Disability Assessment and Determination in Arab Countries: An Overview

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The views expressed are those of the author and do not necessarily reflect the views of the United Nations Secretariat.

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Acronyms

CRPD	Convention on the Rights of Persons with Disabilities
ICD	International Classification of Disease
ICF	International Classification of Functioning, Disability and Health
IQ	Intelligent Quotient
NGO	Non-governmental Organization
OPD	Organization for Persons with Disabilities
UN	United Nations
WG	Washington Group on Disability Statistics
WHO	World Health Organization
WHODAS 2.0	World Health Organization Disability Assessment Schedule 2.0

Introduction

Since the adoption of the Convention on the Rights of Persons with Disabilities (CRPD) in 2006, disability policy has undergone a paradigm shift, from the medical approach focusing on the individual and their condition, to a human-rights perspective that views disability as the result of the interaction between an individual's condition and the surrounding social and physical environment.

Most Arab countries have signed or ratified the CRPD, making a commitment to change laws and institutional frameworks to ensure the social inclusion of persons with disabilities in all facets of life.[1]

While progress is recorded in several areas of legislation and policy, one core field had eluded change so far, and that is developing a system for determining and assessing disability in line with CRPD.

This has been a challenge for two reasons: first, understandings and definitions of 'disability' in the Arab region, are still often based on the medical approach, indicating that the paradigm shift needed has not fully materialized yet. Second, specific socio-economic contexts, geographic make-up, and governance structures within countries, have constituted some challenges to achieve this shift. Such challenges include: resource constraints, lack of technical knowledge of CRPD compliant assessment systems, and shortage of trained professionals who can apply it. This study begins with a background on the normative shift in understanding disability from a CRPD-aligned perspective. It then explores the main objectives of disability assessment and determination system, and the relationship between assessment and determination and the differences between them. It also looks into the available tools to operationalize this normative shift in disability assessment, including the International Classification of Functioning, Disability and Health (ICF) and the World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0).

This is followed by an overview of the key trends, similarities, and differences in the Arab region regarding disability assessment and determination laws. These trends have been derived from the "Country Legal Profiles", (annex 3 of the study). The profiles provide an overview of national legislation, by-laws, administrative instructions and policies that govern the disability assessment and determination processes in 18 Arab countries; Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Mauritania, Morocco, Oman, the State of Palestine, Qatar, Saudi Arabia, the Sudan, the Syrian Arab Republic, Tunisia, the United Arab Emirates and Yemen.

Furthermore, the study provides snapshots from four case studies—Morocco, Egypt, Oman and

[1] "Disability in the Arab Region," UN-ESCWA, 2018, p. 28, https://www.unescwa.org/sites/www.unescwa.org/files/publications/files/disability-arab-region-2018-english_1.pdf.

Tunisia—of countries in transition to a CRPD-compliant assessment system. Finally, the study discusses the key lessons learned and policy recommendations for countries looking to transition to a CRPD-compliant disability assessment system.

1. Context

A. CPRD: the paradigm shift

Disability is part and parcel of human diversity, and properly identifying it, important as it is, can never do justice the potential inherent in every human individual. Human capabilities, however, do not exist in isolation from social interactions. In a social environment that supports and empowers, rejects stigma and exclusion, and takes into account individual needs for support, all individuals can develop more and better skills.

Starting from this perspective, the understanding of disability has changed fundamentally. It is no longer seen solely as "an issue" with the individual, but rather as the result of individual characteristics that are compounded or alleviated by the level of support provided in the social environment, in all of its facets.[2] This interaction can either be an enabler or barrier for persons with disabilities, and a measure for the degree of their inclusion within society. Previously, the medical or policy interventions aimed to 'rehabilitate' persons with disability through adjusting them as much as possible to a given environment. However, this understanding has evolved since, recognizing that full inclusion requires both providing individual support as well as removing barriers in the social and built environment, in line with the UN-CRPD standards.

Box 1. Definition of disability in CRPD

CRPD acknowledges in its preamble that "disability is an evolving concept and that disability 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."[a]

Furthermore Article (1) of the CRPD, provides an overarching framework for defining disability, highlighting the role of barriers, stating that "Persons with disabilities include 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."[b]

It is important to note that this framework has been adopted, either verbatim, or using similar formulations, in many States Parties to the CRPD, including in the Arab region.

[a] "Convention on the Rights of Persons with Disabilities (CRPD)," United Nations, 2006, available at: https://www.un.org/disabilities/documents/convention/convention_accessible_pdf.pdf.

[b] Ibid.

[2] "Convention on the Rights of Persons with Disabilities (CRPD)," United Nations, 2006, https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/preamble.html.

B. Disability from a lifecycle perspective

Disability is part of the lived human experience, and almost everyone will experience a degree of functional limitation at some point in their life. Adopting a lifecycle approach to disability means the recognition that the experience of disability is fluid rather than fixed. It is affected by an individual's specific stage of development, their surrounding socio-economic context, career and life's path of choice.

Children with disabilities will likely face different barriers to inclusion. They also have different support needs throughout the different stages of their lives Understanding disability from a life-cycle approach has great implications on how it is assessed. Assessment methodologies need to capture the interaction between impairments and environment, and the ways in which people participate in society at various stages of their lives, while also taking into account complex and multi-layered factors, such as attitudes and accessibility to physical and social environments. This means that assessments need to be conducted periodically and systematically to examine changes of status, needs and the environment over time.

This is where the International Classification of Functioning, Disability and Health (ICF) comes into play. The ICF is a conceptual framework issued in 2001, which helps capture impairments, activity limitations, and participation restrictions.[3] Based on the ICF, the World Health Organization (WHO) developed its Disability Assessment Schedule 2.0 tool (WHODAS 2.0).[4]

WHODAS 2.0 measures a person's performance in their environment. It gauges the outcome of the interaction between functional limitations and the surrounding environment. However, WHODAS should be used with a needs assessment tool to identify what barriers and enablers a person faces, and how they change over time with different interventions. Coupling the WHODAS with a needs assessment tool will also help countries in building a disability registry for determining eligibility for support services. One example of such a needs assessment tool is the Assessment of Life Habits tool (LIFE-H)[5] or the Measure of the Quality of Environment (MQE) assessment tool from the Quebec RIPPH (Réseau international sur le processus de production du handicap).[6]

To provide an illustrative example, a person may have the same visual impairment throughout different life stages, but how it affects their daily-life can change depending on where they are, how accessible is their surrounding environment, and whether they have access to assistive devices and technologies in their home, school, place of work, or in public spaces. WHODAS 2.0 and the needs assessment tools systematically capture such elements and identify possible interventions and support needs that may allow greater social inclusion.

These tools will be discussed in greater details in section (3. Policy Options and Tools for Disability Assessment and Determination).

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3 International Classification of Functioning, Disability and Health (ICF), WHO, 2001, https://www.who.int/classifications/icf/en/.

4 WHO Disability Assessment Schedule 2.0 (WHODAS 2.0), WHO, 2018, https://www.who.int/classifications/icf/whodasii/en/.

5 Assessment of Life Habits tool (LIFE-H), International Network on the Disability Creation Process, Quebec, Canada, https://ripph.qc.ca/en/documents/life-h/what-is-life-h/.

6 The Measure of the Quality of Environment (MQE), International Network on the Disability Creation Process, Quebec, Canada, https://ripph.qc.ca/en/documents/mqe/what-is-mqe/.

2. Objectives of Assessment and Determination Systems

A. Social inclusion

The main objective of disability assessment and determination systems is securing, for persons with disabilities, the right to social inclusion. These systems are a direct and normative reflection of how a society understands disability, and the approach it follows to ensure the inclusion of all its members. On an operational level, these systems provide the tools to evaluate the support needed for persons with disabilities. They also help decision-makers in planning and budgeting such services across various policy spheres.

Box 2. What is the difference between disability assessment, determination and eligibility?

While interlinked, assessment, determination and eligibility refer to specific and different aspects of the same process: disability assessment is the process itself, and determination is its result, and eligibility is who qualifies for what within the process.

