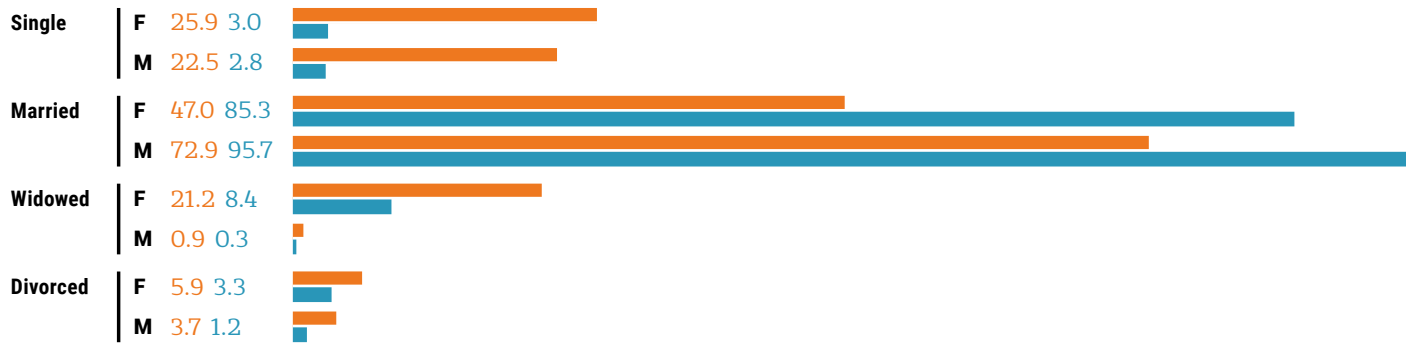
by MARITAL STATUS

By age group

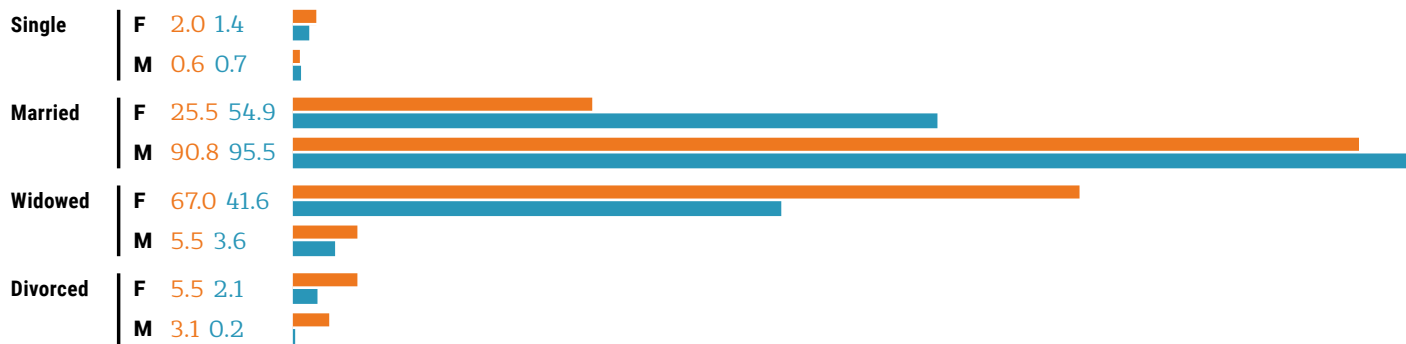
15–39 years



40–64 years



65+ years





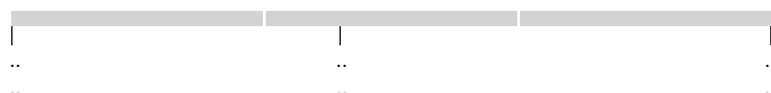
by ECONOMIC ACTIVITY

Age: 15-64

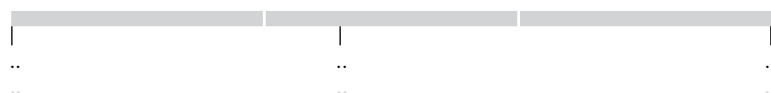
Persons with disabilities (%)

■ Rural ■ Urban ■ Total

FEMALE



MALE



FEMALE



MALE



Persons without disabilities (%)

■ Rural ■ Urban ■ Total

FEMALE



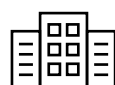
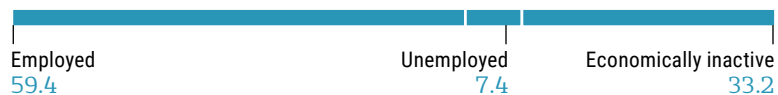
MALE



FEMALE



MALE

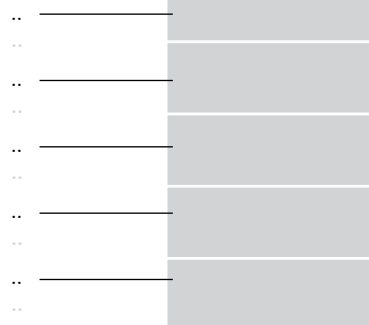


by SECTOR OF EMPLOYMENT

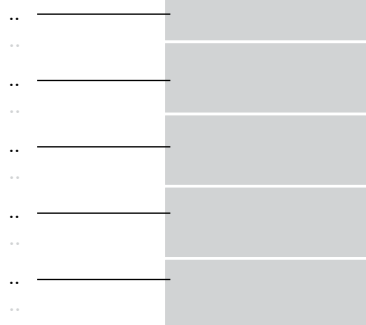
Persons with disabilities (%)

■ Rural ■ Urban

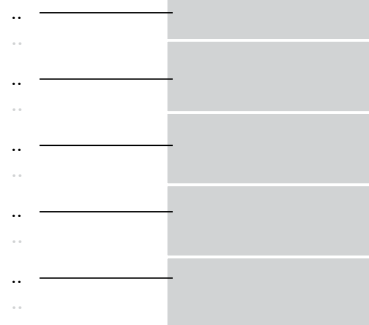
FEMALE



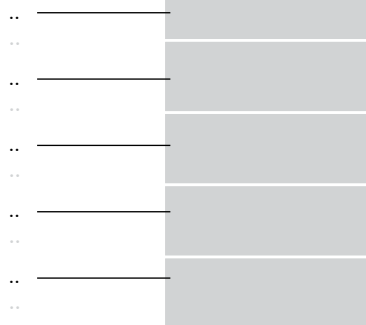
MALE



FEMALE



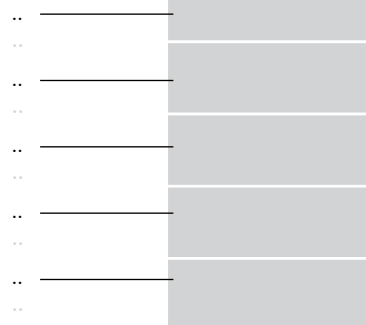
MALE



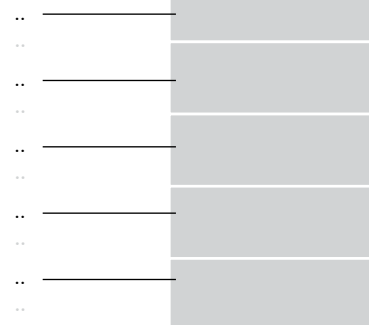
Persons without disabilities (%)

■ Rural ■ Urban

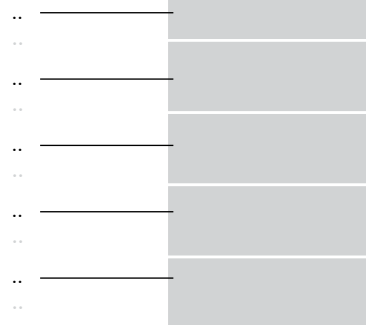
FEMALE



MALE



FEMALE

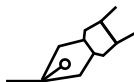

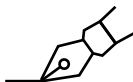



MALE



Signature/ratification of the Convention on the Rights of Persons with Disabilities & its optional protocol

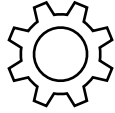
Source: United Nations Treaty Collection (2018a), (2018b)

Convention		Optional protocol	
	Signed No		Ratified/acceded 24.6.2008
	Signed No		Ratified/acceded 24.6.2008

Focal point for implementing the Convention in accordance with Article 33(1)

Lead focal point	Additional focal points
 Ministry of Labour and Social Development	 No

National coordination mechanism for implementing the Convention in accordance with Article 33(1)

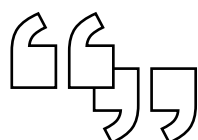
Mechanism name	Composition
 Commission for the Welfare of Persons with Disabilities	 Ministry of Labour and Social Development, Ministry of Education, Ministry of Municipal and Rural Affairs, Ministry of Health, Ministry of Finance, Ministry of Economy and Planning, two persons with disabilities, two parents of persons with disabilities
 Chair Minister of Labor and Social Development	
 Year established 2018	
 Persons with disabilities represented? Yes	

Framework for the promotion, protection and monitoring of the Convention in accordance with Article 33(2) composition



Coordinating Council of the Human Rights Commission (governmental entity); Coordinating Council of Charitable Associations on Disability (civil authority); Bureau of Experts

National definition of disability/persons with disabilities



Every person with a constant total or partial disability in their physical or sensory or mental or communicative or learning or psychological capabilities, to the extent that it reduces the possibility of them meeting their normal needs under conditions similar to those of non-disabled persons (Code for the Welfare of the Disabled, 2000).

National legislative framework for disability/persons with disabilities (year of adoption)

Articles on disability included in the constitution?

Yes

General/overarching national disability law

The Basic List of Rehabilitation Programs for the Disabled (1979); Code for the Welfare of the Disabled (2000)

National disability strategy/plan

National Youth Strategy (2010); National Programme for the Employment of Persons with Disabilities (2011); and National Strategy for the Rights of Persons with Disabilities (2017)

SOURCE

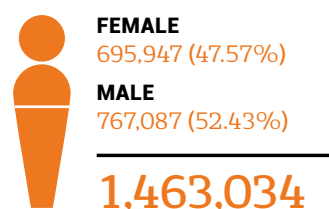
Based on data collected from government focal points through the ESCWA Questionnaire on the Implementation of Article 33 by Arab States (2016).

SUDAN 2008

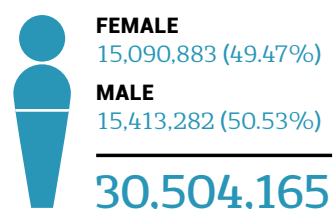
SOCIO-ECONOMIC INDICATORS	HDI	Life expectancy at birth	GNI per capita
Source: UNDP (2016)	0.490	63.7	3,846

Population¹

Persons with disabilities

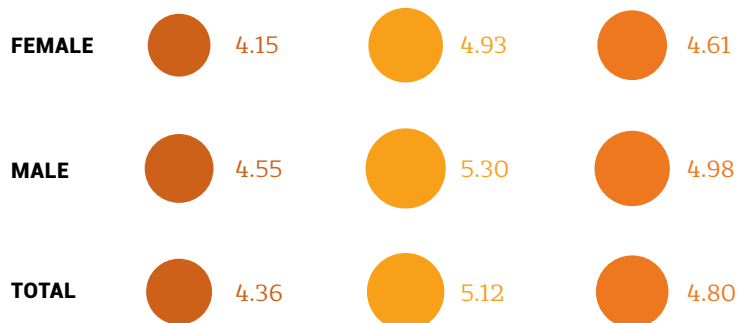


Total population



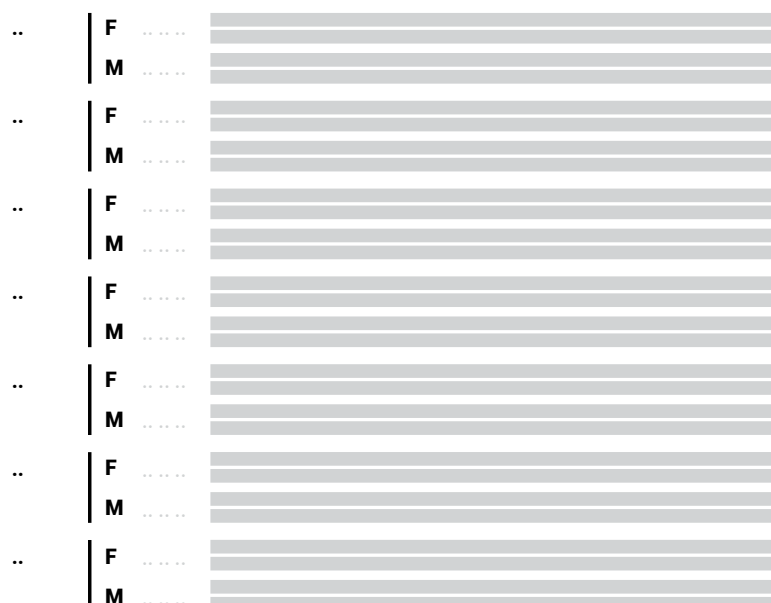
Disability prevalence (%)²

■ Rural ■ Urban ■ Total



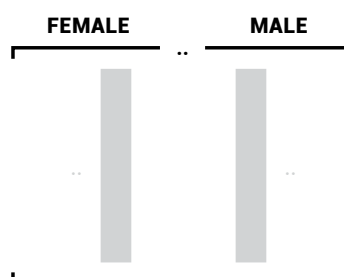
Age-specific disability prevalence (%)

