INTERNATIONAL AND REGIONAL PRACTICES FAVOURING 
THE INCLUSION OF PERSONS WITH DISABILITIES 
IN THE LABOUR MARKET
Preface

This paper constitutes the fourth in the Working Papers Series, which is produced by the Social Development Division of ESCWA. The research presented in this issue was conducted by the Social Policy Section as part of its ongoing efforts aimed at promoting an integrated approach to social policy and at fostering inclusive development in the region. Within that context, the paper responds to the Economic and Social Council resolution of July 2010, which “invites Governments, relevant organizations of the United Nations system, regional organizations and development partners to exchange views and share information on good policies and practices for mainstreaming social inclusion into social and economic policies at the national, regional and international levels aimed at achieving equity, equality, social inclusion, protection and cohesion, and recognizes existing efforts in this regard”.

This study is being published shortly after the United Nations Summit on the Millennium Development Goals (MDGs), which was held in New York, 20-22 September 2010, and which sought to remind the international community that MDGs could only be achieved by including the world’s 650 million individuals who are living with disabilities, and by encouraging their participation in the MDG process. The study also serves as a background paper for a report on poverty and disability, which will be submitted to the eighth session of ESCWA’s Committee on Social Development (Beirut, March 2011).

The paper was designed and authored by Ms Dina Tannir, Associate Social Affairs Officer, and has benefited from the overall guidance and comments by Ms Gisela Nauk, Chief of the Social Policy Section, and by the views of Mr Frederico Neto, Director of the Social Development Division. The author is especially grateful to Mr Elias Attieh for his support in collecting disability-related data, and laws and policies in ESCWA member countries. Special thanks also go to Ms Lina Nassar for assisting in compiling statistics from ESCWA region-wide censuses and for editing earlier drafts of the paper. Appreciation is further extended to Ms Lara El Khoury, Ms Tanja Sejersen and Mr. Paul Tacon for their helpful observations.

The Working Papers Series present preliminary research prepared by ESCWA staff aimed at promoting the exchange of ideas and at stimulating discussion around specific topics. The views expressed in this paper are those of the author and do not necessarily reflect the views of ESCWA. Comments and suggestions can be sent through the ESCWA website at: www.escwa.un.org/main/contact.asp.
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Executive summary

The World Health Organization (WHO) estimates that persons with disabilities constitute 10 per cent of the world’s population, with significant variations both within and among countries depending on differences in the definition of disability. In more developed countries, demographic ageing and improved data collection methods could yield higher rates for the prevalence of disability. However, even when exact numbers are difficult to find, it is generally agreed that there are more persons with disabilities in developing countries owing to communicable and chronic diseases, birth defects, warfare and injuries, most of which can be avoided through appropriate prevention and alleviation mechanisms.

Disability has long been at the forefront of the global development agenda, as an issue cutting across economic growth, social equity and social development. Fuelled by the Convention on the Rights of Persons with Disabilities and other related instruments, disability issues gain more weight in the international race to achieve the Millennium Development Goals (MDGs) by 2015. Failing to include persons with disabilities in every aspect of public life is likely to translate into a failure in achieving MDGs. In parallel, there is a growing concern that the exclusion of people with disabilities from the labour market has a pivotal price, namely, that marginalizing persons with disabilities raises the costs borne by public welfare systems. On the other hand, it can lead to an opportunity cost for the caregiver who would otherwise be working, thereby increasing poverty risk, worsening disability outcome and causing a life-long vicious circle of poverty, disability and exclusion.

Across the world, countries are acknowledging these linkages and are gradually reviewing laws, policies and programmes with a view towards integrating individuals with disabilities into all aspects of social and economic development, and towards increasing their access to services. However, despite numerous initiatives, persons with disabilities continue to face several hurdles in accessing education, vocational training and work opportunities. In the ESCWA region, the challenges include, among others, poverty, social stigma, lack of knowledge regarding personal rights, poor social protection systems and weak regulatory frameworks aimed at promoting and protecting the rights of persons with disabilities. Nevertheless, the most important challenge that faces persons with disabilities in the region is the recognition of disability itself. The majority of ESCWA member countries tend to maintain a medical approach in dealing with disability rather than one based on human rights; and policies are still founded on the principles of rehabilitation and prevention rather than on social integration and equity.

Against this backdrop, this working paper reviews international and regional policies and practices aimed at unlocking the economic potential of persons with disabilities and enabling them to earn a decent living. It takes stock of the contemporary knowledge on disability issues and the challenges faced by persons with disabilities in accessing job opportunities. Moreover, it canvasses good practices in promoting the employment of persons with disabilities and extracts lessons that will help the countries of the ESCWA region to mainstream disability in their national development strategies, including human resources development and labour market policies.

The paper starts by providing an overview of disability-related approaches, definitions and challenges, and points at the dearth of data on disability in the region. It then summarizes the principal instruments and international covenants that govern the equalization of rights for persons with disabilities and that promote their social integration in general and their inclusion in the labour market in particular. The paper showcases a number of international experiences that foster the economic participation of persons with disabilities, and provides a regional perspective by examining the types of measures that are implemented in ESCWA member countries aimed at offsetting the unemployment of persons with disabilities.

Building on the review of experiences and practices, the paper infers a number of conclusions. It underscores that persons with disabilities have an economic potential that can benefit them as individuals and as contributors in their societies. It shows that developed countries have addressed the unemployment of persons with disabilities by focusing on two pillars, namely: (a) the labour market, which emphasizes the use
of active labour market policies, quotas systems and anti-discriminatory laws; and (b) the social pillar, which adopts a welfare and social assistance ideology.

Conversely, the review asserts that ESCWA member countries need to exert more efforts in order to achieve an inclusive environment for persons with disabilities, let alone inclusive employment. While the majority of countries have enacted disability legislations, only one country, namely, Jordan, has a fully-fledged and operational disability strategy. In other countries, the traditional “care” approach is still dominant and the reference to the employment of persons with disabilities is often mainstreamed in the labour laws or other sectoral plans. In the same context, while all countries have endorsed the quota system, promoted rehabilitation programmes and introduced certain accessibility standards to support individuals with disabilities, enforcement actions are still absent or weak. In terms of social protection, the provisions for work-related disability are well established in all the countries of the region. However, the income of the majority of workers remains unprotected given that a large proportion of the labour force is in the informal sector, which is not covered by existing systems.

The paper stresses the need to enact laws that make discrimination against persons with disabilities a punishable act and to formulate policies that emphasize the rights-based approach and create equal opportunities. The working paper concludes with general policy recommendations aimed at mainstreaming disability issues in national development strategies, including health, education, transport, infrastructure and social protection strategies; and proposes more specific actions in order to make labour markets more inclusive and responsive to the potentials of persons with disabilities.
Introduction

The commitment to protect the rights of persons with disabilities and promote their effective participation in the social life has occupied a central position in the United Nations Development Agenda since 1982, when the international community adopted the World Programme of Action (WPA) concerning Disabled Persons. A number of instruments, frameworks and resolutions have followed at international and regional levels to support the main theme of WPA, namely, equalization of opportunities; and to advocate a rights-based approach to disability. With the entry into force of the Convention on the Rights of Persons with Disabilities in 3 May 2008, which constitutes the first legally binding human rights treaty that is specific to disability issues, a turning point was reached in the lives and status of persons with disabilities. Globally and regionally, countries are gradually amending existing disability laws, policies and services, or are enacting new ones aimed at protecting the rights and dignity of persons with disabilities and at ensuring their full and equal opportunities in terms of education, health, training, employment and participation.

Persons with disabilities constitute one of the world’s largest untapped minority groups. They make up an estimated 10 per cent of the world’s population, or some 650 million people. The International Labour Organisation (ILO) estimates that 470 million people in the working-age bracket have some kind of disability. In some countries, unemployment among this group could be as high as 80 per cent. In light of these facts, there is a growing interest in the costs of excluding persons with disabilities from the development sectors, particularly from the economic activity. The disability debate has shifted beyond the perceived cost associated with providing treatment and rehabilitation services for persons with disabilities, towards ensuring that persons with disabilities are able to earn a decent living and contribute to national development. It is estimated that the gross domestic product (GDP) loss owing to disability is approximately $2 trillion worldwide. A recent study in ten developing countries in Asia and Africa found that the price of excluding persons with disabilities from work resulted in economic losses in the range of 3-5 per cent of GDP.

The extra costs resulting from disabilities, such as those incurred by medical treatment, care providers and special equipment, can put persons with disabilities and their families at an economic disadvantage. In addition, excluding persons with disabilities from income-generating activities can be aggravated by an opportunity cost related to the inactivity of the family caregiver. Consequently, when provided with the right opportunities, reasonable accommodation at the workplace and adequate social protection, the employment of persons with disabilities can significantly improve their lives and that of their families as well as contribute to poverty reduction and economic growth. On the other hand, poverty can exacerbate disability outcome, thereby causing a vicious cycle of long-term disadvantage. A study by the World Bank cites that 15 to 20 per cent of the poor in developing countries have a disability and that rates could be higher in rural areas where access to health services, education and employment is limited.

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1 General Assembly resolution on the “World Programme of Action Concerning Disabled Persons” (A/RES/37/52).
The issue takes a particular twist when examined from the perspective of MDGs, particularly Goal 1, which places full employment and decent work for all (including, in other words, persons with disabilities) as a prerequisite for eradicating poverty. Excluding persons with disabilities from labour markets and other development strategies will likely undermine the MDG objective of fostering an inclusive and equitable development. Against this backdrop, the General Assembly of the United Nations has called for mainstreaming the concerns of persons with disabilities in all efforts aimed at achieving MDGs, and urged all stakeholders to acknowledge them as agents and beneficiaries of development.9

As the title indicates, this paper maps policies and programmes aimed at enabling persons with disabilities to access employment opportunities in the ESCWA region and selected countries. While this review is not exhaustive, it attempts to take stock of good practices in generating inclusive employment, presents developments in this field and identifies areas where national capacity could be strengthened in order to ensure that persons with disabilities engage in economic activity and contribute to their communities on an equal footing with other individuals.

The paper is prepared in the context of the ongoing efforts by the United Nations in general and by ESCWA in particular aimed at the following: (a) promoting a new resolution on social integration;10 (b) furthering the implementation of the outcomes of the World Summit on Social Development;11 and the twenty-fourth special session of the General Assembly;12 and (c) promoting the Convention on the Rights of Persons with Disabilities and its Optional Protocol.13 By sharing sound initiatives and lessons learned at the international and regional levels, this paper seeks to assist governments in the region, in cooperation with all concerned entities, in formulating, implementing and evaluating policies aimed at fighting the stigma attached to the employment of persons with disabilities and at increasing their productivity in relation to the total workforce.

Chapter I presents an overview of the disability concept and how it evolved, and notes the problems associated with the lack of consensus on the definition of disability and the limited availability of disability-related data, particularly in the ESCWA region. It provides a snapshot of the demographics and characteristics of persons with disabilities worldwide in addition to information on the prevalence and causes of disability in the ESCWA region. Chapter II highlights the major challenges facing persons with disabilities in terms of poverty, education, gender, employment, health, demographic change as well as the roles of the family and State in mitigating the effects of these challenges and in providing support and assistance.

Chapter III focuses on the principal instruments and international covenants that govern the equalization of rights for persons with disabilities and promote their integration and participation. It reviews other instruments and recommendations that specifically address the inclusion of persons with disabilities in the labour market, and discusses a number of international approaches and good practices in this area in terms of active labour market policies, regulatory frameworks, and implementation and coordination mechanisms. Emphasis is placed on legislative instruments covering quota systems, anti-discrimination legislation and disability insurance.

Chapter IV examines the social and economic integration of persons with disabilities from a regional lens. It delves into the degree of implementing the recommendations emanating from relevant international

9 General Assembly resolution on “Realizing the Millennium Development Goals for persons with disabilities” (A/RES/64/131).
12 General Assembly resolution on “Further initiatives for social development” (A/RES/S-24/2).
and regional frameworks by examining such issues as political commitment and efforts made towards building an inclusive and barrier-free society. In this chapter, information is presented on legislation, policies and programmes aimed at promoting the social inclusion and employment of persons with disabilities, including, among others, disability-specific sectoral legislations, disability-specific anti-discriminatory laws and national action plans or strategies on disabilities. Equally identified, wherever available, are the national coordination mechanisms and institutional frameworks that are responsible for the design, coordination, implementation and evaluation of disability policies and programmes.

Chapter V summarizes the main lessons learned from the international and regional practices that foster the inclusion of persons with disabilities in the labour market. It also discusses, wherever the relevant information exists, the impact of these policies and the major barriers and policy gaps that prevent their effective implementation. The paper concludes with policy recommendations to move forward with the disability and employment agenda in the ESCWA region; and underscores, among others, the need to promote equal opportunities in employment, increase the availability and accessibility of rehabilitation and training services, create an accessible working environment, improve disability insurance systems and strengthen national capacities in the design and delivery of disability policies and programmes.

While the dearth of disability statistics in the ESCWA region and the differences related to disability definitions and data collection methods impede cross-country comparison, it is hoped that the compilation of the available knowledge set forth in this study can illustrate regional trends in the development of policies, programmes and practices that favour the inclusion of persons with disabilities in the labour market. It is worth noting that the policies and practices described in this paper do not explicitly distinguish between the different manifestations or types of disability. As such, the review describes policies for persons with disabilities in general, unless otherwise indicated.
I. CONCEPTS AND DEFINITIONS OF DISABILITY

The definition of “persons with disabilities” and how society perceives such persons is both relative and complex. In some countries, persons with some degree of disability are regarded as disabled, while in others they are not disabled. As noted above, differences in disability definitions, data collection methods and the lack of a common classification system yield incomplete or inconsistent data, thereby complicating comparisons across countries or regions in terms of disability-specific interventions and services. The following section presents an overview of the evolving concepts of disability and some of the definitions used in the ESCWA region.

A. EVOLUTION OF THE DISABILITY CONCEPT

Theoretically, there are four historical models of disability, namely: (a) the moral model, the oldest model, which regards disability as the result of sin and a cause for shame for the family; (b) the medical model, which considers disability as a sickness that must be “cured” through sustained medical intervention; (c) the rehabilitation model, which regards persons with disabilities as in need for institutionalization and rehabilitation services in order to be reintegrated in society; and (d) the social model, which started to gain weight under the disability-rights movement in the 1960s. This last model regards disability as a normal aspect of life, arguing that most people will experience some form of disability at one point of their lives. It claims that disability is not an individual attribute but a blend of conditions, many of which are caused by the inability of society to facilitate the interaction of persons with disabilities with their environment. According to this model, discrimination is often the cause of predicaments experienced by persons with disabilities rather than their own impairments. Consequently, the management of disability concerns is the responsibility of the society, requiring attitudinal and political actions in order to safeguard the rights of persons of disabilities and ensure their full integration in all aspects of social life.

The medical and rehabilitation models have been widely criticized as too simplistic and subjective. Some disability rights groups argue that the adoption of these models affects the selection criteria by which persons with disabilities are entitled to social assistance. Others claim that they cause lower economic activity rates among persons with disabilities who want to work but fear losing their disability insurance benefits. The International Year of the Disabled Person (1981) helped the transition from the conventional medical assistance model to a progressive social one by emphasizing that social attitudes are the major barrier to the full participation and equality of persons with disabilities.

B. DEFINING DISABILITY: AN ONGOING CHALLENGE FOR RESEARCH AND POLICYMAKING

The absence of a common definition and measurement of disability is an ongoing challenge that impedes the collection of reliable disability data and, hence, the formulation of effective integration policies. For instance, according to the Lebanese Law No. 220/2000 on the rights of persons with disabilities, a disabled individual is “a person whose ability has decreased or can no longer do the following: exercise one or more important life activity; secure his personal life needs on his own; participate in social activities on an equal basis with others; ensure a normal personal or social life as per his society’s standards; because of the loss or deficiency in physical, sensory or mental functions, totally or partially, temporarily or permanently, resulting from problems with delivery or an acquired disease or from a medical condition that has lasted for more than it should”. On the other hand, in Yemen, Law No. 61/1999 on the care and

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14 The medical model was the accepted norm until recent years and has affected the formulation of disability-related policies worldwide.