Disability assessment is the process of collecting information about the specific conditions of an individual, their manifestations and impact on daily functions, and the support she or he would need for conducting an independent and autonomous life. In contrast to a purely medical diagnosis, this assessment focuses on the functioning of the individual, the type and level of support required to achieve autonomy in daily-life activities, as well as equal participation, which may be different for people with the same diagnosis or impairment, depending, inter alia, on the barriers and support available in their environment.

Information collected during the assessment will inform disability determination, case management as well as policy planning. Indeed, while all persons with disabilities will benefit from accessible infrastructure and inclusive mainstream services (such as: inclusive education and labour market policies, providing assistive devices within universal health coverage packages, making electronic services accessible), some people with higher support needs will require additional and individualized support to achieve equal participation and independent living.

Disability assessments can complement data from census and surveys, providing important information that would help policy makers prioritise resources to make mainstream services more inclusive, and to develop targeted support services (home adaptation, personal assistants, specialised health care, financial compensation for disability related costs etc.).

Disability determination is the process of officially identifying a disability status and sometimes grouping people by categories that indicate different levels of independence/autonomy in their daily functions.

Different categories often indicate an ascending level of needed support for autonomy in daily life activities. However, consistent, reliable and equitable disability determination can be challenging given the diverse circumstances faced by different individuals in terms of available support, often provided by family, and existing barriers in the environment that may hinder participation.

In many countries, the outcome of disability determination is a disability certificate or a card which may reflect different levels or categories of disability. This may serve as 'passport' to access different services.

Eligibility determination is the process of deciding the categories targeted with government support, and which support they are eligible to receive. A disability card/certificate is required to access public services or benefits on preferential terms or provisions specifically targeting disability.

Official disability status can be used in two ways within the eligibility determination context: The government may decide that all or some holders of disability status/cards are directly eligible to different packages of services or benefits; it can also decide that the disability card is one of several eligibility criteria, including, for example, a means test to access certain benefits.

Components of a CRPD-compliant disability assessment system

Several substantive and procedural requirements need to be met within a CRPD-compliant disability assessment system. The three main substantive requirements are that the assessment has to be: valid, reliable and objective. Validity means that the process assesses disability, not a proxy of disability. Reliability and objectivity mean that assessments lead to consistent results regardless of who conducts them. The primary argument for using WHODAS is that it satisfies these criteria.

In their exploration of a "human rights approach to disability assessment", Lisa Waddington and Mark Priestley[7] identified procedural components of a CRPD-compliant disability assessment system that ensure procedural fairness. Those elements include: (1) respect for the dignity, liberty and rights of persons with disabilities; (2) consistency of assessments in local, regional and national levels; (3) taking into account the interaction between impairment and environment; (4) accessibility; (5) recognition of the legal capacity of persons with disabilities; (6) the assessment systems provide access to social support and entitlements; (7) professional training for those who conduct the assessment; (8) ability to appeal the process, and ensure access to justice, 9) lastly and most importantly, ensure the involvement of persons with disabilities themselves and their representative organizations in the design and review of the disability assessment systems.

B. Informing public policy priorities and budget allocation

In very practical terms, governments need disability classification systems to decide on what resources to allocate for building a

[7] Lisa Waddington and Mark Priestley, "A human rights approach to disability assessment," Journal of International and Comparative Social Policy, (2020), 1-15, https://www.cambridge.org/core/services/aop-cambridge-core/content/view/38A82E7D5EA9E662A9A61B7D8F6088F8/S2169976320000212a.pdf/human_rights_approach_to_disability_assessment.pdf.

supportive environment in general, and for individual support needs/benefits for persons with disabilities. Ideally, countries would not have to choose between these two dimensions, but rather would be able to secure both. Many countries, however, are not in such comfortable position and need to set priorities.

A well developed and fair classification provides an estimate of how many people need support, and of what type. This includes mainstream support such as access to buildings through universal design for example, and inclusive service provision, which benefits all of society, including elderly people, and those who may experience temporary impairments.

Box 3. Individual vs. mainstreamed support needs

How does a CRPD-compliant disability assessment system impact the provision of support for inclusion and participation?

The more barriers there are in their environment, the more support persons with disabilities require to overcome them. The CRPD clearly articulates the obligations to simultaneously remove barriers and provide support across sectors. As governments remove barriers through raising awareness, accessibility and non-discrimination, they reduce the need for individual specific support and targeted disability services. It should be noted, however, that certain levels of support needs will always require some individual support irrespective of the accessibility of the environment.

Below are two illustrative examples:

Accessible Environments

Many persons with disabilities, including wheelchair users, currently need dedicated personal assistants for almost all aspects of life, including movement in public spaces, because barriers in the environment are restricting their independence and autonomy. With improved accessibility to the built environment, transports and adequate adaption of their homes, many wheelchair users would require less to no intensive individual support from personal assistants

Inclusive Education

In many countries, the exclusion of children with disabilities is institutionalized and perpetuated by lack of support for their families and inclusiveness within schools. Many families are forced to put children with disabilities in the care of boarding facilities that provide them with educational support or care needs. This isolates them from their families, their peers, and in many cases their certificates are not valid for higher education or in the labour market. In addition, such facilities can only cater for a limited number of children, leaving many out of school and without any support. By making mainstream schools and communities inclusive and accessible, learning support can be delivered through the general education system with limited individual assistance provided to them as needed. Providing community services and social protection benefits, also ensures that their families are able to provide more support and care for those with more difficulties.

C. Immediate support for persons with disability in emergency responses

As highlighted by the Secretary-General's policy brief "A Disability-Inclusive Response to COVID-19" it is essential to provide data disaggregated by disability status in any crisis response and recovery plan. Indeed, data disaggregation by disability has been identified as one of six foundations for a disability-inclusive COVID-19 response and recovery, the remaining five are: non-discrimination, intersectionality, accessibility, accountability and participation.[8]

While well-developed national statistics can provide some information on the prevalence of disability and the distribution across regions within a country, it is impossible to provide support without the names and addresses of people who need assistance. The implications of a CRPD-compliant disability assessment and determination system thus cannot be overstated, particularly in crisis and emergency responses. A well-developed assessment and determination system and database allow decision-makers to quickly provide assistance to the most vulnerable and to ensure they are not left behind.

In the context of COVID-19, social distancing may be more difficult to observe for persons who need personal assistance in their daily activities. Services such as e-medicine or e-learning also need to be designed in a way accessible to persons with disabilities. Effective assessment and determination systems helps decision-makers and relevant stakeholders ensure that these services are made available, whether using a targeted or a mainstreamed approach.[9]

Having a CRPD-compliant, cost effective, reliable and accessible disability assessment system is important to ensure the rights of persons with disabilities are upheld in all situations. This includes crisis and emergency responses where they might face multi-layered vulnerabilities that need to be accounted for.

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[8] "Policy Brief: A Disability-Inclusive Response to COVID-19," United Nations, May 2020, p.8-9, https://www.un.org/sites/un2.un.org/files/sg_policy_brief_on_persons_with_disabilities_final.pdf.

[9] For an overview of disability-related COVID-19 responses in the Arab region, see "Survey of government measures taken to protect people with disabilities from the COVID-19 pandemic," [in Arabic] UN-ESCWA, 2020, https://www.unescwa.org/sites/www.unescwa.org/files/2000172-ar_1.pdf.

3. Policy Options and Tools for Disability Assessment and Determination

A. Traditional disability assessment procedures: medical assessments

In many Arab countries, disability assessments consist of a visit to a general physician or a specialist who would issue a medical report with a diagnosis of the impairment and its type. Sometimes these physicians are part of a designated central, regional, or sub-regional medical committee. It is also possible to obtain a medical report from any public or private hospital, and it would then be reviewed or verified by a designated medical committee. This process could be based on international medical classifications such as the International Classification of Disease (ICD), or guided by a country's national frameworks. Some Arab countries still use obsolete classifications that have since been replaced by ICF, such as the International Classification of Impairments, Disabilities, and Handicaps (ICIDH), a classification issued by WHO in 1980.[10]

Once the medical diagnosis is verified, and the disability is determined, national legal and policy frameworks would define what support services or benefits that person can access. In some countries, a "disability card" is issued to persons with disabilities to facilitate enrolling them in these support services.