■ Rural ■ Urban ■ Total F Female M Male

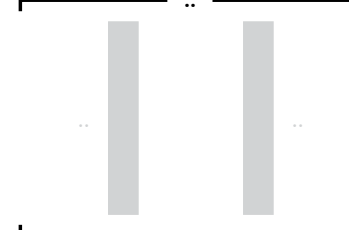
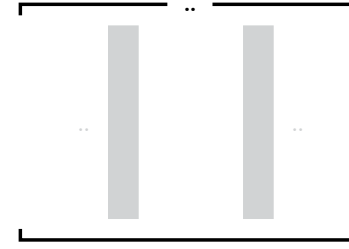
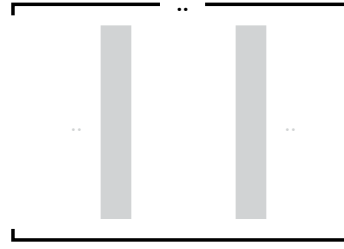
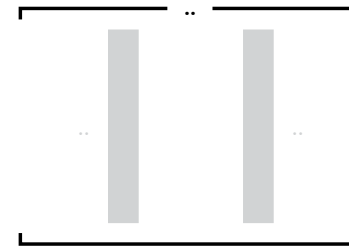
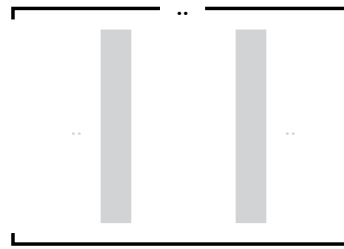
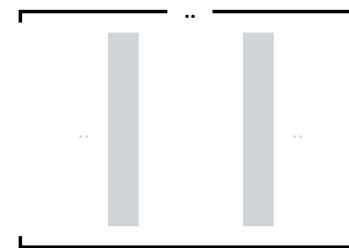
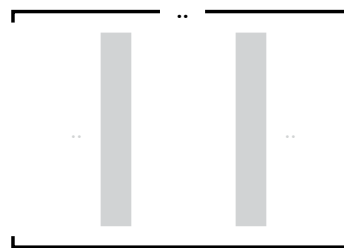
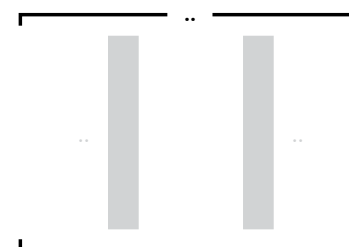
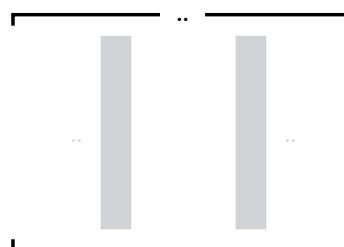
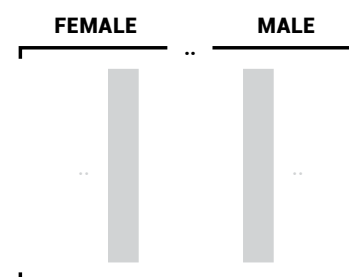


Age distribution (%)

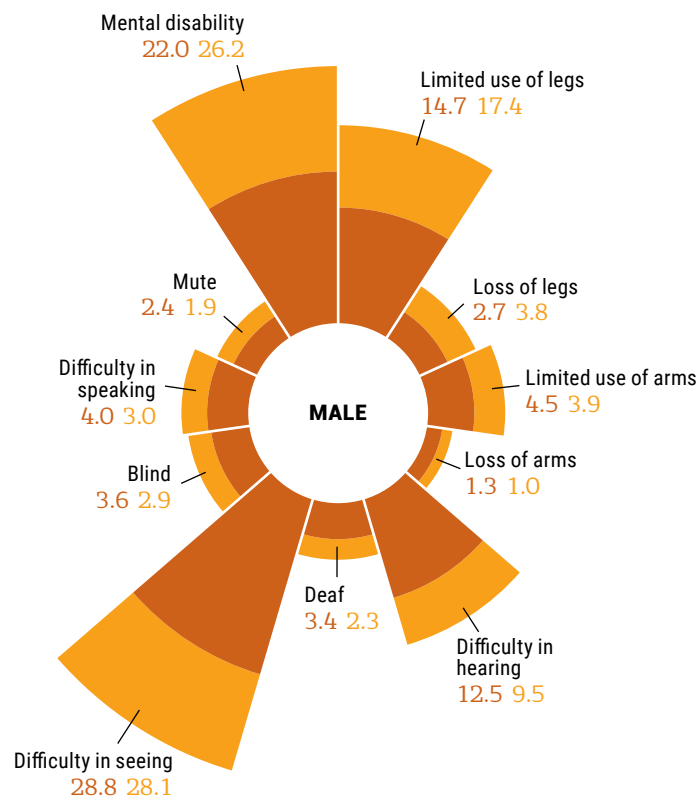
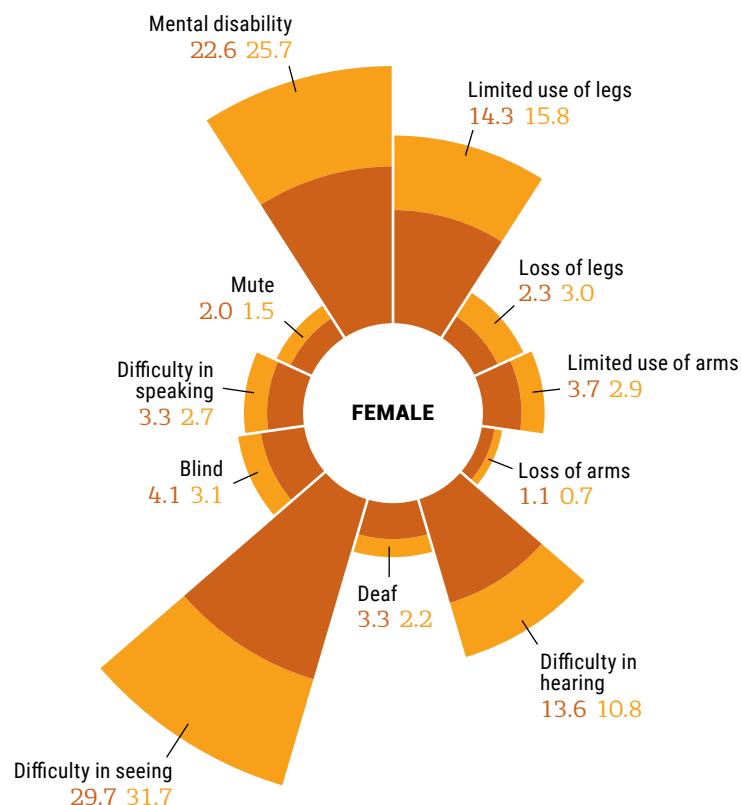
Persons with disabilities



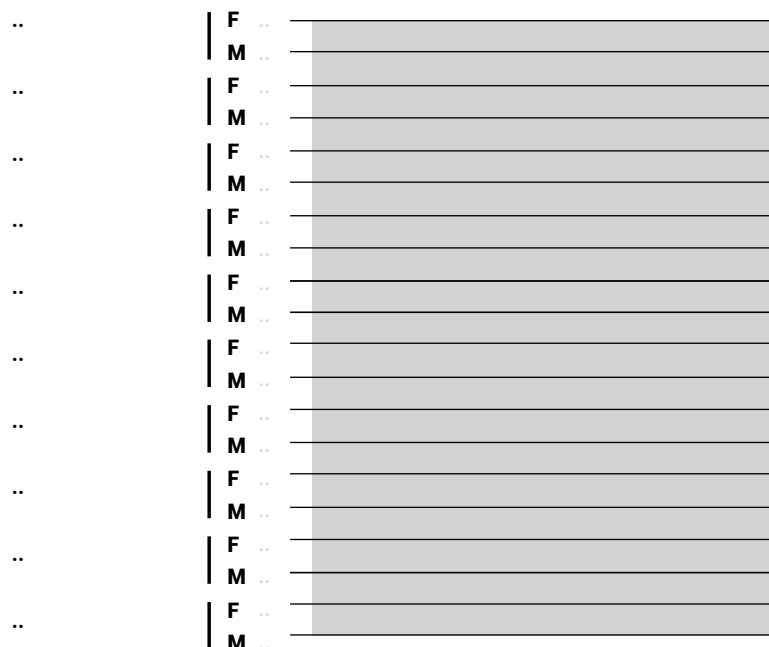
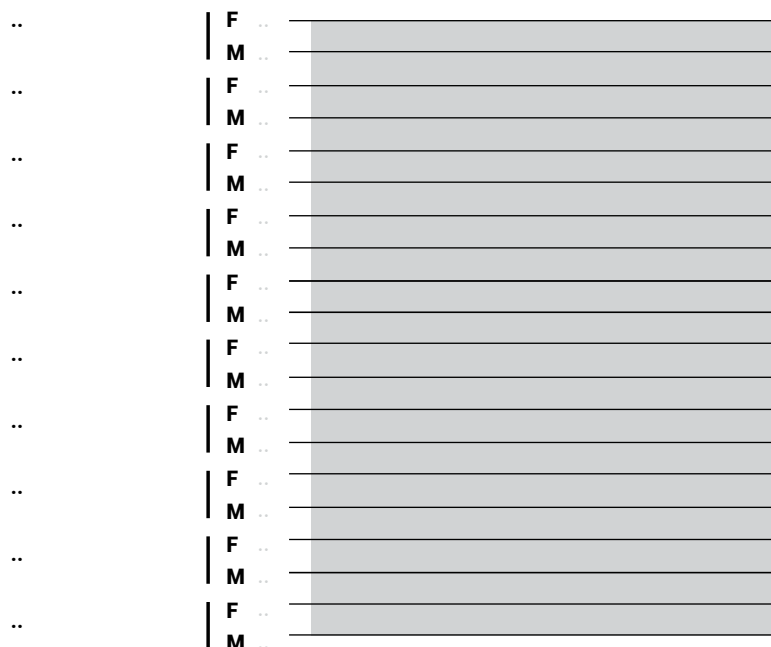
Persons without disabilities



Type of disability/difficulty (%)³ ■ Rural ■ Urban



Cause of disability (%) ■ Rural ■ Urban F Female M Male



All data categories are as provided by Sudan.

SOURCE

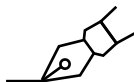

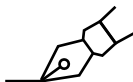

Calculated from ESCWA, 2017a, based on data provided by the NSO from the Sudan census 2008, unless otherwise indicated

FOOTNOTES

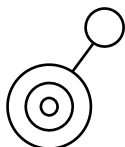
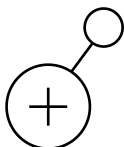
- 1 Data pre-date the separation of South Sudan.
- 2 Rural includes population groups categorised as nomads in the data source.
- 3 Persons may report more than one type of disability.

Signature/ratification of the Convention on the Rights of Persons with Disabilities & its optional protocol

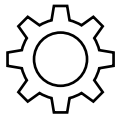
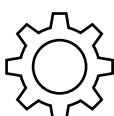
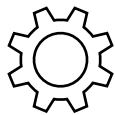
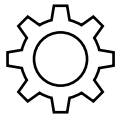
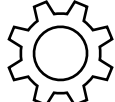
Source: United Nations Treaty Collection (2018a), (2018b)

Convention		Optional protocol	
	Signed 30.3.2007		Ratified/acceded 24.4.2009
	Signed No		Ratified/acceded 24.4.2009

Focal point for implementing the Convention in accordance with Article 33(1)

Lead focal point	Additional focal points
 National Council for Persons with Disabilities	 No

National coordination mechanism for implementing the Convention in accordance with Article 33(1)

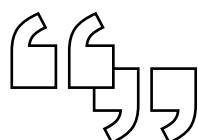
Mechanism name	Composition
 National Council for Persons with Disabilities	 All federal ministries, organisations and unions of persons with disabilities, National Assembly, State Councils
 Chair President of the Republic or his authorized representative	
 Year established 2010	
 Persons with disabilities represented? Yes	

Framework for the promotion, protection and monitoring of the Convention in accordance with Article 33(2) composition



Advisory Council for Human Rights

National definition of disability/persons with disabilities



Any person born or inflicted with a deficiency affecting, wholly or partly, his physical, mental, or sensory capacity in a permanent way, which might prevent him from fully dealing with various barriers (National Persons with Disabilities Act, 2017).

National legislative framework for disability/persons with disabilities (year of adoption)

Articles on disability included in the constitution?

Yes

General/overarching national disability law

National Persons with Disabilities Act (2017)

National disability strategy/plan

National Council for Persons with Disabilities, Five Year Plan (2012–2016)

SOURCE

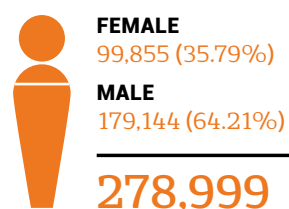
Based on data collected from government focal points through the ESCWA Questionnaire on the Implementation of Article 33 by Arab States (2016).