15 See D. Kaplan, “The Definition of Disability” (1999), which is available online at: www.accessiblesociety.org/topics/demographics-identity/dkaplanpaper.htm; and M. Oliver, “The Individual and Social Models of Disability” (1990), which was presented at the Joint Workshop of the Living Options Group and the Research Unit of the Royal College of Physicians.

rehabilitation of the disabled classifies an individual with disability as “every person, male or female, medically proven as suffering from permanent disability total or partial disability, due to injury or illness which resulted in his inability to learn or engage in any activity partially or in full manner”.17

Even within the same country, the definition of disability varies depending on the purpose for which it is being used, including health care and rehabilitation, income protection, employment and social assistance. In the case of Egypt for example, the Maternal and Child Health Survey, which was conducted in 1991, defined a person with disability as any household member having any long-term condition or health problem that prevents or limits their participation in activities enjoyed by non-disabled counterparts.18 Another definition is adopted by Law No. 39/1975 in Egypt on the rehabilitation of persons with disabilities whereby a person with disability is any person who has become unable to rely on himself in engaging in work or doing some other stable work and whose ability decreased owing to organ failure, mental or sensory deficiencies, or as a result of a congenital disability since birth. A comparable albeit narrower perspective is adopted by most social security schemes that cover old age, survivor benefits and disability in the region. These schemes define disability as “a case in which the underlying condition and subsequent impairment prevent the affected individual from performing work that the individual would otherwise be qualified to undertake”.19

While there is no clear demarcation between the various definitions adopted by these countries, they remain different from the definition that has been developed by the World Health Organization (WHO) and that has so far proved to be globally accepted. Specifically, WHO describes disability as “an umbrella term, covering impairments, activity limitations, and participation restrictions. Impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. Thus disability is a complex phenomenon, reflecting an interaction between features of a person’s body and features of the society in which he or she lives”.20 This definition captures the social implications of disability and points that disability is not merely the outcome of a health condition, but rather that it also depends on how the immediate environment perceives and interacts with the impairment. As such, this definition cuts across a key dimension of social inclusion, namely, the ability to participate in public life without discrimination.

The International Classification of Functioning, Disability and Health (ICF) is the WHO framework for measuring health and disability at both individual and population levels.21 ICF integrates the medical and social models that were proposed to explain disability; and looks at health from body, individual and societal perspectives and classifies it by means of two lists, namely, a list of body functions and structure, and a list of domains of activity and participation. Given that an individual’s functioning and disability occurs in a specific context, ICF also includes a list of environmental factors that are thought to affect disability outcome.22

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18 B. El-Deeb, “National Report on Disability Statistics in Egypt”, which was presented at the Regional Workshop on Disability Statistics (Beirut, 21-23 March 2005).
19 The World Bank, “A Note on Disability Issues in the Middle East and North Africa” (June 2005).
20 World Health Organization (WHO), which is available online at: www.who.int/topics/disabilities/en/.
21 The International Classification of Functioning, Disability and Health (ICF) was officially endorsed by all 191 member countries of WHO in the Fifty-fourth World Health Assembly on 22 May 2001, as the international standard to describe and measure health and disability. The ICF lists nine broad domains of functioning that can be affected by disability, namely: learning and applying knowledge; general tasks and demands; communication; mobility; self-care; domestic life; interpersonal relationships; major life areas; and community; social and civic life.
22 The International Classification of Functioning, Disability and Health (ICF) is available online at: www.who.int/classifications/icf/en/.
C. DEMOGRAPHICS OF DISABILITY

Mapping disability is quite challenging, especially in developing countries where sources on disability information are relatively in short supply, while conceptual and methodological differences are plentiful. Besides, disability is an evolving concept that depends on the interaction between the individual and the community at large and, moreover, on developments in the medical and technological fields.

The United Nations notes that in countries with life expectancies of over 70 years, individuals spend an average of 8 years of their life (or 11.5 per cent) living with disabilities. According to the United Nations Children’s Fund (UNICEF), 14 to 34 per cent of children in developing countries have some kind of disability. In 2007, the Organisation for Economic Co-operation and Development (OECD) reported that 30.2 million people in OECD member countries received disability benefits. Moreover, in the United States of America, people with disabilities constitute the third largest minority group, representing some 37.8 million individuals.

The World Bank notes that persons with disabilities comprise 15 to 20 per cent of the poor in developing countries, and are considered as the most disadvantaged group in their own communities. Meanwhile, the United Nations Educational, Scientific and Cultural Organization (UNESCO) claims that the mortality rates among children with disabilities is 80 per cent and that 98 per cent of children with disabilities in developing countries are not enrolled in schools, thereby reducing their likelihood to access training and employment opportunities.

There is a general consensus that an inverse relationship exists between disability status and access to education and employment opportunities, with researchers quoting the figure of 3 per cent literacy rate for adults with disabilities. Persons with disabilities are at least twice as likely as non-disabled counterparts to be unemployed, and their earnings are substantially lower. In industrialized countries, 50 to 70 per cent of persons with disabilities of working age are unemployed; this figure rises to 80 and 90 per cent in developing countries.

With regards to gender, women with disabilities are overtly disadvantaged in terms of accessing adequate housing, health, education, vocational training and employment; and are more likely to be abused and institutionalized. They also experience inequality with respect to being hired, promoted and paid for equal work, and rarely participate in public decision-making. In the majority of OECD member countries, women report more disability incidents and claim more disability benefits than men. It is argued that as more women enter the job market, they become more vulnerable to stress-related disabilities given that they

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23 UNICEF, “ChildInfo: Monitoring the Situation of Children and Women”, which is available online at: www.childinfo.org/disability_progress.html.
have to cope with the dual functions of working and taking care of their families. In terms of spatial differentials, higher disability rates are found in rural areas.\textsuperscript{31}

While disability can strike individuals at all stages of life, the prevalence and severity of disability is more visible as people age. Moreover, while research ascertains that more persons with disabilities live in poorer countries, disability rates appear to be higher in more developed countries. These findings could be attributed to the fact that life expectancy is higher in more developed countries, which translates into more cases of certain types of age-related impairments as people grow old. Another explanation could relate to the capacity of these countries to better diagnose and report different types of disability.\textsuperscript{32}

D. PREVALENCE OF DISABILITY IN THE ESCWA REGION

It is often noted that countries of the ESCWA region report very low prevalence rates of disability, as compared to other regions. Indeed, table 1 shows that disability rates range between 1 per cent in Bahrain to 4.8 per cent in Sudan. These low rates owe to the narrow definitions used in censuses and surveys, which often focus on the most severe types of impairments (such as blindness, deafness and paralysis, among others) rather than on activity limitations and functioning. Certain categories, including psychiatric disorders, learning difficulties, specific chronic and debilitating illnesses, are not always included in the questionnaires. Furthermore, disability related to old age can be easily overlooked. The lack of a comprehensive definition and classification is likely to result in underreporting of disability, especially in communities where disability is seen as a source of shame or stigma.

\begin{table}[h]
\centering
\caption{Prevalence of disability in the ESCWA region, various years}
\begin{tabular}{l|c|c|c|l}
\hline
Country or territory & National population & National population with disabilities & Prevalence of disability (%) & Source \\
\hline
\hline
Egypt & 72,322,455 & 475,576 & 0.6 & Central Agency for Public Mobilization and Statistics, “Egypt in Figures” (March 2009). \\
\hline
Iraq & 32,105,000\textsuperscript{a} & 1,000,000\textsuperscript{b} & 3.1 & a/ Central Organization for Statistics and Information Technology, “Annual Abstract of Statistics 2008-2009”.
\textsuperscript{a}b/ http://www.arabspine.net/index.php?Itemid=56&id=491&option=com_content&task=view. (in Arabic), “Disabled in Iraq”.
\hline
Jordan & 4,681,969 & 60,364 & 1.3 & Department of Statistics, “Population and Housing Census 2004”. \\
\hline
Kuwait & 860,324\textsuperscript{a} & 33,000\textsuperscript{b} & 1.2\textsuperscript{a} & a/ Central Statistic Office, “Statistical Review”, 33\textsuperscript{rd} edition (2010).
b/ Kuwait Times, “UNDP launches new project for the disabled” (10 June 2010). \\
\hline
\hline
\end{tabular}
\end{table}

\textsuperscript{31} United Nations, \textit{Disability Statistics Compendium} (1990), which is available online at: http://unstats.un.org/unsd/publication/seriesy/serysy_4e.pdf.

\textsuperscript{32} The World Bank Middle East and North Africa Region, “A Note on Disability Issues in the Middle East and North Africa” (2005).
<table>
<thead>
<tr>
<th>Country or territory</th>
<th>National population</th>
<th>National population with disabilities</th>
<th>Prevalence of disability (%)</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oman</td>
<td>2,017,559</td>
<td>..</td>
<td>..</td>
<td>Ministry of National Economy, “Facts and Figures 2009” (June 2010).</td>
</tr>
<tr>
<td>Qatar</td>
<td>744,029</td>
<td>2,399</td>
<td>0.3</td>
<td>Central Statistical Organization, “Population Census 2004”.</td>
</tr>
<tr>
<td>Saudi Arabia</td>
<td>22,678,262</td>
<td>124,596</td>
<td>0.5</td>
<td>Central Department of Statistics, “Population Census 2004”.</td>
</tr>
<tr>
<td>Sudan</td>
<td>38,204,960</td>
<td>1,854,985</td>
<td>4.8</td>
<td>Central Bureau for Statistics, “Population Census 2008”.</td>
</tr>
<tr>
<td>United Arab Emirates</td>
<td>825,495</td>
<td>..</td>
<td>..</td>
<td>Central Statistical Department, “National Census 2005”.</td>
</tr>
<tr>
<td>Yemen</td>
<td>19,685,191</td>
<td>379,924</td>
<td>1.9</td>
<td>Central Statistical Office, “Population and Housing Census 2004”.</td>
</tr>
</tbody>
</table>

Source: Compiled by ESCWA based on the respective sources set forth above.

Note: Two dots (..) indicate that data are not available.

The above disability rates diverge considerably from the global average of approximately 10 per cent, as estimated by WHO. Hypothetically, applying the average estimated rate to the total population of the ESCWA region in 2009 would result in some 26 million persons with disabilities.33

The primary determinants of disability in the region, particularly in rural areas, include communicative and chronic diseases, disability stemming from poor nutrition and weak access to health care services, consanguineous marriages and inadequate maternal and child health care. Most of these causes are avoidable through awareness-raising and comprehensive primary and reproductive health-care services. Equally preventable are road accidents, which represent an alarmingly significant cause of disability in the region. According to WHO, the eastern Mediterranean region has one of the highest road traffic fatality rates in the world, which implies an equally high rate of disabilities caused by road accidents.34 In the ESCWA region, Egypt was the top contributor to road injuries in 2007, with 154,000 traffic injuries, followed by Saudi Arabia, with 36,025 injuries.35

Other forms of disability in the region can be attributed to work-related injuries or arising from conflicts and their aftermaths, such as landmines to which children are particularly vulnerable. There is some evidence to suggest that for every person killed as a result of conflict, three others become permanently

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33 Calculated on the basis of population projections provided in United Nations, World Population Prospects: The 2008 Revision (2009), which is available online at: [http://esa.un.org/unpp](http://esa.un.org/unpp). These population projections incorporate both national and non-national populations.


35 Ibid.
disabled. In Iraq, the number of persons with disabilities is believed to be 3 times higher than the official figures and substantially higher than the international average as a result of war, terrorism and the subsequent breakdown of health and rehabilitation systems. In South Lebanon, mines and explosive remains from war continue to kill and injure civilians. Since 2006, 227 cases of civilian casualties of unexploded cluster munitions have been reported. Similarly, during the military operation by Israel against Gaza between December 2008 and January 2009, 1440 Palestinians were reported killed and 5380 others were wounded. The United Nations Fact-Finding Mission on the Gaza Conflict states that 30 per cent of people who sustained injuries still face the risk of permanent disabilities owing to the severity of their injuries and the lack of adequate and timely medical attention and rehabilitation.

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II. CURRENT AND EMERGING DISABILITY ISSUES

Policymakers, civil society organizations and international development practitioners are recognizing the interdependence between disability, discrimination and vulnerability, and are gradually incorporating disability concerns in policy processes and programmes. Disability concerns are cross-cutting and range from such well established issues as physical accessibility, medical care, rehabilitation and support services, to more complex socio-economic and legal factors. This chapter presents an overview of the latter, with a reference to the ESCWA region whenever applicable.

A. DISABILITY, EXCLUSION AND POVERTY

People with disabilities are often excluded from mainstream development, especially in developing countries. The concentration of disability services in the main cities renders accessibility to these services more problematic for people living in rural and remote areas. Other leading causes of exclusion include subtle forms of discrimination, stigmatization, lack or limited access to social environment, deficient education and training, lack of enabling legislation, unemployment, inadequate benefits systems, overprotection and lack of public awareness, which all affect the ability of persons with disabilities to manage an independent life and strain the resources of their families. In many parts of the ESCWA region, the lives of persons with disabilities are very challenging given that families tend to “hide” or overprotect them, and have no or little expectations for their development, especially women with disabilities. Consequently, some persons with disabilities become withdrawn, reliant on their caregivers or disability benefits and do not enjoy the empowerment and productive life that is possible through social participation. For those who lead a more independent life, major exclusion factors include access to information and infrastructure, discrimination and an unsupportive policy environment.

In this context, it is not surprising that disability is intrinsically linked to poverty and can be both a risk factor of poverty and a consequence of poor living conditions. The additional costs resulting from disability treatment and devices can put persons with disabilities or their families at an economic disadvantage in the absence of income maintenance or disability insurance programmes. On the other hand, poor families often fail to have adequate food supplies, which can cause malnutrition, developmental disabilities and debilitating diseases. Moreover, inadequate housing, poor sanitation and an absence of preventive health care can further aggravate disease outcome, especially if the person with disability is the breadwinner, thereby resulting in a vicious circle of deprivation and exclusion.

B. DISABILITY AND GENDER

The gender gap is particularly worsened by disability. Women with disabilities are known to be significantly disadvantaged given that they experience exclusion on account of their gender and their disability. According to estimates by WHO, women with disabilities constitute around 10 per cent of the world’s female population. The World Bank cites that women with disabilities make up 75 per cent of the population with disabilities in low- and middle-income countries, and that 65 to 70 per cent of these women live in rural areas. Women can be at a higher risk of disability than men for several reasons, including poor access to health services, particularly during pregnancies; poor nutrition; poor working conditions; and gender-based violence. In general, disability tends to be higher and more serious among women in the age group 75 and above. This reflects the higher life expectancy of women and the development of more severe forms of disabilities, such as locomotor, hearing and sight disabilities.

41 Ibid.
42 According to some estimates, every minute more than 30 women are seriously injured or disabled during child labour. See, for example, Women Watch, “Women with Disabilities”, which is available at: www.un.org/womenwatch/enable.
Among persons with disabilities, women are less likely than men to have jobs. For example, in the countries of the European Union (EU), 49 per cent of women with disabilities and 61 per cent of men with disabilities are employed, compared to 64 per cent of non-disabled women and 89 per cent of non-disabled men. In the Republic of Korea, 20.2 per cent of disabled women and 43.5 per cent of disabled men are employed, compared to 49.2 and 71.1 per cent for non-disabled women and men, respectively. In the ESCWA region, women with disabilities are generally among the more vulnerable and marginalized groups of society. In more conservative Arab communities, traditions and social norms trap women in an endless circuit of discrimination, thereby reducing their opportunities for marriage, their access to adequate education and rehabilitation, and their participation in economic and leisure activities.

