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

Hosted by the Ministry of Labour and Social Development
Riyadh, Kingdom of Saudi Arabia, 2-3 May 2018
BACKGROUND

The Ministry of Labour and Social Development of the Kingdom of Saudi Arabia hosted the third meeting of the Committee on Social Development Inter-sessional Group of Experts on Disability (IGED) on 2-3 May 2018 at the Makarem Airport Hotel in Riyadh, Saudi Arabia. The objective of the group of experts is to strengthen ties and exchange information on disability policy and advance the implementation of the UN Convention on the Rights of persons with Disabilities (CRPD) and the 2030 Agenda for Sustainable Development.

This third meeting of the IGED covered the following topics: (1) Updates from member States regarding their national disability policies; (2) Updates on the disability-related work and research of ESCWA; (3) a presentation on Saudi Arabia’s experience with employment networks for persons with disabilities; and (4) shifting from the “medical model” to the “social model” in disability assessment using a rights-based approach, including the use of the International Classification of Functioning, Disability and Health (ICF). Disability focal points from the following countries attended the meeting: Jordan, Mauritania, Saudi Arabia, Sudan, Tunisia and the United Arab Emirates. The next meeting of the IGED is tentatively scheduled for 2019.

RECOMMENDATIONS / FOLLOW-UP ISSUES

- ESCWA to conduct a research analysis with interested countries on the impact of inter-familial marriage on disability.
- ESCWA to provide support to interested countries to elevate the capacities of people working on disability statistics.
- ESCWA to hold a workshop to bring together policy makers and statisticians to start a dialogue between the users and producers of disability statistics.
- ESCWA will contact countries to discuss the findings of its report on institutionalization of persons with disabilities.
- Jordan will share with ESCWA the results of its study on institutions for persons with disabilities.
- Tunisia will share the results of two studies on funding resources for people with disabilities and the rate of uptake of public and private services.
- Countries that want to learn more about the Saudi experience implementing the ICF and an employment network for persons with disabilities should inform ESCWA and Saudi Arabia.
- Ms. Aleksandra Posarac (World Bank) to share the guidelines for implementing WHODAS and a World Bank study with approaches to assessment.
- Ms. Posarac to facilitate the sharing of information or visits to Greece for those countries interested in learning more about the Greek experience implementing the ICF.
- ESCWA to seek feedback via email from the IGED focal points on:
  1. Whether to establish working groups;
  2. How to improve preparations for meetings and reduce the number of late responses and time required for follow up;
  3. Where to hold the next IGED meeting;
  4. How to ensure that all participants are issued visas by the host country to attend meetings;
  5. How to finance meetings of the group;
  6. Should NGOs and members of civil society be invited to IGED meetings.
- Focal points to inform ESCWA should they no longer be their country’s focal point and try to secure and share the name of their replacement.
• ESCWA to prepare an application for funding and submit to governments, the Gulf Cooperation Council and other organizations.
• Focal points to decide on a hosting schedule two years in advance.

SUMMARY OF DISCUSSIONS

Opening session

Dr. Felah Al Rashidi (Vice Minister for Labor and Social Development, Kingdom of Saudi Arabia) welcomed the participants to the meeting and shared the aspirations of Saudi Arabia to improve the environment for people with disabilities. The Kingdom has achieved extensive progress in line with their Vision 2030 and National Transformation Programme 2020 to transform all sectors and ensure the rights of people with disabilities. They are also working on enhancing the right to work for people with disabilities, a national project on downs syndrome, and building a national disability database to improve service delivery.

Ms. Gisela Nauk (Chief, Inclusive Social Development Section, Social Development Division, ESCWA) thanked the hosts for making the third meeting of the Inter-sessional Group of Experts on Disability (IGED) possible. Saudi Arabia has much to share with its Arab sister countries. The group was established by the ESCWA governing body, the Committee on Social Development (CSD), which requested the formation of a group to work more closely on disability issues. One reason is the intensity of conflict and wars in the region, which disproportionately impact people with disabilities.

At every IGED meeting ESCWA and the member countries provide updates on their work, followed by discussions on a specialized topic of importance. Following up on the ESCWA/ILO training on inclusion of persons with disabilities in the labour market, one session of the current meeting would cover Saudi Arabia’s experience improving inclusive employment. The second day would review the International Classification of Functioning, Disability and Health (ICF) and discuss its practical implementation in disability assessments.

[Opening remarks were followed by an introduction of all participants.]

Session 1: Update on ESCWA’s work

The session was moderated by Ms. Nauk. It consisted of two presentations and an open discussion.

Ms. Nauk noted the completion of ESCWA’s recent report on social protection for persons with disabilities in Arab countries, which will be available in Arabic and circulated soon. In this session she would present ESCWA’s work on disability statistics and new research on persons with disabilities living in institutions in Arab countries.

After the first “Disability in the Arab Region: An Overview” report was published in 2014, ESCWA began a new data collection effort with national statistics offices (NSOs) in 2016. This was a long process which revealed that there is no unified methodology for collecting disability statistics across the region. Fourteen countries provided data, but not all provided data on all subjects. A number of countries in the region are collecting disability data using the Washington Group (WG) standards, which focus on six core activities: walking, seeing, hearing, cognition, self-care, and communication. Not all countries are applying all six domains and there are differences between countries regarding how the questions are asked. Of 14 countries that provided data, ten used the WG (Egypt, Iraq, Jordan, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Tunisia and Yemen).
The report includes data on prevalence rates and demographic profiles as well as the socioeconomic situation of persons with disabilities in relation to the Sustainable Development Goals (SDGs). Indicators are disaggregated by sex, age and geographic location (urban/rural) as much as possible. The report contains an analytical section, which takes a regional perspective, and a country profile section with ten indicators for each country.

ESWA’s analysis illustrates that persons with disabilities still face substantial disadvantages in key areas of human development. Compared to the general population, they have lower rates of literacy, educational attainment, and school attendance and their economic participation remains weak. Girls and women living with disabilities, especially in rural areas, are particularly vulnerable. Overall, disability remains an important indicator of disadvantage and marginalization. Much work is needed to improve data collection on people with disabilities if countries are to monitor CRPD implementation and attain the SDGs. While there are limitations associated with using the WG questions, this is a good step forward in proper data collection. Additional information on the data collected and analyzed by ESCWA can be found on the ESCWA website. The final report will be issued in the coming months and sent to all focal points.

Dr. Muhannd Alazzeh (Secretary General, Higher Council for the Rights of Persons with Disabilities, Jordan) noted that inter-familial marriage is a common cause of disability in Arab countries. It would be beneficial to further analyze this phenomenon and how it differs from one country to another based on traditions and religious beliefs. He expressed interest in working with ESCWA on a study in Jordan with the purpose of spreading awareness and improving policy making and service delivery (not for preventive purposes). He also informed that in Jordan the prevalence rate would likely be at least 15 per cent if children under five years were included in the census. Ms. Nauk added that if other countries are interested in being a part of this study with Jordan to please let her know.

Mr. Bdraldeen Hamed (Secretary General, National Council for Persons with Disabilities, Sudan) noted the difficulty of collecting statistics because of the stigma associated with disability. He requested more cooperation with ESCWA and other countries to elevate the capacities of those people working on disability statistics. Ms. Nauk noted that ESCWA’s Statistics Division is planning another workshop in the fall in Beirut and would discuss travelling to Sudan to meet with the national statistics office. Having an opening question in a survey or census about whether a person has a disability makes it difficult to collect accurate data because many people will not admit to having a disability. In addition, national prevalence rates can also be affected by the cutoff level used (i.e. some difficulty, a lot of difficulty, cannot do at all).