SYRIAN ARAB REPUBLIC 2007

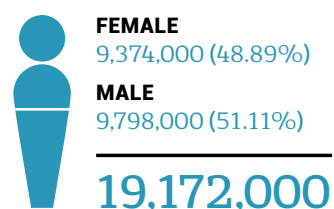
SOCIO-ECONOMIC INDICATORS	HDI	Life expectancy at birth	GNI per capita
Source: UNDP (2016)	0.536	69.7	2,441

Population

Persons with disabilities

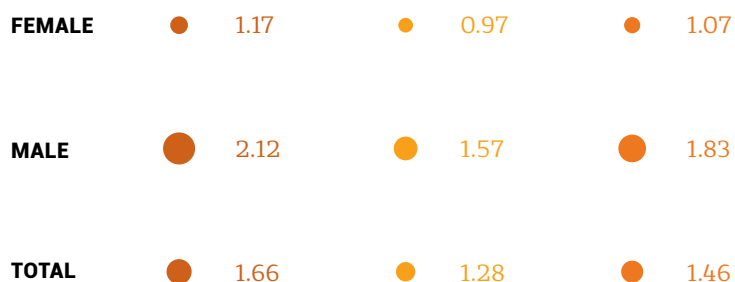


Total population



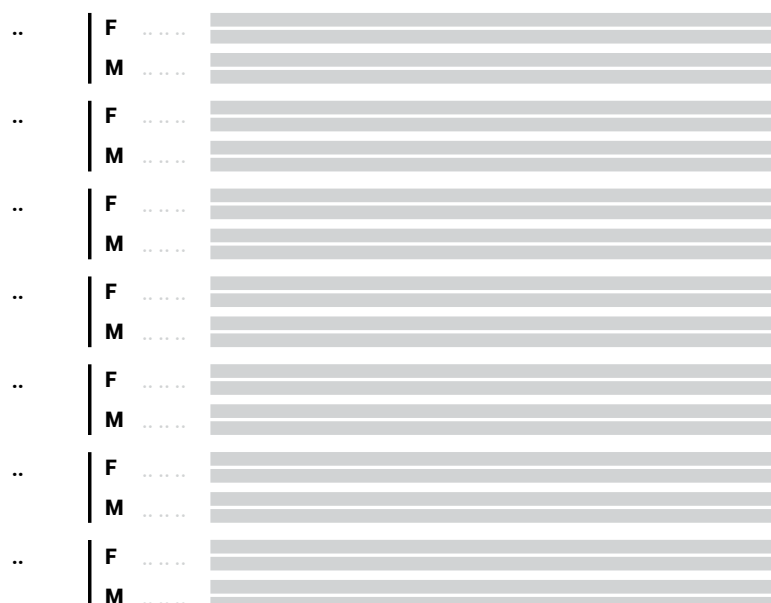
Disability prevalence (%)

■ Rural ■ Urban ■ Total



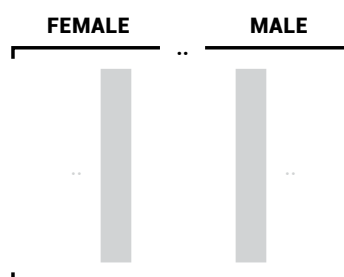
Age-specific disability prevalence (%)

■ Rural ■ Urban ■ Total F Female M Male

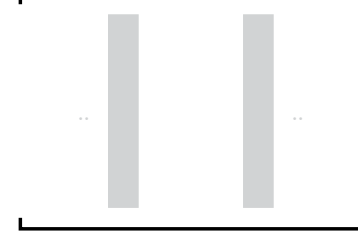
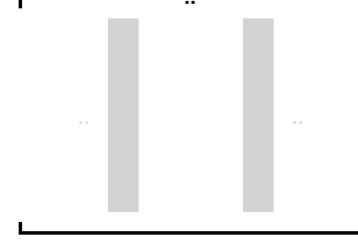
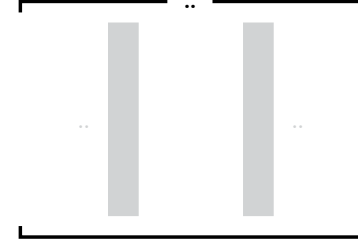
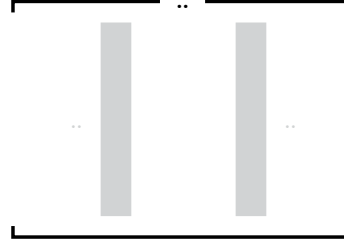
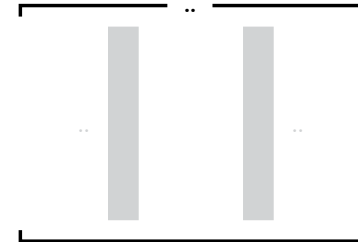
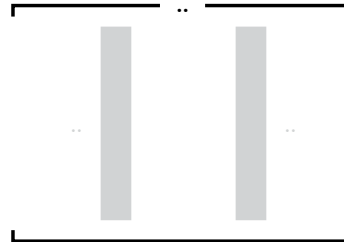
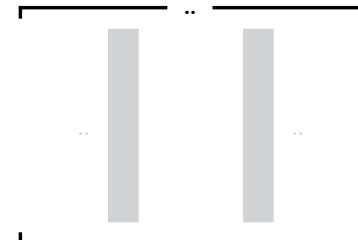
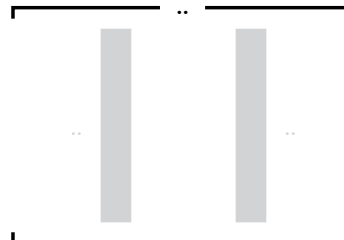
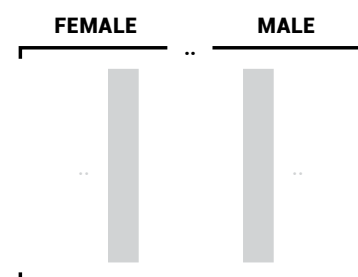


Age distribution (%)

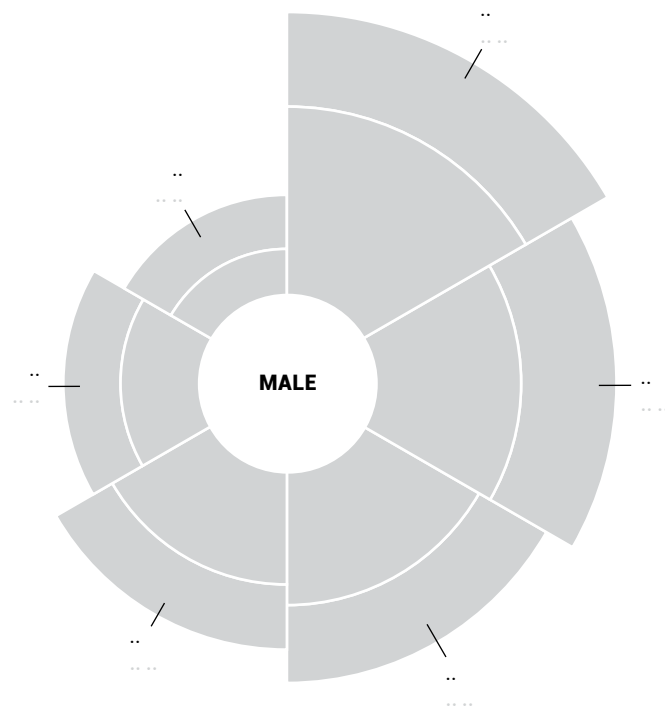
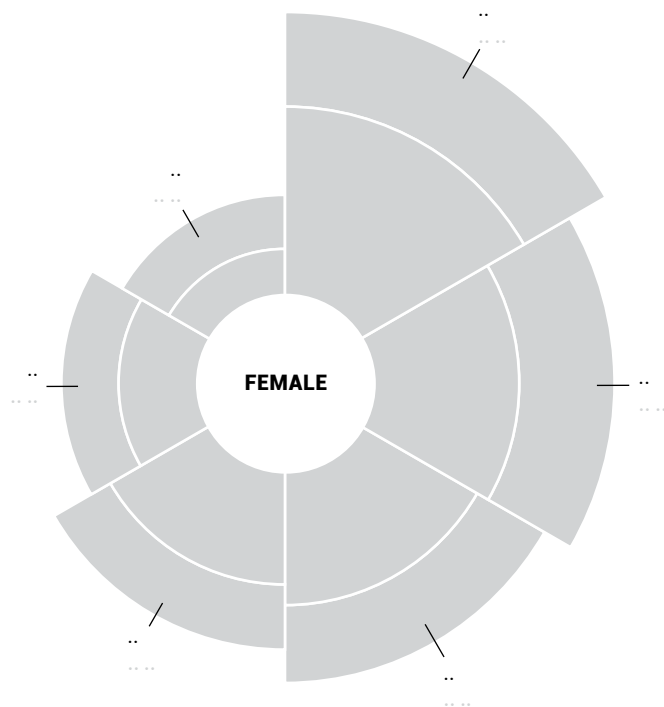
Persons with disabilities



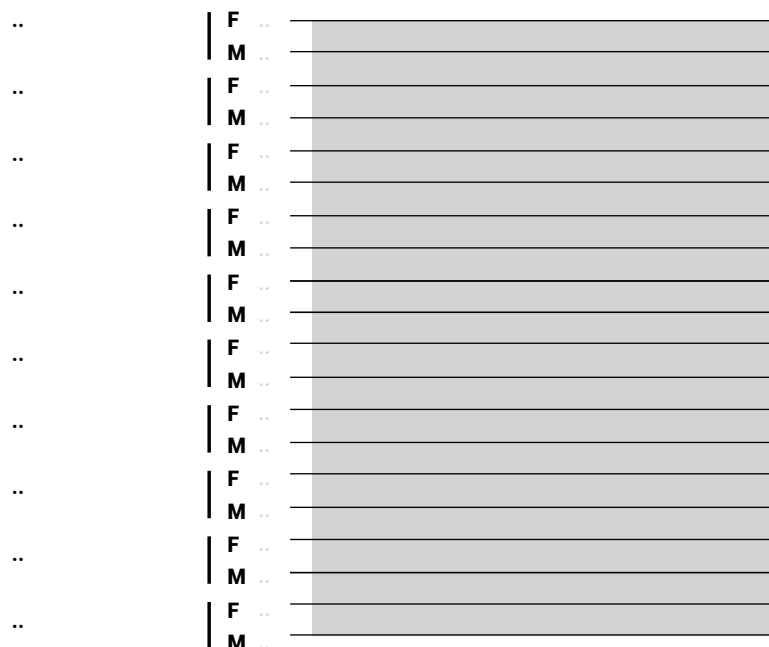
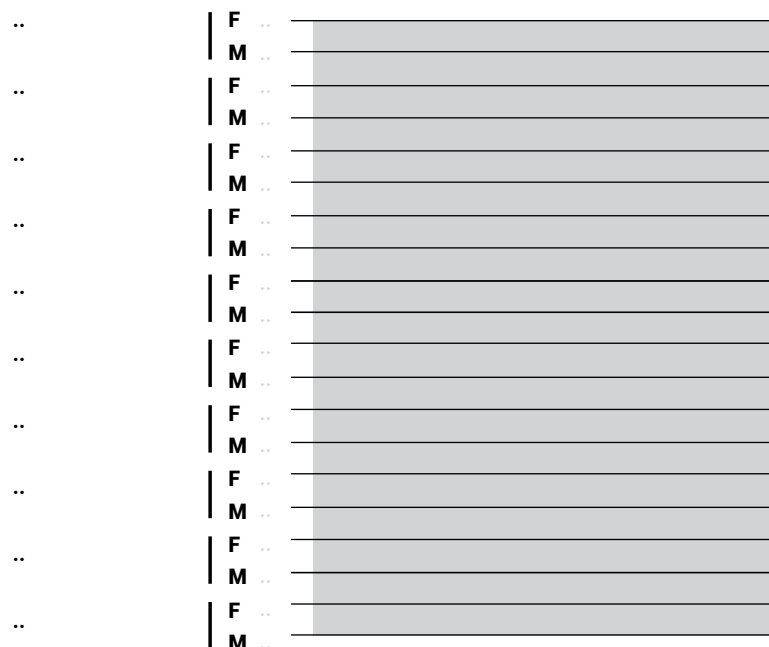
Persons without disabilities



Type of disability/difficulty (%) ■ Rural ■ Urban



Cause of disability (%) ■ Rural ■ Urban F Female M Male



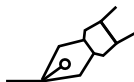

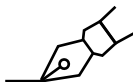

All data categories are as provided by the Syrian Arab Republic.

SOURCE

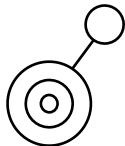
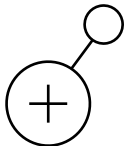
Calculated from ESCWA, 2017a, based on data provided by the NSO from the Syria Budget Survey 2007, unless otherwise indicated

Signature/ratification of the Convention on the Rights of Persons with Disabilities & its optional protocol

Source: United Nations Treaty Collection (2018a), (2018b)

Convention		Optional protocol	
	Signed 30.3.2007		Ratified/acceded 10.7.2009
	Signed No		Ratified/acceded 10.7.2009

Focal point for implementing the Convention in accordance with Article 33(1)

Lead focal point	Additional focal points
 Minister of Social Affairs and Labour/ Secretary General of the Central Council for Disability Affairs (same person)	 Sub-councils for the disabled in the Governorates, Department of Disability Affairs of the Directorate of Social Services at the Ministry of Social Affairs and Labour

National coordination mechanism for implementing the Convention in accordance with Article 33(1)

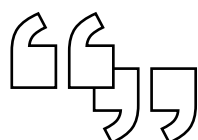
Mechanism name	Composition
 Ministry of Social Affairs and Labour	 Central Council for Disability Affairs, Directorate of Social Services at the Ministry of Social Affairs and Labour, Ministry of Health, Ministry of Education, Ministry of Higher Education, Ministry of Local Administration, Ministry of Finance, Ministry of Information, Ministry of Awqaf, Aamal Syrian Organization for Persons with Disabilities, Zahret al-Madayin
 Chair Minister of Social Affairs and Labour/ Secretary General of the Central Council for Disabled Affairs	
 Year established 2009	
 Persons with disabilities represented? Yes	

Framework for the promotion, protection and monitoring of the Convention in accordance with Article 33(2) composition



Department of Disability Affairs at the Ministry of Social Affairs and Labour, Sports Olympiad for Persons with Disabilities, Central Council for Disability Affairs, medical committees at the Ministry of Health, Ministry of Education, Ministry of Higher Education

National definition of disability/persons with disabilities



A person with a disability is a person who is unable to ensure for himself, wholly or partly, the necessities of a normal individual social life because of a congenital or acquired deficiency in physical or mental abilities (Law No. 34 on Persons with Disabilities, 2004).