C. DISABILITY AND EDUCATION

Accessibility to quality education is a precondition for the development of any person and paves the way for self-reliance, empowerment and social integration. For persons with disabilities, quality and special education is not always available. According to a study in 1998 by the United Nations Development Programme (UNDP), the global literacy rate for adults with disabilities was a mere 3 per cent and only 1 per cent for women with disabilities. In OECD member countries, higher rates of disability are found among persons with lower educational attainment. In the Arab region, educational systems continue to exclude as much as 95 per cent of the school-age population at the primary level, and virtually the entire disabled population at the university level. In Jordan, for example, the illiteracy rate among persons with disabilities is 30.5 per cent, compared to a national average of 9.3 per cent; only 4.2 per cent of persons with disabilities have a university degree; and participation in vocational training is very low.

Another important challenge facing the inclusion of persons with disabilities in educational facilities is their heterogeneity as a group. Specifically, a disability can relate to a physical, sensory, intellectual or psychological affliction; and could have been acquired during conception or later in life as a result of disease, accident or work-related injury. Consequently, different types and severities of disability affect learning and the working capacities of persons with disabilities, thereby impacting the extent of their integration into society.

D. DISABILITY AND EMPLOYMENT

Excluding persons with disabilities from work is an opportunity cost borne by the individual as well as the society at large. From an economic perspective, lower employment results in poverty, lower economic performance, reduced consumption rates and tax revenues. From a social perspective, excluding the disabled from income-generating activities engenders feelings of worthlessness and disempowerment, and increases the pressure on disability insurance schemes and informal support networks. Nevertheless, persons with disabilities face many hurdles in accessing vocational training and employment opportunities. Specifically, business owners believe that employing persons with disabilities incurs extra costs in order to make the workplace disability-friendly. Another important barrier to getting jobs relates to the eligibility criteria of

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disability benefits programmes, which can discourage persons with disabilities from seeking work if it deprives them from potential social assistance. Other known reasons for the low employment rates among persons with disabilities include the following: low level of education and training; existing unemployment in the population at large; concern about insurance costs; lack of information on job opportunities; and lack of supporting devices and technologies at the workplace.

Data from the American Community Survey of 2008 showed that the employment rate of working-age people with disabilities in the United States of America was 39.5 per cent, compared to 79.9 per cent of those without disabilities. Similarly, almost 70 per cent of persons with disabilities in Latin America are reported to be unemployed and those who are in the workforce often receive little or no compensation for their work. In the ESCWA region, research carried out in Yemen by the World Bank found that only 12 per cent of persons with disabilities in the working age were economically active.

Women with disabilities face even more difficulties in accessing the job market, compared to their male counterparts and to non-disabled women. A study on gender and disability reported that only 2 per cent of women with disabilities in Kuwait were economically active, compared to 10 per cent for other women and 20 per cent for men with disabilities. Table 2 shows the employment situation of persons with disabilities in the limited number of ESCWA members where relevant data was available.

<table>
<thead>
<tr>
<th>Country</th>
<th>Population with disabilities (+15)</th>
<th>Persons with disabilities who are employed</th>
<th>Proportion of persons with disabilities who are employed (%)</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bahrain</td>
<td>3,130</td>
<td>489</td>
<td>15.6</td>
<td>2001</td>
</tr>
<tr>
<td>Jordan</td>
<td>42,744</td>
<td>6,412</td>
<td>15.0</td>
<td>2004</td>
</tr>
<tr>
<td>Palestine</td>
<td>33,016</td>
<td>8,363</td>
<td>25.3</td>
<td>1997</td>
</tr>
<tr>
<td>Qatar</td>
<td>1,699</td>
<td>248</td>
<td>14.6</td>
<td>2004</td>
</tr>
<tr>
<td>Syrian Arab Republic</td>
<td>128,838</td>
<td>22,249</td>
<td>17.3</td>
<td>2004</td>
</tr>
</tbody>
</table>


E. DISABILITY AND HEALTH

According to WHO, every individual can experience a decrement in health at a certain stage of life and, hence, some degree of disability. Aside from genetic factors and accidents, health and behavioural factors are primary contributors to the onset and process of disability. These include inappropriately treated diseases, depression, sensory and physiological impairments, sedentary lifestyles, unhealthy dietary habits, obesity, substance and alcohol abuse, and smoking. The high prevalence of these factors in any population

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is an important public health concern and requires proper intervention measures aimed at preventing
disability and reintegrating affected individuals in normal life through rehabilitation and treatment.

Another health issue that requires consideration in public health policy is the relationship between
HIV/AIDS and disability. Persons with disabilities are just as susceptible as non-disabled counterparts to
different kinds of life-threatening and debilitating diseases, including HIV/AIDS. On one hand, persons with
disabilities are at a higher risk of exposure to HIV for a number of reasons, including inadequate access to
HIV prevention and support services, sexual abuse and unavailability of HIV information in accessible or
tailored formats. Moreover, people living with HIV can develop impairments as the disease progresses,
which interfere with their functional capacity and their participation in society.54

Additionally, the risk imparted by environmental health factors on the disablement process must not
be underestimated. These include, among others, inadequate sanitation, unsafe water, pollution, and the use
of pesticides and occupationally hazardous substances.

Whether congenital, environmental or behavioural, the extent to which these risk factors affect the
prevalence of disability is not clear. It is certain, however, that countries worldwide have established
different types of insurance systems aimed at alleviating the impact of these factors on the well-being of
persons with disabilities through income maintenance and by providing health-care and rehabilitation
services. These systems are identified as disability benefits or disability pensions, and are provided by
government agencies to persons who become temporarily or permanently unable to continue working as a
result of disability or work-related injury. The increased spending on disability benefits, particularly in EU
countries and the United States, has fuelled the formulation of measures and policies that motivate persons
with disabilities to return to work and reintegrate them in the labour market. One of the examples reported
was that of the United Kingdom of Great Britain and Northern Ireland, where the expenditure on disability
pensions increased from 0.9 per cent of GDP in 1980 to 2.6 per cent two decades later.55

F. DISABILITY AND THE POLICY ENVIRONMENT

Worldwide, persons with disabilities are confronted with barriers involving access to information and
public administration systems, which prevent them from exercising their citizenship and political rights as
non-disabled counterparts. The ESCWA region is no exception. A great deal of work is needed to provide
the necessary buy-in and enabling legislation in order to promote and protect the rights of persons with
disabilities and increase their access to information and opportunities. It is also unclear how disability-related
policy is implemented and monitored, and how much civil society organizations are able to influence
decision making and hold governments accountable for the implementation of disability-related legislation.
The absence of a robust regulatory system is reinforced by the lack of evidence-based disability policies in
the region. Despite the importance of collecting statistics on the size, type, prevalence and cause of
disability, data are still incomplete or missing from national development plans and statistical databases.

G. DISABILITY AND SOCIAL SUPPORT

Historically, disability support and services were invoked by compassion, charity and medical care,
and were provided first hand by philanthropic and religious-based organizations. In 1993, the world’s
commitment to the case of persons with disabilities was boosted with the adoption of the Standard Rules on
the Equalization of Opportunities for Persons with Disabilities. While all ESCWA member countries have
adopted the Standard Rules, the approach for supporting persons with disabilities is not fully based on the
“equalization of rights”. The implementation of this approach is challenged by a lack of awareness about

55 M. Kivimäki et al., “Diagnosis-specific sick leave as a risk marker for disability pension in a Swedish population”,
rights and by cultural norms whereby caring for the vulnerable is believed to be the responsibility of the
family rather than the State.56

The existing social protection architecture is another challenge. Generally speaking, while the majority
of ESCWA member countries provide protection against occupational injury, this is not part of a
comprehensive social protection strategy. Social insurance schemes tend to be fragmented and cover only a
fraction of the labour force, namely, workers in the formal sector. In addition, these schemes suffer from low
coverage, financial constraints and poor management, thereby making them inadequate for the purpose of
meeting fully the needs of persons with disabilities or for protecting the income of the informal workers in
cases of sudden disability.

H. DISABILITY AND DEMOGRAPHIC CHANGE

There is a demographic dimension to disability, especially in those countries at an advanced stage of
the demographic transition. In 2006, faced with a shrinking workforce and an ageing society, the European
Council called for mining the potential of the millions of people who are excluded from the labour market
and identified persons with disabilities as one of the most important groups. For ESCWA member countries,
the demographic transition presents a new challenge to the management of disability. Demographic change
affects the age structure as well as disease and mortality patterns of the population and, hence, different types
of disability.57 In the ESCWA region, the ageing process is slow considering that the region is still dealing
with a history of high fertility rates and experiencing a youth bulge. Nevertheless, when examining ageing in
absolute terms, it appears that the number of persons aged 65 and over in the region doubled from 3.7 million
in 1980 to 7 million in 2000, and is expected to reach 14.3 million by 2020.58 Consequently, it is expected
that the number of older persons with disabilities will also increase. For health policymakers, this issue
requires early attention and intervention in order to respond to the needs of the increasing number of elderly
with disabilities in terms of home care, geriatric research and care, hospitalization and nursing homes.
Additionally, with evolving demographic transition, urbanization and industrialization, countries of the
region will need to deal with higher levels of chronic diseases, traffic accidents and work-related injuries, in
addition to prevailing communicable diseases and illnesses.

Another facet by which demographic change can affect persons with disability is the changing role of
the family. While family remains the primary caregiver for a person with disability in the region, social
changes brought about by modernization and migration are slowly transforming the extended family
structure, thereby threatening to weaken the traditional system that provides support for persons with
disabilities. These changes could lead to a “disability pension crisis” and call for sustainable forms of social
support and social protection for those who will be affected.

56 H. Al Thani, “Disability in the Arab region: Current situation and prospects”, Journal for Disability and International
58 ESCWA, “The Demographic Profiles of the Arab Countries” (E/ESCWA/SDD/Technical Paper.9).
III. TOWARDS THE FULL INTEGRATION OF PERSONS WITH DISABILITIES

A. INTERNATIONAL MANDATES: PROMOTING THE RIGHTS AND SOCIAL INTEGRATION OF PERSONS WITH DISABILITIES

The past four decades have witnessed a myriad of events and initiatives agreed upon by the international community that have focused either exclusively or partly on safeguarding the rights of persons with disabilities and on supporting their inclusion in all aspects of life (see table 3). The three main instruments entrusted with these issues are summarized below.

<table>
<thead>
<tr>
<th>Year</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1975</td>
<td>Declaration on the Rights of Disabled Persons</td>
</tr>
<tr>
<td>1981</td>
<td>International Year of Disabled Persons</td>
</tr>
<tr>
<td>1982</td>
<td>World Programme of Action Concerning Disabled Persons</td>
</tr>
<tr>
<td>1983-1992</td>
<td>International Decade of Disabled Persons</td>
</tr>
<tr>
<td>1983</td>
<td>Vocational Rehabilitation and Employment (Disabled Persons) Convention (No.159) and Recommendation (No. 168)</td>
</tr>
<tr>
<td>1990</td>
<td>World Declaration on Education for All and Framework for Action to Meet Basic Learning Needs</td>
</tr>
<tr>
<td>1994</td>
<td>International Conference on Population and Development and its Programme of Action</td>
</tr>
<tr>
<td>1995</td>
<td>World Summit for Social Development, Copenhagen Declaration and Programme of Action</td>
</tr>
<tr>
<td>1995</td>
<td>The Beijing Platform for Action, Fourth World Conference on Women</td>
</tr>
<tr>
<td>2010</td>
<td>General Assembly resolution 64/131 of February 2010 on “Realizing the Millennium Development Goals for persons with disabilities”</td>
</tr>
<tr>
<td>2010</td>
<td>Economic and Social Council resolution 2010/12 of July 2010 on “Promoting social integration”</td>
</tr>
<tr>
<td>2010</td>
<td>Economic and Social Council resolution 2010/13 of July 2010 on “Mainstreaming disability in the Development Agenda”</td>
</tr>
</tbody>
</table>

Source: Compiled by ESCWA.

The Declaration on the Rights of Disabled Persons, which was adopted in 1975, was among the first instruments to advocate human rights principles related specifically to persons with disabilities. Emphasis on the rights-based approach to disability gained momentum with the designation of the International Year of the Disabled (IYDP) in 1981, and with the formulation of the World Programme of Action Concerning Disabled Persons (WPA) in 1982. WPA is a global strategy with three core objectives related to disability prevention, rehabilitation and equalization of opportunities, and the participation of persons with disabilities in social life and social development. In order to provide a time frame during which governments and organizations can implement the activities recommended by WPA, the General Assembly of the United Nations proclaimed the period 1983-1992 as the United Nations Decade of Disabled Persons.

In 1993, the General Assembly adopted the Standard Rules on the Equalization of Opportunities for Persons with Disabilities. This instrument was designed to inform disability policymaking and to provide a

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59 General Assembly resolution 3447 (XXX) of 9 December 1975 on the Declaration on the Rights of Disabled Persons.

60 General Assembly resolution on the “International Year of Disabled Persons” (A/RES/36/77).

61 General Assembly resolution on the “World Programme of Action Concerning Disabled Persons” (A/RES/37/52).

62 Ibid.

basis for technical and economic cooperation among States in this field. The 22 rules summarize the message of the World Programme of Action and set forth preconditions and target areas for equal participation, implementation measures and monitoring mechanisms. The Standard Rules also provide for the appointment of a Special Rapporteur to monitor their implementation.

These normative instruments represent a moral and political commitment by States to achieve the equalization of opportunities for persons with disabilities, and can be used as blueprints to enact disability legislation or to formulate disability-inclusive policies. Nonetheless, evidence showed that potentials of persons with disabilities were not sufficiently harnessed and they remained excluded, especially from the economy. Continued violation of rights called for the establishment of a comprehensive international contract that determines the legal obligations on States to promote and protect the rights of persons with disabilities.

As a result, the Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol was adopted by the United Nations General Assembly on 13 December 2006. 64 CRPD was opened for signature on 30 March 2007 and entered into force on 3 May 2008, making it the first legally binding instrument to protect fully the rights of persons with disabilities. A list of signatures and ratifications by Arab countries to the Convention on the Rights of Persons with Disabilities is provided in table 4.