B. Care and support assessments

In addition to a medical assessment to obtain a disability card, countries usually have additional separate assessments before granting access to specific support services and benefits. This includes access to rehabilitation and health services, assistive devices and technologies, education, employment, social protection and disability pensions. This data is called "administrative data" and it is gathered through service providers. These are collected "on demand" and may thus not capture all persons with disabilities, especially in social environments where disability is stigmatized, or where other barriers to accessing services exist, especially that administrative data only includes those interacting with the service providers. Further, administrative data collection depends on how disability is defined and assessed by each entity.

Assessments that rely on the traditional, medical approach to disability face challenges that include:

- **Focus on impairment instead of capacities:** Traditional assessments that are limited to a medical diagnosis were mostly developed under an insurance

[10] The International Classification of Impairments, Disabilities, and Handicaps (ICIDH), WHO, 1980, https://apps.who.int/iris/bitstream/handle/10665/41003/9241541261_eng.pdf?sequenc.

context, geared to assessing whether or not a person was able to work or entitled to a pension. They mainly focus on the limitations rather than the capabilities, development potential and full participation needs of persons with disabilities. These assessments usually assume that people with the same impairment or condition have the same needs, which often is not the case. In sum, identifying impairments is a necessary but insufficient element in disability assessment; assessment processes must identify both impairments and capabilities;

- **Fragmentation and inconsistences:** Different actors, such as social insurance agencies, Ministries of Social Affairs, Education, Health and Labour, National statistics and so on often have different definitions and processes for assessment and determination;
- **Increased transaction costs** to both service provision agencies, and persons with disabilities. Applicants often have to present the same background documents, civil records and information to different agencies, and undergo a new assessment for each service. This presents a challenge when government service offices are not accessible, or concentrated in urban centres, which means applicants need to put in resources and time to reach them every time;
- **Undermining social inclusion:** ultimately these fragmented processes result in inequalities in accessing services that are essential to ensuing social inclusion.

C. New approaches to disability assessment

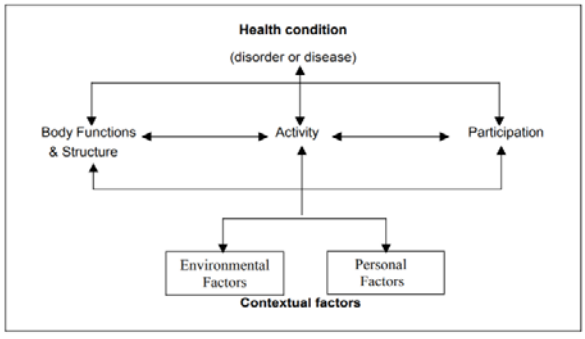
The insufficiency of the traditional approach was apparent long before the adaption of CRPD in 2006 and has seen many revisions before CRPD and after it. As new understandings of disability emerged, national, regional and international agencies started adapting their definitions and assessment processes. Instead of requesting all adaptation solely from the persons with disabilities, it became increasingly clear that society at large is equally responsible for successful inclusion.

1. The International Classification of Functioning, Disability and Health (ICF)

Shifting away from an approach strictly focused on the medical impairment found in the ICIDH, the ICF considers environmental factors. As WHO's World Report on Disability (2011) explains:

> "In the ICF, problems with human functioning are categorized in three interconnected areas:
>
> - Impairments are problems in body function or alterations in body structure – for example, paralysis or blindness;
> - Activity limitations are difficulties in executing activities – for example, walking or eating;
> - Participation restrictions are problems with involvement in any area of life – for example, facing discrimination in employment or transportation.
>
> **Disability** refers to difficulties encountered in any or all three areas of functioning. The ICF can also be used to understand and measure the positive aspects of functioning such as body functions, activities, participation and environmental facilitation. The ICF adopts neutral language and does not distinguish between the type and cause of disability – for instance, between "physical" and "mental" health. **"Health conditions"** are diseases, injuries, and disorders, while "impairments" are specific decrements in body functions and structures, often identified as symptoms or signs of health conditions".[a]
>
> a World Report on Disability, WHO, 2011, p. 5, available at: https://www.who.int/disabilities/world_report/2011/chapter1.pdf?ua=1.

ICF disability model



Source: "Towards a Common Language for Functioning, Disability and Health, WHO, 2002, https://www.who.int/classifications/icf/icfbeginnersguide.pdf.

To remedy inconsistencies in assessment, the ICF aims to establish a "common language…permit comparison across countries, health care disciplines, services and time…[and] provide a systematic coding scheme for health information systems."[11]

2. Assessment tools

While CRPD and ICF provide a guiding framework, a number of tools, such as WHODAS and the ICF Checklist, provide a good reference for countries to build their own assessment tools according to their context and institutional capacities. Each of these tools, however, has limitations. Building a disability registry that helps determine and develop support services requires more information than what is captured in WHODAS.

(a) World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0)

The main tool that can be used to operationally implement ICF is the WHODAS 2.0, which captures the level of functioning in six domains of life for adults:

- Cognition – understanding & communicating;
- Mobility– moving & getting around;
- Self-care– hygiene, dressing, eating & staying alone;
- Getting along– interacting with other people;
- Life activities– domestic responsibilities, leisure, work & school;
- Participation– joining in community activities.[12]

WHODAS 2.0 has different versions; 36-item version, which, on average, takes 20 minutes to administer, and the 12-item version, which takes 5 minutes to administer. It can also be administered in three ways: self-administration, in-person or phone interviews, or via a proxy such as a family member of caretaker.[13]

The WHODAS 2.0 has five categories to describe the level of difficulty for each activity of function, they range from 0-4:

- 0-No Difficulty;
- 1-Mild Difficulty;
- 2-Moderate Difficulty;
- 3-Severe Difficulty;
- 4-Extreme Difficulty or Cannot Do.[14]

This makes the WHODAS 2.0 a useful tool for persons with disabilities themselves, as well as health professionals, social workers and occupational therapists. It offers an easier approach to adopt measures that reduce barriers and enable inclusion and autonomy

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[11] "Aims of ICF," ICF, WHO, 2002, p. 5, https://apps.who.int/iris/bitstream/handle/10665/42407/9241545429.pdf.

[12] WHODAS 2.0, WHO, 2018, https://www.who.int/classifications/icf/more_whodas/en.

[13] Ibid.

[14] Ibid.

over time. Examples include adjusting the built environment using principles of Universal Design, providing assistive technological devices, providing inclusive education services, and employment opportunities and so on.

WHODAS 2.0 allows self-reporting and ideally this would provide persons with disabilities with an opportunity to express their needs directly, however, some countries have voiced concerns about the possibility of fraud in self-reporting. This has been addressed through several ways, one is to conduct WHODAS using a face-to-face interview rather than a self-reporting questionnaire, the interview could be conducted by a social workers, or physical/occupational therapists, especially that these professionals are less likely to take a medical focus to the questions.

(b) Other tools that measure functioning

Tools that measure functioning, while useful, are insufficient for a holistic approach to social inclusion.

The first tool is the ICF Checklist, which is an individual assessment tool based on the ICF classification, "the ICF Checklist is a practical tool to elicit and record information on the functioning and disability of an individual. This information can be summarized for case records (for example, in clinical practice or social work). The checklist should be used along with the ICF or ICF Pocket version."[15]

The second is the Barthel Index, which is usually used for patients with stroke, other neuromuscular or musculoskeletal disorders, or oncology patients.[16] It is a "10-item instrument measuring functional independence in personal activities of daily living (ADL)…[the] Barthel index is a very simple tool and can be easily administered by health-care professional."[17]

The third is the "Functional Independence Measure (FIM)" which is usually used for rehabilitation programmes. It is "an 18-item measurement tool that explores an individual's physical, psychological and social function. The tool is used to assess a patient's level of disability as well as change in patient status in response to rehabilitation or medical intervention."[18]

A fourth tool is the Assessment of life habits (LIFE-H), designed by Quebec's International Network on the Disability Creation Process (RIPPH) Réseau international sur le processus de production du handicap). The LIFE-H "is a questionnaire that is used to collect information on all life habits that people carry out in their environment (home, workplace or school, neighbourhood) to ensure their survival and development in society throughout their lifetime. In other words, based on the perspective of the person or respondent, the

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15 ICF Checklist, WHO, 2003, https://www.who.int/classifications/icf/training/icfchecklist.pdf.