National legislative framework for disability/persons with disabilities (year of adoption)

Articles on disability included in the constitution?

Yes

General/overarching national disability law

Law No. 34 on Persons with Disabilities (2004)

National disability strategy/plan

National Plan for the Care and Rehabilitation of People with Disabilities (2009)

SOURCE

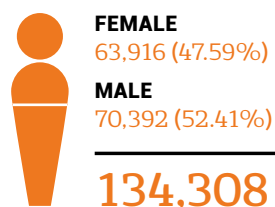
Based on data collected from government focal points through the ESCWA Questionnaire on the Implementation of Article 33 by Arab States (2016).

TUNISIA 2014

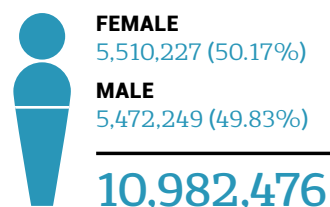
SOCIO-ECONOMIC INDICATORS	HDI	Life expectancy at birth	GNI per capita
Source: UNDP (2016)	0.725	75.0	10,249

Population

Persons with disabilities



Total population



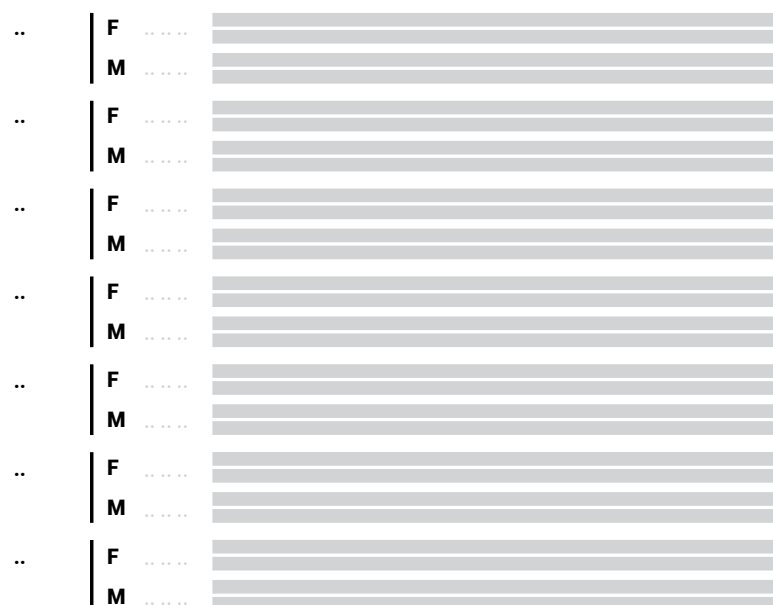
Disability prevalence (%)

■ Rural ■ Urban ■ Total

	Rural	Urban	Total
FEMALE	1.50	1.00	1.16
MALE	1.75	1.07	1.29
TOTAL	1.63	1.03	1.22

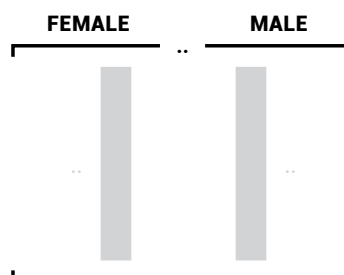
Age-specific disability prevalence (%)

■ Rural ■ Urban ■ Total F Female M Male

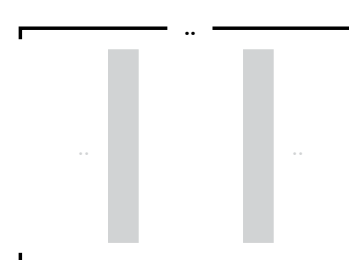
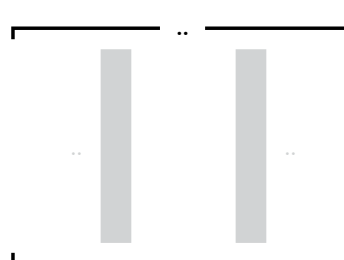
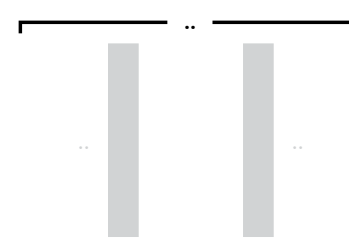
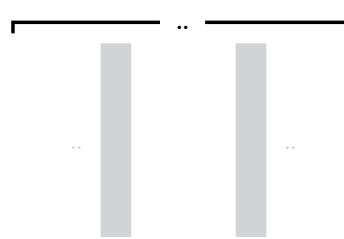
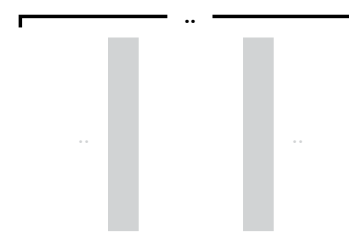
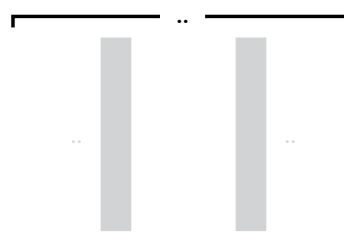
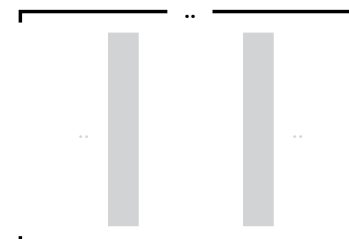
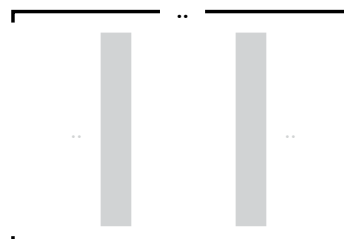
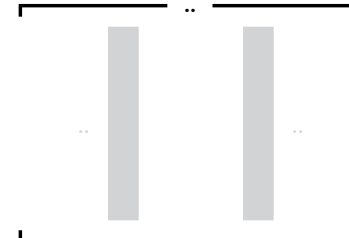
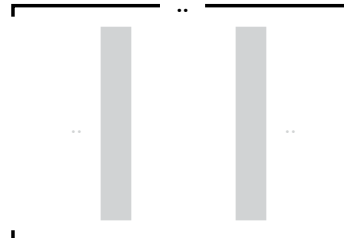
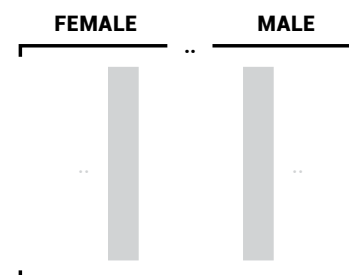


Age distribution (%)

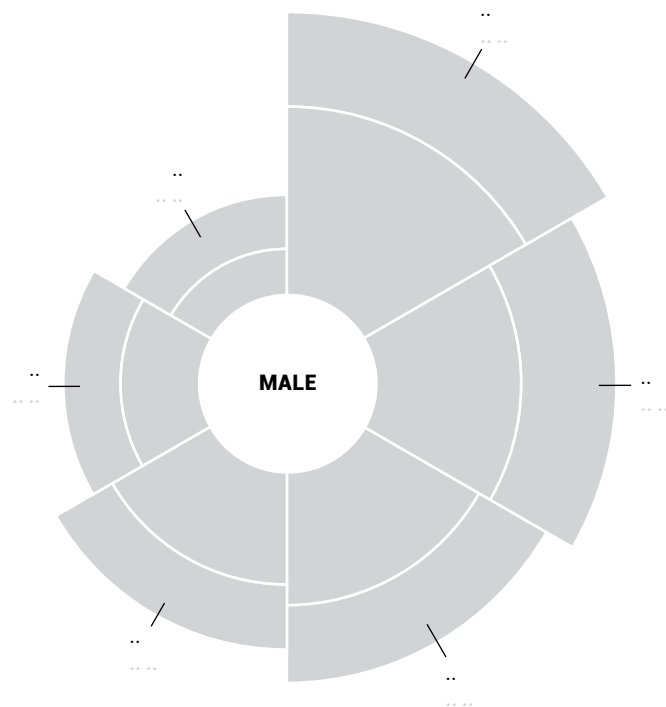
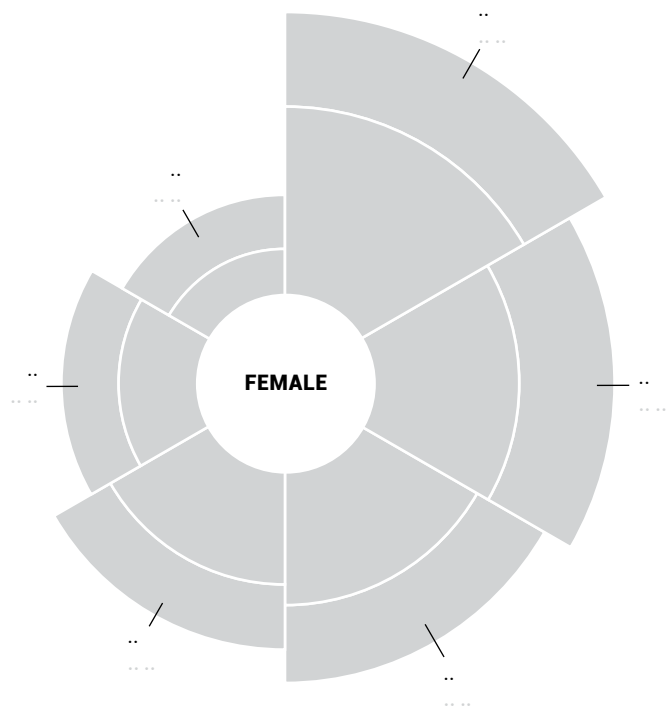
Persons with disabilities



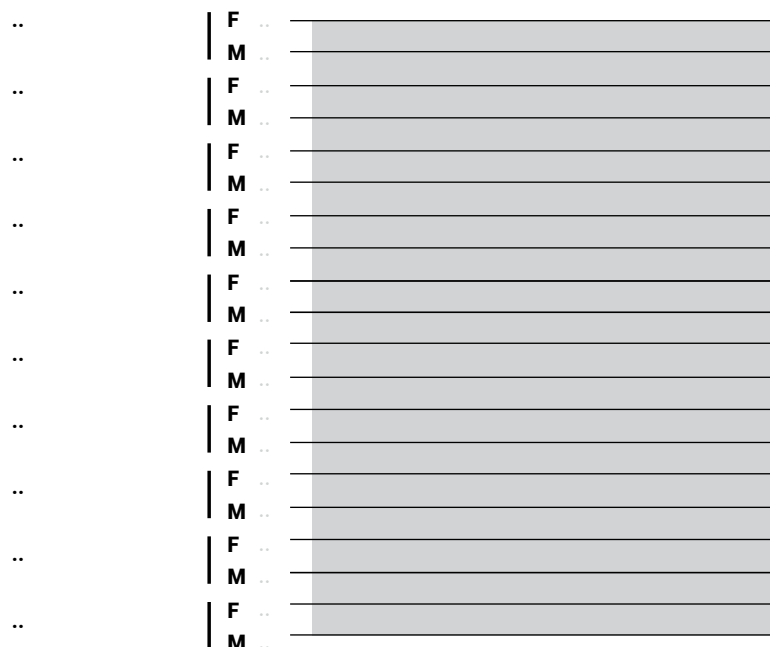
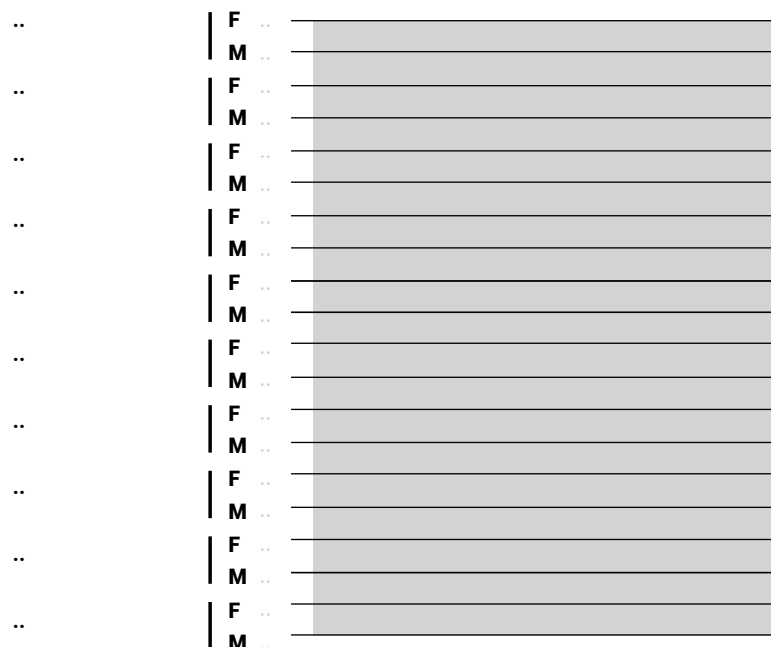
Persons without disabilities



Type of disability/difficulty (%) ■ Rural ■ Urban



Cause of disability (%) ■ Rural ■ Urban F Female M Male



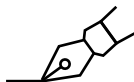

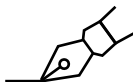

All data categories are as provided by Tunisia.