CRPD represents a paradigm shift away from attitudes that consider persons with disabilities as objects of charity, medical treatment and social assistance, to active development agents and holders of rights. It identifies the civil, cultural, economic, political and social rights of persons with disabilities as well as the obligations of the State to promote, protect and enforce those rights. Thus, the Convention goes beyond other human rights treaties in delineating responsible actions that the State needs to take in order to create an enabling environment, fight discrimination and achieve social equity. 65

TABLE 4. ARAB COUNTRIES THAT HAVE SIGNED AND/OR RATIFIED THE CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES AND ITS OPTIONAL PROTOCOL, AS OF NOVEMBER 2010

<table>
<thead>
<tr>
<th>Country</th>
<th>Convention Signature Date</th>
<th>Protocol Signature Date</th>
<th>Convention Ratification Date</th>
<th>Protocol Ratification Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algeria</td>
<td>30-3-2007</td>
<td>30-3-2007</td>
<td>12-4-2009</td>
<td></td>
</tr>
<tr>
<td>Bahrain</td>
<td>25-6-2007</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comoros</td>
<td>26-7-2007</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Egypt</td>
<td>4-4-2007</td>
<td></td>
<td>14-4-2008</td>
<td></td>
</tr>
<tr>
<td>Jordan</td>
<td>30-3-2007</td>
<td>30-3-2007</td>
<td>31-3-2008</td>
<td></td>
</tr>
<tr>
<td>Lebanon</td>
<td>14-6-2007</td>
<td>14-6-2007</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Libyan Arab Jamahiriya</td>
<td>1-5-2008</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morocco</td>
<td>30-3-2007</td>
<td></td>
<td>8-4-2009</td>
<td>8-4-2009</td>
</tr>
<tr>
<td>Oman</td>
<td>17-3-2008</td>
<td></td>
<td>6-1-2009</td>
<td></td>
</tr>
<tr>
<td>Qatar</td>
<td>9-7-2007</td>
<td>9-7-2007</td>
<td>13-5-2008</td>
<td></td>
</tr>
<tr>
<td>Saudi Arabia</td>
<td>30-3-2007</td>
<td></td>
<td>24-6-2008</td>
<td>24-6-2008</td>
</tr>
<tr>
<td>Sudan</td>
<td>24-4-2009</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Syrian Arab Republic</td>
<td>30-3-2007</td>
<td>30-3-2007</td>
<td>10-7-2009</td>
<td>10-7-2009</td>
</tr>
<tr>
<td>Tunisia</td>
<td>8-2-2008</td>
<td>12-2-2008</td>
<td>19-3-2010</td>
<td></td>
</tr>
<tr>
<td>United Arab Emirates</td>
<td>30-3-2007</td>
<td>11-4-2007</td>
<td>26-3-2009</td>
<td>26-3-2009</td>
</tr>
</tbody>
</table>


16
The Convention requires monitoring at both the national and international levels. Nationally, the Convention requires its State Parties to assign a framework/authority to promote, protect and monitor the implementation of the Convention, such as an independent national human rights institution or a special court. Internationally, the Convention establishes a Committee on the Rights of Persons with Disabilities tasked with reviewing periodic reports on the progress made by States in implementing the Convention. For those States that are party to the Optional Protocol, the Committee has the authority to receive petitions or complaints from individuals claiming breaches of their rights, and to undertake enquiries in the event of grave or systematic violations of the Convention.66

B. PROMOTING THE INCLUSION OF PERSONS WITH DISABILITIES IN THE LABOUR MARKET:
RATIONALE, INSTRUMENTS AND INTERNATIONAL PRACTICES

1. Integrating persons with disabilities in the workplace: a business case

Equipped with the right skills, persons with disabilities have the potential to contribute to national prosperity and, moreover, their employment significantly reduces reliance on disability benefits. While data on the employment of persons with disabilities are generally difficult to obtain, information gathered from the media around the world confirms it as a solid “business case”. In 2007, an article supported by the Disability Rights Commission argued that “improving the employment rate of disabled people to the national average would boost the [United Kingdom] economy by £13 billion [United Kingdom pounds], equivalent to six months economic growth.” 67

National gazettes highlight stories about employers who found that workers with disabilities were talented, motivated, loyal and perseverant in their jobs.68 Mugunhwa Electronics in the Republic of Korea has proved that employing persons with disabilities and positioning them according to their capacities and needs can maximize productivity and reduce staff turnover, even when 80 percent of the manpower is disabled. Other successful companies that have integrated workers with disabilities report higher retention rate, a better business reputation and were better able to cater for their disabled clientele.69 Another argument supporting the employment of persons with disabilities is that employers do not actually need to make expensive changes to the workplace in order to accommodate their disabled staff. Even so, when adjustments are required, the average cost incurred is relatively minimal.70

Yet, persons with disabilities wishing to work continue to be underrepresented in the labour force everywhere in the world. Irrespective of their qualifications, the unemployment rate of persons with disabilities is usually double or three times higher than that of the general population, and is often as high as 80 per cent or more.71 Those who do find a job are more likely to receive little or no remuneration, are more likely to work part-time or in low-value informal jobs, and have little prospects for career development. In

66 Ibid.
70 Food Manufacture, “Disabled workers help solve recruitment issues” (29 July 2004); A. Maitland, “Still afraid of the wheelchair: Employment – Fear and prejudice continue to block disabled job candidates”, Financial Times (2 April 2003); and “Misconceptions about hiring workers with disabilities linger among nation’s employers—demonstrating need for policies to promote understanding”, Work Trends (27 March 2002).
Mexico, for example, 14 per cent of persons with disabilities work for no pay; while in Brazil, 30 per cent receive less than the minimum wage.72

2. Instruments and events aimed at promoting employment and decent work for persons with disabilities

In addition to the international instruments and standards developed to equalize opportunities for persons with disabilities and facilitate their social integration, a number of international and regional standards/agreements were specifically articulated to enable persons with disability to access, retain and advance career opportunities; and to resolve the institutional and other forms of discrimination that prohibit their participation in the labour force, including, chiefly, the ILO Vocational Rehabilitation and Employment (Disabled Persons) Convention (No. 159) and Recommendation No. 168 that was adopted by the ILO General Conference in 1983. The Convention urges countries to develop, implement and evaluate a national policy on vocational rehabilitation and employment of persons with disabilities in line with their national specificities. Such policy should aim at ensuring that appropriate vocational rehabilitation measures are made available to all categories of disabled persons, and at promoting employment opportunities for disabled persons in the open labour market. Moreover, it should be based on the principle of equal opportunity and managed in consultation with representative bodies of employers, workers and the disability community. The Convention also calls to provide vocational guidance, vocational training, placement and employment, and to take measures in order to promote the development of rehabilitation and vocational services in rural and remote areas.73

Within that context, Recommendation No. 168 stresses that persons with disabilities should, whenever possible, be able to obtain employment in the open labour market, taking into account their own choice and their individual suitability for such employment. Where open employment is not suitable, the Convention recommends that sheltered or supported employment should be facilitated. Moreover, Recommendation No. 168 highlights several measures aimed at promoting employment opportunities for disabled persons and that conform to the employment and salary standards applicable to workers (see box 1).

<table>
<thead>
<tr>
<th>Box 1. Measures related to Recommendation No. 168 of the ILO Vocational Rehabilitation and Employment (Disabled Persons) Convention (No. 159)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendation No. 168 identifies different measures to promote employment opportunities for disabled persons, including as follows:</td>
</tr>
<tr>
<td>(a) Establishing measures to create job opportunities for persons with disabilities on the open labour market, including financial incentives to employers and reasonable adjustments to workplaces, equipment and jobs;</td>
</tr>
<tr>
<td>(b) Promoting government support for sheltered employment, vocational training, vocational guidance and placement services for disabled persons run by non-governmental organizations (NGOs);</td>
</tr>
<tr>
<td>(c) Encouraging cooperatives, small-scale industry and other types of production workshops;</td>
</tr>
<tr>
<td>(d) Eliminating physical, communication and architectural barriers and obstacles affecting transport and access and the use of appropriate standards for new public buildings and facilities;</td>
</tr>
<tr>
<td>(e) Facilitating means of transport to and from the places of rehabilitation and work;</td>
</tr>
<tr>
<td>(f) Disseminating successful practices in the employment of disabled persons;</td>
</tr>
<tr>
<td>(g) Exempting from taxes such training materials, equipment, and specified aids and devices as required to assist disabled persons at work;</td>
</tr>
<tr>
<td>(h) Furthering research in the area of disability and employment;</td>
</tr>
<tr>
<td>(i) Fighting exploitation of disabled workers and facilitating their transition from sheltered to open employment.</td>
</tr>
</tbody>
</table>

Two decades later, the ILO Code of Practice was developed to guide employers in managing disability issues in the workplace. The Code describes the mutual responsibilities of employers and workers’ representatives, and emphasizes the role of the State in creating an enabling policy environment that is conducive for the employment of persons with disabilities.\footnote{International Labour Organization (ILO), “Managing Disability in the Workplace: ILO code of practice” (2002).}

The Convention on the Rights of Persons with Disabilities (CRPD) adds the strength of the human rights approach in making available work opportunities to disadvantaged workers, and complements previous instruments. More specifically, Article 27 on “work and employment” of the Convention requests States Parties to promote the realization of the right to work and take appropriate steps in order to promote decent employment, prohibit discrimination and ensure that reasonable accommodation is provided in the workplace (see box 2).

<table>
<thead>
<tr>
<th>Box 2. Full Text of Article 27 of the Convention on the Rights of Persons with Disabilities</th>
</tr>
</thead>
</table>
| 1. States Parties recognize the right of persons with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities. States Parties shall safeguard and promote the realization of the right to work, including for those who acquire a disability during the course of employment, by taking appropriate steps, including through legislation, to, inter alia:
| 
| (a) Prohibit discrimination on the basis of disability with regard to all matters concerning all forms of employment, including conditions of recruitment, hiring and employment, continuance of employment, career advancement and safe and healthy working conditions;
| 
| (b) Protect the rights of persons with disabilities, on an equal basis with others, to just and favorable conditions of work, including equal opportunities and equal remuneration for work of equal value, safe and healthy working conditions, including protection from harassment, and the redress of grievances;
| 
| (c) Ensure that persons with disabilities are able to exercise their labour and trade union rights on an equal basis with others;
| 
| (d) Enable persons with disabilities to have effective access to general technical and vocational guidance programmes, placement services and vocational and continuing training;
| 
| (e) Promote employment opportunities and career advancement for persons with disabilities in the labour market, as well as assistance in finding, obtaining, maintaining and returning to employment;
| 
| (f) Promote opportunities for self-employment, entrepreneurship, the development of cooperatives and starting one's own business;
| 
| (g) Employ persons with disabilities in the public sector;
| 
| (h) Promote the employment of persons with disabilities in the private sector through appropriate policies and measures, which may include affirmative action programmes, incentives and other measures;
| 
| (i) Ensure that reasonable accommodation is provided to persons with disabilities in the workplace;
| 
| (j) Promote the acquisition by persons with disabilities of work experience in the open labour market;
| 
| (k) Promote vocational and professional rehabilitation, job retention and return-to-work programmes for persons with disabilities. |
| 2. States Parties shall ensure that persons with disabilities are not held in slavery or in servitude, and are protected, on an equal basis with others, from forced or compulsory labour. |


At the regional level, the importance of rehabilitating persons with disabilities and integrating them in the labour force was supported in 1993 when the League of Arab States (LAS) adopted resolution 17/1993.
on the Arab Agreement on the Rehabilitation and Employment of the Disabled. The Agreement urges governments in the Arab region to develop special training and rehabilitation policies targeting persons with disabilities in collaboration with employers and workers, with a view to ensuring the availability, accessibility and adaptability of job opportunities.75

Inspired by the United Nations Decade of Disabled Persons (1983-1992) and other regional initiatives, LAS, ESCWA and the Arab Organization of Disabled People (AODP) organized the Conference on Disability Conditions in the Arab World: Towards an Arab Decade on Disability (Beirut, 2-5 October 2002). The recommendations of the Conference culminated in proclaiming the period 2004-2013 as the Arab Decade of Disabled Persons at the Arab Summit in Tunis in 2004 and aimed at the following:

(a) Enhancing the self-image of persons with disabilities and work on changing social attitudes towards them;

(b) Promoting the issues of people with disabilities as priorities on government agendas, and providing the necessary funds for the improvement of the quality of their life;

(c) Supporting and facilitating the establishment of organizations for persons with disabilities and their families, and ensure their representation at on bodies and councils dealing with disability to guarantee their effective participation in planning national policies and programmes;

(d) Establishing and improving the performance of bodies, committees and councils responsible for policy, planning and delivery of programmes and services;

(e) Creating reliable statistical databases on disability issues;

(f) Improving existing governmental and civil society programmes and developing new ones to guarantee that they address the entire spectrum of disability issues;

(g) Defining and unifying the terms relating to disability and people with disability;

(h) Making use of new technologies in the diagnosis, training and rehabilitation of people with disabilities;

(i) Providing adequate financial support for people with disabilities and their families to ensure they are able to make use of the latest in modern (assistive) technology;

(j) Providing adequate funding for conducting research and studies on disability issues, paying special attention to developmental disabilities;

(k) Enhancing and developing the skills and training of personnel working with people with disabilities and their families in the areas of educational, social, psychological, professional and medical rehabilitation, and providing the necessary scientific and technical knowledge;

(l) Developing plans for the full integration of people with disabilities in public schools, the labour market, housing, and cultural, social, sports and entertainment venues and facilities and all public spaces;

(m) Supporting and encouraging qualified persons with disabilities to stand for and run for public and political office at all levels of government;

(n) Establishing institutions to house persons with disabilities and ensuring that only those with severe disabilities and living under extenuating circumstances are housed in them and only until they are ready to be integrated into society;

(o) Encouraging civil society organization to become involved in rehabilitation and setting strategies, plans and programmes needed to guarantee appropriate and accessible health and rehabilitation services for people with disabilities wherever they may be, particularly in rural and remote communities.

The Plan of Action of the Decade focused on 11 disability-related areas, namely: education; health; legislation; rehabilitation and employment; disabled women; disabled children; accessibility and transport; globalization; poverty and disability; information and awareness; and recreation and sports. In the area of employment, the Plan of Action outlines key measures to support the economic integration of persons with disabilities including, among others, as follows:76

(a) Developing the skills of vocational trainers;
(b) Developing rehabilitation and training centres in line with modern technologies and labour market needs;
(c) Supporting persons with disabilities in starting small businesses and projects;
(d) Improving legislation to protect disabled workers;
(e) Building partnerships between governments, private sector and disability organizations.

3. International experiences and policy initiatives concerning the employment of persons with disabilities

Historically, the employment of persons with disabilities was accommodated through sheltered employment projects on the assumption that persons with disabilities have special needs that necessitate particular working arrangements.77 Following the three core instruments concerning disability, namely, the World Programme of Action concerning Disabled Persons, the Standard Rules and CRPD, several countries have reviewed their legislations or enacted new ones to integrate job seekers with disabilities into the labour market in line with their specific social, political and labour market conditions. Some countries have achieved this goal by promoting accessible design standards and working environments; amending constitutions, laws and ministerial decrees; harmonizing regulations to ensure access to transport, information and communication; and establishing tripartite processes aimed at protecting the rights of persons with disabilities at work. In most of these countries, the adoption of disability inclusive practices has been supported by enacting anti-discrimination laws and quota legislations that mandate employers to reserve a certain proportion of jobs for persons with disabilities.

Other countries have developed and or strengthened national frameworks for the promotion, protection and monitoring of CRPD. These include developing disability strategies using a participatory approach, monitoring systems on the situation of persons with disabilities, awareness-raising strategies promoting inclusion, and establishing inter-agency bodies and councils.78

Set forth below is an overview of the international policies and initiatives aimed at promoting the employment of persons with disabilities. In order to facilitate the discussion and highlight good practices, policy and other initiatives are grouped under the following headings: (a) targeted active labour market policies; (b) legislative instruments: quota systems, anti-discrimination legislation and disability insurance; (c) implementation and monitoring of Article 33 of CRPD; and (d) tripartite and consultative processes.

76 See the Arab Decade for Disabled Persons, which is available online at: www.friendsfordisabled.org.lb/ArabDecadeEnglish.pdf.
77 Sheltered employment programmes are designed to assist individuals who are not capable of working in a competitive employment setting. The term is often used to refer to a wide range of segregated programmes, such as sheltered workshops, adult activity centres, work activity centres and day treatment centres. They are usually run by voluntary associations or cooperatives and in occasional cases by genuine commercial enterprises. The programmes usually house 30 to 90 persons with disabilities and are divided into two categories, namely: transitional programmes aimed at preparing individuals to enter the open labour market once they get the necessary skills and expertise; and extended programmes aimed at providing persons with disabilities with long-term employment opportunities. See J. Kregel and D.H. Dea, “Sheltered vs. Supported Employment: A Direct Comparison of Long-Term Earnings Outcomes for Individuals with Cognitive Disabilities”.
Targeted active labour market policies:

Concerned about the increasing social assistance costs, several countries, particularly the more developed, are moving away from passive contributor benefits programmes to more active labour market policies aimed at integrating workers with disabilities. While interventions vary between countries, they generally involve the provision of financial incentives to employers in order to offset the additional cost of hiring persons with disabilities, in addition to mainstreaming vocational rehabilitation and training programmes and discouraging welfare dependency.

Wage subsidies are the most common financial incentives provided to employers and are frequently time-bound, as in the case of Austria, Germany and Sweden. In Cyprus, employers are offered coverage of up to 60 per cent of an employee’s wage for a year to implement vocational rehabilitation and reasonable adjustments at the workplace. In the Czech Republic, employers who hire workers with disabilities are provided with a one-time financial contribution in addition to a donation to cover extra operational costs. In Slovenia, tax incentives are offered for companies, amounting to 50-70 per cent of the salaries of the staff with disabilities. Some countries encourage direct involvement of employers in training and rehabilitation through on-the-job training contracts, as in Belgium; and unpaid trial appointments, as in the Netherlands.