Ms. Hala Hamed (Director of Accreditation, Higher Council for the Rights of Persons with Disabilities, Jordan) enquired what the most common diseases causing disability are, as this information could aid in the formulation of disability strategies. Dr. Carla Sabariego (expert, World Health Organization) informed that non-communicable diseases, respiratory diseases and mental disorders are the most common, but this information is not collected by censuses or surveys. Censuses that have a disability component are good sources of data but should be complemented with more detailed disability surveys, though these are expensive and require more logistical coordination and resources. Ms. Aleksandra Posarac (Lead Economist, World Bank) encouraged countries to consider implementing a dedicated disability survey every five to ten years to obtain a comprehensive picture of disability which can be useful for policymakers so that they can trace changes in trends and monitor the effectiveness of policies. She noted the limitation of using the WG questions, which may result in lower prevalence rates than the method used in the WHO’s World Report on Disability.
Dr. Shaher Al Shehri (Adviser of Family and Community Medicine, Chairman of the Saudi Society for Family and Community Medicine, Saudi Arabia) questioned the reliability of statistical numbers generated by governments. He noted that in his experience the number of disabilities resulting from inter-familial marriage is low, particularly in comparison to illness. There is little evidence-based research available so a more in-depth study is required to formulate suitable prevention and awareness methods. Ms. Nauk welcomed Saudi Arabia to be included in the study on inter-familial marriage as a cause of disability, along with Jordan.

Mr. Ahmed Bel'azi (Director of Solidarity and Social Development, General Directorate for Social Advancement, Tunisia) commented that Tunisia’s 2014 census used the WG short set of questions for the first time. It provided general information about people with disabilities but did not explain the problems and challenges they face. Tunisia’s Ministry of Social Affairs is working more with statistics related to the disability card in order to improve access to services. However, this information is limited because not all people with disabilities apply for the disability card. There is no coordination between the national statistics office and the Ministry of Social Affairs to provide more accurate data. Ms. Nauk responded that this experience occurs in many countries. If funding can be found, ESCWA hopes to hold a workshop later in the year to bring together policy makers and statisticians to start a dialogue between the users and producers of disability statistics.

Mrs. Wafa Hamad Bin Sulaiman (Director of Rehabilitation for Persons with Disabilities, Ministry of Community Development, UAE) noted that the UAE has a disability card and a unified definition for all entities cooperating with the Ministry of Health and Social Services. They moved from six to 11 types of disability and have a unified diagnosis center to ensure that statistics will be more accurate so that people can access the appropriate services according to their condition and type of disability. In the future the disability card will also be used for statistical purposes. Assessments can be done for children under 5 years and if services are needed they are linked to the proper agencies. A pilot project showed that communication is a more common problem among children because many parents depend on babysitters to care for their children.

Mr. Abdellahi Diakite (Legal Advisor to the Minister of Social Affairs, Childhood and Family, Mauritania) informed that Mauritania conducted a survey which gave a disability prevalence rate of only 0.9 per cent, but after investigating they realized the survey counted only people with seeing and mobility disabilities. Unfortunately, this survey resulted in a lower budget for the Ministry of Social Affairs because the prevalence rate was so low. Mauritania will soon issue disability cards that will include all persons with disabilities and this may provide additional information. Dr. Alazzeb replied that if registration for disability cards is optional, they will not be reliable sources of statistics, particularly if people want to hide their disability. Ms. Posarac added that disability cards are related to an individual’s impairment and not his/her experience of disability.

Ms. Nauk continued to her second presentation, noting that another reason for low disability prevalence rates is that many people with disabilities are living in institutions and they are not counted in censuses and surveys. There is an information gap about the living conditions, kind of institutions and residents, numbers of institutions, and existing policies to promote deinstitutionalization and integration into society. For this reason, ESCWA and the Center for Lebanese Studies (CLS) conducted research about persons with disabilities living in institutions. Among the countries surveyed only Jordan collects official statistics about the people in institutions.

The qualitative research included a literature review, phone interviews with public officials from ESCWA member States, phone interviews with two residential institutions in each country, and field research in residential institutions hosting persons with disabilities in Jordan and Lebanon. Eleven government
officials from 11 countries were interviewed (Bahrain, Iraq, Jordan, Lebanon, Mauritania, Morocco, Palestine, Qatar, Saudi Arabia, Tunisia, Yemen), and 19 residential institutions (public, private and non-profit) from 11 countries were interviewed (Egypt, Iraq, Lebanon, Libya, Jordan, Oman, Palestine, Saudi Arabia, Tunisia, UAE, Yemen). Qatar and Syria reported that they do not have any residential institutions. Private institutions in Jordan are mainly hosting non-nationals.

The level of government funding for institutions varies; in the case of Bahrain the government provides only technical support. The services offered by institutions also vary – some provide basic services while others provide rehabilitation services. Very few have a policy on age of admittance and accepted duration of stay. Institutionalized persons had the following types of disabilities: mental/cognitive, physical, sensory, autism spectrum disorder, or were abandoned persons (Morocco and Tunisia). The primary reasons for institutionalization included that the person with a disability was orphaned/abandoned/had no family; belonged to a family that had more than one family member with a disability; had divorced or elderly parents; had multiple disabilities; or could not afford to pay for their conditions’ expenses at home. Some institutions said that their purpose was to provide rehabilitation services while others said it was to protect people with disabilities from society. Society is considered the main barrier for integration. Most government officials favor deinstitutionalization.

Most people with disabilities were institutionalized by their family members and many feel abandoned and want to go home. The relationship with families is difficult and many do not visit. Many people living in institutions are not free to go outside but are confined to the institution. Very few are working outside. Institutions reported challenges such as unqualified and insufficient number of staff/caregivers; cases of abuse; health issues such as infections and epidemics; safety issues (political instability and war); and low wages for caregivers. ESCWA will contact countries individually to provide details on the findings and discuss with them how to publish the study.

Dr. Alazzeh informed that Jordan is currently conducting a study of its institutions and would share the results with ESCWA once it is completed in June. Jordan is moving away from institutionalization and towards integration and would be happy to share its experiences on this process.

Ms. Posarac noted the difficulty of changing cultural views on institutionalizing people with disabilities. Governments need to consider implementing policies that would stop the stream of people going into institutions because once they are inside it is almost impossible to get them out. Dr. Al Shehri noted that some institutions are needed for social or economic reasons, so there should be set criteria for those that will remain open. More analysis is required on how to transition institutionalized people with disabilities into the community in the safest way. Mr. Bel'azi stated that if people want to leave institutions, the government should assist by providing funds for health care and psychosocial support to support their life outside institutions. They have experience with this in Tunisia.

**Session 2: Updates from Member States on national disability policies**

The session was moderated by Mr. Waleed Ababtain. It consisted of a tour de table of member States and an open discussion.

Mr. Waleed Ababtain (General Supervisor of Medical Services and National Rehabilitation, Saudi Arabia) informed that a royal decree was recently issued to establish a new authority in charge of all programmes related to disability issues. It will have an independent structure and be chaired by the Minister of Labour and Social Development and consist of staff from various ministries, experts and persons with disabilities or their families. The Ministry will create a national ID for people with disabilities which will be registered in a national database to allow for more statistical analysis independent from the data collected by the national statistics office. The Ministry also took a new
directive to strengthen the National Transformation Plan 2020, particularly accessibility of the transport sector, and increase the involvement of the private sector in supporting people with disabilities. There is a plan underway to privatize rehabilitation facilities, now under the supervision of the Ministry of Labour and Social Development. The Kingdom is also providing employment support to people with disabilities, which will be discussed in more detail in the following session. The King Salman Center for Disability Research opened in early 2018 and has been working with various ministries to improve service delivery to people with disabilities. A new center for downs syndrome and autism will also be established.