16 Barthel Index, https://www.physio-pedia.com/Barthel_Index.

17 Gupta S, Yadav R, Malhotra AK. Assessment of physical disability using Barthel index among elderly of rural areas of district Jhansi (U.P), India. J Family Med Prim Care. 2016;5(4):853-857. doi:10.4103/2249-4863.201178, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5353827/#:~:text=The%20Barthel%20index%20is%20a,100%20as%20having%20some%20disability.

18 Functional Independence Measure (FIM), https://www.physio-pedia.com/Functional_Independence_Measure_(FIM).

LIFE-H measures the accomplishment of life habits and identifies the disabling situations experienced."[19]

A fifth tool, also formulated by Quebec's RIPPH, is the Measure of the Quality of Environment (MQE), "which is used to assess the perceived influence of environmental factors on carrying out daily activities and fulfilling social roles of individuals while taking into account their abilities or personal limitations. Such a profile makes it possible to identify perceived facilitators and obstacles within the accomplishment of a daily activity or a social role considered to be important or carried out in an unsatisfactory way, or for life habits in general."[20]

3. Data comparability: The Washington Group on Disability Statistics (WG) and the ICF

As clarified before, disability data is usually gathered through census, surveys and administrative data. The main tool used to account for disability in census exercises is the Short and Extended List of Questions formulated by the Washington Group on Disability Statistics (WG), which most Arab countries have either already introduced or are in the process of introducing to their upcoming census.

Both the WG and ICF approaches are CRPD-compliant and rely on comprehensive and human-rights frameworks. However, it is important to highlight that comparability between the WG and ICF (and WHODAS, which is based off the ICF) is not possible as they measure different phenomena. The WG approach was not intended to be used in administrative processes such as disability assessment, but rather to be a census-based module for proxy determination of overall, population disability prevalence.

Further, the categories used do not coincide; the ICF includes a five-point scale to measure functioning, while the WG uses four. Thus, administrative and census statistics cannot be brought into harmony. Countries have to decide on the relevance of such a harmonization to their different contexts. It would be ideal if there is alignment between disability definitions, the categories used in censuses and surveys, and those used in administrative data. However, more often than not, this is not the case, leading to some misunderstandings between statisticians and policy makers.

ICF five-point scale	Washington Group four-point scale
• 0-No Difficulty; • 1-Mild Difficulty; • 2-Moderate Difficulty; • 3-Severe Difficulty; • 4-Extreme Difficulty or Cannot Do.	• A- No difficulty; • B- Some difficulty; • C- A lot of difficulty; • D- Cannot Do at All.

In the WG, those who answer C or D would be seen as having a disability. However, countries can choose to change, and include answer B. Using these four categories is useful for comparison between census data between countries. It also helps with policy planning and implementation; people who face some

[19] Assessment of Life Habits tool (LIFE-H), International Network on the Disability Creation Process, Quebec, Canada, https://ripph.qc.ca/en/documents/life-h/what-is-life-h/.

[20] The Measure of the Quality of Environment (MQE), International Network on the Disability Creation Process, Quebec, Canada, https://ripph.qc.ca/en/documents/mqe/what-is-mqe/.

difficulty in functioning would be served through the mainstream system, such as like health, education, transport and social protection services. While people who answer with C and D will need additional individual support to ensure their inclusion in society.

4. Key Trends in the Arab Region

Based on the country legal profiles presented annex 3, some key trends can be observed about disability assessment and determination systems in Arab countries, including the following:

A. Definition of disability: temporary vs. permanent, and across governance levels

Most legal definitions of disability in the Arab region specify that the impairment must be permanent, but in a few cases, such as Oman, United Arab Emirates, Mauritania, Lebanon[21], the definition includes temporary impairments as well, and allow issuing disability cards for those with temporary disabilities. While Iraq is the only country that distinguishes between "persons with disabilities", and "persons with special needs."

Further, in most cases the definition of disability is uniform across all levels of government. But in the case of the United Arab Emirates, and due to the federal/local emirate system, the 2006 federal law uses one definition that hasn't been amended, while the local legislation in Dubai and Sharjah have more recent legislations that adopt the CRPD definition.

Other countries—who have amended their disability laws in the past three years—adopted a definition of disability that is almost identical to the language used in the CRPD, including Morocco (2016), Jordan (2017), Sudan (2017) and Egypt (2018).

B. Disability cards

Some countries in the region have both laws and administrative instructions guiding the issuance of disability cards. Cards have been issued actively to persons with disabilities in the following countries: Bahrain, Egypt, Kuwait, Lebanon, Libya, Mauritania, Morocco, Oman, Palestine, Syrian Arab Republic and the United Arab Emirates.

Other countries have passed laws regarding the issuance of disability cards but have not issued administrative instructions to operationalize those laws, hence cards are not being actively issued yet. Those countries are Iraq, Jordan and Sudan.

Finally, some countries do not have any laws or administrative instructions on disability cards at all. This includes Qatar, Saudi Arabia and Yemen. However, it's important to note that while disability cards are not issued in these countries per se, in Yemen 'disability' can be indicated on one's civil or family ID, while other type of cards are issued for persons with disabilities, such as the "blue parking badge" in Saudi Arabia and Qatar, and the "priority health card" issued in Saudi Arabia to gain priority access to healthcare.

[21] See Legal Country Profiles.

C. Well-defined processes vs. undefined processes

Assessment processes are well-defined in the laws, administrative instructions and e-government websites in some countries in the region. Other countries, however, have no clear division between the roles of the Ministries of Social Affairs, Health and Education. In such cases fragmentation becomes more likely, and sharing of information and databases becomes difficult, not to mention coordination challenges when it comes to assessment and provision of support services.

Some countries have comprehensive by-laws stating exact percentages for the loss of functioning, while others have a three-level assessment model (mild/moderate/severe). Others don't specify the process other than a "medical report that confirms the existence of a medical impairment or disease".

In some countries, there is some limited consideration for environmental factors, for example in Iraq, the person's work environment/profession is taken into account in their assessment.

D. A unified assessment process vs. different assessments with each service provider

In most Arab countries, with the exception of a few like Tunisia and to some extent Kuwait, each service provider has their own assessment process. For example, the Ministry of Labour and Social Affairs is the focal point for accessing monthly social security funds, the Ministry of Education is the focal point to access inclusive education services, while the Ministry of Health assesses access to assistive devices and technologies. In many cases, these assessments are not only run by national institutions, but by local ones, such as local rehabilitation centres.

On the one hand, this means that persons with disabilities have to get re-assessed every time they want to access a service, which can be costly, to re-submit the same documentation, visit government offices, and follow-up on with each agency. Hence, it does make sense to unify the process under a comprehensive assessment, to reduce the time and resources needed from both the applicant, and the relevant agencies. This, however, would require an investment of resources, additional expertise, and setting-up coordination mechanisms, which may be difficult to ensure.

E. Some multiple processes are easier to merge than others

Another observation from the overview of country legal profiles, is that some assessment processes can be merged easily, while it may be more difficult to do so with other processes. In Saudi Arabia for example, there are different processes to obtain three different cards from two different entities:

1. A "Health Priority Card" issued by the Ministry of Health to ease access to healthcare without any waiting time, and less paperwork.
2. The "Traffic Facilitation Card" or known as the "Blue Badge" for parking, issued by the Traffic Units at the Ministry of Interior.
3. The "Transportation Discount Card", also issued by the Traffic Units. it grants its holder, and their assistant or accompanying family member, a 50 per cent reduction of the ticket price for governmental transportation, including airfare, trains,

fairies, or any other means of public transport.

A more seamless process could emerge from a coordination between the Ministry of Interior and Ministry of Health, whereby the applicant applies for all three cards at once. This way, the applicant does not need multiple applications.

It is more difficult to do the same for services like education and employment assessments since they are currently provided by two different agencies (Ministry of Education, and Ministry of Labour), and presumably at different stages of a person's lifecycle. This would be fundamentally changed if the country chooses to have a national assessment process or centre, which serves persons with disabilities in their different needs at different life stages, and adopts a comprehensive assessment classification based on the ICF.