In Luxembourg, persons with disabilities are provided with a rehabilitation and training programme, and are granted a monthly allowance until they return to work. In Finland, rehabilitation benefits are awarded only when a person’s working ability has declined by 40 per cent. In the United Kingdom, employment of persons with disabilities rose by 15 per cent during 2000-2006 as a result of the “Pathways to work” project, which helped persons with disabilities to quit receiving benefits and return to work. In Greece, a proportion of jobs is reserved for persons with disabilities in certain occupations in the public sector.

A number of countries are gradually mainstreaming disability issues in the design of all policies and measures in parallel to disability-specific initiatives. Sweden, for example has been mainstreaming employment policies and training for persons with disabilities in overall labour market policy (see box 3). Estonia and Hungary require the training of personnel, providing employment services to job-seekers with disabilities. Other countries have adopted special measures to surmount the barriers that people with disabilities face when accessing training and employment opportunities. These include improving physical accessibility of training centres and developing curricula that meet labour market demands, as in the Netherlands; and providing guidance in the transition from school to work, as in Germany. France offers a contribution to cover transportation costs to the training facility, and unemployed persons with disabilities in the United States of America can avail from the “Ticket to work” programme to get a placement service from the Employment Network. Both Spain and Finland have devised laws aimed at ensuring that disability benefits do not act as disincentives for seeking employment.

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82 Ibid.

83 Ibid.


The national action plan on disability policy in Sweden, entitled “From Patient to Citizen”, is the most important document in that country’s disability policy. The action plan, which was adopted in 2000 and extends to 2010, has shifted disability policy focus from a health/social-care perspective to one based on democracy and human-rights. It emphasizes that every citizen should be able to access all kinds of services, information and opportunities. This has been reinforced by a strong political will to mainstream disability issues at all levels of policymaking and public activities. Public officials are trained on disability issues so they can better deal with the concerns of persons with disabilities.

In 2006, a new agency for disability policy coordination was established, namely, “Handisam”, aimed at ensuring that people in positions of responsibility at various levels in society realize the benefits of an accessible society whereby everyone can participate equally, regardless of functional ability. The Handisam has two roles, namely, to coordinate and support the sectoral authorities tasked with implementing the national plan for disability policy whereby work on the action plan is followed up and evaluated; and to develop knowledge concerning accessibility in the community and in particular ensuring that the public sector sets a good example. Handisam has issued Guidelines for an Accessible Government Service in which national authorities can study ways of making information, facilities and activities accessible to all. Local and regional authorities, business enterprise and organisations are also encouraged to adopt a working approach incorporating the modern disability perspective.

Another key factor that contributed to successful disability mainstreaming in Sweden is the establishment of permanent councils or committees where organizations for the disabled were represented and consulted on the implementation of the national policy. In terms of employment and disability, Sweden did not introduce quota systems to encourage employment of workers with disabilities. Instead it opted to streamline vocational training and rehabilitation in labour market policies and strengthen the voluntary approach to employers. This was achieved through employer-led campaigns to increase interest in creating job opportunities for disabled people and emphasize that profitability and social responsibility are not mutually exclusive.

In Sweden, social welfare and special programmes targeting disabled people run in parallel. In the 1990s, it was among the first countries to provide for personal assistance for people with severe disabilities, an asset which significantly improved their lives. In 1994, a Disability Ombudsman was appointed to monitor compliance with the Standard Rules on the Equalization of Opportunities for Persons with Disabilities.

In addition to fostering employment in the open or competitive labour market, active labour market policies have been implemented by promoting special forms of employment, such as sheltered workshops, jobs in social enterprises and supported employment. The purpose of these schemes is to allow people with disabilities to earn a living when open employment is not practical and to prepare them as much as possible for work in ordinary settings.

Many European countries have some form of sheltered employment system. In France and Luxembourg, employment of persons with disabilities increased dramatically during 2000-2006 through the promotion of sheltered employment schemes. One of the most cited examples on sheltered employment is the Remploy programme in the United Kingdom. This is a private sector programme that was supported by the Government and that succeeded in rehabilitating and securing ordinary employment for thousands of persons with disabilities. Despite their success, sheltered employment practices have been accused of

Sources: Based partly on “Basic facts about Handisam”, which is available at: www.handisam.se/Tpl/NormalPage506.aspx; and A. O’Reilly, “The Right to Decent Work of Persons with Disabilities” (International Labour Office, 2007).


86 Supported employment facilitates competitive work in integrated work settings for individuals with the most severe disabilities (such as psychiatric, mental retardation, learning disabilities and traumatic brain injury) for whom competitive employment has not traditionally occurred, and who, owing to the nature and severity of their disability, need ongoing support services in order to perform their job. Supported employment provides assistance, such as job coaches, transportation, assistive technology, specialized job training and individually tailored supervision. Supported employment is a way of moving people from dependence on a service delivery system to independence via competitive employment. Recent studies indicate that the provision of ongoing support services for people with severe disabilities significantly increases their rates for employment retention. Supported employment encourages people to work within their communities and encourages work, social interaction and integration. See United States Office of Disability Employment Policy (1993), which is available at: www.dol.gov/odep/archives/fact/supportd.htm.


88 A. O’Reilly, op. cit.
restricting the potential learning and skills upgrading of workers owing to their low technological advancement. Some argue that programmes are manipulated for the benefit of the employers as opposed to the workers. Another disadvantage is that they often fail to provide decent work conditions, including social protection, bargaining power and right to unionization.

Supported employment differs from one country to another. Examples abound, including support during job seeking and placement, on-the-job counselling, small business arrangements and enclaves. In the Ireland and the United Kingdom, financial compensation is provided to employers in order to counterbalance the effects of decreased productivity stemming from disability, if any. In Norway and the United States, job coaching is provided as part of supported employment. In Greece and Sweden, a person with disability and strong entrepreneurial skills can be eligible for a grant to start a business. In the United States, awards are granted to companies that provide assistive technology training; and a similar measure is adopted by the “Access to Work” scheme in the United Kingdom whereby a grant is provided to cover ICT-adapted equipment. Supported employment schemes could be successful in increasing income tax revenues and reducing expenditures on disability benefits. However, they are mainly criticized as favouring employment of the “cream” of the workers or the least severe cases of disability.

Social economy enterprises and organizations are grassroots businesses, cooperatives, trust development funds, credit unions and microcredit associations that have clear social goals and are characterized by democratic, not-for-profit and inclusive operations. They provide a wide array of social goods and services, including, among others, social protection, education, health, banking, insurance, agricultural support, handicrafts and training. Countries where social enterprises integrate a high proportion of people with disabilities include Italy, Japan and Spain. Social enterprises have a great potential to increase the employability of persons with disabilities. In Europe, these organizations provide 10 per cent of all jobs for workers with disabilities. However, the growth of this sector is challenged by lack of awareness of its role, insufficient support from the State and limited financial resources. Examples on good practices of social enterprises include the following:

(a) The Mutualité Générale de l’Education Nationale in France, which implements a policy for the recruitment and professional development of people with disabilities;

(b) Access Ability in Ireland, which provides a full package of services, including disability-related training, for recruitment personnel, advice on Government-supported grants and enhancing accessibility in the workplace as well as a work path service for career advancement;

(c) The Fundación ONCE in Spain, which mainstreams equal opportunities and non-discrimination with the organization through a “Training and Employment Plan” and an “Accessibility Plan”.

(b) Legislative instruments: quota systems, anti-discrimination laws and disability insurance:

(i) Quota systems:

Historically, the quota policy approach dates back to the end of World War I when Austria and Germany adopted regulations aimed at promoting the reintegration of disabled war veterans. Most of the European and OECD member countries have applied quota schemes in both the public and private sectors or

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89 Enclaves are new concepts to facilitate access of persons with disabilities to ordinary employment through the establishment of a subcontract between hiring companies and special employment centres.

90 Gladnet Collection, “Creating an Inclusive Society: mainstreaming disability based on the social economy example” (Cornell University, 2007).

91 Ibid.

92 In Italy, the Government can exempt the cooperative from social insurance contribution if persons with disabilities constitute 30 per cent or more of its staff.

93 Gladnet Collection, “Creating an Inclusive Society: mainstreaming disability based on the social economy example” (Cornell University, 2007).
in either one of them, with the exception of Denmark, Estonia, Finland, Latvia, Sweden and the United Kingdom. Quota systems have also backed up labour market policies in many parts of Asia and the Pacific region, including China, India, Japan and Thailand; Africa, including Ethiopia and Tanzania; and Latin America, such as Brazil.

There are three types of quota systems governing the employment of persons with disabilities, namely: (a) non-mandatory quota without sanction; (b) mandatory quota without sanction; and (c) mandatory quota with sanction. Employers fulfill their obligations towards the quota in a variety of ways that do not necessarily involve the direct recruitment of a disabled worker, including, for example, by subcontracting with a sheltered workshop. Alternatively, the levies collected if employers violate the quota are used to promote rehabilitation and employment of severely disabled persons, subsidize the extra cost of training and assist employers in making adaptations to their workplaces. Table 5 provides examples on the different quota schemes for employing persons with disabilities in selected countries.

### TABLE 5. EMPLOYMENT QUOTAS OF PERSONS WITH DISABILITIES IN SELECTED COUNTRIES

<table>
<thead>
<tr>
<th>Country</th>
<th>Quota system</th>
</tr>
</thead>
<tbody>
<tr>
<td>China</td>
<td>The quota is set separately for each province. Money can be awarded for firms who exceed the quota or to motivate employers to employ a difficult to place category of disabled workers as a compensation for productivity reduction.</td>
</tr>
<tr>
<td>Denmark</td>
<td>No quotas. Legislation provides for preferential job access for persons with disabilities in the public sector.</td>
</tr>
<tr>
<td>France</td>
<td>The quota is 6 per cent for all public and private sectors applicable for companies of 20 staff or more. Quota obligations can also be met by contributing to a fund for integrating disabled persons in other workplaces where their needs can be met. A voluntary contribution is paid in case there was no other alternative for complying with quota.</td>
</tr>
<tr>
<td>Germany</td>
<td>The quota is 5 per cent for all public and private sectors applicable for companies of 20 employees or more. A non-compliance fine is applied as 0.25 per cent of the monthly payroll and redistributed to employers who hire disabled workers to cover extra costs. In Germany which has served as a model for other countries, it is not possible to buy off the obligation to employ persons with disabilities by paying the levy.</td>
</tr>
<tr>
<td>Italy</td>
<td>The quota is 7 per cent. A non-compliance fine is applied as 7 per cent of the monthly payroll.</td>
</tr>
<tr>
<td>Japan</td>
<td>The quota is 1.8 per cent for the private sector and 2.1 per cent for the public sector applicable for employers with more than 56 employees. A fine is imposed when quota is not met.</td>
</tr>
<tr>
<td>Morocco</td>
<td>7 per cent quota for the employment of persons with disabilities in the public sector and intention to extend the same quota in the private sector.</td>
</tr>
<tr>
<td>Netherlands</td>
<td>No quotas. Employers are recommended to hire 2 to 5 per cent of their workforce from persons with disabilities on the basis of their work skills, and are provided with specially equipped workplaces. The rule applies to both public and private organizations.</td>
</tr>
<tr>
<td>Republic of Korea</td>
<td>The quota is 2 per cent applied for companies with more than 300 employees.</td>
</tr>
<tr>
<td>Spain</td>
<td>The quota is 2 per cent applied for companies with 50 employees or more. Companies complying with the quota enjoy preferential treatment in contracts with the government.</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>A 1944 quota was abolished in 1995 when the Disability Discrimination Act came into force. Employers are requested to treat the disabled worker equally with other workers and provide him/her with a properly adjusted workplace. Companies which employ the disabled are provided with a broad range of information and consulting services.</td>
</tr>
<tr>
<td>United States</td>
<td>No quotas. The Americans with Disabilities Act (ADA) covers all organizations with 15 or more employees. It requires employers to provide reasonable accommodations, such as accessible work stations, job restructuring, and special equipment or assistive devices.</td>
</tr>
</tbody>
</table>


While it is extensively used, the quota system has some weaknesses (see box 4). On one hand, enforcement is difficult. Moreover, the system does not apply to firms employing employees with fewer than the quota threshold. A study on the impact of employment quotas found that the system only boosted the employment of workers who were previously employed by the firms before the onset of disability. It also found that while the taxation accompanying the employment quota increased compliance with the quota, the hiring rate was too slow, which created about one job per 50 firms in one year. With practice, many other countries have discovered that the quota-levy system is not potentially viable if it is not accompanied by a package of policy responses that encourage employers to hire disabled workers. As a result, the quota system started to lose its purpose and rendered counterproductive the imposition of compulsory employment of persons with disabilities in the absence of suitable and accessible jobs or where workers with disabilities were not properly rehabilitated and trained.

Box 4. Why the employment quota system for persons with disabilities has not achieved its objectives

The functioning and the effectiveness of an employment quota system are influenced by many factors, including the situation of the labour market, vocational rehabilitation services, the attitudes of employers towards the employment of workers with disabilities, and the attitudes and aspirations of persons with disabilities themselves. The experiences of developed countries in administering the quota system revealed that it has not always achieved the expected results. According to Shusaku Yasui, the Deputy Director of the National Vocational Rehabilitation Centre for the Disabled in Japan, this owes to the following reasons:

(a) Since it is necessary to clearly define persons with disabilities in order to operate the system correctly, those who are covered by the system tend to be strictly restricted;
(b) The implementation of an employment quota system does not necessarily contribute to good relations between employers and disabled workers;
(c) The employment quota system does not always give an affirmative image of persons with disabilities who are hired under the system;
(d) Little attention is paid to the social barriers that disabled persons face; rather there is a tendency for attention to focus on disabled persons’ impairment and disabilities.


(ii) Anti-discrimination laws:

Many countries have never favoured the quota system, including Australia, Canada, New Zealand, South Africa, United Kingdom, United States and the countries in the Scandinavian region. Instead, they have introduced legislation to outlaw discrimination on the grounds of illness or disability and to ensure employers take more proactive actions in employing workers with special needs. Unlike quotas, which inherently assume that persons with disabilities are not able to self-secure jobs in the open labour market, anti-discrimination laws consider that persons with disabilities are fully able to compete for jobs on the basis of their qualifications, provided the environment is receptive and prejudice-free. In some instances, when anti-discrimination laws require employers to make special arrangements in the workplace to accommodate workers with special needs, a cost-sharing incentive is paid through subsidies.

The United Nations reports that 45 countries have anti-discrimination legislations that contain either specific clauses on disability or refer to it as a possible ground for discrimination. It should be noted that anti-discrimination legislation alone may not be sufficient to address unemployment among persons with disabilities. One of the major weaknesses of these laws is that discrimination is a matter of perception. Without a clear definition of disability and obvious acts of unfairness, such as dismissal or favouritism, it is
difficult to prove a case of discrimination and to qualify for protection under the legislation. Furthermore, these types of laws require a reliable juridical system that reserves the right to rule against discrimination cases, which is not always available. Set forth below are various anti-discrimination legislations that were adopted at the international level.

The Employment Equality Directive of the European Commission (Directive 2000/78/EC), which was adopted unanimously in 2000, prohibits, among others, discrimination on grounds of disability, and covers the fields of employment and occupation, vocational training, and membership of employer and employee organizations. The legislation sets out minimum requirements and calls on member countries to provide for a higher level of protection against discrimination in their national legislation. Article 5 of the Directive provides that “employers are required to take appropriate measures to enable a person with a disability to have access to, participate in, or advance in employment, or to undergo training, unless such measures would impose a disproportionate burden on the employer”. The Commission monitors the national legislations of all member countries to see if they correctly reflect the requirements of the Directive. Where these fail in that regard, the Commission launches infringement procedures against the concerned member countries.  