Mr. Hamed informed that 2017 was a positive year for disability services in Sudan. In February 2018 the National Assembly approved a new labour law for people with disabilities. Seventeen workshops were organized with 24 ministries and publishing houses to raise awareness about the Marrakesh Treaty to Facilitate Access to Published Works for Persons Who Are Blind, Visually Impaired or Otherwise Print Disabled. The Disability Council also worked with the Ministry of Environment to improve the building code to accommodate persons with disabilities. The Ministry of Education is working to make universities accessible and improve special education. On data collection, the questions in the upcoming census have been edited in accordance with the WG. For the 2017 international day for persons with disabilities, the president participated in the celebrations and received many of the National Council’s requests related to services for persons with disabilities. The Zakat fund is supporting small business programs and providing medical equipment and education services to people with disabilities. Sudan signed onto an important project with the EU providing disability services in education. The National Council held its first workshop in Darfur state on disability services and will soon begin training service providers. They had a special programme to arrange marriages for people with disabilities and held workshops on married life and growing a private business in correlation with the disability of the respective person. Sudan has worked with Japan to train sports professionals with disabilities and hopes to participate in the Paralympics in Japan in 2020.

Dr. Alazzeh informed that Jordan has a new law which makes domestic abuse of people with disabilities a felony, including physical and psychological torture, depriving them of their basic rights to education and work, and registering them in institutions against their will. A new assault law includes rape and sexual assault as higher class felonies. They are working on drafting a plan for deinstitutionalizing people with disabilities over the next 10 years and closing most institutions. The education sector will be completely integrated including curriculum, facilities and students. They are working to create a virtual national ID card, which will have an electronic chip with information about the type and severity of disability that protects the privacy of persons with disabilities. The Council is training the financial sector and judicial center to better communicate with people with disabilities. They are also working on publishing a set of minimum standards for special education teachers and providing them a license to work in special education.

Mr. Bel’azi informed that Tunisia has reformulated the national disability law in accordance with the 2011 CRPD Committee recommendations, which should be revealed at the end of this year, and developed a strategy for persons with disabilities in cooperation with the European Union, Spain and Germany. Two studies were carried out on funding resources for people with disabilities and the rate of uptake of public and private services – the results are ready and can be shared with the group. On 6 May, Tunisia would have its first elections since the Arab spring in 2011. People with disabilities have been encouraged to run in local and national elections.

Mr. Diakite informed that a new law on the rights of persons with disabilities was approved. A decree was issued to improve services and provide ID cards to people with disabilities. A special fund was
established to provide scholarships and funding for businesses. Over 200 blocks of land have been given to people with disabilities to either invest or build homes on. Social support is provided in the form of a monthly salary for families with a member who has a disability. Mauritania still faces many obstacles and challenges, especially in the areas of medical and education support. They are working to improve the representation and participation of persons with disabilities in Parliament and other political activities.

Ms. Bin Sulaiman informed that in 2017 the UAE Parliament approved a new decree which established a council for people with disabilities to support government policies and ensure service provision. They are working to ensure accessibility of banks and institutions. They also have a new platform to support employment of people with disabilities, similar to what Saudi Arabia has. They created an Emirati sign language dictionary and a construction code to make buildings accessible. The UAE signed the Marrakesh agreement. In 2020 Dubai will host the International Congress for Downs Syndrome and will be the first city in the Arab region to host the Special Olympics in 2019. The country has a national ID which lists the type of disability a person has and if he/she has specific needs.

Participants discussed whether listing a person’s disability on his/her ID card is a violation of privacy and whether the term “people of determination” used in the UAE for people with disabilities is appropriate or whether it would be better to stick to the language in the CRPD. They also discussed the differences in using a national ID card versus censuses and surveys for collecting accurate disability statistics.

Session 3: Presentation on Saudi Arabia’s employment networks for persons with disabilities

The session was moderated by Mr. Ababtain. It consisted of one presentation and an open discussion.

Ms. Noura Al-Jebali (Director, Tawafaq Programme for the Employment of Persons with Disabilities, Saudi Arabia) stated that in relation to Saudi Arabia’s work to include people with disabilities in the labor market, the Tafawaq programme, which falls under the Ministry of Labour and Social Development and the Human Resources Development Fund, provides employment support solutions for people with disabilities. It empowers them to be productive members of the labour force through sustainable employment and inclusion. The programme focuses on their skill and abilities and provides accommodation in the workplace. The programme has 26 branches all over the Kingdom, including 12 for women, which are able to quickly match job seekers with employers. There are also 46 job placement centers which work with job seekers with moderate and severe disabilities. Employees in these branches are trained by the Irish company Rehab Group to give them tools to serve people with disabilities in an appropriate way. The programme has great links to employers and a national portal that matches them with job seekers. There is also a financial support component, particularly for women who need help to pay for child care. They have developed an online training program with 24 guides in Arabic and English. Any person who must undergo dialysis during a work day is compensated for this time. Since 2014 the programme has employed around 61,000 people, mostly women. There is a compliance and monitoring process in place after placement in case any specific support is needed by the employee or employer.

The enterprises include 31,000 companies of which a large portion are big companies. There is a related certification programme for companies that want to streamline the placement process. The Qaderoon Network works to spread understanding about the programme among companies. Currently the private sector companies are those with the greatest awareness and understanding of inclusion. Support is provided by the Ministry of Labour and Social Development for people who have difficulty continuing work after facing a new disability. According to the labour law there is a 4 per cent quota for people with disabilities.
The programme produces weekly, monthly, quarterly and annual reports about the type and degree of disability of job seekers. It uses a rights-based approach when identifying skills and qualifications of each individual. Employers complete a job analysis form and can interview a list of qualified candidates and choose which one to employ. The programme is only available for Saudi citizens.

Ms. Nauk noted that ESCWA can help support other countries who may want to learn more from the Saudi experience, including travel costs of bringing experts to interested countries. Mr. Ababtain replied that Saudi Arabia is ready to provide this expertise and would be delighted to cooperate with any country on this issue.

Session 4: Shifting from the “medical model” to the “social model” in disability assessment

The session was moderated by Ms. Nauk. It consisted of two presentations and an open discussion.

Dr. Al Shehri informed that Saudi Arabia has exerted a lot of effort shifting from the medical model to the social model. In order to successfully apply the ICF it is important to consider the context. After World War II, the world began using a medical model to assess disability, focusing on the impairment but neglecting other needs. In the 1980s the WHO issued the International Classification of Impairments, Disabilities, and Handicaps (ICIDH), a bio-psycho-social model for assessment, which was followed by the ICF, which fully merged the medical and social models. The ICF looks at how the health condition and the personal and environmental contextual factors affect the impairment, activity and participation, and vice versa. In order to make the social model successful, it is important to have improved technology combined with adaptations in mindset by governments and society as a whole. The community should be engaged as an integral part of this movement. Social media in an important tool in these efforts. Policies should be adopted to protect the rights of persons with disabilities, including the CRPD.

Dr. Sabariego explained that the WHO has two main classification systems: the International Classification of Diseases (ICD) and the ICF. The ICD is used to code health conditions and mortality causes with a corresponding standardized coding system. The ICF is used to code how well people with health conditions function in their environment. Functioning and disability are umbrella terms encompassing different functioning domains. Functioning and disability are therefore multidimensional. In the ICF, functioning is a neutral term meaning how someone functions in daily life, and it applies to everyone. Someone has a disability if he/she has problems in functioning. Disability/functioning are understood as the outcome of the interaction between health conditions and environmental factors. Disability is multidimensional, includes many different areas of life, and can range from low to high levels. The lived experience of disability can be a lifelong experience, a late life concern, or an episode in life. If laws are in place to ensure the rights of people with disabilities, like allowing them to work, access health care, access transportation and public buildings, the level of functioning improves.