F. Assessment processes by government institutions vs. civil society/OPDs

In countries like Palestine, only a small percentage of disability assessments are done by government institutions, while the majority are conducted by civil society organizations and Organizations of Persons with Disabilities (OPDs). This may apply to other contexts with conflict or post-conflict countries such as Libya, Syrian Arab Republic and Iraq.

G. Setting a cut-off line for who receives certain benefits and who does not

In Arab countries, assessments usually involve some numeric value, or percentage to set the minimum threshold to decide whether an applicant receives a certain support service or benefit. Some countries identify those eligibility thresholds very clearly, others leave it at the discretion of the assessment committee.

H. Disability assessments for children

Many countries in the region do not have clear and integrated disability assessment processes for children, which need to be integrated and coherent across different service providers such as the Ministries of Health, Education and Social Affairs. Considering the importance of early intervention on outcome for children such assessment should be done as early as possible and support should be provided widely, however, this remains a gap in the region.

5. Recent Transitions to CRPD-Compliant Procedures: Case Studies

While there is no mature experience in implementing ICF and WHODAS 2.0 in the Arab region, there are several case studies where there are ongoing transitions to implement a CRPD-compliant disability assessment and determination systems. The following section will provide a snapshot of four case studies from Morocco, Egypt, Oman and Tunisia.[22]

A. Morocco: building on regional and global experiences

Morocco ratified the CRPD in 2009[23], and its current national disability law was decreed in 2016.[24] The country is currently updating its disability assessment and determination system per its "National Action Plan to Empower Persons with Disabilities 2017-2021".[25] In addition to adopting a participatory approach in designing the new system, Morocco drew on regional and global experiences and best practices. This was done through collaborations with disability experts, ESCWA's IGED network, and an international conference Morocco hosted in January 2020 that allowed for exchange of knowledge and lessons learned from France, Italy, Tunisia, Malta, and Senegal.[26]

The current system is governed by four sets of laws and regulations: (1) Those that relate to the social protection of people who are blind or with visual impairments, (2) laws on the social protection of people with disabilities; (3) Executive instructions on issuing disability cards and their validity, and (4) the Minister of Health's 1998 decision which lists the medical criteria/standards for disability assessment.

The institutional set-up for the current system relies on a central technical committee which reviews applications for the disability card. Committee members are appointed by the Ministry of Social Solidarity and Ministry of Health, and it includes doctors of all backgrounds. There's four type of disabilities,

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22 This section is drawn from the country presentations and discussion during the Fourth Meeting of ESCWA's Inter-sessional Group of Experts on Disability (IGED), Cairo, December 2019.

23 Morocco's Ratification Status, UN Treaty Body Database, OHCHR, https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Treaty.aspx?CountryID=117&Lang=EN.

24 Morrocco's Law No. 97.13 on the Protection and Promotion of the Rights of Persons in Disabilities (April 2016).

25 https://social.gov.ma/ar/%D8%A7%D9%84%D8%A3%D8%B4%D8%AE%D8%A7%D8%B5-%D9%81%D9%8A-%D9%88%D8%B6%D8%B9%D9%8A%D8%A9-%D8%A5%D8%B9%D8%A7%D9%82%D8%A9/%D8%A7%D9%84%D9%85%D8%AD%D9%88%D8%B1-%D8%A7%D9%84%D8%AB%D8%A7%D9%86%D9%8A-%D9%85%D8%AE%D8%B7%D8%B7-%D8%A7%D9%84%D8%B9%D9%85%D9%84-%D8%A7%D9%84%D9%88%D8%B7%D9%86%D9%8A-%D9%84%D9%84%D9%86%D9%87%D9%88.

26 https://al3omk.com/493166.html.

including visual, mobility, intellectual hearing and voice. Each type has a form with three levels of disability (mild, medium and severe).

The challenges related to the current system include:

1. It defines disability solely from a medical approach, and the standards for disability assessment are outdated (from 1998).
2. It doesn't consider wider factors related to social participation.
3. The current assessment committee comprises solely of doctors.
4. The lack of a national data collection system that better informs policymaking.
5. There are different criteria for services and benefits in different sectors, so there's a lack of harmonization and coordination between them.

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

There are five components of the new system: (1) Technical, (2) Legal, (3) Institutional set-up. (4) Resources (material and human), (5) communication/coordination.

The new system will be implemented in several phases. The first phase is setting a plan and methodology for implementation and develop the capacities of all relevant actors. It will entail (1) development of a plan, (2) analysis of the current system, and Morocco's wider social protection programmes, and do a comparative study of international experiences in disability assessment, (3) Devising a minimum of two scenarios of how the new system will be implemented, (4) organizing consultations with the relevant partners to present the proposed scenario, (5) strengthening the capacity of the technical committee, and partners of the ICF.

The second phase is to prepare the tools of the new system. Once the done with phase one, the required tools will be prepared, including the assessment network and criteria, the forms for the medical and social assessment, and other tools that may be needed. A test run of these tools will also be conducted and evaluated, while also consulting with all relevant partners in the pilot phase on the results of the test run.

The third phase is to prepare the institutional structures of the new system, with supporting administrative by-laws. It also entails setting new executive instructions for the disability card, and the guide for data and information collection.

A leadership committee and a consultative committee will oversee the new system. **The leadership committee** will comprise of the Ministries of Health, Interior, Economy, Economy and Administrative Reform, Education and Vocational Training, Higher Education and Scientific Research, Labour and Employment, Solidarity, Social Development, Family and Equality. Its tasks include:

- Approval of the proposal for the new system;
- Approval of the executive regulations of the new system;
- Follow-up on the implementation of the various phases of the new system;
- Final approval of the methodology, and tools after the review of the research team;

- Final approval of the outcomes and phases of the system and
- Suggesting and implementing all necessary steps to make the transition successful.

The consultative committee comprises: (1) institutional actors; (2) specialized agencies; (3) disability experts and stakeholders. Their tasks include: (a) providing their inputs and opinion on the outcomes of the studies related to the disability assessment, (b) providing consultations on the various phases of the new system, c) following-up on the decisions and recommendations of the leadership committee, d) providing suggestions to facilitate the work of the leadership committee.

As for the timeline for the transition to the new system, a preliminary draft of the disability assessment mechanisms has been completed in 2020, and a series of consultative meetings to discuss and approve these mechanisms are set to be organized with all relevant stakeholders, but in the context of the COVID-19 pandemic, it is difficult to determine the timeframe for completing this process. Following the approval of the system, it will be piloted in different regions in Morocco before rolling it out at the national level. A comprehensive communication plan to raise awareness of the new system has also been devised to support the roll-out.

B. Oman: digitizing the process

Oman ratified the CRPD in 2009[27] and its current national disability law was decreed in 2008.[28]

The country adopted the Oman National Social Work Strategy (2016-2025),[29] which addressed social inclusion, including adopting a rights-based approach to disability. In 2016, the disability assessment system was revised and updated to make it more comprehensive, it adopted six classifications for disability: (1) physical, (2) Hearing, (3) Mental, (4) Visual, (5) Autism Spectrum Disorder and 6) Down Syndrome.

In 2018, and on collaboration with UNICEF, the country initiated a process of updating its disability assessment and determination system, developing a functional assessment tool based on ICF for persons 12 years and older. In the same year, the Ministry of Social Development started coordinating with the Ministry of Health to establish a computerized system for disability diagnosis and assessment that links between the functions and information of the two ministries. Based on this cooperation, the assessment form was revised per the ICF framework and uploaded electronically. All electronic systems in the Ministries of Health and Social Development were aligned and linked. The ICD list of disease used by the Ministry of Health was also aligned with the ICF codes to facilitate diagnosis.

The tool focuses on four functions; physical functions, sensory and communication functions, self-care and control, mental function. If the case requires individual support or accommodation, then the person is assessed by a multi-disciplinary team. After designing the tool, social workers and researchers were trained on how to

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27 Oman's Ratification Status, UN Treaty Body Database, OHCHR, https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Treaty.aspx?CountryID=130&Lang=EN.

28 Oman's Royal Decree No. 63 - 2008 issuing the Law for the Care and Rehabilitation of the Disabled.

29 Oman National Social Work Strategy (2016-2025), Ministry of Social Development, https://www.mosd.gov.om/images/pdf/Social%20Action%20Strategy%20Document%202016-2025en.pdf.

use it, they were not necessarily specialized staff, nor from the medical sector.