In Australia, the Commonwealth Disability Discrimination Act of 1992 prohibits discrimination and harassment against persons with disabilities in the area of employment as well as other areas. It allows for the development of action plans to identify and address barriers to the integration of persons with disabilities. The Act is promoted and monitored by the Australian Human Rights Commission. A complaint is subject to a review process and if it is not conciliated, the complainant may then take the matter to the Federal Court of Australia or the Federal Magistrates Court.  

In the United Kingdom, the Disability Discrimination Act (DDA), which was introduced in 1995 and extended in 2005, makes it unlawful to discriminate against persons with disabilities in all areas and requires employers and service providers to make “reasonable adjustments” for disabled people. It also allows the Government to set minimum standards such that persons with disabilities can use public transport easily. From 1 October 2010, the majority of the Equality Act 2010 will be implemented and will replace major parts of the provisions of the Disability Discrimination Act. The new Act introduces some innovative forms of protection for persons with disabilities from indirect discrimination. While it also maintains the duty to make reasonable adjustments, it identifies when and how such adjustments need to be made.  

In the United States, the Americans with Disabilities Act (ADA), which was enacted in 1990 and amended in 2009, states that no entity can discriminate against a qualified individual with disability in terms of job application procedures, hiring, advancement and discharge of employees, workers’ compensation, job training and other terms, conditions and privileges of employment. ADA applies to persons who have impairments that substantially limit major life activities. The employment provisions of ADA are enforced under the Civil Rights Act of 1991. Complaints can be filed with the Equal Employment Opportunity Commission or designated human rights agencies across the country. A special tax credit is available to help smaller employers make accommodations required by ADA; and a full tax deduction, up to $15,000 per year, is also available to any business for expenses incurred in removing qualified architectural or transportation barriers.  

In the Republic of Korea, the Government adopted the Prohibition of Disability Discrimination Act and the Provision of Remedies on 6 March 2007 under the pressure of disability movement groups and other civil society organizations. The Act aims to enable the Government, in collaboration with the private sector
and civil society, to formulate relevant policies by prohibiting disability discrimination and providing remedies for abuses of human rights, with a view to responding to changing situations of persons with disabilities.100

(iii) Disability insurance and its relation to employment:

In addition to labour market tools and disability legislations, countries have run parallel programmes to mitigate the consequences of disability and joblessness through disability benefits, usually provided by State social protection programmes. In all OECD member countries, persons with disabilities receive direct cash benefits through universal protection schemes, contributory-based programmes or through non-contributory programmes that are sometimes means-tested and targeted to particular vulnerable groups (see table 6).101

Disability benefits serve as a safety net against loss of income and poverty. On the other hand, they can act as work disincentives. According to a study by OECD, many people who claim disability benefits do not work again even in countries that have focused on avoiding the inflow of beneficiaries through rehabilitation and training programmes or that have established strong economic incentives to reintegrate benefits recipients and get them off the rolls.102 The same study found that each year only 1 per cent of those who receive disability benefits actually resume work.103

<table>
<thead>
<tr>
<th>Countries</th>
<th>Universal programme</th>
<th>Contributory programme</th>
<th>Non-contributory programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denmark, Norway, Sweden, Switzerland</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Germany, Republic of Korea, Italy, Portugal, Spain, Turkey, United Kingdom, United States</td>
<td>No</td>
<td>Yes</td>
<td>Means-tested</td>
</tr>
<tr>
<td>Netherlands, Poland</td>
<td>No</td>
<td>Yes</td>
<td>Youth supplement</td>
</tr>
<tr>
<td>Belgium, France</td>
<td>No</td>
<td>Yes</td>
<td>Means-tested supplement</td>
</tr>
<tr>
<td>Canada</td>
<td>No</td>
<td>Yes</td>
<td>Non federal, means-tested</td>
</tr>
<tr>
<td>Austria, Mexico</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Australia</td>
<td>No</td>
<td>No</td>
<td>Means-tested</td>
</tr>
</tbody>
</table>

*Table 6. Types of disability programmes providing cash benefits by country*


In recent years, the growing bill of disability pensions has attracted a heightened concern, mainly in Europe and the United States. In OECD member countries, government spending on sickness and disability was double that on unemployment, accounting for 2.4 per cent of GDP. In Norway, Poland and Switzerland, the share of disability expenditure was between 3 and 5 per cent of GDP.104 Between 2005 and 2006, $3.4

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100 H. Osaka, “Republic of Korea: Disability Anti-Discrimination Act Adopted by the National Assembly”, which is available online at: www.hurights.or.jp/news/0704/b03_e.html.

101 Means-tested benefits are only paid in case of limited income and capital.


103 Ibid.

104 Organisation for Economic Co-operation and Development (OECD), “Too many workers leave the labour market through sickness and disability benefits” (2006), which is available at: www.oecd.org/document/32/0,3343,en_2649_201185_37635040_1_1_1_1,00.html
billion was spent on disability benefits in Canada, while the United States reported a figure of $109 billion in 2009.

As a result of increasing spending on disability assistance, some governments, including in the United Kingdom, have taken actions aimed at reforming their systems and at cutting down benefits rates. This included the introduction of periodic medical assessments to examine what people could do as opposed to what they could not, and to encourage them to seek employment. Other measures involved means-testing as a method of targeting benefits and reducing fraud. Such interventions were deemed controversial by rights groups acting for persons with disabilities, given their contention that the cutbacks would only serve to push recipients deeper into poverty.

Conversely, some countries adopted more proactive measures in order to reduce reliance on disability benefits, while at the same time promoting participation in the labour market. This was achieved by allowing beneficiaries to suspend their benefits for a specific period and reinstate them without a new application, if they were unable to return to work. This was the case in Belgium, Netherlands, Norway and Sweden. Similarly, the United States implements policies aimed at allowing a gradual transition to work while providing a safety net in case a job proves untenable. In addition, the Social Security Work incentive programme allows persons with disabilities to exclude certain expenses from their income in order to maintain their social security eligibility. For example, where individuals earn $450 and yet spend $50 on items and services needed for a given work, including, for example, job coaching, attendant care services, transportation costs and adaptive equipments, among others, then Social Security sets earnings at $400.

(c) Implementation and monitoring of Article 33 of CRPD:

Article 33 of CRPD requires States Parties to designate one or more focal points within the government for matters relating to the implementation of the Convention, including Article 27 on Work and Employment; and to establish a coordination mechanism to facilitate related actions in different sectors and at various levels. It also urges States Parties to strengthen or establish a framework to promote, protect and monitor the implementation of the Convention, taking into account the principles relating to the status and functioning of national institutions for the protection and promotion of human rights.

In 2009, a study by the Office of the United Nations High Commissioner for Human Rights (UNHCR) on the structure and role of national mechanisms for the implementation and monitoring of CRPD found that while a number of countries had designated focal points for disability, very few had situated them at the core of government. Moreover, several countries had established coordination mechanisms on disability issues, which included representatives from various ministries and organizations of persons with disabilities, in addition to other civil society organizations, the private sector and trade unions. The work of these bodies often focuses on policy development, promotion of dialogue on disability and awareness-raising. It was noted, however, that the effectiveness of such coordination mechanisms is challenged by the lack of clear mandates, insufficient resources and the limited involvement of persons with disabilities. In terms of monitoring frameworks, the study showed that all States Parties have assigned this role to a single-entity framework, such as legislative committees, national human rights institutions, organizations of persons with disabilities, parliamentary ombudsmen, national disability councils and government agencies delivering disability-related services. Some examples are provided in table 7.

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TABLE 7. GOVERNMENT STRUCTURES IN CHARGE OF IMPLEMENTING AND MONITORING THE CONVENTION THE RIGHTS OF PERSONS WITH DISABILITIES IN SELECTED COUNTRIES

<table>
<thead>
<tr>
<th>Country</th>
<th>Structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>Parliamentary Secretary for Disabilities</td>
</tr>
<tr>
<td>Austria</td>
<td>Independent Monitoring Committee</td>
</tr>
<tr>
<td>Bahrain</td>
<td>Higher Committee for the Affairs of Persons with Disabilities</td>
</tr>
<tr>
<td>El Salvador</td>
<td>Ombudsman for the Defence of Human Rights</td>
</tr>
<tr>
<td>Germany</td>
<td>National Human Rights Institution</td>
</tr>
<tr>
<td>Guatemala</td>
<td>National Council for Persons with Disabilities</td>
</tr>
<tr>
<td>Jordan</td>
<td>Higher Council for the Affairs of Persons with Disabilities</td>
</tr>
<tr>
<td>Kuwait</td>
<td>Public Authority for Persons with Disabilities</td>
</tr>
<tr>
<td>Lebanon</td>
<td>National Committee for the Disabled</td>
</tr>
<tr>
<td>Mongolia</td>
<td>National Committee on the Promotion of Citizens with Disabilities</td>
</tr>
<tr>
<td>Norway</td>
<td>National Coordination Committee on Disability</td>
</tr>
<tr>
<td>Peru</td>
<td>Multi-sectoral Permanent Commission for the CRPD</td>
</tr>
<tr>
<td>Philippines</td>
<td>National Council on Disability Affairs</td>
</tr>
<tr>
<td>South Africa</td>
<td>Office on the Status of Disabled Persons</td>
</tr>
<tr>
<td>Spain</td>
<td>National Federation of Organization of Persons with Disabilities</td>
</tr>
<tr>
<td>Sudan</td>
<td>National Council on Disability</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>National Human Rights Institution</td>
</tr>
</tbody>
</table>


(d) Tripartite and consultative processes:

Paragraph 32 of ILO Recommendation No. 168 states that “employers’ and workers’ organizations, together with disabled persons and their organizations, should be able to contribute to the formulation of policies concerning the organization and development of vocational rehabilitation services”.109 In its report of 1998 on vocational training and rehabilitation, the ILO Committee of Experts on the Application of Conventions and Recommendations noted that consultations were being held with representatives of the abovementioned three categories of organizations in an increasing number of countries, namely, Austria, Czech Republic, France, Mauritius, Sweden and United Kingdom. In other countries, two of these organizations were represented, such as in Chile, Cyprus, Finland, Germany, Philippines and Tunisia; and only one of the abovementioned three categories of organizations in such cases as Argentina and Costa Rica. In the latter case, it is the representative organization for disabled persons that takes part. Moreover, some governments have set up permanent bodies to hold consultations with the representative organizations of employers and workers, including Australia and Burkina Faso.110

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IV. REGIONAL EXPERIENCES PROMOTING THE INCLUSION OF PERSONS WITH DISABILITIES IN THE LABOUR MARKET

While sharing much in common in terms of language, religion and culture, the 14 countries and territories that make up the ESCWA region differ in terms of social, economic, political and geographical characteristics, all of which affect how the governments and societies perceive and address disability issues. In such ESCWA members as Iraq, Lebanon, Palestine, Sudan and Yemen, political instability and armed conflicts have significantly contributed to a higher prevalence of disability and have, at the same time, been a primary cause for lagging behind on the disability and development front. Political tension and turmoil are coupled with other factors, including weak political will, inadequate infrastructure and transport, institutional and budgetary constraints and insufficient public awareness. Overall, social stigma and tacit discrimination against persons with disabilities remains a significant barrier for realizing their rights and potential as catalysts of development.

Against this backdrop, this chapter examines the progress made in the ESCWA region in terms of responding to the international and regional agreements related to disability, notably the Standard Rules on the Equalization of Rights for Persons with Disabilities, the Arab Decade for Disabled Persons and CRPD, through a review of national policies and regulations that address the unemployment predicament of persons with disabilities.

The analysis is based on information gathered from the internet and national policy documents and cannot be deemed exhaustive given that disability-related interventions cut across a multitude of sectoral ministries and public institutions, including ministries of planning, health, education and labour; of social protection programmes and funds; and of constitutional and legislative frameworks. There is, therefore, a need for a regional survey of the approaches to the social and economic integration of persons with disabilities and of legislations dealing with discrimination and inclusion in order to assess actual compliance with the global and regional instruments.

A. MONITORING THE IMPLEMENTATION OF THE ARAB DECADE FOR DISABLED PERSONS

A study presented to the sixth session of the ESCWA Committee on Social Development (Amman, 5-7 March 2007) assessed the progress made by ESCWA member countries in the implementation of the Arab Decade for Persons with Disabilities 2004-2013.111 The study noted that, despite some progress, actionable commitment to remove the obstacles that hinder the integration of persons with disabilities and to end all forms of discrimination against them remains elusive in the majority of countries. In terms of participatory processes, collaboration between the public and civic sectors in matters related to disability policymaking is evident to a limited extent across the region, with the exception of Lebanon, which presents a good example of partnership between Government and civil society, in that it provides for a mechanism for the formation of a National Committee for the Disabled and for a direct election of representatives of civil organizations, associations of persons with disabilities and the disabled themselves in the National Committee.

In terms of progress made in the area of rehabilitation and employment of persons with disabilities, the study found that several countries have introduced quota systems aimed at allocating a percentage of jobs for persons with disabilities in both the public and private sectors. On the other hand, very few incentives, if any, are provided to private employers to hire persons with disabilities and enforcement measures seem to be relatively absent. The study also reported that, in the case of the oil-rich countries of the region, financial compensation given to persons with disabilities acts as a disincentive for seeking work. In other countries, accessibility problems, discrimination, inadequate rehabilitation programmes and the mismatch between vocational training and labour market needs block the prospects of those seeking work.

111 ESCWA, “Review of the progress made by ESCWA member countries in the implementation of the Arab Decade for Persons with Disabilities 2004-2013” (in Arabic) (E/ESCWA/SDD/2007/IG.1/5).
B. POLICIES AND LEGISLATION SUPPORTING THE EMPLOYMENT OF PERSONS WITH DISABILITIES IN THE ESCWA REGION

Prior to the Arab Decade for Disabled Persons in 2004, disability-related legislation was scattered among different sectoral laws and policies, and focused mainly on the role of the State in providing basic social and rehabilitation services in collaboration with community-based organizations, religious and charitable entities and other civil society institutions. It was only after 2004 that countries of the region started to pay more attention to disability concerns. This interest gained impetus following CRPD, with countries enacting new disability-specific laws, as in Bahrain, the Syrian Arab Republic and the United Arab Emirates; or revamping existing ones, as in Jordan.

As the following discussion shows, the new provisions have mainly appended accessibility requirements, tax exemptions and employment quotas in favour of persons of disabilities. There is still a need to develop and strengthen anti-discrimination policies, active labour market policies, monitoring and consultative mechanisms between the State and representatives from employers and workers, particularly persons with disabilities. The discussion is divided into two parts. The first offers a review of the general aspects of national legislation concerning persons with disabilities to ascertain whether governments have enacted laws aimed at protecting individuals from discrimination at work on the grounds of disability. This can take the form of a general legislation, special legislation or a combination of the two types. Attention is drawn to the fact that such legislation does not necessarily differentiate between public and private sector employment, which constitutes an issue that could eventually require further investigation. The second part briefly points to the social security programmes that offer disability insurance in the region, recognizing that it is beyond the scope of this paper to discuss such programmes in detail.

1. Bahrain

Bahrain passed the Law on the Care, Rehabilitation and Employment of Persons with Disabilities (No. 74 of 2006). According to this Law, persons with disabilities enjoy the same rights and privileges as other employees working in the same company. The Law also makes provisions for business owners employing 50 or more employees to hire persons who are nominated by the Ministry of Labour and who have completed the rehabilitation programme. All institutions and companies hiring persons with disabilities need to provide, on a periodic basis, a record of the number and salaries of employed persons with special needs. Employers failing to adhere to these regulations or denying the employment of an individual on the grounds of disability are fined a penalty ranging between the equivalent of $530 and $1326. Alternatively, employers are required to pay the applicant a sum equal to the remuneration of the job for which that person was qualified. Moreover, the national legislation provides tax exemptions on all assistive technologies, support devices, and training and rehabilitation equipment.