ICF-based instruments generally use different questions to estimate an individual disability score based on a selection of life areas. Measurement can be carried out using two key concepts to measure disability: capacity and performance. Capacity is what a person can or cannot do with his/her body. Performance is what a person can or cannot do in the environment in which he/she lives. Two people with the same condition may be scored differently based on the environmental factors surrounding them. The World Report on Disability used 12 questions from the World Health Survey about how people function in daily life to estimate the global disability rate and showed that 15 per cent of the global population experiences severe levels of disability.

The ICF is meant to be non-discriminatory in nature and applicable to any culture. It is in line with a rights-based approach because the definition of disability emphasizes the role of the environment in line with CRPD Articles 1 and 2. The ICF provides a systematic and highly standardized coding scheme so that
collected data can be compared within and between countries. ICF-based data collections and disability assessments include information about health conditions and impairments, the lived experience of disability, the needs of persons with disabilities, and environmental barriers they face. It is more complex than simply asking if a person has a disability or not, and helps develop evidence informed policies. It allows a country to fully monitor the CRPD.

Disability assessment is an administrative process which determines the kind and extent of disability, called disability determination. Historically this process has been tied to the medical, impairment-based approach. The functional limitation approach adds to the impairment approach by considering basic simple actions – lifting, standing, handling, hearing, seeing, and concentrating – to determine ‘disability’ and ‘work capacity’. The medical approach is advantageous because it is simple, politically legitimate and well established. However, it does not take into account abilities or how disability is experienced based on the environment. It ignores what can be changed in society to improve participation and can be both costly (frequently disputed decisions and wasted human capacity) and subjective. The biggest disadvantage is that it is not in line with the human rights approach of the CRPD. The ICF can support CRPD compliance. However, specific “ICF-based how to” guidelines for disability assessment for benefits are not available because disability assessment depends on various issues, such as a country’s legislation, the legal definition of disability, the work force capacity (assessors), logistics issues (where are evaluations possible), and financial resources (for process and for benefits). The ICF provides a starting point and standardization of assessment, and there are some tools available which can assist in its implementation: the WHO World Health Survey, the WHO Disability Assessment Schedule 2.0 (WHODAS 2.0), and the WHO and World Bank Model Disability Survey.

The WHODAS’s scoring system considers the different weights for different functioning domains. For example, if someone has extreme difficulty moving in the home this points to a very high level of disability. If someone has difficulty with carrying out vigorous activity this points to a lower level of disability.

**Session 5: Practical application of the ICF**

The session was moderated by Ms. Nauk. It consisted of one presentation and an open discussion.

**Ms. Posarac** noted that many countries are adopting the ICF approach but in different ways. Determining what is required for practical application of the ICF depends on the disability assessment process in each country. The most difficult task is to change people’s mindsets to accept that disability does not just equal impairment. Aside from this, countries must take the decision to include the assessment of functionality and use an appropriate tool. A formalized government structure and decision-making process by an entity with clear operational rules and methodological guidelines is also required. Social welfare systems tend to lean more on functionality assessment, while social security systems lean on the medical assessment, so many countries have two different systems with no harmonized criteria.

When countries move towards introducing a capacity assessment, it is better to pilot the new system before carrying it out on a large scale. Once the data is collected, a clearer picture will come out as to how best to combine the medical and capacity assessments and then conduct a needs assessment. Many countries see resistance to these changes from disability communities, which may fear a loss in disability benefits if they undergo a new assessment. Piloting enables the creation of a comprehensive database of individuals who have gone through the new assessment process and also includes people who were assessed as not disabled.
The proxy inference approach, where a person with a certain disease is determined to be likely to have problems performing A, B or C actions, has limited validity and poor reliability. Clinical assessments are comprehensive and in depth but are very expensive. Functionality questionnaires provide valid and reliable data and are feasible in time and resources because they can be self-administered or done through a face to face interview. However, they cannot assess every daily activity that might be affected by health problems and impairments. They may also be subjective, too short or not applicable across countries, language, cultures and socio-economic ranges. WHODAS 2.0, a generic assessment instrument providing a standardized method for measuring disability across cultures, is very reliable. It can be used across all diseases, disorders and injuries and it captures the interaction between health conditions and the environment. Countries can choose to apply one of two versions of the WHODAS 2.0 using either the full 36-item version, which takes about 20-30 minutes to administer, or the short 12-item version in six domains of life, which takes about 5-10 minutes. The full version is recommended but the short version gives a good overall score. They come in three forms: self-administered, interviewer administered, or proxy administered. She promised to share the guidelines for implementing WHODAS and training people, and also a World Bank study with approaches to assessment.

WHODAS 2.0 captures cognition, mobility, self-care, getting along, life activities and participation. It is scored from 1 to 5 (no difficulty is 1, extreme difficulty/cannot do is 5). Since most countries have impairment-based assessments, they must use this medical approach as the entry point of disability assessment and add performance and needs assessments onto it for the disability determination. Taiwan has moved radically to a performance assessment but still starts with a medical ranking. Those assessed with a partial or full disability proceed to a functionality assessment of 28 questions which are based on the ICF and found in WHODAS. The new version of the ICD (11) will merge the ICD codes with the ICF codes. Good practice shows that having a single government agency for all assessments is a good solution, as opposed to having two or more agencies implementing different criteria. Disability assessments are prone to rent seeking and bribing. It is important to have professional staff, well defined criteria, an electronic platform and data integration, and monitoring and evaluation.

Dr. Al Rashidi noted that he tried at the Ministry of Labor and Social Development to integrate a medical assessment with a proper functional assessment, leading to an environmental assessment. Unfortunately, most clinicians do not want to spend more than 15 to 20 minutes on an assessment and malpractice is very high. They are now trying to have an accurate medical assessment where first the type and degree of disability are determined by a physician, who writes his/her recommendation of what the person needs (list of options). Based on this report the person will go to the functional assessor who will define the level of disability and the person’s need, including through a home visit. The project is still under trial but thus far the feedback has been very good with an approximate 82-83 per cent satisfaction rate. The problem is that because Saudi Arabia is so large, medical reports vary greatly. A workshop is being planned and the government is communicating with software developers to move forms into electronic format, which will take about two years. It will be the only form for all assessments. With this project each ministry providing services will be integrated and working together, leading to a full national medical registry which will support policy-makers’ work. Saudi Arabia is very happy to look into sharing its experiences on implementing the ICF.

Mr. Diakite informed that in Mauritania they are about to issue a disability card that will take into consideration the ICF. The card will help merge the ICF with the existing system and also create an initial registry for people with disabilities.
Dr. Sabariego noted that the WHO always uses the same scale to maintain consistency and to keep information comparable from one person to another, and from one country to another. Poverty has an important association to disability, so information on socio-economic status should be collected.

Ms. Posarac added that in most countries doctors assign the ICD code for a person. In some countries a second committee or government agency is needed to review the medical documentation after the physician’s assessment. The physician should determine only the condition and diagnosis of a person, while the committee/government agency should complete the assessment and determine the level of disability, type of disability with a medical diagnosis, and the severity. For the capacity assessment a medical board is not required, only a social worker or a multidisciplinary committee. For children this process is very different because child development is measured through a series of benchmarks and monitored by pediatricians. The assessment committee’s function is not to assess income of a household, but if sufficient means are lacking, may recommend that the household be made eligible for financial assistance.

Ms. Nauk noted that in many countries the regular assessment process does not include higher disability-related costs and so people with disabilities can easily fall into poverty. Mr. Hamed commented that he visited Taiwan as part of a training course with the Japan International Cooperation Agency (JICA) to learn about their system, which is very practical. In Sudan disability is linked to health conditions but they hope to shift to the model used in Taiwan. Dr. Alazzeh agreed that the ICF is a progressive step forward and is more advanced than the definition in the CRPD. However, the ICF does not address issues of discrimination or human rights. Mr. Anis Mahfoudh (Regional Adviser for Disability, ESCWA) emphasized the need to move forward beyond the social model to a rights-based approach. Measuring the degree of discrimination will also help to address needs and remove barriers for people with disabilities. Dr. Al Rashidi responded that rights are protected by laws, but documentation produced through a reliable classification system will support these rights.