A pilot of the new assessment system was launched in the governorate city of Muscat in 2019 by the Ministry of Social Development, and an electronic referral system was used in various health and social service centres in the governorate of Muscat. The project is still in pilot mode, and the country is continuing to work in collaboration with UNICEF to develop the child assessment tool (0-12 Years). They will also develop a social, personal and environmental assessment tool that looks at the barriers for the participation and inclusion of persons with disabilities.

Lastly, Oman conducted a census in 2020, and included data on disability based on administrative records, the Ministry of Social Development has been designated as the source for data and information for persons with disabilities. The Ministry coordinated with different government and non-government entities to establish information-sharing electronically and facilitate developing an online national database to feed in information from different sources, which will enhance data availability, quality and reliability.

C. Egypt: building on existing resources

Egypt ratified the CRPD in 2008,[30] and its current national disability law was decreed in 2018.[31] The disability law, and subsequent executive instructions laid the legal foundation for new assessment tools which are CRPD-compliant.

One important feature of Egypt's transition is relying on existing resources, whereby functional assessments was made available in 220 rehabilitation centres in 27 governorates around Egypt starting from the first quarter of 2020. This has helped facilitate access to assessment in urban and rural areas.

Egypt is digitizing the processes. All rehabilitation centres are connected to an electronic network to input and share data for disability assessment and determination. The Ministry of Social Solidarity manages this database with staff dedicated to the regular review of functional assessments, to ensure quality control.

Article (2) of the Disability Law's Executive Instructions states that Egypt will have one national standard for disability assessment and classification, and that it shall be used by all relevant agencies for the services and support provided to persons with disabilities.

The legal framework indicates that disability assessments are done in two phases: **Phase (1)** is a medical assessment to determine the type of impairment, illness, injury or condition related to disability. **Phase (2)** is a functional assessment to determine the functional difficulties or barriers in the performance of activities or tasks.

This is followed by an assessment of the extent of those barriers. The first level is facing mild difficulties to perform basic tasks, but the person would be able to do them without assistance. The second level is facing difficulties performing a task, but the person can do them with assistance. The third level is facing

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30 Egypt's Ratification Status, UN Treaty Body Database, OHCHR, https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Treaty.aspx?CountryID=54&Lang=EN.

31 Egypt's Law No. 10 of 2018 Promulgating the Law on the Rights of Persons with Disabilities.

difficulties with basic functions, and not being able to perform them, even with assistance.

Egypt developed a group of forms for each phase.

Form (1) is the medical assessment. The medical assessment is done through a number of verified establishments, like university hospitals, medical commissions, there's a list of verified places.

Form (2) is the functional assessment. This form has three versions depending on the age group (for newborn-6 years, 6-18 Years and adults older than 18). The functional assessment covers all domains: mobility, hearing and language, vision, learning, communication and engagement and self-care. The functional assessment is available in 220 rehabilitation centres in 27 governorates around Egypt. The social worker, or mental health expert has to do the assessment under the supervision and coordination of the office manager. They Focus on daily activities/life functions.

Once these phases are completed, a final evaluation is conducted for the following dimensions so as to produce recommendations in a final report:

- Verification that the medical assessment matched the functional one, if it does, the assessed individual would be issued a disability card, and referred to rehabilitation services if needed;
- If there's inconsistencies or large discrepancies, then the disability card wouldn't be issued, and the case is referred for re-assessment under a committee that oversees the process. Usually, the most common difficulty is getting a clear and confirmed answer by the person or their caretaker on some sections of the assessment. A handbook/user manual was also issued to facilitate the process.

D. Tunisia: harmonizing processes

The legal framework for social inclusion in Tunisia is based on CPRD (which the country has ratified in 2008),[32] and the national disability law which was decreed in 2005.[33] This framework affirms the rights-based approach to people with disabilities, and the importance of ensuring their integration into social, political and economic life. One important feature of Tunisia's assessment system is that it is harmonized, with a somewhat one-stop shop for assessment through the Regional Commissions for Persons with Disabilities, that are distributed around Tunisia's 24 governorates.

To obtain the disability card, the applicant has to fill a form and undergo a medical assessment, which is followed by a social/functional assessment by a social worker. This assessment takes into consideration the person's ability to participate in daily life, and to contribute to society and the economy and their overall integration. The commission that oversees this assessment process consists of representatives from all relevant government agencies, and from NGOs. The head of the committee usually invites a mental health specialist as well.

In the educational assessment, the child is assessed by a doctor, a mental health professional and a social worker to determine if

[32] Tunisia's Ratification Status, UN Treaty Body Database, OHCHR, https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Treaty.aspx?CountryID=178&Lang=EN.

[33] Tunisia's Law No. 83 for 2005 on the Empowerment and Protection of Persons with Disabilities.

they will be integrated in the public education system, or if they need to be in a specialized educational institute. Tunisia aims to integrate children with disabilities in the mainstream schooling system, but there are also 320 special education centres with about 16,000 students. These centres provide pre-school preparation and orientation, services, rehabilitation, vocational and professional training, homecare, and social, sports, cultural and recreational activities.

In sum, the same Committee is responsible for all relevant assessment a person may need: to obtain a disability card, to enrol in school, or to join the labour market. This helps harmonize processes for both applicants and government agencies.[34]

[34] For more info check Tunisia's country profile in section (4).

6. Lessons Learned and Policy Recommendations

While any policy reform process is context-specific, the following lessons represent broad-based principles that have benefited countries in their transition from a medical to a human-rights based approach to assessment.

1. **Design the national assessment system from the front to the back**: it important to begin with the end-result in mind. In Fiji for example, a simple community-based assessment was adopted.35 Some helpful questions are important to ask such as:

- How will the assessment and determination process look like for the applicant?
- What is the end-result that can be the most accessible, seamless and easy to flow?
- What is the motivation to change the current assessment system?
- What is the added-value of the ICF based tools and instruments such as WHO-DAS 2.0 for your specific country context?
- Is all the information being collected relevant and needed for implementing, monitoring, and evaluating the program?

Once all this information is collected design the tools in consultation with stakeholders including OPDs.

2. **Align legal and policy frameworks with the CRPD:** one sequential approach that worked for some countries is to first formulate a situation analysis of the current disability assessment and determination system to identify legal and policy gaps. Morocco and Lebanon are currently developing such analyses. Second, to formulate a national strategy to align assessment and determination systems with the CRPD. Thirdly, pilot the new system and then prepare and pass legal amendments, followed by administrative instructions to formulate and implement the new system on a national scale.
3. **Identify and build on existing resources:** countries need to identify the available resources and constraints and think about:

- Access to urban/rural areas;
- Resource/budget constraints;
- Capacity to have multidisciplinary teams.

Egypt for example is making the functional assessment available in the 220 rehabilitation centres that already exist in 27 governorates around the country. While, Oman trained its existing teams of social workers to do the functional assessment, rather than doctors.

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[35] The case of Fiji was discussed during the Fourth Meeting of ESCWA Inter-sessional Group of Experts on Disability (IGED) in Cairo in December 2019. In Fiji, the disability assessment process is swift, and is not necessarily done by medical professionals, an initial functional assessment is done, which looks at activity limitation and a support needs assessment. Then a decision is made on the eligibility for the basic package of services.

The system should be designed to meet the resources available. In a country where only community health workers are available to conduct assessments, one should not design or use an instrument that requires psychologists are medical doctors to administer.

4. **Pilot the new assessment system**: small scale pilots allow for better customization before rolling out new systems on a national scale. This also helps address fears of losing disability benefits that some may express due to the change in systems. A 'grandfathering' approach—where the old system still applies to existing cases, and the new system is only applied to new cases—is also useful for this purpose.
5. **Adopt a participatory approach:** any disability policy planning and implementation process must ensure the inclusion and active participation of persons with disabilities and OPDs at every stage of the process, in addition to all relevant stakeholders. Countries need to identify who would resist change, and what concerns they have to address them. This ensures the principle of "nothing about us without us" is upheld. This also helps establish buy-in and ownership by all stakeholders, including the medical sector and various government agencies.
6. **Address any gaps that would prevent consistency of assessments:** it is important that the results of the assessments are consistent, and not have people fall off the crack. Therefore, creating a feedback loop is key to ensuring a mechanism to identify and address gaps. The system should also be transparent so that applicants understand the outcome of their assessments.
7. **Create an effective communication mechanism between government agencies:** this includes the need to create smooth communication channels between Ministries of Health, Education, Labour, National Disability Councils, national and local rehabilitation and service provision centres to facilitate a common understanding of disability assessment.
8. **Utilize digital and electronic tools to facilitate the process:** Digitalizing the process; connecting the databases of all relevant stakeholders will reduce transaction costs, save time, resources, and ensure greater efficiency. This also facilitates evidence-based policies, programs and service provision on the long-run.