SOURCE

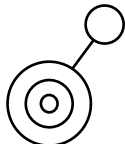
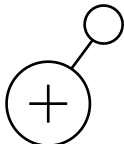
Calculated from ESCWA, 2017a, based on data provided by the NSO from the Tunisia census 2014, unless otherwise indicated

Signature/ratification of the Convention on the Rights of Persons with Disabilities & its optional protocol

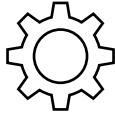
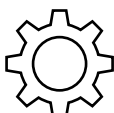
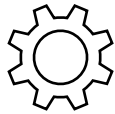
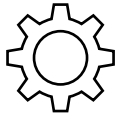
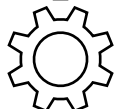
Source: United Nations Treaty Collection (2018a), (2018b)

Convention		Optional protocol	
	Signed 30.3.2007		Ratified/acceded 2.4.2008
	Signed 30.3.2007		Ratified/acceded 2.4.2008

Focal point for implementing the Convention in accordance with Article 33(1)

Lead focal point	Additional focal points
 Higher Council for Social Development and the Care of Persons with Disabilities	 No

National coordination mechanism for implementing the Convention in accordance with Article 33(1)

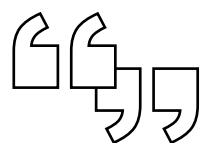
Mechanism name	Composition
 Higher Council for Social Development and the Care of Persons with Disabilities	 Focal points for disability-related matters in line ministries and other governmental institutions, Higher Committee for Human Rights and Fundamental Freedoms
 Chair Prime Minister	
 Year established 2010	
 Persons with disabilities represented? Yes	

Framework for the promotion, protection and monitoring of the Convention in accordance with Article 33(2) composition



Higher Committee for Human Rights and Fundamental Freedoms

National definition of disability/persons with disabilities



A disabled person is defined as every person who was born with or subsequently acquired a permanent reduction in their physical or mental or sensory capabilities and qualifications, which restricts their capacity to perform one or more essential daily activities of a personal or social nature, and decreases their chances of inclusion in society (Directive No. 83 on the Advancement and Protection of Disabled Persons, 2005).

National legislative framework for disability/persons with disabilities (year of adoption)

Articles on disability included in the constitution?

Yes

General/overarching national disability law

Law No. 41 of 2016 amending Law No. 83 of 2005 on the Advancement and Protection of Disabled Persons

National disability strategy/plan

Sectoral strategies,¹ national strategy

SOURCE

Based on data collected from government focal points through the ESCWA Questionnaire on the Implementation of Article 33 by Arab States (2016).

FOOTNOTES

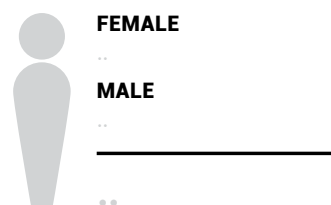
¹ National Plan for the Prevention of Disability, National Strategy for Inclusion of Disabled Persons in Schools, National Plan for the Employment of the Disabled and National Plan for Space Modification.

UNITED ARAB EMIRATES

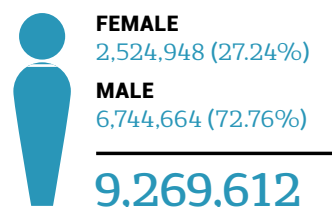
SOCIO-ECONOMIC INDICATORS	HDI	Life expectancy at birth	GNI per capita
Source: UNDP (2016)	0.840	77.1	66,203

Population¹

Persons with disabilities



Total population



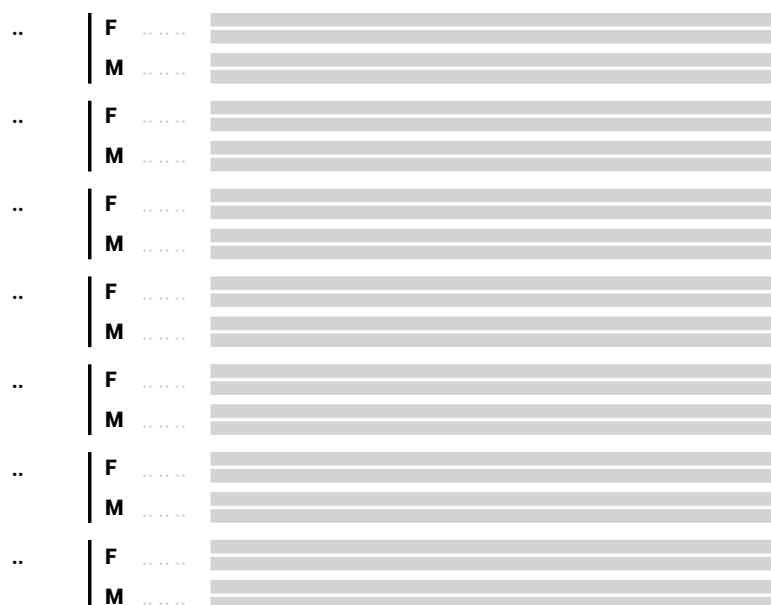
Disability prevalence (%)

■ Rural ■ Urban ■ Total



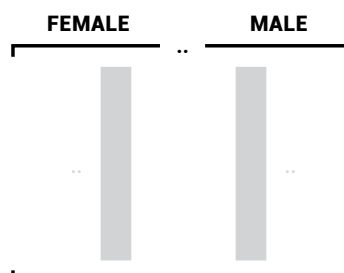
Age-specific disability prevalence (%)

■ Rural ■ Urban ■ Total F Female M Male

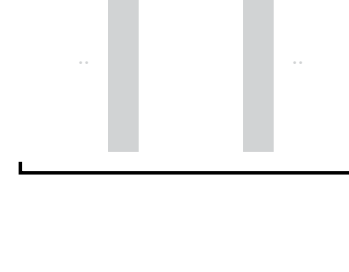
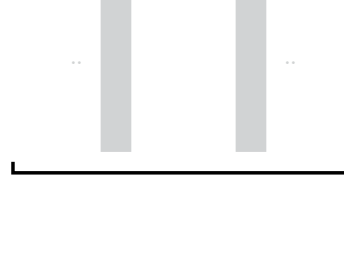
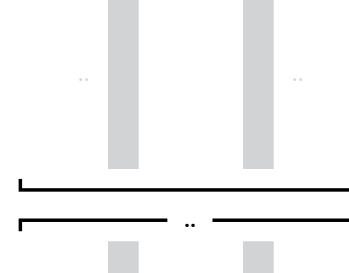
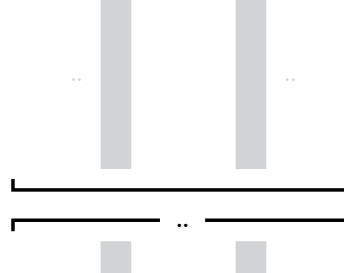
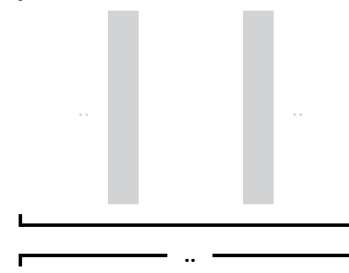
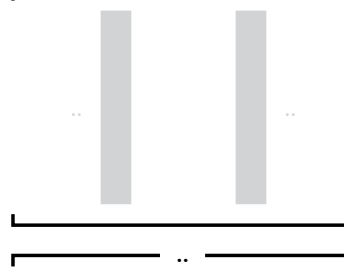
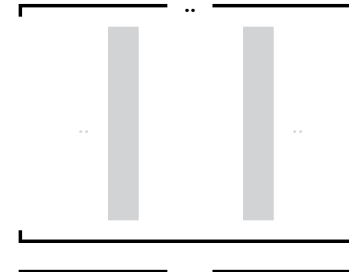
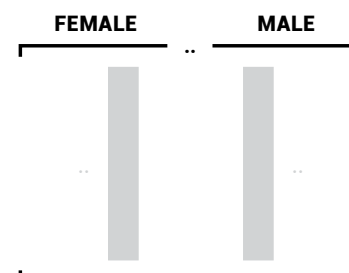


Age distribution (%)

Persons with disabilities

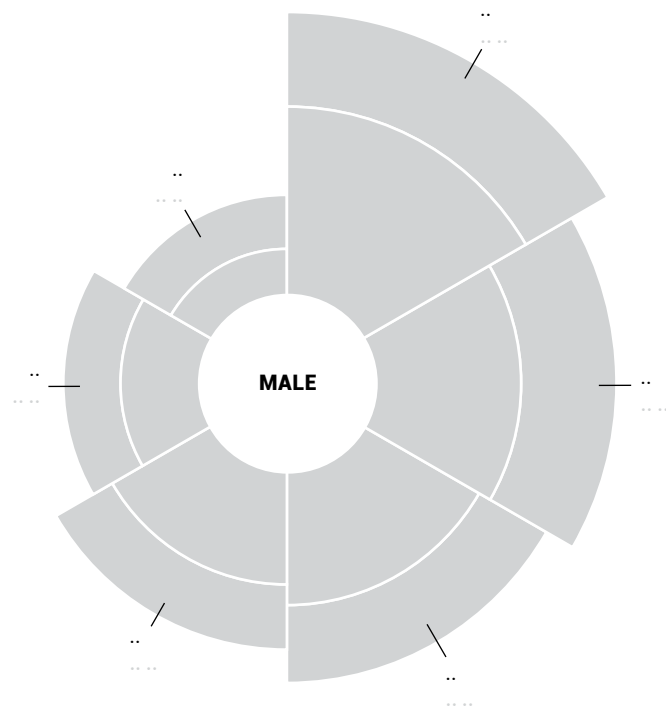
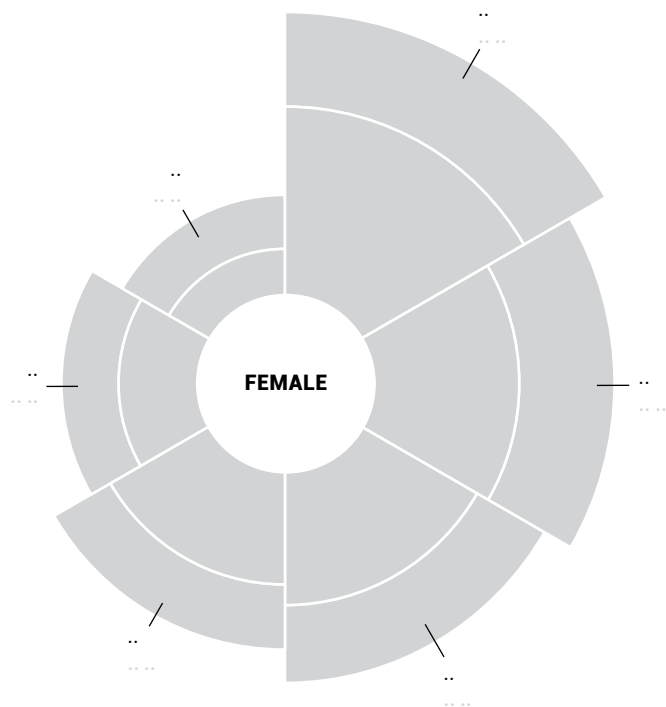


Persons without disabilities



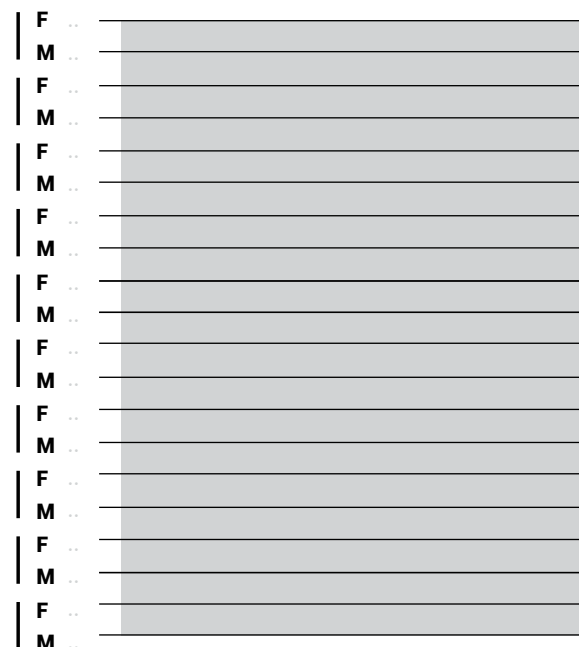
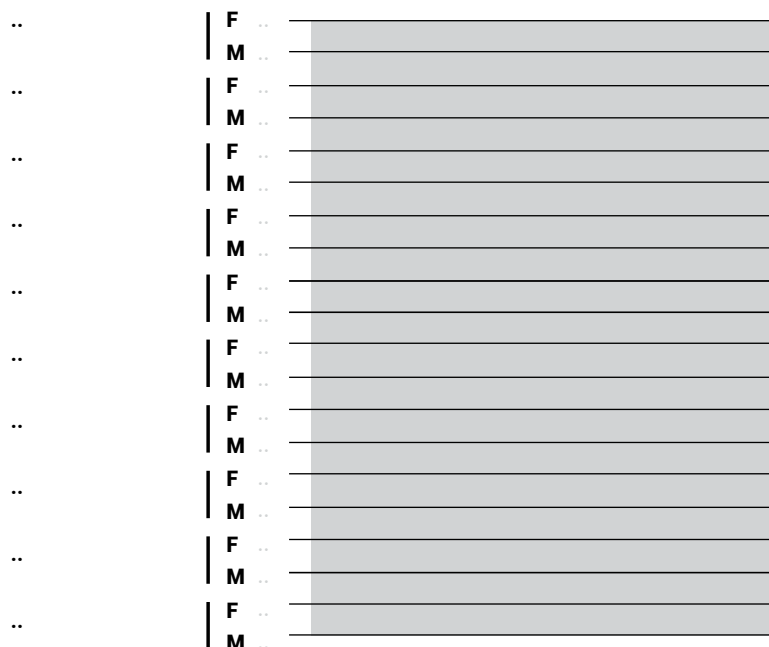
Type of disability/difficulty (%)

■ Rural ■ Urban



Cause of disability (%)

■ Rural ■ Urban F Female M Male

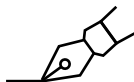

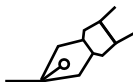



FOOTNOTES

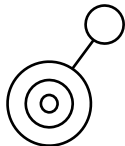
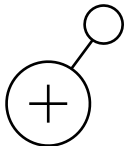
1 Source: World Bank (2018). Data on the total number of persons with disabilities is not available.