Session 6: Examples of practical implementation of the ICF

The session was moderated by Ms. Nauk. It consisted of two presentations and an open discussion.

Ms. Posarac informed that Greece has been undergoing administrative reforms, including the disability assessment process. It had multiple social insurance schemes with different criteria and multiple assessment systems, where people had to apply for each benefit separately. There was no possibility to collect data, there were significant transaction costs on beneficiaries and inefficient government spending. It was a difficult process, but the government decided to transition to a functional assessment and begin a pilot project for welfare benefits for people with disabilities. They are now piloting WHODAS 2.0-12 plus five additional questions on participation and the new administrative process in the Attica region. Once the pilot is fully implemented it will be applied across the country, including for contributory social benefits.

The new application process is completed at one of 240 community centers and takes 10-15 minutes to complete. The application is tied to each person’s individual identification number, so there is no need to provide personal information. The applicants must go to a doctor, either their own doctor or at a clinic, to have an electronic file completed which includes the ICD classification, a diagnosis level 1 through 5, and a note from the doctor on their health status. The file is then sent to the disability assessment agency where in 30 minutes the file is reviewed, and the applicant receives a notification (by SMS or email) to proceed to the disability assessment phase.

The applicant then goes for a medical assessment, scheduled one month in advance, in front of a medical board of three doctors who decide on the level of disability. The medical board is composed
differently according to the diagnosis and selected from a pool of physicians from across the country. For Athens, in order to cut down on cases of corruption, physicians are brought in from other parts of Greece and they receive each applicant’s information only 30 minutes before the appointment. After this stage the applicant has an interview with a fourth doctor who conducts the WHODAS interview (Greek law says only a doctor can do the assessment). All doctors involved in the assessment process were oriented in the bio-psycho-social approach and functionality, and doctors administering WHODAS were properly trained on how to conduct the interview. The preparation stage was between 1 November 2017 and 1 March 2018 and included changing the IT system and automating the whole process. Applications were first received on 6 March. Once the pilot is completed and the data is analyzed, a decision will be made by November on how to combine the medical and functionality assessments.

The unforeseen complication was that physicians had difficulty filling in the e-file and there were many who did not know how to operate computers. The Ministry of Health and Social Services is working to improve this issue and once resolved they hope to receive around 300 cases per month so that by September they will have the 1,500 cases required for reliable statistical analysis. The Greek Federation of Persons with Disabilities got on board with the process after they were assured that benefits would not be cut. Some were afraid of a hidden agenda behind the reform and that creditors would require reductions in disability benefits. This new system applies only to new applicants and does not change existing benefits.

Dr. Al Rashidi requested information for a contact person in Greece who could share feedback about the process, such that people can learn from their experience. Ms. Posarac responded that she will be working with Greek authorities throughout this process and will be involved in the assessment of pilot and can facilitate the sharing of information or a learning visit to Greece.

Dr. Sabariego provided an example from Brazil, which introduced in 2014 a new ICF-based assessment for the disability pension. Like Greece the purpose was to have one consolidated assessment process implemented using a pilot method. In 2015 legislation was passed which mandated that the Brazilian public policy system be in line with CRPD and use the ICF. Brazil developed a tool called the Brazilian Functioning Index (BFI) which follows the ICF framework. It identifies barriers in the physical, social and attitudinal environments and is applicable to people with all types of disabilities.

In developing the BFI, Brazil adopted a participatory approach. Part I of the BFI collects personal data and Part II records impairments in body function corresponding to all eight chapters of body functions in the ICF using a yes/no question. Part III encompasses over 40 questions on functioning in daily life divided into seven domains (sensory, communication, mobility, personal care, domestic life, education/work/economic life, and socialization/community life). In Part IV the specific impairment of the applicant is recorded. Scoring is based on the Functional Independence Measure (FIM) but has four categories and ranges from 25 to 100, depending on the level of independence. Disability assessment is carried out separately by a medical doctor and a social worker and their average score is estimated. Performance is evaluated, not capacity, and if a person cannot do an activity at all, even with support, the environmental factors affecting their performance of the activity are recorded. There is a definition of core domains and key questions for specific impairments, which lead to higher weights in these areas. For example, if a person has a hearing impairment then the domain of communication and socializing have more weight. The BIF has a disability scale ranging from 0 to 100, including mild, moderate and severe levels. Cut-off points are applied and persons with a severe disability are eligible for benefits.

The strengths of this system include that performance is evaluated based on the real-life experience of disability; a multi-professional evaluation team includes both social workers and doctors, who have the
same weight; there is a high level of standardization which creates an objective process; the instrument was developed using a participatory approach; it is autonomous; and the validity and reliability of the process were evaluated based on 15,000 interviews. As in Greece, persons who received benefits before the new system was implemented would not be reassessed. An evaluation showed that the ICF-based functioning assessment did not lead to more benefits being granted and was a precise measurement of the level of disability.

Challenges included that Brazil is a very large country with 2.3 million annual evaluations, so the process needs to be as standardized as possible; it was difficult to hire and train multi-professional teams in all 5,600 counties, particularly in the north of the country; Brazil has diverse contexts; the federal government data and information systems are not all ICF-based so revisions of the disability module of the Health Survey are ongoing; Brazil’s system cannot be compared with medical-based systems still used in many other countries. Important aspects when changing a system of disability assessment are: deciding which ministry should be responsible and how it should cooperate with others; building the capacity to undertake disability assessments; obtaining financial resources; improving public awareness and having a clear path for applications; providing accessible information and materials; and overcoming language barriers.

Mr. De Gaetano informed that Malta is still using an impairment-based system which is currently based on the Barthel index when measuring the severity of disability and fitness to work. There is now an exercise to transition over to a more functional approach based on the ICF, but Malta will also start with a pilot in the field of autism. They are still deciding some elements, such as definitions and the method of assessment to be included in the law. Once these are in place, they will work on changing other areas in the law. He noted that he would share a presentation on inclusive employment in Malta via email.

Dr. Alazzeh inquired what is the percentage of persons with disabilities in Brazil; of the percentage of people that receive benefits, how many received benefits prior to the implementation of the new system; and whether reassessments take place after a certain period of time due to changes in the disability or environmental obstacles. Dr. Sabariego replied that it may not be quite accurate, but the prevalence is around 8.9 per cent. The census included the six domains from the WG. She agreed to look for information relating to his second question, which she did not know the answer to. There is currently no reassessment because the process is related to pensions and once awarded they do not change. Reassessment would be needed for a unique assessment system, which Brazil is aiming to have, but she did not know what the time frame should be.

Dr. Alazzeh informed that Jordan currently has a law that says that students with disabilities pay only 10 per cent of university fees due to their inaccessibility – it is meant to compensate them for having to pay extra disability-related costs to make attending university possible. They are considering amending the law to allow universities to cancel or reduce the deduction if they are determined by a technical committee to be accessible. This would motivate universities to become universally accessible. However, there were some people with disabilities who expressed opposition to amending the law. Mr. Hamed commented that the focus should be on ensuring that education is available and accessible rather than financial subsidies.

Ms. Nauk noted that many people with disabilities feel that they are disadvantaged and deserve to be compensated for this disadvantage. If an assessment process changes and tells them they are not as disabled as they think, this shifts the responsibility of participating in society onto them. It is important to change the mindset of society to be more inclusive of people with disabilities, but it is also important to change the mindset of people with disabilities themselves.
Session 7: Closure of the meeting

The session was moderated by Ms. Nauk. It consisted of a roundtable discussion and closing remarks.