- In Oman for example, the assessment forms are fully electronic, and connected to a central digital database which all relevant actors have access to, this facilitates the assessment process, getting a disability card, and accessing services;
- In some countries, however, care needs to be taken that electronic processes are fully accessible and that illiterate persons, whose number may be substantial among persons with disabilities, are not excluded.

9. **Inclusive outreach to roll-out the new system:** It's important to improve public awareness and have a clear path for applications, provide accessible information and materials, and overcome language barriers, especially when there is more than one language spoken in a particular country context.

Annex 1. Summary of Responses from the Questionnaire to Government Representatives from ESCWA Member States on Disability Assessments and Determination

A. Introduction

The United Nations Economic and Social Commission for Western Asia (ESCWA) developed a questionnaire of 11 questions to collect information on the existing systems that member states are using to assess disability and determine eligibility for services and entitlements. This exercise was conducted in preparation a workshop titled: "**Leaving No-One Behind: Disability assessment and determination as a means for better inclusion of persons with disabilities in Arab countries**" conducted on 15-16 December 2019 in Cairo, Egypt. This information was collected to document current practices, develop the background document of the meeting and facilitate regional exchange of experiences.

B. Responses

11 of 18 ESCWA Members States (61 per cent) have responded to the questionnaire between September and October 2019. The countries that responded are: Iraq, Lebanon, Mauritania, Oman, Palestine, Qatar, Saudi Arabia, Sudan, Tunisia, United Arab Emirates and Yemen.

C. Results

1. Does your country have different types of assessments depending on the purpose/function of the assessments? (more than one answer possible):

Answer	Count
(a) Single assessment for all kinds of support needs;	3
(b) Assessment for a defined set of benefits (e.g. disability card);	10
(c) Assessment of the ability to work for work placement systems;	6
(d) Disability pension (social insurance);	6
(e) Access to other social services (including long term care and personal assistance);	9
(f) Education support for children with learning disabilities;	9
(g) Other (please specify).	1

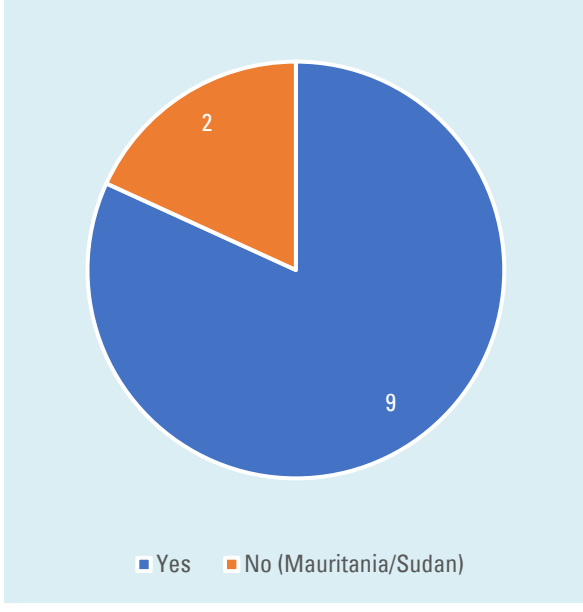
2. Which guidelines and standards does your country use to determine the types of impairment and functional difficulties related to disability?

Answer	Count
(a) decision of a medical doctor or medical commission based on medical diagnosis;	9
(1) based on the International Classification of Diseases (ICD, WHO);	4
(2) based on a national classification of diseases.	6
(b) Barema method/scale of care needs;	2
(c) Assessment by multi-disciplinary committee that includes physical therapists and social workers;	7
(1) Based on the International Classification of Functioning (ICF, WHO);	1
(2) Based on a national classification scale.	6
(d) Other (please specify).	1

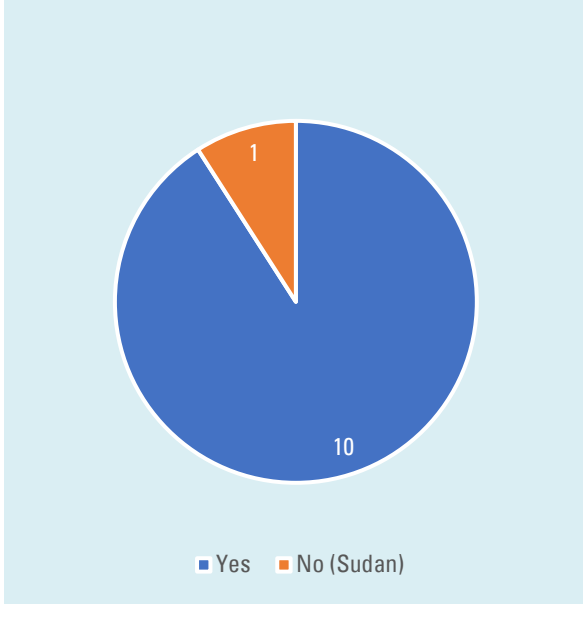
3. Which national level ministry or national agency (such as Public authority or National Council. etc) is in charge of disability assessments and determination at the national level (more than one answer possible)?

Answer	Count
(a) Ministry of Health;	8
(b) Ministry of Social Affairs;	9
(c) Separate National Authority;	1
(d) National Council for Persons with disabilities;	2
(e) Other (please specify).	0

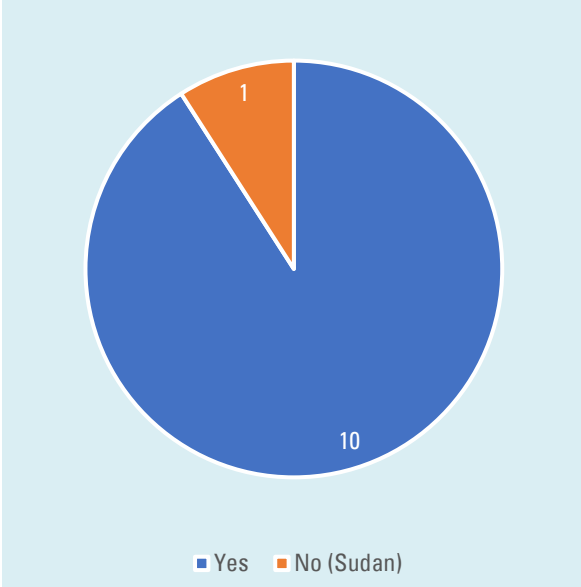
4. Is the disability assessment taking place in all cities and sub-national regions of your country?



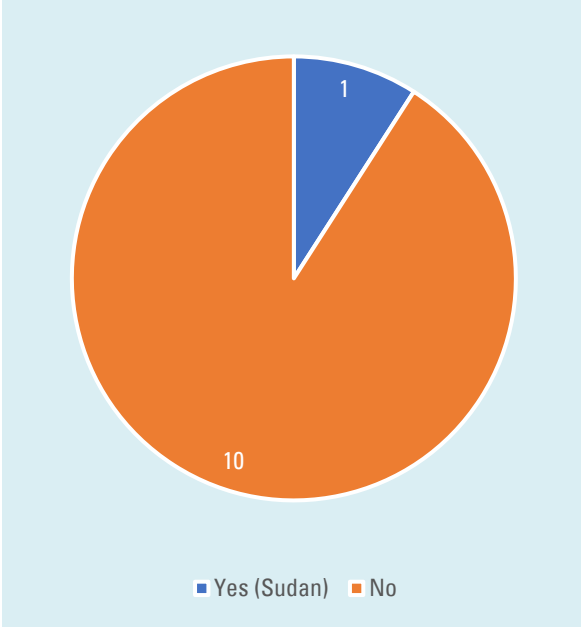
5. Are the necessary specialists (trained assessors) and resources needed for the disability assessments available in all regions in your country?