Signature/ratification of the Convention on the Rights of Persons with Disabilities & its optional protocol

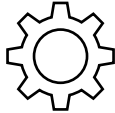
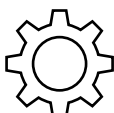
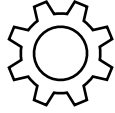
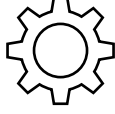
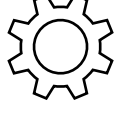
Source: United Nations Treaty Collection (2018a), (2018b)

Convention		Optional protocol	
	Signed 8.2.2008		Ratified/acceded 19.3.2010
			Signed 12.2.2008
			Ratified/acceded No

Focal point for implementing the Convention in accordance with Article 33(1)

Lead focal point	Additional focal points
 Ministry of Community Development	 Executive boards at the government/local level

National coordination mechanism for implementing the Convention in accordance with Article 33(1)

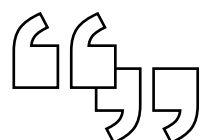
Mechanism name	Composition
 Advisory Council for People of Determination	 People of determination, government, and society
 Chair Chairman of the Advisory Council for People of Determination	
 Year established 2017	
 Persons with disabilities represented? Yes	

Framework for the promotion, protection and monitoring of the Convention in accordance with Article 33(2) composition



Advisory Council for People of Determination

National definition of disability/persons with disabilities



Each person with an incapacity, total or partial, permanent or temporary, in his physical, sensory, mental, communication, educational, or psychological abilities to an extent of being unable to fulfill his regular requirements in the same conditions as the non-disabled (Federal Law No. 29 on the Rights of the Disabled amended by Federal Law No. 14, 2009).

National legislative framework for disability/persons with disabilities (year of adoption)

Articles on disability included in the constitution?

Yes

General/overarching national disability law

Federal Law No. 29 on the Rights of the Disabled (2006) amended by Federal Law No. 14 (2009)

National disability strategy/plan

National Policy for Empowerment (2017)

SOURCE

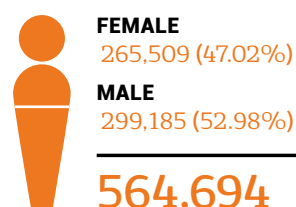
Based on data collected from government focal points through the ESCWA Questionnaire on the Implementation of Article 33 by Arab States (2016).

YEMEN 2014

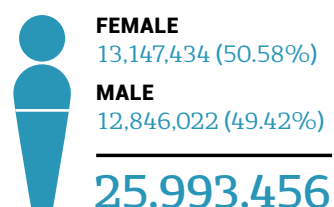
SOCIO-ECONOMIC INDICATORS	HDI	Life expectancy at birth	GNI per capita
Source: UNDP (2016)	0.482	64.1	2,300

Population

Persons with disabilities

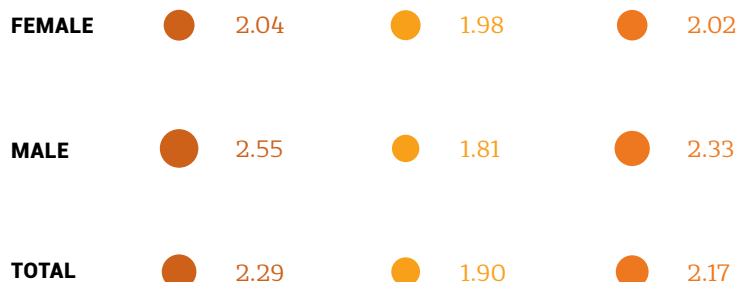


Total population



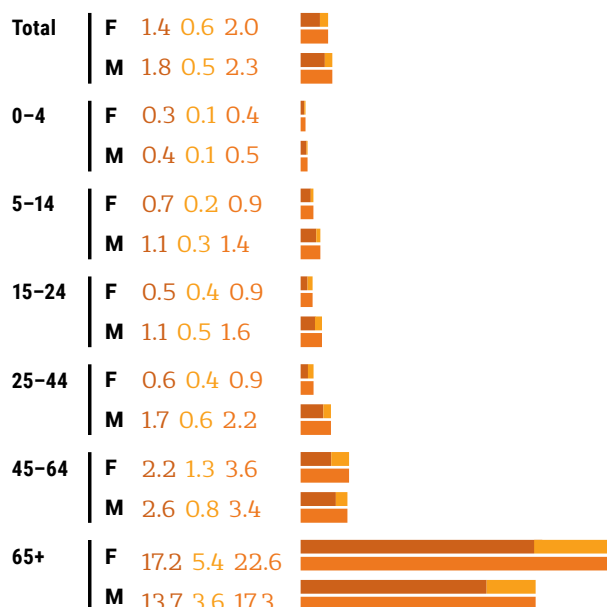
Disability prevalence (%)

■ Rural ■ Urban ■ Total



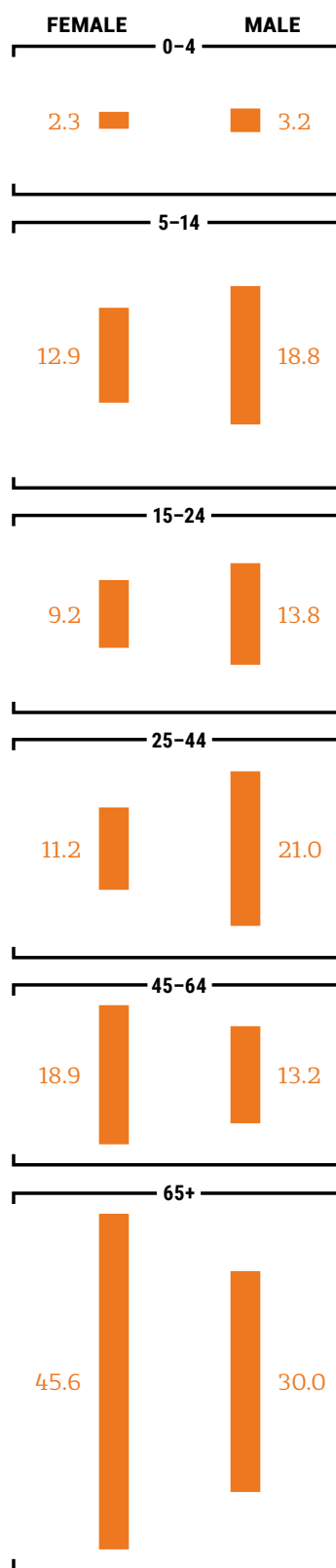
Age-specific disability prevalence (%)

■ Rural ■ Urban ■ Total F Female M Male

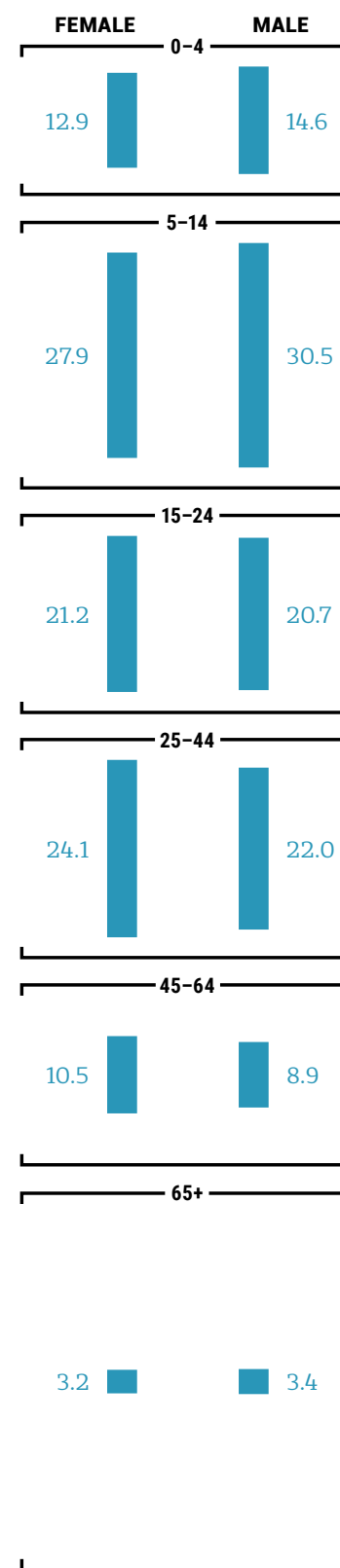


Age distribution (%)

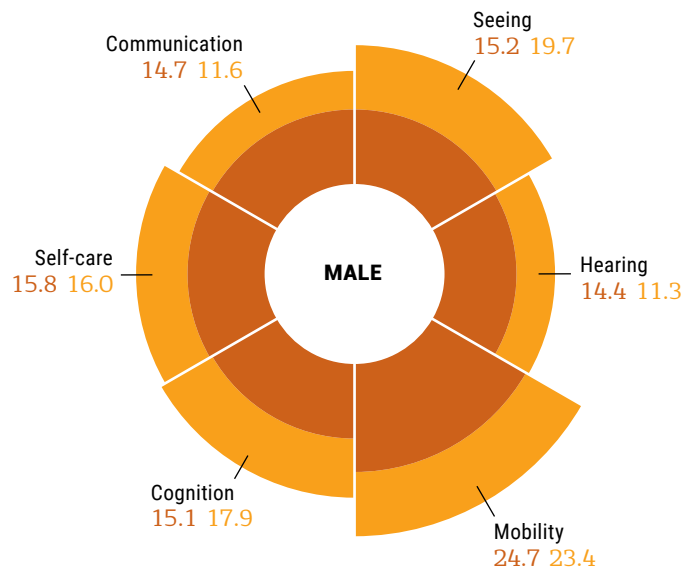
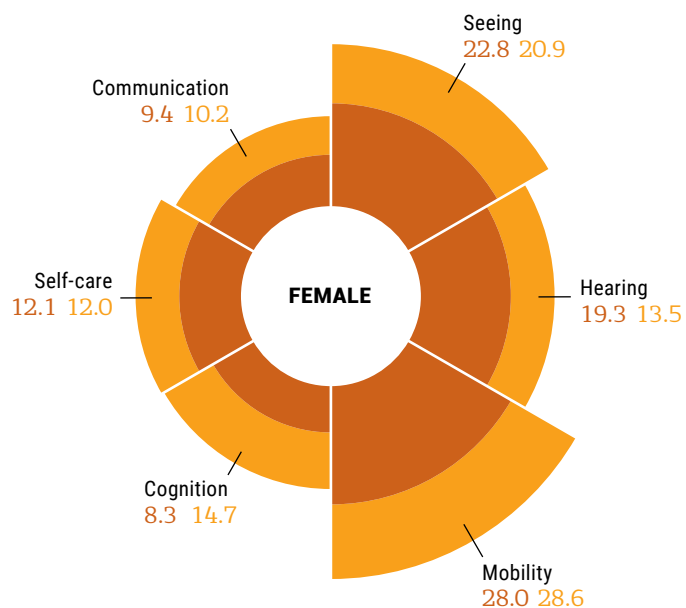
Persons with disabilities



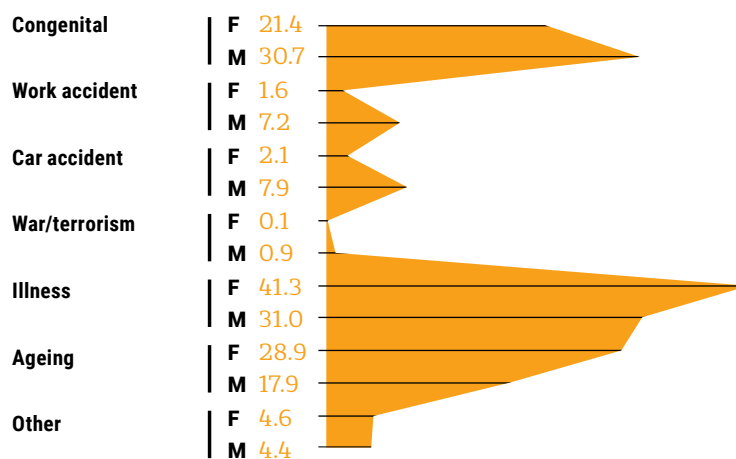
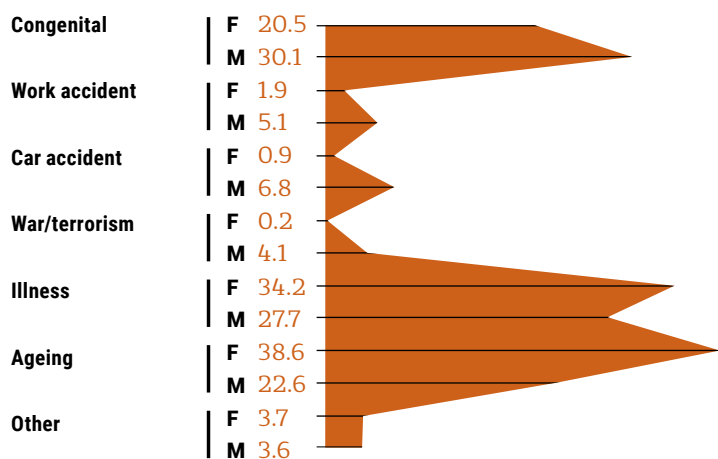
Persons without disabilities



Type of disability/difficulty (%)¹ ■ Rural ■ Urban



Cause of disability (%)² ■ Rural ■ Urban F Female M Male



All data categories are as provided by Yemen.