Ms. Nauk began the discussion by raising several points related to the working methods of the IGED. The first is the question of whether to establish working groups for those interested in discussing certain themes more deeply. The second question is how to improve preparations for meetings and reduce the number of late responses and time required for follow up. The third question is where to hold the next meeting, and related to that is the issue of making sure that all participants are issued visas by the host country to attend meetings.

For this meeting there were several participants who were not issued visas. While this may not be in the hands of the organizers, it should be taken into consideration when deciding on the next meeting location. Perhaps future organizers can inquire with their security services whether visa issuance for some countries will be problematic, though in some instances it is not necessarily a problem of visa issuance but political relations between countries. It will also be important to plan meetings with enough time in advance to allow enough time to make visa requests. These issues will be included in an email and circulated to all the IGED focal points requesting feedback.

Another recurrent question is how often the group should meet and related to that how it should be financed. The Saudi government was generous enough to host and pay for this meeting, but ESCWA does not have enough funding available to ensure an annual meeting, only for every two years. Ms. Nauk requested focal points to consider possible fundraising efforts as a group. In addition, should focal points have to leave their focal point role, they should inform ESCWA and try to secure and share the name of their replacement. Should focal points not be able to attend one meeting, they should try to designate someone to attend on their behalf.

Dr. Al Rashidi informed that visa issuance in Saudi Arabia should not take more than one week, but there are limitations for some nationalities. He suggested holding meetings in parts of the world that need additional support, such as Africa or Latin America. He agreed that holding one meeting every two years is acceptable, though annually would be better. He suggested channeling fundraising efforts through ESCWA and submitting a clear application to certain governments or the Gulf Cooperation Council and offered his assistance in this effort. Funding applications could also be submitted to organizations like the King Salman Center if it has a research component which adds value. He agreed these issues should be discussed further over email to give focal points time to discuss the issues in their own countries.

Dr. Alazzeh enquired about the outcomes of the meetings and what can be done with them, what are the next steps after the meeting and whether the findings can be published and shared with governments. Ms. Nauk replied that the reason the group was established was because it was mandated by ESCWA’s inter-governmental body, the CSD. The group should decide what actions it takes; ESCWA is only the Secretariat. The initial terms of reference of the group were adopted in the first meeting, but they can be amended at any point, e.g. if the group prefers to move in the direction of research and policy. With the current setup the group decides on one topic per meeting and regional and international experts are brought in to make presentations. As a follow-up to meetings focal points can establish working groups to continue the discussion on these topics. For example, there could be a working group on classification and functioning or employment networks for people with disabilities. However, one country should volunteer to lead the working group, as ESCWA has limited capacity and can only assist.
Dr. Al Rashidi informed that Saudi Arabia has a team working on classification and he would be happy to share the work they are doing with experts, including at an upcoming workshop on the subject. The project is still being designed but once it is applied in two months it will go through more development and learning processes. Saudi Arabia is willing to act as the leader of a working group on classification. Saudi Arabia is also happy to share it experiences about the work they are doing on employment of people with disabilities.

Mr. Ababtain encouraged ESCWA to seek financial support from large or private corporations or the League of Arab States. He preferred they not to seek funding from governments. He agreed that meetings should be held annually. For the visa issues, if the next meeting can be arranged some months in advance this will help the visa request process. He expressed preference for nominating two successive countries as the meeting hosts.

Ms. Nauk noted that the purpose of the working groups is to encourage learning from each other. In relation to which country would chair/host future meetings, ESCWA is always ready to host in Beirut. Egypt had proposed to host the next meeting but still needed to confirm. If countries agree, focal points could set a hosting schedule.

Mr. De Gaetano informed that Malta’s Ministry for Social Solidarity can consider hosting from 2020 onwards a meeting with both ESCWA members and members of European Commission High Level Group on Disability if funding can be secured. Malta is the seat of the European-Arab League Forum, which may have funds. Malta is open to discussing the idea further should there be enough interest.

Dr. Al Rashidi advised that more academia and NGO representatives selected by the government should attend IGED meetings. Ms. Nauk responded that the group had decided previously that if non-members are to attend meetings, all the members should agree. The group could establish some kind of accreditation process for NGOs, to make it easier for them to attend. In the Arab region many NGOs are service providers. Mr. De Gaetano informed that in Malta meetings with NGOs and service providers happen twice a year, which allows them to participate and give feedback, but does not allow them to push their agenda onto the group. In the European group, inter-governmental meetings are held twice a year, but at one of those meetings a second day is added so NGOs can attend. The next meeting is scheduled for 28 May.

Dr. Alazzez added that while he is a strong supporter of civil society, inviting them to meetings would change the nature of the meeting and they would no longer be inter-governmental. While interactions would likely be positive, discussions may be sidetracked. Instead, independent experts and people from civil society should be invited as experts so that they can add the most value to the discussions. Or alternatively a half or full second day with NGOs and local organizations could be organized. He recommended that the host country be given priority in choosing the topic of the meeting.

Dr. Ababtain agreed that the host country should have priority in selecting the topic, but this should be decided in consultation with the group. He opined that the group should stay intergovernmental, but maybe some NGOs or resource persons could be included in some meetings. The main core group should not change, as it is important to maintain the link between governments. He further inquired whether it would be possible for someone from the IGED to attend the European group meetings. Ms. Nauk added that IGED meetings are meant to provide safe spaces for learning and discussion and not all members would be comfortable with inviting civil society to the meetings. The leader of the European group would need a decision of the group to invite someone from outside. She agreed to contact the European group’s leader to explore the feasibility of sending an IGED representative to their meetings, although it might be late now for the May meeting. Regarding the topic, the practice has been to let the
host country select its preferred topic in consultation with the group. Mr. Hamed added that the nature of the IGED meetings is to share experiences among government representatives, so the nature of this group is intergovernmental.

Dr. Al Rashidi thanked the participants for attending the meeting and working towards their common goal of serving people with disabilities. He looked forward to the outcomes and recommendations of the meeting. Ms. Nauk agreed and thanked the members for their participation. Mr. Ababtain requested the meeting report in Arabic and English and asked everyone to fill the meeting evaluation. The meeting was closed.
Annex 1: List of Participants

Disability Focal Points / Government Officials

1. Jordan
   a. Dr. Muhanad Alazzeh, General Secretary, Higher Council for the Rights of Persons with Disabilities (HCD)
   b. Ms. Hala Hamad, Director of Accreditation, HCD
   c. Mr. Abdullah Al-Jaloudi, Director of the Directorate of Monitoring and Coordination, HCD

2. Mauritania
   a. Mr. Abdellahi Diakite, Legal Advisor to the Minister, Ministry of Social Affairs, Childhood and Family

3. Saudi Arabia
   a. Abdel El Ghazi Sayer Al Otaibi, General Directorate of International Cooperation, Ministry of Labour and Social Development
   b. Mr. Walid Ababutin, General Supervisor of Medical Services and National Rehabilitation, Ministry of Labour and Social Development

4. Sudan
   a. Mr. Bdraldeen Hamed, Director, National Council for People with Disabilities

5. Tunisia
   a. Mr. Ahmad Bala'azi, Director of Solidarity and Social Development, General Directorate for Social Advancement

6. United Arab Emirates
   a. Mrs. Wafa Hamad Bin Sulaiman, Director of Rehabilitation for Persons with Disabilities, Ministry of Community Development

Experts from the Kingdom of Saudi Arabia

7. Mr. Felah Al Rashidi, Vice Minister for Labor and Social Development
8. Ms. Noura Al-Jebali, Director, Tawafuq Programme for the Employment of Persons with Disabilities
9. Dr. Shaheer Al Shehri, Adviser of Family and Community Medicine, Chairman of the Saudi Society for Family and Community Medicine