2. Egypt

The Government of Egypt encourages vocational training tailored to the capacities of persons with disabilities. The Law on the Rehabilitation of the Disabled (No. 39 of 1975), as amended in 1982, stipulates that public sector institutions and private sector organizations with 50 or more employees must ensure that individuals with disabilities comprise at least five per cent of their workforce either voluntarily or as identified by the National Labour Force Office. Violation of this Law results in paying a levy or imprisonment.

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113 Independent Living Institute, “Government Action on Disability Policy: A Global Survey – Bahrain”, which is available at: www.independentliving.org/standardrules/UN_Answers/Bahrain.html.
114 More information is available at: www.f-law.net/law/showthread.php?26877
Weak enforcement and negligible fines, of a mere $20 per employee below quota, have resulted in low compliance. Following the Convention, the Government amended laws and ministerial decisions with regard to equal rights, non-discrimination and equal opportunities for persons with disabilities, education and training, employment, transportation, and access to buildings and outdoor spaces. It also adopted community-based rehabilitation as a broad strategic approach to the integration of persons with disabilities into society.

3. Iraq

In Iraq, the number of persons with disabilities is higher than the international average as a result of conflict and terrorism. The latest survey on disability in Iraq points to some 1 million people with disabilities, with a majority suffering from psychological conditions. A certain proportion of Government positions are assigned to persons with disabilities, and relevant legislation has been enacted with the support of NGOs. A number of conferences and workshops have been held in order to raise awareness of the rights of persons with disabilities and to promote their integration into society.

4. Jordan

Jordan, which stands out by demonstrating high political buy-in to the case of persons with disabilities, explicitly strives to achieve greater social inclusion of persons with physical disabilities by enhancing the availability and accessibility of social services. This is evident in the Law on the Rights of Persons with Disabilities (No. 31 of 2007), which represents an important shift from the welfare approach to disability to a rights-based approach.

Article 4 (c) of the Law requires all public and private establishments with 25 employees or more to appoint at least one person with a disability. In cases where the number of workers exceeds 50, 4 per cent of all employees should be persons with disabilities. Article 12 mandates private sector institutions that do not respect the quota to pay a fine equal to twice the minimum wage, or the equivalent of $211, for each person with disabilities who has been denied employment. The fine is doubled if the violation is repeated. The Labour Inspection Department within the Ministry of Labour is in charge of monitoring non-compliance by carrying out inspections and receiving complaints from employees, including persons with disabilities. It is important to note that Article 28 of the Labour Law in Jordan is expected to be amended to determine the selection and appointment criteria of employees with disabilities in the public sector.

The other main policy document on disability in Jordan that promotes the rights of persons with disabilities and their participation in the labour force is the National Strategy for the Affairs of Persons with Disabilities (2007-2015). The Strategy enhances accessibility to and in the workplace and provides monetary incentives to institutions that show commitment in hiring and training persons with disabilities. In terms of taxation, persons with disabilities are exempted from paying taxes on all assistive devices and equipment.

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117 Independent Living Institute, “Government Action on Disability Policy: A Global Survey – Egypt”, which is available at: [www.independentliving.org/standarerule/UN_Answers/Egypt.html](http://www.independentliving.org/standarerule/UN_Answers/Egypt.html).

118 Unofficial estimates place the number of people with disabilities at 3 million.


121 This information was made available to ESCWA in October 2010 through a questionnaire on labour market policies.
related to rehabilitation and training, including a one-time exemption from customs incurred on transportation means. Work permit fees of foreign domestic helpers and care providers are also excluded for persons with severe disabilities.\textsuperscript{122}

5. Kuwait

In Kuwait, the Disability Law (No. 49 of 1996) was passed compelling government agencies and civil society institutions that employed 50 workers or more to include a minimum of 2 per cent of Kuwaiti workers with disabilities among their staff, as nominated by the Office of Employment.\textsuperscript{123} In 2010, the Law was replaced with the more comprehensive Disability Rights Act (No. 8 of 2010). The Act stipulates the health-care, educational and employment rights of nationals and expatriates with special needs. Within that framework, employers with a workforce of 50 persons or more in both the public and private sectors must recruit at least 4 per cent of their staff from vocationally rehabilitated persons with disabilities.

The Disability Rights Act also provides for penalties for officials of State-owned institutions or corporations and for private employers who fail to employ a disabled nominee without a reasonable justification. It also stipulates punishments for employers who fail to recruit the set percentage of disabled persons out of their workforce. Furthermore, State agencies are mandated to include disability-friendly designs in infrastructure, public transport, parking, housing and other public utilities. Moreover, persons with disabilities are entitled exemptions on tax and duties on rehabilitation services as well as assistive technology and devices.

6. Lebanon

The experience of Lebanon can be quoted as a leading model in participatory decision-making in the field of disability.\textsuperscript{124} The Rights and Access Programme (R&A), which was created in 1994, helped to shift the common approach to disability from care to rights. It established an administrative infrastructure that allows the targeting of the needs of persons with disabilities more directly and facilitates access to the required services provided by public and private institutions.\textsuperscript{125}

In addition to the Programme, the Law on the Rights of Persons with Disabilities (No. 220 of 2000) emphasizes that persons with disabilities have an equal right to work and pay, and underscores the commitment of the Government in assisting persons with disabilities to enter the labour market. Under the Law, all public and private establishments employing 30 to 60 workers must hire at least one person with a disability who possesses the required qualifications for the job. When the number of workers exceeds 60, a quota of 3 per cent applies. Employers are bound to a penalty of twice the minimum wage for every qualified individual who was not recruited. Moreover, employers who hire more than the quota are awarded a discount on their income tax.\textsuperscript{126}

Persons with disabilities are entitled to free health care and rehabilitation services, and organizations for persons with disabilities are exempted from taxes incurred on all devices and equipment used for medical, educational and rehabilitation purposes, in addition to taxes on cars and other personal means of transportation.
A disability card is used to encourage persons with disabilities to register themselves at the Ministry of Social Affairs and obtain relevant services, thereby helping to gather important statistics on disability in the country.\textsuperscript{128}

7. Oman

The Ministry of Social Development in Oman coordinates with the concerned authorities to provide appropriate rehabilitation and professional training in order to support persons with disabilities in accessing the labour market. The Law on the Welfare and Rehabilitation of Disabled Persons (No. 63 of 2008) requires State agencies and business owners who employ 50 workers or more to hire persons with disabilities, who are nominated by the Ministry of the Labour Force, according to the jobs or occupations that are vacant. All workers appointed under this scheme enjoy the same rights and benefits provided to other employees. Employers who violate this law pay a fine ranging between the equivalent of $519 and $1297; and the penalty is doubled when the offence is repeated. The court has the authority to compel the employer to pay an amount equal to the basic wage for the job the worker was nominated for.

The Ministry also helps families in need by providing supportive equipment and devices. In addition, all concerned authorities are required to adhere to the international standards for promoting accessibility in public spaces, transportation and buildings. Moreover, taxes are waived on disability assistive equipment, tools and rehabilitation devices used in rehabilitation centres or imported for personal use.

8. Palestine

Services for the disabled population in the West Bank and Gaza Strip are provided through governmental organizations, NGOs and the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). Since the late 1980s, a focus on community-based rehabilitation services has been a cornerstone in disability planning and programming in Palestine. The Law on the Rights of the Disabled (No. 4 of 1999) delegates the Ministry of Social Development to coordinate with all relevant bodies and train technical personnel on working with the various types of disabilities, and to guarantee the right of persons with disabilities to participate in rehabilitation and vocational training on the basis of equal opportunity. The Law also stipulates that the number of workers with disabilities in the public sector and NGOs should represent no fewer than 5 per cent of staff in each organization. It also requires employers to consider the nature of the disabilities in assigning work and to make reasonable accommodation at the workplace. Incentives to hire persons with disabilities are provided to private businesses by deducting part of the salaries from the income tax fixed on these institutions.\textsuperscript{129} Pursuant to the provisions of the Law, all medical and education equipment as well as aid instruments and transportation means are exempt from fees, customs and taxes.

9. Qatar

Qatar has made several efforts at the legislative and institutional levels in order to raise awareness and protect the rights of persons with disabilities. Persons with disabilities are entitled to free education, health and rehabilitation services and equipment. The Law of Persons with Disabilities (No. 2 of 2004) calls on employers to hire at least one person with special needs for every 25 persons employed, and allocates 2 per cent of all public jobs to persons with disabilities who possess the right skills and qualifications.\textsuperscript{130} The

\textsuperscript{127} Independent Living Institute, “Government Action on Disability Policy: A Global Survey – Lebanon”, which is available at: www.independentliving.org/standardrules/UN_Answers/Lebanon.html.

\textsuperscript{128} ESCWA, “Review of the progress made by ESCWA member countries in the implementation of the Arab Decade for Persons with Disabilities 2004-2013” (in Arabic) (E/ESCWA/SDD/2007/IG.1/5).


\textsuperscript{130} More information is available at: www.fabjo.org/node/130.
Law imposes a penalty equivalent to $5492 in cases of discrimination against persons with disabilities. In addition, rehabilitation and social support centres catering for persons with disabilities are exempted from registration fees.

10. Saudi Arabia

In Saudi Arabia, the 2000 Law on the Care of Disabled Persons (Royal decree M/37 of 23/9/1421H) covers all types of employment that fit the capabilities and qualifications of persons with disabilities and provides them with the opportunity to earn a decent living on par with any other member of society. It also encourages vocational training, with a view to matching the labour market demands and increasing productivity and performance in the workplace. In addition, the Government seeks to help qualified persons with disabilities in finding adequate employment opportunities in the public and private sectors in line with their specialization and the nature of their disability. Employment opportunities in public services are provided for fresh graduates in coordination with the Ministry of Civil Service and its subsidiaries, and according to the number of available posts. Employment in the private sector is provided in coordination between rehabilitation centres and national offices for employment. The Law also requires private establishments with 50 or more workers to employ persons with disabilities who have been vocationally rehabilitated at the rate of 2 per cent of total staff, and to make available reasonable working conditions that are commensurate with their skills and capabilities.

The Ministry of Social Affairs has established a programme aimed at encouraging self-employment for persons with disabilities who have been rehabilitated through the provision of personal grants and support. Moreover, persons with disabilities are eligible for a card that allows them and their attending persons to obtain a 50-per-cent reduction on public transportation fares, including air, land and sea travel.

11. Sudan

Sudan has enacted two specific instruments in favour of disabled persons, namely: the Act on Welfare and Rehabilitation of Disabled Persons (1984); and the Law on the Privilege of War Disabled (1998). The Act makes provision for measures aimed at promoting employment for persons with disabilities by managing their reintegration in the public and private sectors, and by allocating 2 per cent of all public positions for their recruitment. Specifically, the Act states that disabled persons benefit from fiscal exemption measures when purchasing equipment for their work, as well as exemption from income tax. In March 2009, Sudan signed the Convention on the Rights of Persons with Disabilities and approved a new National Law for Disabled Persons. The law which overrides the Law of 1984, was developed in participation with organizations for persons with disabilities and provides a number of measures to protect the rights of persons with disabilities in the area of education, training, rehabilitation, accessibility and work. The new Law lays a framework for the establishment of a national council for the formulation and implementation of disability policies and programmes. In addition, it provides for the establishment of a national fund for disabled persons aiming at financing rehabilitation and training activities.

12. Syrian Arab Republic

Under the provisions of the Labour Law (No. 17 of 2010), establishments employing 50 workers or more are required to employ persons with disabilities either independently or as nominated by the public

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employment offices, according to a quota of 2 per cent of the total number of workers, provided that they have been vocationally trained. All persons with disabilities who are employed are granted the same rights as other workers under the Labour Law in terms of equal pay for equal work, social security benefits, disciplinary measures and discharge from work.\(^{135}\)

All persons holding a disability certificate are exempted from access fees to public places, such as touristic and cultural sites. In addition, persons with disability and their escorts can benefit from a 50 per-cent reduction on air, sea and land transport.\(^{136}\)

13. **United Arab Emirates**

The United Arab Emirates launched the Humanitarian Services Initiative aimed at rehabilitating and promoting employment for persons with disabilities by facilitating their entry into the job market. The Federal Law on the Rights of People with Special Needs (No. 29 of 2006) states that the Ministry of Social Affairs is bound to cooperate with the competent authorities for the purpose of establishing centres and special institutions that provide care and training for people with special needs, facilitate their integration in the community and train the families of persons with disabilities on appropriate ways for dealing with disability. Article 3 of the Federal Law emphasizes the role of the State in mainstreaming equality in national legislation, policies and development programmes, and in taking appropriate measures to fight discrimination on disability grounds. In 2009, the Government issued a new Federal Law (No. 14 of 2009 to amend No. 29 of 2006), under which, in Article 1, the terms “the disabled” and “disabled individuals” are replaced, wherever these occur, by “individuals with special needs”.\(^{137}\)

In addition, the legislation states that modes of transportation used by persons with special needs are exempt from all taxes and fees, based on a disability certificate, and that all cases filed by people with special needs related to the implementation of the provisions of the Law are exempt from legal fees. Under a recent scheme, persons with disabilities and elderly people in Abu Dhabi are set to be entitled to a discount on taxi fares of up to 50 per cent.\(^{138}\)

14. **Yemen**

In Yemen, there are two main national strategies addressing people with disability, namely: the National Disability Strategy that, while directly addressing persons with disabilities, has still not been completely developed; and the National Protection Strategy that includes persons with disabilities as a sub-group alongside other vulnerable groups. The Ministry of Social Affairs and Labour is the main State body responsible for managing disability issues in Yemen. The Disability Directorate has been established within the Ministry to support the initiatives of NGOs and disabled persons organizations (DPOs) aimed at building their capacity and at supervising public centres that provide services to persons with disabilities.

The Law on the Care and Rehabilitation of Disabled Persons (No. 61 of 1999) entitles persons with disabilities to the rights of education, employment, free medical care, rehabilitation services and accessibility to public buildings. The Disability Fund was established under Law No. 2 of 2002 and provides financial support to State programmes targeting disability as well as support to NGO activities. According to Law No. 2 of 2002, 5 per cent of all public and private sector jobs should be reserved for people with disabilities who have rehabilitation certificates. Employers need to ensure proper working conditions for persons with disabilities, in line with their merits and disability. In addition to tax and customs exemption on equipments,


\(^{138}\) *The Economic Times*, “Disabled in UAE get 50 percent discount in taxis” (8 July 2010).
means of transport and products crafted by persons with disabilities, the Ministry of Social Affairs and Labour encourages small income-generating projects by providing facilities, privileges and easy loans. \(^{139}\)

In conclusion, while the majority of ESCWA member countries have implemented a quota-levy system (see table 8), it is not entirely clear how legislation is enforced or monitored. Moreover, it is uncertain how penalties are collected from those employers who fail to comply with the quota and if the monies are used to finance initiatives or programmes addressing the rehabilitation and training needs of persons with disabilities, or to subsidize workplace adaptation.