6. Are disability assessments provided free of charge for the applicant?



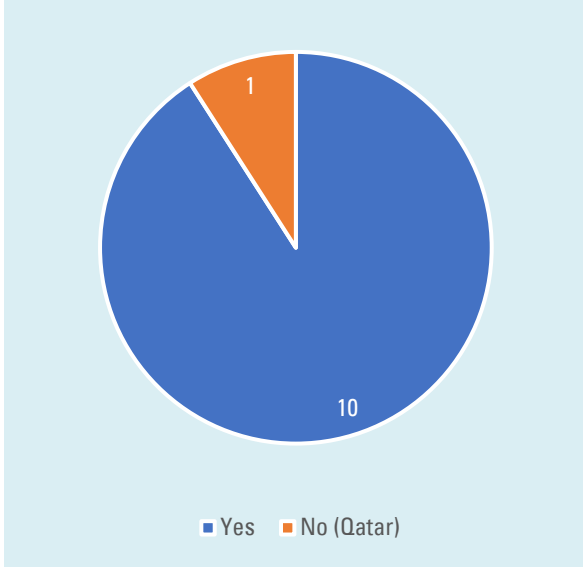
7. Are there any out-of-pockets expenses?



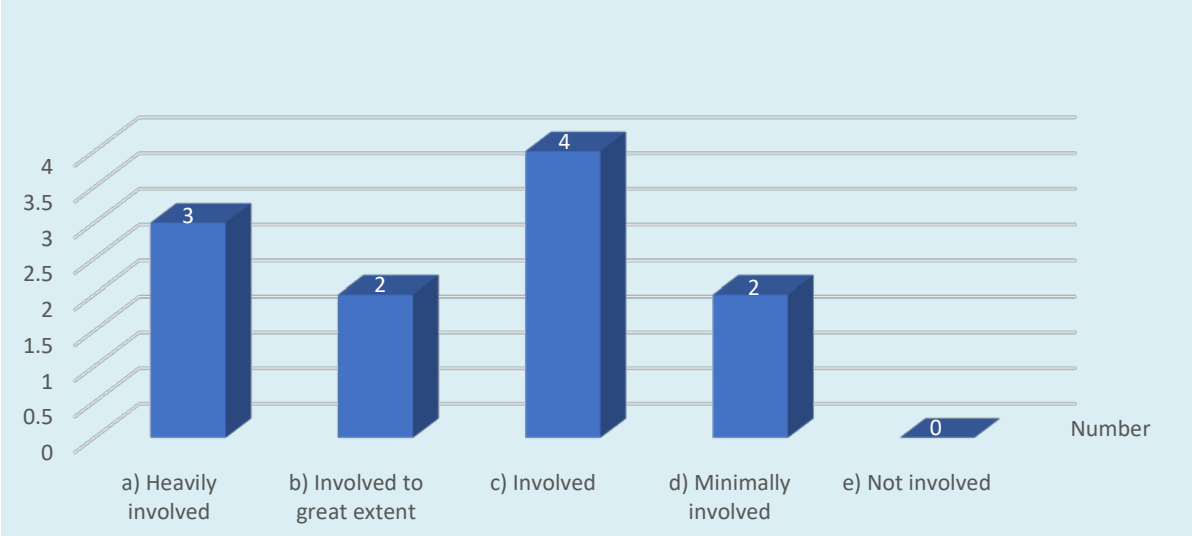
8. What types of supporting documents are considered when making the assessment?

Answer	Count
(a) Self-assessment (statement or structured questionnaire completed by the person being assessed or their representative);	4
(b) A medical note or letter from a doctor who treats the applicant;	8
(c) Medical records automatically retrieved from health care system (e-health);	0
(d) Evidence from a non-medical professional who knows the applicant (for example the teacher at school);	7
(e) Community council.	3

9. Is it possible to appeal the disability assessment decision?



10. To which extent are/were the OPDs and civil society organizations involved in the development, implementation and monitoring of the disability assessments and determination in your country?



11. Is your country currently revising the disability assessment and determination procedure?

Country	Answer	Comment
Iraq	Yes	Yes, through periodic meetings and consultations between the Ministry of Labour and Social Affairs, and the Ministry of Health.
Lebanon	Yes	The Ministry of Social Affairs is currently seeking to review the approved classifications for the four types of disabilities, and to develop / amend and add new classifications.
Mauritania	Yes	Yes, the way of determining disability was merged/included based on the Washington Group method.
Oman	Yes	Yes, there was a cooperation between the ministry, and the ministry of health and the UNICEF for the assessment of the functionality for disability (the assessment based on the functioning) based on the ICF (WHO). for those who are 12 years old or older, the assessments were already completed. We are currently in the process of completing a project and creating a tool for the assessment of functionality for those who are younger than 12 years old. The same goes for the assessment of the impact of the personal and environmental factors on the inclusion of the person.
Palestine	Yes	We are currently working on a new law for persons with disabilities that answers all the questions and gaps that are supposed to be corrected and on

Country	Answer	Comment
		putting in place a system of monitoring and evaluation for the role of the ministry.
Qatar	Yes	Yes, and this is done through different parties who are involved such as the hospital of Ramila and the Shafallah center and the inclusion of PWDs and the Rua center for assessment that is under the ministry of education and higher education.
Sudan	Yes	Yes, it is working on defining the national criteria for determining and classifying disability according to the disability percentage, in cooperation with the Ministry of Health. The Council is also working with the relevant authorities to benefit from the Washington Group approach to disability statistics.
Tunisia	Yes	Soon the disability card will be reviewed and the standards of its adoption and the standards of its provision.
United Arab Emirates	No	No, because the National Standard Classification of Disabilities (People of Determination) was recently released in 2018.
Yemen	Yes	N/A.
Saudi Arabia	Yes	Yes, we are currently reviewing disability assessment and identification procedures.

Annex 2. Country Profile Outline

1. **Definition of disability**
   - (a) What is the definition?
   - (b) Is it conformed to across national and local levels?
2. **Custodian agency for assessment**
   - (a) Who leads the assessment process?
   - (b) If there's a medical or assessment committee, what's its composition?
   - (c) Is there an appeals process?
3. **Assessment system**
   - (a) How is disability assessed?
   - (b) Is there a separate assessment system for children?
   - (c) Is there a separate assessment for disability pensions under social insurance?
   - (d) Is there a separate assessment process for education?
   - (e) Is there a separate assessment process for employment?
4. **Disability card**
   - (a) Does the country issue disability cards?
   - (b) Is it issued for 'temporary' disabilities as well?
   - (c) Who issues it? What documentation does an applicant need?
5. **Database/registrars**
   - (a) Is there a national registry or database for persons with disabilities? Is it digital?
   - (b) Does the assessment process lead to feeding information to this registry in an automatic way?
   - (c) Is it connected to different service providers? And across local/national levels?

Annex 3. Country Legal Profiles

Methodology

The country legal profiles relied on compiling and reviewing existing laws, by-laws and administrative instructions related to disability assessment and determination in 18 Arab countries. It also relied on the results of two questionnaires sent to government focal points, the first conducted in October 2019[36] and a follow-up questionnaire with specific clarifying questions conducted in September 2020. In addition to the presentations and discussions of the Fourth Meeting of the Inter-sessional Group of Experts on Disability (IGED) held on 14-15 December 2019 in Cairo, Egypt. The semi-final draft of the study was discussed in a consultation with government disability experts and focal points during the Fifth Meeting of the IGED, held virtually in December 2020.

To allow for a consistent and systematic overview, the same set of questions were used in each country's legal profile along five main themes: (1) definition of disability, (2) custodian agency for assessment, (3) evaluating the medical vs. social approach to assessment, including assessments related to education, employment and disability pensions, (4) disability cards, (5) disability databases or registries.

Country legal profiles

The full legal country profiles are set out in document, "Disability Assessment and Determination in the Arab Region Legal Country Profiles", E/ESCWA/CL4.SIT/2020/TP.9.

[36] See annex 1 for a summary of the results of the questionnaire.

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