International Experts

11. Dr. Carla Sabariego, Disability and Rehabilitation Programme, World Health Organization
12. Mr. Alistair De Gaetano, Legal Advisor, Parliamentary Secretariat for the Rights of Persons with Disability and Active Ageing, Malta
13. Ms. Mayssam Tamim, Assistant Resident Representative, United Nations Development Programme, Riyadh
14. Ms. Gisela Nauk, Chief, Inclusive Social Development Section, Social Development Division (ISDS/SDD)
15. Mr. Anis Mahfoudh, Regional Adviser on Disability, ISDS/SDD
16. Ms. Angela Zettler, Associate Social Affairs Officer, ISDS/SDD
## Annex 2: Meeting Agenda

### DAY 1

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>9:00 - 9:30</td>
<td>Welcome reception and registration</td>
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<tr>
<td>9:30 – 10:00</td>
<td><strong>Opening of the meeting: Welcoming remarks</strong></td>
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<td></td>
<td>- Opening and introduction by Kingdom of Saudi Arabia</td>
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<td></td>
<td>- Welcoming remarks by Ms. Gisela Nauk, Chief of the Inclusive Social</td>
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<td>Development Section, Social Development Division, ESCWA</td>
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<td></td>
<td>- Introduction of participants</td>
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<td>10:00 – 12:00</td>
<td><strong>Session 1: Update on ESCWA’s work</strong></td>
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<td>In this session, ESCWA will provide an update of its disability-related</td>
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<td>work, including its most recent publications on disability in the Arab</td>
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<td>region and a study on institutionalization of persons with disabilities</td>
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<td>in the Arab region.</td>
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<td>Moderator: Ms. Gisela Nauk (ESCWA)</td>
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<td>Presenter(s): Ms. Gisela Nauk (ESCWA)</td>
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<tr>
<td>12:00 – 13:00</td>
<td><strong>Lunch break</strong></td>
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<tr>
<td>13:00 – 14:30</td>
<td><strong>Session 2: Updates from Member States on national disability policies</strong></td>
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<td>The session will consist of a tour de table so that Member States can</td>
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<td>provide updates on their national disability policies. Updates could</td>
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<td>include issues related to:</td>
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<td>• New disability legislation or policies</td>
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<td>• Progress on implementation of the Convention on the Rights of Persons</td>
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<td>with Disabilities (CRPD) and disability-related goals and targets</td>
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<td>under the 2030 Agenda for Sustainable Development</td>
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<td>• Advancements related to data collection on persons with disabilities</td>
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<td>• New national programmes in support of persons with disabilities</td>
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<td></td>
<td>Moderator: Mr. Walid Al-Babtain (General Supervisor of Medical Services,</td>
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<td>Ministry of Labour and Social Development, Saudi Arabia)</td>
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<td>14:30 – 15:00</td>
<td><strong>Coffee break</strong></td>
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<td>15:00 – 17:00</td>
<td><strong>Session 3: Presentation on Saudi Arabia’s employment networks for persons</strong></td>
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<td>The session will consist of a presentation by the Kingdom of Saudi Arabia</td>
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<td>regarding its progress in improving employment opportunities for persons</td>
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<td>with disabilities. They will share the Kingdom’s experiences and</td>
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<td>lessons learned during this process. The presentation and</td>
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<td>subsequent discussion are expected to revolve around the following:</td>
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<td>• Briefing on the Tafawuq Employment of Persons with Disabilities</td>
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<td>programme and the Qaderoon Business and Disability network;</td>
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<td>• How to involve the private sector in increasing employment for</td>
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<td>persons with disabilities;</td>
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<td>• Successes and challenges experienced thus far.</td>
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| 09:30 – 11:00   | **Session 4: Shifting from the “medical model” to the “social model” in disability assessment** | The session will discuss shifting national disability assessment models from the medical to the social model using the rights-based approach established by the CRPD. It will provide an introduction of the International Classification of Functioning, Disability and Health (ICF), which provides a framework for defining disability based on both health and functioning. Some of the following questions will be examined:  
  - What is the ICF?  
  - How does the ICF support the rights-based approach to disability?  
  - How is disability defined using the ICF?  
  - How should the ICF be used to assess the disability status of individuals in determining their eligibility for health, social or educational services?  
  Moderator: Ms. Gisela Nauk  
  Presenter(s): Dr. Shaher Al Shehri (Adviser of Family and Community Medicine, Chairman of the Saudi Society for Family and Community Medicine, Saudi Arabia), Dr. Carla Sabariego (Expert, World Health Organization) |
| 11:00 – 11:30   | **Coffee break**                                                                 |                                                                                                                                                                                                       |
| 11:30 – 12:30   | **Session 5: Practical application of the ICF**                                  | The session will discuss the practical steps that countries need to follow in order to properly implement the ICF. Some of the following questions will be examined:  
  - What tools are available for implementing the ICF?  
  - How should the ICF be applied in national health and disability-related legislation?  
  - What are the structural and organizational changes that are needed to implement the ICF?  
  - How should health, social and education workers be sensitized and trained to promote the ICF implementation?  
  Moderator: Ms. Gisela Nauk (ESCWA)  
  Presenter(s): Ms. Aleksandra Posarac (Lead Economist, World Bank) |
| 12:30 – 13:30   | **Lunch**                                                                        |                                                                                                                                                                                                       |
| 13:30 – 15:00   | **Session 6: Examples of practical implementation of the ICF**                   | The session will provide some examples of countries that are implementing the ICF and what process they used to do this. Some of the following questions will be examined:  
  - What challenges do countries face in implementing the ICF?  
  - How have countries overcome challenges to implementing the ICF? |

Moderator: Mr. Walid Ababtain (Saudi Arabia)  
Presenter(s): Ms. Noura Al-Jebali (Director, Tawafuq Programme for the Employment of Persons with Disabilities)
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<tr>
<th>Time</th>
<th>Session 7: Closure of the meeting</th>
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<tr>
<td>15:00 – 16:00</td>
<td>The closing session will include discussions on the following issues, followed by closing remarks.</td>
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<td>- Possible establishment of working groups</td>
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<td>- Future activities</td>
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<td>- Next meeting of the IGED</td>
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<td>- Financing future IGED meetings</td>
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<td>Moderator:</td>
<td>Ms. Gisela Nauk (ESCWA)</td>
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<tr>
<td>Closing remarks:</td>
<td>Ms. Gisela Nauk (ESCWA)</td>
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<td>Closing remarks by Saudi Arabia</td>
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- What kinds of changes have countries made to their legislation and/or practices when implementing the ICF?
  Moderator: Ms. Gisela Nauk (ESCWA)
  Presenter(s): Dr. Carla Sabariego (WHO), Ms. Aleksandra Posarac (World Bank)
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<td>9:30-9:00</td>
<td>الترحيب والتسجيل</td>
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<td>9:00-9:30</td>
<td>افتتاح الاجتماع: كلمات ترحيبية</td>
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<td>افتتاح ومقدمة من المملكة العربية السعودية</td>
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<td>كلمة ترحيبية من السيدة جيزيلا نوك، رئيسة قسم التنمية الاجتماعية الشاملة في شعبة التنمية الاجتماعية، الإسكوا</td>
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<td>12:00-10:00</td>
<td>الجلسة الأولى: مستجدات حول عمل الإسكوا</td>
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<td>في هذه الجلسة ستعرض الإسكوا ما استجد من أنشطة متعلقة بالإعاقة، والتي تتضمن أحدث إصداراتها حول الإعاقة في المنطقة العربية، ودراسة حول إيداع الأشخاص ذوي الإعاقة في المؤسسات في المنطقة العربية.</td>
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<td>إدارة الجلسة: جيزيلا نوك (الاسكوا)</td>
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<td>تقديم العرض/العروض: السيدة جيزيلا نوك (الاسكوا)</td>
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<td>13:00-12:00</td>
<td>استراحة غداء</td>
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<tr>
<td>14:30-13:00</td>
<td>الجلسة الثانية: تحديث من الدول الأعضاء حول السياسات الوطنية المتعلقة بالإعاقة</td>
</tr>
<tr>
<td></td>
<td>ستتضمن هذه الجلسة إعطاء الفرصة لجميع المشاركين لعرض المستجدات حول سياساتهم الوطنية المتعلقة بالإعاقة. وتشمل هذه المستجدات القضايا التالية:</td>
</tr>
<tr>
<td></td>
<td>تشريعات أو سياسات جديدة حول الإعاقة؛</td>
</tr>
<tr>
<td></td>
<td>التقدم المحرز في تنفيذ اتفاقية حقوق الأشخاص ذوي الإعاقة والأهداف والغايات المتعلقة بالإعاقة في إطار خطة التنمية المستدامة لعام 2030؛</td>
</tr>
<tr>
<td></td>
<td>التطور في جمع البيانات عن الأشخاص ذوي الإعاقة؛</td>
</tr>
<tr>
<td></td>
<td>برامج وطنية جديدة لدعم الأشخاص ذوي الإعاقة.</td>
</tr>
<tr>
<td></td>
<td>إدارة الجلسة: أ/ وليد البابطين، المشرف العام على الخدمات الطبية، وزارة العمل والتنمية الاجتماعية</td>
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</tbody>
</table>