### TABLE 8. EMPLOYMENT QUOTAS FOR PERSONS WITH DISABILITIES IN THE ESCWA REGION

<table>
<thead>
<tr>
<th>Country or territory</th>
<th>Employment quota</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bahrain</td>
<td>2 per cent for every 50 employees or more(^d)</td>
<td>Law on the Care, Rehabilitation and Employment of Persons with Disabilities (No. 76 of 2006)</td>
</tr>
<tr>
<td>Egypt</td>
<td>5 per cent for every 50 employees or more(^d)</td>
<td>The Law on the Rehabilitation of the Disabled (No. 39 of 1975), as amended in 1982</td>
</tr>
<tr>
<td>Iraq</td>
<td>..</td>
<td>..</td>
</tr>
<tr>
<td>Jordan</td>
<td>At least 1 person with disability for public and private establishments with 25 employees or more; 4 per cent if number of employees exceeds 50</td>
<td>Law on the Rights of Persons with Disabilities (No. 31 of 2007)</td>
</tr>
<tr>
<td>Kuwait</td>
<td>At least 4 per cent for government and non-government establishments with 50 employees or more</td>
<td>Disability Rights Act (No. 8 of 2010)</td>
</tr>
<tr>
<td>Lebanon</td>
<td>At least one person with disability for public and private establishments with 30 to 60 workers; 3 per cent if the number of employees exceeds 60</td>
<td>Law on the Rights of Persons with Disabilities (No. 220 of 2000)</td>
</tr>
<tr>
<td>Oman</td>
<td>No quota but the Law requires government agencies and business owners who employ 50 workers or more to hire persons nominated by the Ministry of the Labour Force, according to the jobs or occupations that are vacant</td>
<td>Law on the Welfare and Rehabilitation of Disabled Persons</td>
</tr>
<tr>
<td>Palestine</td>
<td>5 per cent of all workers in government and non-government organizations</td>
<td>Law on the Rights of the Disabled (No. 4 of 1999)</td>
</tr>
<tr>
<td>Qatar</td>
<td>2 per cent with a minimum of one person with special needs for every 25 persons employed in public and private establishments</td>
<td>Law of Persons with Disabilities (No. 2 of 2004)</td>
</tr>
<tr>
<td>Saudi Arabia</td>
<td>2 per cent for private establishments with 50 employees or more</td>
<td>Royal Decree on the Care of Disabled Persons (M/37 of 23/9/1421AH) dated December 2000</td>
</tr>
<tr>
<td>Syrian Arab Republic</td>
<td>2 per cent for establishments with 50 employees or more(^d)</td>
<td>Labour Law (No. 17 of 2010)</td>
</tr>
<tr>
<td>Sudan</td>
<td>2 per cent of all public positions</td>
<td>National Law for Disabled Persons (2009)</td>
</tr>
<tr>
<td>United Arab Emirates</td>
<td>No quota</td>
<td>Federal Law on the Rights of People with Special Needs (No. 29 of 2006)</td>
</tr>
<tr>
<td>Yemen</td>
<td>5 per cent of public and private sector jobs</td>
<td>Law on the Care and Rehabilitation of the Disabled (No. 61 of 1999)</td>
</tr>
</tbody>
</table>

*Source: Compiled by ESCWA.*

*Notes: a/ It is not specified whether the quota is in the public or private sector.*

*Two dots (..) indicate that data are not available.*

\(^{139}\) ESCWA, “Policy Brief – Looking the Other Way: Disability in Yemen” (2009).
Box 5. Guide for the rights of persons with disabilities in the GCC subregion

The Gulf Cooperation Council (GCC), at its twenty-fifth session (Doha, November 2008), decided to develop a guide to assist member countries in formulating laws on the rights of persons with disabilities in congruence with the Convention on the Rights of Persons with Disabilities. The guide contains general provisions explaining its terminologies, objectives and scope, and lays down the fundamental rights of persons with disabilities. Article 19 on the right to employment mandates all governmental, public and private establishments employing 50 or more employees to allocate 5 per cent of their jobs to persons with disabilities. In addition, the concerned minister must issue a decision to reserve some of the jobs and positions in the government and the public sector to persons with disabilities. The guide also contains instructions on the administrative and financial processes related to the implementation of the law, and makes provisions for the establishment of a higher council for the affairs of persons with disabilities to adopt, follow up and monitor the implementation of the national strategy for persons with disabilities.


C. DISABILITY INSURANCE IN THE ESCWA REGION

In contrast to the welfare states in more developed countries, the support and care for persons with disabilities in the ESCWA region is borne largely by the family. Community-based work and civil society organizations offer additional support in the absence of comprehensive governmental social insurance programmes. However, the relationship between the public and private sectors and civil society lacks adequate frameworks for consultation, capacity-building and monitoring.

While progress in the disability agenda is slow compared to that in more developed regions, ESCWA member countries have made positive efforts in designing pension schemes to protect individuals and their families from loss of income owing to disability and from further disadvantage. In this sense, disability insurance is integrated into the national social security or pension scheme, which covers old-age, disability and survivors’ benefits based on contributions from workers and employers. Consequently, it does not cover the majority of the disabled population which is unemployed or working in the informal sector. It should also be noted that these programmes do not include a cash transfer system as such, except for some exclusive forms of financial assistance. Rather, some countries have adopted a “disability card” as a mean to gain access to the disability services provided by the State.
V. FINDINGS, RECOMMENDATIONS AND CONCLUSIONS

A. SUMMARY OF LESSONS LEARNED AT INTERNATIONAL AND REGIONAL LEVELS

1. Findings at the international level

The review of international experiences shows that the main challenges facing the more developed countries with respect to persons with disabilities are their low employment rates, their high dependence on benefits and the increased public spending on disability assistance. In order to overcome these challenges, countries are moving away from the compensation or passive benefits approach towards more active disability management and mainstreaming. However, both continue to run in parallel and complement each other.

In terms of legislation, current research on the effectiveness of the quota systems indicates that this method alone is not stimulating employment for persons with disabilities in real terms. Furthermore, in the contemporary context of equal opportunities and rights, this type of legislation becomes obsolete unless a number of conditions are met, namely, the availability of suitable and accessible jobs, and the appropriate rehabilitation and training of workers in occupations that are demanded by the labour market.

In addition to more traditional approaches, such as sheltered employment, legislation and employment quota obligations, several measures have been introduced with the purpose of facilitating the matching process between people with disabilities and employers’ requirements. These include new vocational training and rehabilitation programmes, financial assistance for the adaptation of infrastructures and workplaces, wage subsidies and tax incentives. Nevertheless, these interventions have not been fully successful given that they rest on a fragile model that considers people with disabilities as a category of workers who need special treatment. Depending on the legal environment, anti-discrimination policy is seen as a complementary venue for realizing labour market integration for persons with disabilities by equalizing them with others and considering their placement on the basis of their merits and skills.

2. Findings at the regional level

From a regulatory perspective, the statutes and laws on disability in the ESCWA region are too general and do not differentiate between the different types of disability, except for pension schemes provisions that only distinguish between partial, severe, temporary and permanent disabilities.

In all ESCWA member countries, there is greater emphasis on “what should be done, by whom and how”, rather than on practical plans of actions, results-based programming and impact assessment. Coordination mechanisms between the different authorities in charge of policy design, implementation, enforcement and evaluation remains unclear. Furthermore, it is common to find that the main entity responsible for policymaking and implementation resides with the government and few consultations are carried out by other concerned stakeholders, namely, employers’ associations, workers’ unions, civil society organizations and persons with disabilities, whose lives are the most affected. In many instances, governmental entities suffer from weak political commitment, are low on human and financial resources and/or are not sufficiently empowered to enforce legislation.

A number of initiatives addressing disability are emerging to address some of these problems. Among them are the adoption of a more comprehensive approach that includes free health-care services, income-generation activities and rehabilitation programmes, in addition to tax exemption measures aimed at increasing accessibility to transport and assistive technologies and the expansion of rehabilitation and training services in cooperation with NGOs.
While these interventions have provided support and relief for persons with disabilities, they fall short in terms of helping them to achieve their full rights to education, employment and civic participation. Furthermore, the extent to which community-training programmes respond to the actual needs of the labour market remains to be questioned.

It is also worth noting that in the global survey of government actions in the implementation of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities, which was carried out in 2005, the Arab region scored high on the specific actions related to hiring, promoting, work benefits and wage increases of persons with disabilities, compared to other developing countries. However, implementation of income maintenance and social security measures ranged between 40-50 per cent, compared to 70-90 per cent in Europe and 10-30 per cent in Africa and Latin America. According to the survey, this can be largely attributed to the lack of resources or because the financial support of persons with disabilities is considered the responsibility of their families rather than society at large or the State in particular.

Nevertheless, one of the main challenges confronting the full integration and economic participation of persons with disabilities in the region is that disability is not fully approached as a human-rights issue. Persons with disabilities are not always provided with equal opportunities, particularly with regards to employment, and adequate policy interventions are constrained by the absence of reliable, disaggregated disability statistics. Furthermore, programmes to prevent disabilities or mitigate their effects, such as social security systems and targeted cash transfers, are also not well developed and suffer from low coverage, financial instability and poor governance.

B. GENERAL AND SPECIFIC POLICY RECOMMENDATIONS FOR ESCWA MEMBER COUNTRIES

According to the United Nations Special Rapporteur on Disability, 14 years after the adoption of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities, no country has managed to implement them fully, including all the countries in the ESCWA region. In fact, the review presented in this paper of the national policies and legislative frameworks that address disability and employment suggests that governments in the region are still experiencing difficulties in translating the principles of equal opportunities and equal rights into practice. Furthermore, there is a general lack of coherence and complementarity in designing policies, laws and social protection systems that target people with disabilities. In most countries, there is no clear-cut coordination mechanism for the different sectors concerned with disability. Quite alarming is the persistent deficit of reliable data on disability disaggregated by type, causes, geographic distribution, educational attainment and economic activity, which hampers targeted policymaking and inclusion initiatives.

In this context, it is important to note that when disability is considered a personal responsibility rather than a social and public one, caring for a family member with a disability often deprives the caregiver from employment or education. Considering the inter-linkages between disability and the transmission of poverty, the need to maintain income and provide persons with disabilities with a social safety net becomes imperative.

The challenges facing disability in the region highlight the need for general actions to mainstream disability issues in national development processes and more tailored actions to promote the economic participation of persons with disabilities. These actions, among others, are set forth below.

(a) *Increasing public awareness and support for the promotion and protection of the rights of persons with disabilities:*

Within that context, the recommendations to governments in the ESCWA region are as follows:

(a) Advocate the inter-linkages between citizenship rights, equal opportunities and the inclusion of persons with disabilities, with the support of the media and human-rights activists groups;

(b) Ensure high-level political buy-in for the integration of persons with disabilities and for developing rights-based policies and programmes that are comprehensive, accountable and responsive to the needs of the persons who are targeted;

(c) Reinforce democracy and transparency by facilitating access of persons with disabilities to information about their rights and to institutions that protect these rights;

(d) Promote attitudinal changes in both public and private sectors by educating employers and other workers that qualified persons with disabilities are able to compete for jobs, learn new skills and bring in previous work experience.

(b) *Engaging civil society and relevant stakeholders in disability-related policymaking:*

Within that context, the recommendations to governments in the ESCWA region can be summarized as follows:

(a) Adopt a participatory approach for disability-related policymaking, implementation and monitoring, and encourage social dialogue between government authorities, service providers, disability movement groups, local communities and persons with disabilities;

(b) Strengthen governance by developing clear mandates for all concerned stakeholders, including civil society and organizations for persons with disabilities, to monitor the progress of policies and programmes and evaluate disability inclusive measures.

(c) *Pursuing an integrated approach to social and economic policymaking:*

Within that context, governments in the ESCWA region are urged to take the following measures:

(a) Ensure that disability issues are integrated in national plans and programmes on health, education, labour, infrastructure, transport and social protection services;

(b) Elaborate special programmes to support women with disabilities who face double discrimination on account of their disabilities and gender, especially in rural and remote areas;

(c) Ensure that disability pension schemes are complemented by measures to keep workers with disabilities active for a longer time, including disability benefits, rehabilitation and reintegration measures.

(d) *Establishing new and strengthening existing mechanisms for the implementation, coordination and monitoring of disability-related policies and legislation:*

In line with CRPD, governments in the ESCWA region are encouraged to take the following measures:

(a) Set up focal points or national frameworks at the highest levels of the government, to implement, coordinate and follow up on disability-related policies, and empower these frameworks or focal points in order to enable them to carry out the necessary enforcement measures;
(b) Develop anti-discrimination legislation to complement the quota systems and devise mechanisms to file anti-discrimination complaints and take corrective measures, including, for example, discrimination acts in hiring, wages, promotion and dismissal from work, among others.

(e) Developing statistical and information systems that support an evidence-based approach to disability policy and programming:

Within that context, the recommendations to governments in the ESCWA region can be summarized as follows:

(a) Mainstream disability issues in national censuses and surveys, including household, labour force, demographic and health surveys, with a view to identifying and resolving immediate and indirect barriers that prevent persons with disabilities from accessing adequate education, rehabilitation, vocational training, employment, health and social assistance services;

(b) Undertake research to fill information gaps on the effectiveness and impact of disability prevention, social insurance, rehabilitation and integration programmes;

(c) Operate a comprehensive definition of disability that takes into account the capacity of an individual to work while, at the same time, not undermining their eligibility for benefits.

(f) Strengthening national capacity for integrating the concerns of persons with disabilities in development strategies:

Within that context, governments in the ESCWA region are urged to take the following measures:

(a) Tap into multilateral and bilateral development assistance, including the technical expertise of United Nations organizations and agencies aimed at assisting governments in terms of mainstreaming disability issues at all levels and processes of policymaking;

(b) Conduct capacity-building activities for staff in the ministries and departments in charge of data collection and analysis, and in NGOs that provide disability support services;

(c) Engage in national, regional and international dialogue for sharing experiences and success stories in mainstreaming disability in employment strategies and in the workplace.

(g) Adopting measures to promote the inclusion of persons with disabilities in the labour market:

Within that context, the recommendations to governments in the ESCWA region are as follows:

(a) Intensify efforts to adhere to the standards and recommendations of the international instruments with respect to the employment of persons with disabilities, including Recommendation Nos. 159 and 168 of the ILO Convention on Vocational Training and Rehabilitation; Rule No. 7 of the Standard Rules; Article 27 of CRPD; and the ILO code of practice on managing disability at the workplace;

(b) Adopt more proactive labour-market policies for promoting the right to work by implementing persuasive campaigns and by providing employers with incentives to hire persons with disabilities, such as wage subsidies, reducing income taxes, sharing the cost of workplace adaptation, supporting social enterprises, and developing sheltered and other forms of employment when integrating workers with disabilities in open employment is not possible;

(c) Encourage persons with temporary or permanent disabilities to engage in or return to work by providing them with incentives, such as vocational training that is consistent with labour-market demands, job coaching, counselling, grants to start small businesses, in addition to disability benefits and subsidized assistive devices needed in training and at work;
(d) Improve the conditions of work of persons with disabilities by enhancing the quality of sheltered employment projects, introducing flexible work arrangements and reducing workload, among others;

(e) Advise employers that most of the workers with disabilities do not require special adaptation of the workplace and, where incurred, that such costs are affordable. There is also a need to adopt affirmative action, such as rewarding employers who exceed the quotas in employing persons with disabilities;

(f) Support the role of national employment offices in finding employment for persons with disabilities and placing them in jobs that suit their capabilities and their interest, in addition to subsidizing the cost of transportation to and from rehabilitation and training centres as well as the workplace.

C. CONCLUSIONS

In the ESCWA region as in other locations across the world, persons with disabilities face complex and interconnected challenges in accessing employment opportunities. While most countries of the region have signed and/or ratified the international conventions and instruments for protecting the rights of persons with disabilities and improving their lives, national legislation remains the most effective and direct means for making a dent in inequality and exclusion, and for facilitating the inclusion of persons with disabilities in mainstream society.

Despite some progress in formulating and amending legislation over the past decade, gaps in implementing the disability-rights related instruments still exist. The transformation of the social landscape and attitudes towards the employment of persons with disabilities definitely calls for greater commitment and enforcement. It also requires a more comprehensive approach to disability that begins with disability prevention and encompasses awareness-raising, education, rehabilitation, health care, training and employment, in addition to disability pension and benefits. There is an urgent need to address the existing facets of discrimination and to ensure the right of persons with disabilities to participate on an equal basis in political, civil, economic, social and cultural activities.

As the demographic and epidemiologic transition proceeds and as concerns for the increased costs of disability insurance and unemployment are heightened, ESCWA member countries are urged to gear more efforts towards preparing the public health sector to cater for the potential increase in the number of persons with disabilities in the years to come. They are also invited to avail from the lessons learned by other countries and facilitate accessibility of people with disabilities to proper training and to jobs that meet their expectations, abilities and labour market demands. Investing in the potential of persons with disabilities and providing them with the right opportunities is crucial if governments in the region are to reach full and decent employment, promote inclusive development and achieve MDGs.