SOURCE

Calculated from ESCWA, 2017a, based on data provided by the NSO from the Yemen Household Budget Survey 2014, unless otherwise indicated

FOOTNOTES

- 1 Persons may report more than one type of disability.
- 2 Data source includes a more detailed breakdown for work accident (by accident and disease), war/terrorism (by land mine and shooting), and illness (by disease and multiple diseases).



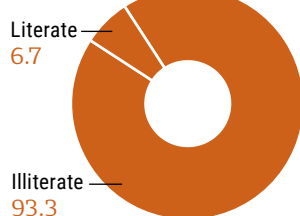
by LITERACY STATUS

Age: 15+ years

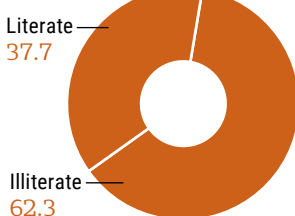
Persons with disabilities (%)

■ Rural ■ Urban

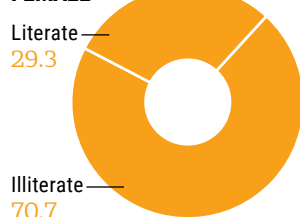
FEMALE



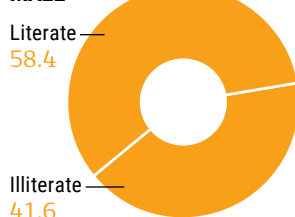
MALE



FEMALE



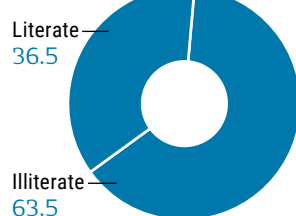
MALE



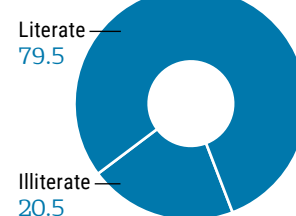
Persons without disabilities (%)

■ Rural ■ Urban

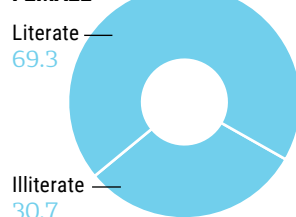
FEMALE



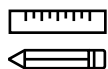
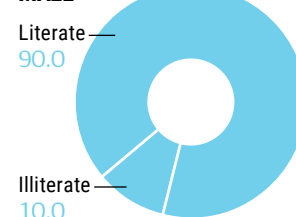
MALE



FEMALE



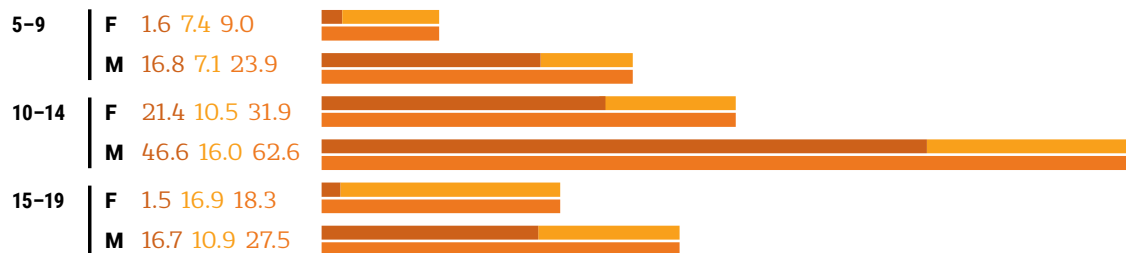
MALE



by SCHOOL ATTENDANCE

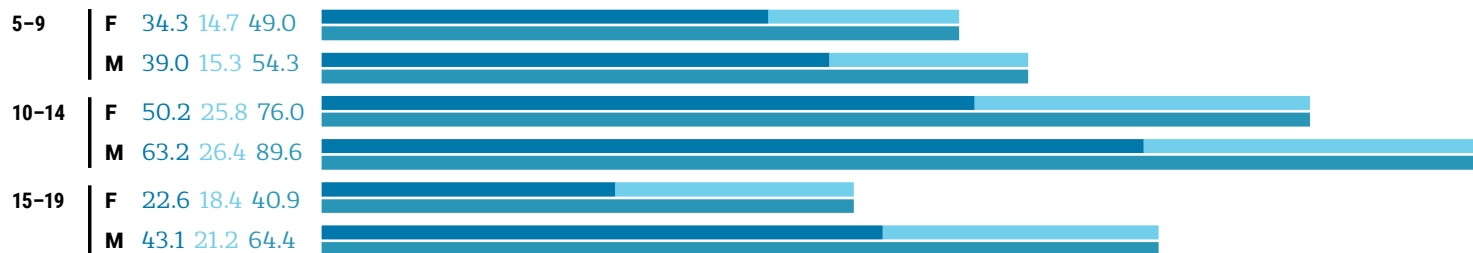
Persons with disabilities (%)

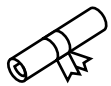
■ Rural ■ Urban ■ Total F Female M Male



Persons without disabilities (%)

■ Rural ■ Urban ■ Total F Female M Male



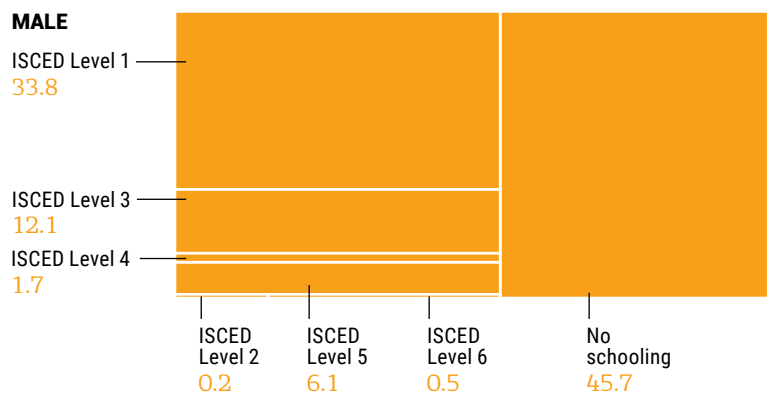
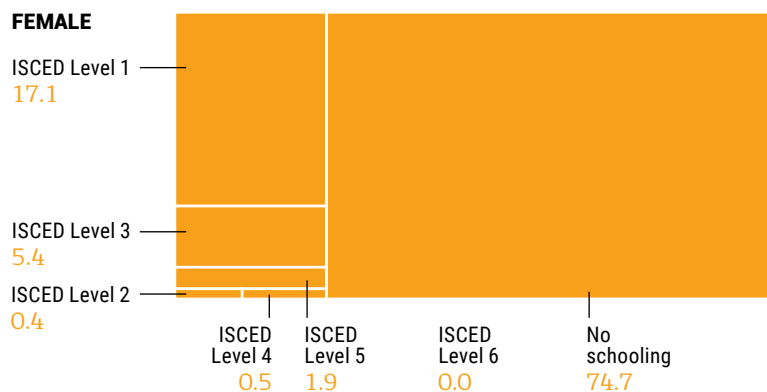
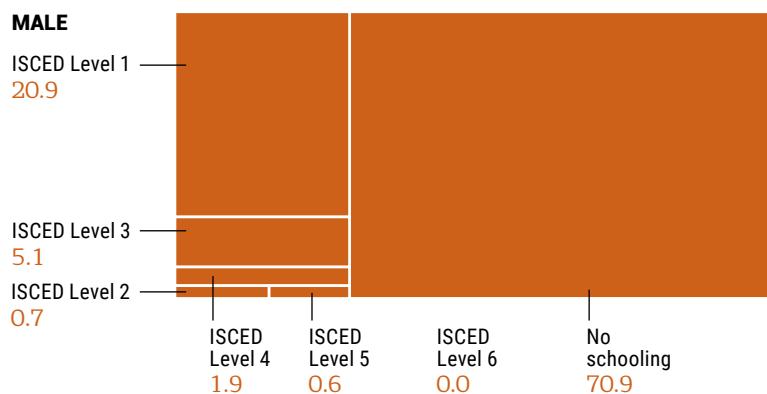
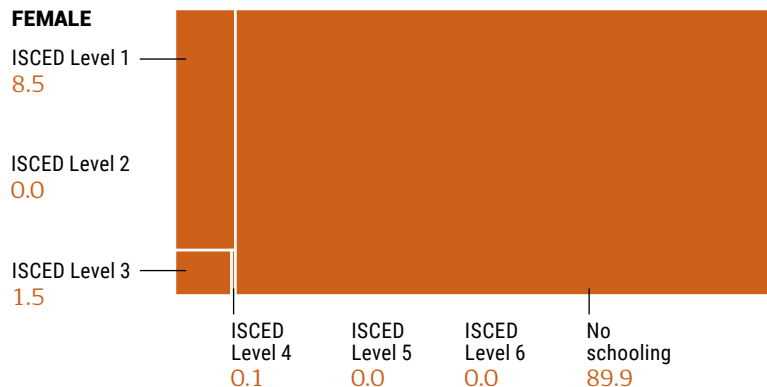


by EDUCATIONAL ATTAINMENT

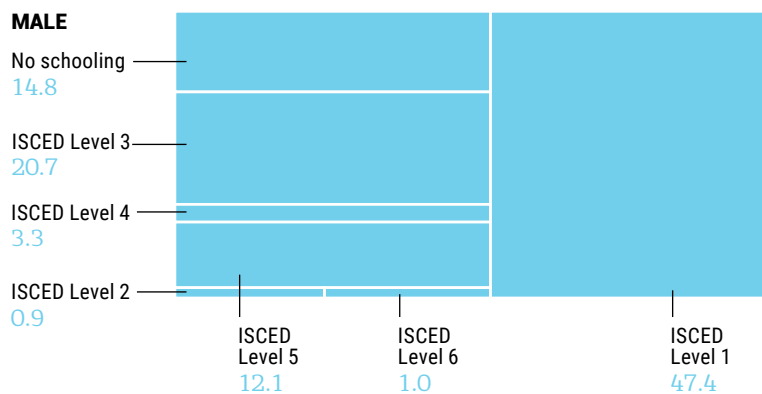
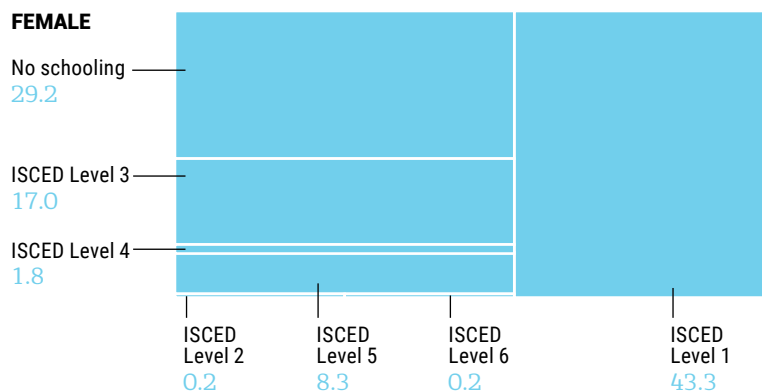
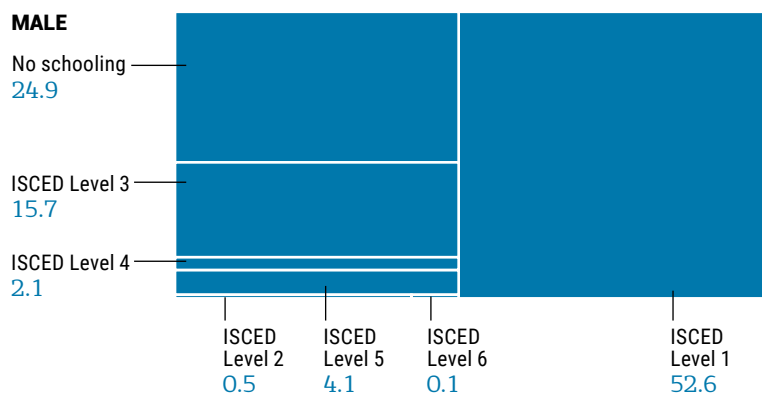
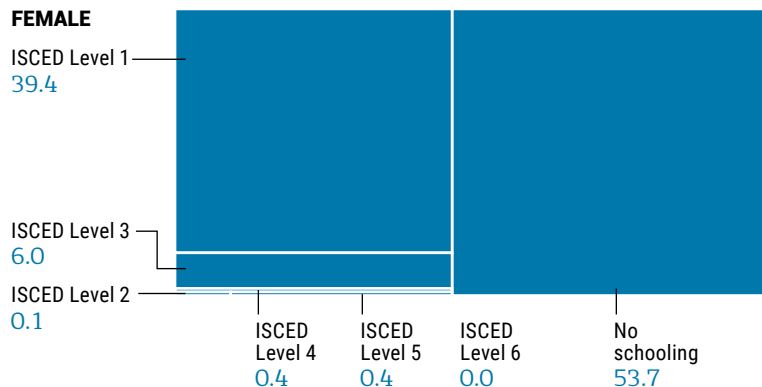
Age: 5+ years

Data source includes a more detailed breakdown for ISCED levels 2 (by pre-high-school vocational and non vocational diploma), 3 (by high school vocational and non vocational) and 6 (by post university diploma, master's degree and PhD).