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<thead>
<tr>
<th>الوقت</th>
<th>الفئة</th>
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<tbody>
<tr>
<td>15:00-14:30</td>
<td>استراحة قهوة</td>
</tr>
</tbody>
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الجلسة الثالثة: عرض حول شبكات توظيف الأشخاص ذوي الإعاقة في المملكة العربية السعودية

ستتضمن هذه الجلسة عرضاً يقدمه، المملكة العربية السعودية، بشأن التقدم المحرز في تحسين فرص العمل للأشخاص ذوي الإعاقة، ومشاركة خبرة السعودية والدور المستقل خلال هذه العملية. ومن المتوقع أن يركز العرض والمناقشة حول التالي:
- نبذة مختصرة عن برنامج تكافل لتوظيف الأشخاص ذوي الإعاقة وعن شبكة قادرون للأعمال والإعاقة؛
- كيفية إشراك القطاع الخاص في زيادة فرص العمل للأشخاص ذوي الإعاقة؛
- النجاحات والتحديات.

إدارة الجلسة: أ/وليد البابطين (وزارة العمل والتنمية الاجتماعية)
تقديم العرض/العروض: نورة الجبالي، مديرة برنامج توافق لتوظيف الأشخاص ذوي الإعاقة

الجلسة الرابعة: التحول من "النموذج الطبي" إلى "النموذج الاجتماعي" في تقييم الإعاقة

ستناقش هذه الجلسة تحول النماذج الوطنية لتقييم الإعاقة من "النموذج الطبي" إلى "النموذج الاجتماعي" باستخدام النهج القائم على الحقوق الذي وضعته اتفاقية حقوق الأشخاص ذوي الإعاقة. وستقدم تمهيداً للتصنيف الدولي لتأديته الوظائف والمرض، والصحة (ICF)، الذي يوفر إطاراً لتعريف وتحديد الإعاقة على أساس الصحة وتأدية الوظائف. كما سيتم توضيح بعض الأسئلة التالية:
- ما هو التصنيف الدولي لتقييم الإعاقة وتعريف وتحديد الإعاقة (ICF)؟
- كيف يدعم هذا التصنيف النهج القائم على الحقوق في مقاربة قضايا الإعاقة؟
- كيف يتم تعريف وتحديد الإعاقة باستخدام هذا التصنيف؟
- كيف ينبغي استخدام هذا التصنيف لتقييم حالة الإعاقة لدى الأفراد في تحديد مدى أهليتهم للحصول على الخدمات الصحية أو الاجتماعية أو التعليمية؟

إدارة الجلسة: جيزيلا نوك (الاسكوا)
تقديم العرض/العروض: د. شاهر الشهري، استشاري طب الأسرة والمجتمع، رئيس مجلس إدارة الجمعية السعودية لطب الأسرة والمجتمع، السيدة كارلا سابارييغو، خبيرة (منظمة الصحة العالمية)
<table>
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<tr>
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<th>محتوى</th>
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<tr>
<td>الجلسة الخامسة</td>
<td>تطبيق عملي للتصنيف الدولي لتأدية الوظائف والعجز والصحة</td>
</tr>
<tr>
<td>الجلسة السادسة</td>
<td>أمثلة على التنفيذ العملي للتصنيف الدولي لتأدية الوظائف والعجز والصحة</td>
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<tr>
<td>الجلسة السابعة</td>
<td>اختتام الاجتماع</td>
</tr>
</tbody>
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**الجلسة الخامسة: تطبيق عملي للتصنيف الدولي لتأدية الوظائف والعجز والصحة**

ستناقش الجلسة الخطوات العملية التي يتميز على الدول اتباعها من أجل تنفيذ التصنيف الدولي لتأدية الوظائف والعجز والصحة وسوف تتوضيح بعض الأسئلة التالية:

- ما هي الأدوات المتاحة لتنفيذ التصنيف الدولي لتأدية الوظائف والعجز والصحة؟
- كيف يؤدي تطبيق التصنيف الدولي في التشريعات الوطنية المتعلقة بالصحة والإعاقة؟
- ما هي التغييرات الهيكلية والتنظيمية اللازمة لتنفيذ التصنيف الدولي؟
- كيف ينبغي توجية وتدريب العاملين في مجال الصحة والتعليم والعمل الاجتماعي، من أجل تعزيز تنفيذ التصنيف الدولي؟

**إدارة الجلسة: جيزيلا نوك (الإسكوا)**

**تقديم العرض/العروض:** الكسندرا بوساراك، خبير (البنك الدولي)

**الجلسة السادسة: أمثلة على التنفيذ العملي للتصنيف الدولي لتأدية الوظائف والعجز والصحة**

ستقدم هذه الجلسة أمثلة على تجارب بعض الدول التي تنفذ التصنيف الدولي والآلية المتاحة في ذلك. وسيتم توضيح بعض الأسئلة التالية:

- ما هي التحديات التي تواجهها الدول في تنفيذ التصنيف الدولي؟
- كيف تغلبت الدول على التحديات التي تواجهها في تنفيذ التصنيف الدولي؟
- ما هي أنواع التغييرات التي أدخلتها الدول على تشريعاتها و/أو ممارساتها عند تنفيذ التصنيف الدولي؟

**إدارة الجلسة: السيدة جيزيلا نوك (الإسكوا)**

**تقديم العرض/العروض:** السيدة كارلا سابارييغو، خبيرة (منظمة الصحة العالمية)، الكسندرا بوساراك، خبير (البنك الدولي)

**الجلسة السابعة: اختتام الاجتماع**

ستشمل الجلسة الختامية مناقشات بشأن القضايا التالية، تعقبها الملاحظات الختامية.
- إمكانية إنشاء فرق عمل;
- النشاطات المستقبلية;
- الاجتماع القادم لفريق الخبراء العامل بين الدورات المعنية بالإعاقة;
- مناقشة تمويل اجتماعات عمل الفريق المستقبلية.

إدارة الجلسة: السيدة جيزيلا نوك (الإسكوا)
الكلمة الختامية: السيدة جيزيلا نوك (الإسكوا)
الكلمة الختامية: المملكة العربية السعودية