Persons with disabilities (%) ■ Rural ■ Urban



Persons without disabilities (%) ■ Rural ■ Urban

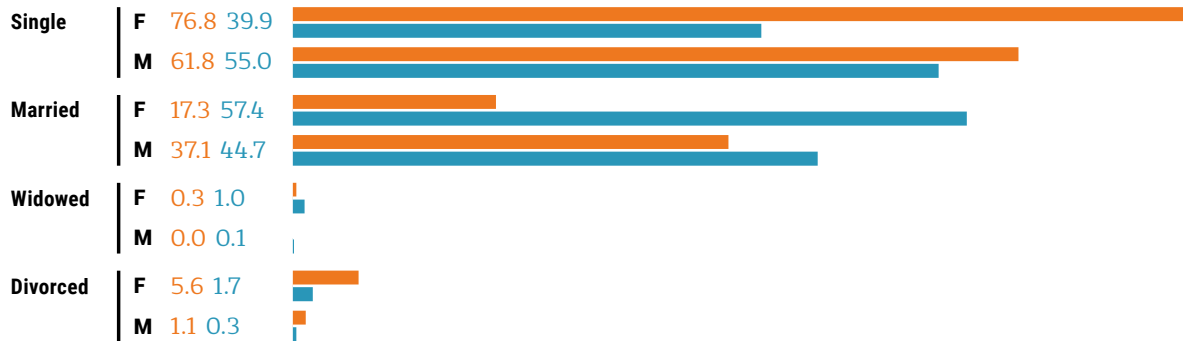




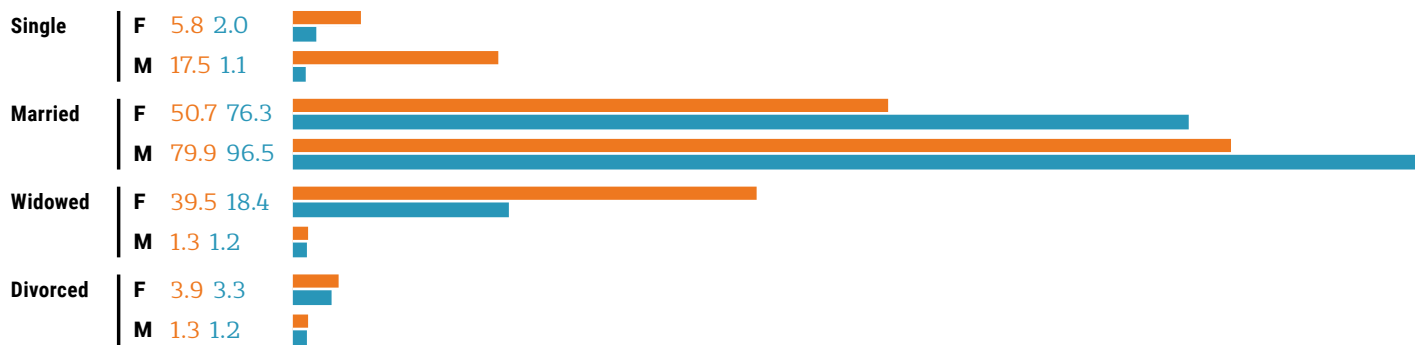
by MARITAL STATUS

By age group

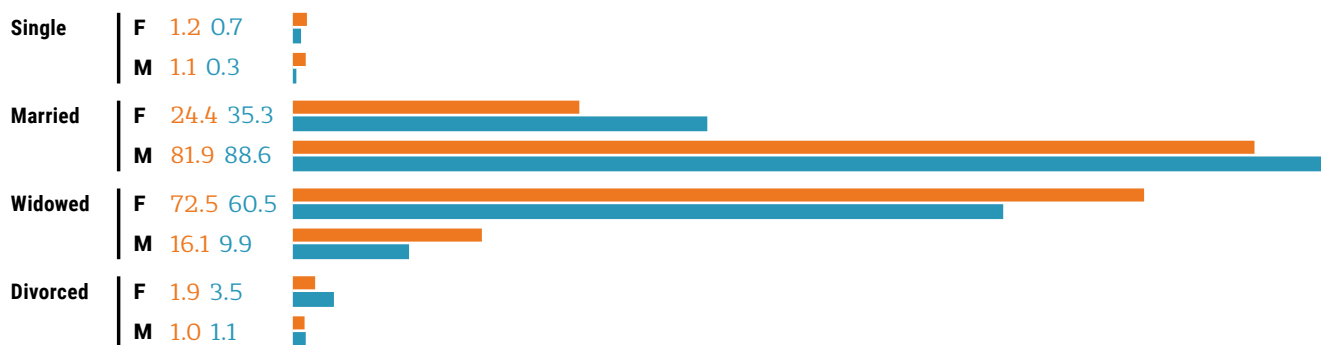
15–39 years



40–64 years



65+ years





by ECONOMIC ACTIVITY

Age: 15-64

Persons with disabilities (%) ■ Rural ■ Urban

FEMALE



MALE



FEMALE



MALE



Persons without disabilities (%) ■ Rural ■ Urban

FEMALE



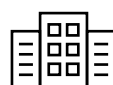
MALE



FEMALE



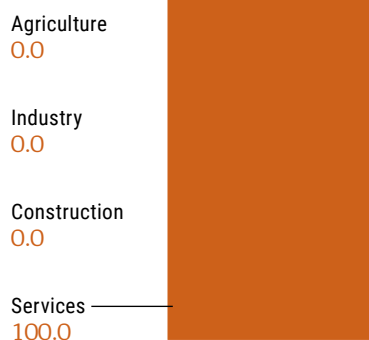
MALE



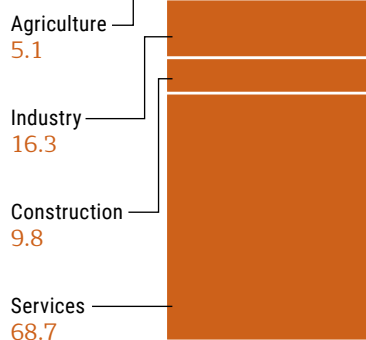
by SECTOR OF EMPLOYMENT

Persons with disabilities (%) ■ Rural ■ Urban

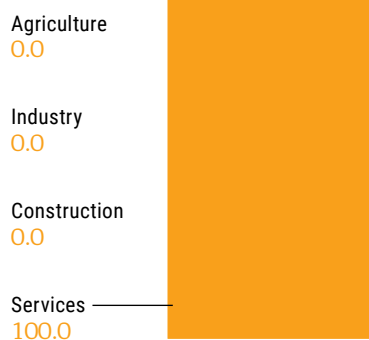
FEMALE



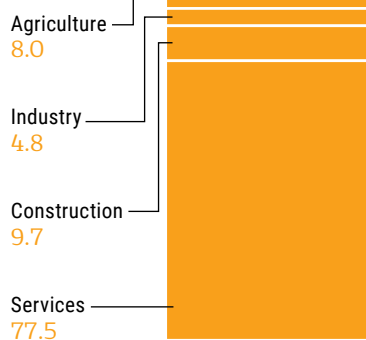
MALE



FEMALE

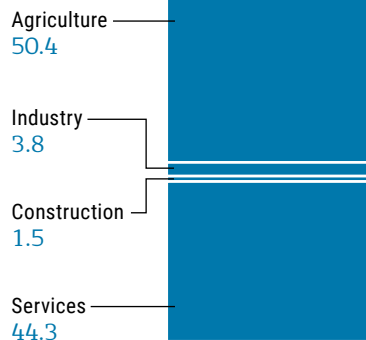


MALE

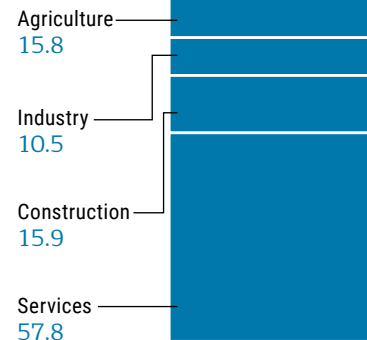


Persons without disabilities (%) ■ Rural ■ Urban

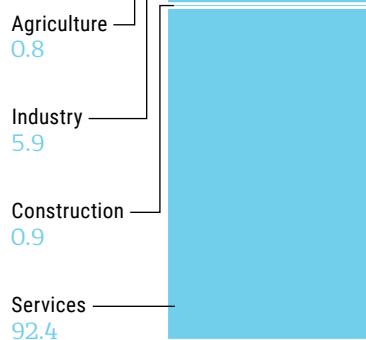
FEMALE



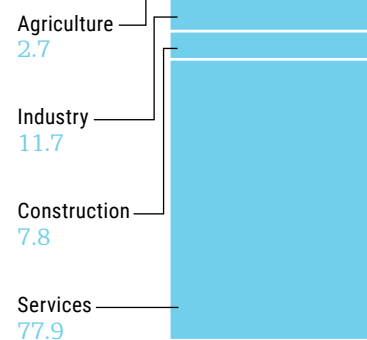
MALE



FEMALE

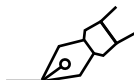

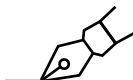



MALE

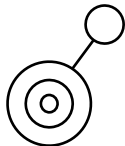
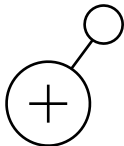


Signature/ratification of the Convention on the Rights of Persons with Disabilities & its optional protocol

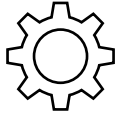
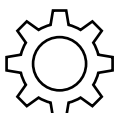
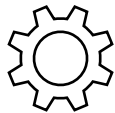
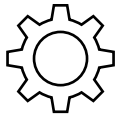
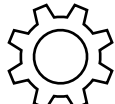
Source: United Nations Treaty Collection (2018a), (2018b)

Convention		Optional protocol	
	Signed 30.3.2007		Ratified/acceded 26.3.2009
	Signed 11.4.2007		Ratified/acceded 26.3.2009

Focal point for implementing the Convention in accordance with Article 33(1)

Lead focal point	Additional focal points
 Ministry of Social Affairs and Labour	 No

National coordination mechanism for implementing the Convention in accordance with Article 33(1)

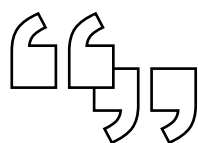
Mechanism name	Composition
 Welfare and Rehabilitation Fund for the Disabled	 Disability focal points of ministries and other governmental institutions (Ministry of Social Affairs and Labour, Ministry of Planning and International Cooperation, Ministry of Finance, Chamber of Commerce)
 Chair Executive Director of the Fund	
 Year established 2002	
 Persons with disabilities represented? Yes	

Framework for the promotion, protection and monitoring of the Convention in accordance with Article 33(2) composition



Ministry of Social Affairs and Labour, Ministry of Planning and International Cooperation, Ministry of Finance, Chamber of Commerce

National definition of disability/persons with disabilities



A partially, but permanently, disabled person is every individual, male or female, with a permanent disability in one or some body parts, who can rarely work due to their condition. A person with temporary total or partial disability is every individual, male or female, with a disability in one or some body parts that lasts for a temporary period of their life and who as a result cannot work outside of the limits of what their disability allows. A person with a permanent total disability is every individual, male or female, with a total disability that causes permanent inability to work (Law no. 29 on Social Welfare, 2008).

National legislative framework for disability/persons with disabilities (year of adoption)

Articles on disability included in the constitution?

Yes

General/overarching national disability law

Law No. 2 on establishing the Disabled Care and Rehabilitation Fund (2002)

National disability strategy/plan

National Disability Strategy (2010)

SOURCE

Based on data collected from government focal points through the ESCWA Questionnaire on the Implementation of Article 33 by Arab States (2016).

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