PEOPLE WITH DISABILITIES AND SPECIAL NEEDS

IN OIC MEMBER COUNTRIES

ORGANISATION OF ISLAMIC COOPERATION

STATISTICAL ECONOMIC AND SOCIAL RESEARCH AND TRAINING CENTRE FOR ISLAMIC COUNTRIES

PEOPLE WITH DISABILITIES AND SPECIAL NEEDS IN OIC MEMBER COUNTRIES

Organisation of Islamic Cooperation

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ACRONYMS

ASEAN	Association of Southeast Asian Nations
COMCEC	Standing Committee for Economic and Commercial Cooperation of the Organization of the Islamic Cooperation
COVID-19	Coronavirus Disease of 2019
CSOs	Civil Society Organizations
ECA	Europe and Central Asia
ESALA	East and South Asia and Latin America
GDP	Gross Domestic Product
IDPs	Internally Displaced Persons
IDPs	Internally Displaced People
ILO	International Labour Organization
IPU	Inter-Parliamentary Union
IsDB	Islamic Development Bank
LEB	Life Expectancy at Birth
LFPR	Labour Force Participation Rate
MDGs	Millennium Development Goals
MENA	Middle East and North Africa
MNCAH	Maternal, New-born, Child and Adolescent Health
MYR	Malaysian Ringgit
NSO	National Statistical Offices
OECD	Organisation for Economic Co-operation and Development
OIC	Organisation of Islamic Cooperation
SDGs	Sustainable Development Goals
SESRIC	Statistical, Economic and Social Research and Training Centre for Islamic Countries
SME	Small and Medium Enterprises

SNSAR	National Strategy for Food Security and Resilience
SSA	Sub-Saharan Africa
UN	United Nations
UN DESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Emergency Fund
WB	World Bank
WHO	World Health Organization
YLD	Years Lost due to Disability

FOREWORD

The concept of disability has evolved over time, encompassing both social and medical aspects. Currently, about 1.3 billion people worldwide experience some form of disability or special needs, with an estimated 80% residing in developing countries, including OIC member countries

Islam emphasizes justice, compassion, and human dignity, highlighting the equal worth and inherent rights of all individuals, regardless of their abilities and calls for the removal of barriers hindering the participation of people with disabilities in society. With this understanding, this report strives to contribute to the OIC countries efforts in creating inclusive societies that prioritize the well-being and empowerment of individuals with disabilities and special needs, in addition to improving their social and economic participation, and harnessing their potential for the socio-economic development of OIC member countries.

The 2023 edition of the ***"People with Disabilities and Special Needs in OIC Member Countries"*** report investigates the current state of people with disabilities and special needs while highlighting major challenges and issues faced by them in OIC countries. The findings of the report show that the prevalence of disability in OIC countries and other parts of the world is attributed to population ageing, the rise of non-communicable diseases, and an increase in conflicts and natural disasters. In 2019, on average, the OIC countries lost 9,272 years of healthy life per 100,000 people due to disability (YLD), reflecting an increase of 3.9% since 2000, with non-communicable diseases accounting for the majority (76%) of disabilities.

Recognizing the significance of a comprehensive and inclusive approach, the report acknowledges the efforts made by several OIC countries to address the challenges faced by people with disabilities. The report notes that the majority of OIC countries have made commendable progress in developing laws and regulations for the protection and promotion of the rights of the people with disabilities and special needs. Consequently, disability-inclusive policies and programs, such as quota schemes in education institutions, free medical and rehabilitation services, financing for entrepreneurs with disabilities, improving physical accessibility of public institutions, and prohibiting disability-based discrimination are on the rise across the OIC countries.

In tandem with the national efforts, OIC countries also developed a draft regional OIC Plan of Action on People with Disabilities in 2019. Once adopted, this Plan

of Action will serve as a guiding document to spearhead efforts at the intra-OIC cooperation level to improve the welfare and wellbeing of people with disabilities and special needs across the OIC countries.

It is my hope that this report serves as a valuable resource for policy makers in OIC member countries, enabling them to develop inclusive policies and programs that address the needs of people with disabilities and special needs. By fostering an environment that promotes equal opportunities, OIC member countries can unlock the immense potential and contributions of people with disabilities and special needs towards the socio-economic development and well-being of their societies.

Zehra Zümrüt SELÇUK

Director General

SESRIC

EXECUTIVE SUMMARY

This report looks at the state of people with disabilities and special needs in OIC countries with an aim to enhance their well-being, improve their social and economic participation in society, and further their contributions towards the socio-economic development of OIC countries. The report discusses major challenges and issues faced by people with disabilities and special needs in OIC countries and attempts to re-orient policy approaches to disability in line with the Draft OIC Plan of Action on People with Disabilities. The report concludes with a set of policy recommendations that can guide policy makers in OIC countries when formulating disability policies and programs to address the needs of people with disabilities and special needs in their countries.

State of People with Disabilities and Special Needs

Across all sectors of society, people with disabilities and special needs face a number of challenges and barriers that limit their participation and lead to their socio-economic exclusion. The exclusion of such an important group of people has negative impacts on their well-being and results in considerable socio-economic losses as well. Therefore, understanding the state of people with disabilities is essential to identify areas of concern and pressing issues as well as designing effective policies for achieving sustainable development.

In 2019, non-communicable diseases (76%) and communicable diseases (17.7%) caused a majority of disabilities in OIC countries. In OIC countries, the burden of disabilities due to disease and injury expressed as Years Lost due to Disability (YLDs) per 100,000 people increased from 8,920 in 2000 to 9,272 in 2019, reflecting a relative increase of 3.9%. In 2019, the YLDs rate per 100,000 population for the OIC was 9,272, meaning that on average, each person in the OIC population lost 0.09 years of healthy life due to disability in 2019. Yet, trends also reveal that stark disparities exist across OIC countries in terms of both YLDs.

In the domain of education, people with disabilities have lower school attendance and completion ratios as compared to people without disabilities in several OIC countries. Their access to healthcare institutions or workplaces is also obstructed in many OIC countries. In the labour market, people with disabilities suffer from higher unemployment rates and receive lower wages as compared to people without disabilities. In several OIC countries, laws, regulations, and governance

structures are not adequate to protect people with disabilities from poverty, and violence. Inadequate social protection and security systems, lack of knowledge about disabilities, and stigmas are some of the main reasons why people with disabilities face socio-economic difficulties. Moreover, cultural values and misinterpretation of religious teachings also play a major role in shaping perceptions towards people with disabilities and fuelling stigmas and prejudices in many OIC countries.

In order to address the multidimensional and interconnected challenges faced by people with disabilities, several OIC countries have exerted significant progressive efforts ranging from the development of policies, programmes, and legislation to the implementation of quota schemes in the employment sector. Most of these policies and measures have had a positive effect on improving the standards of living of people with disabilities by creating jobs for them and improving their access to essential goods and services.

Yet, people with disabilities and special needs are still absent from the policy agenda of several OIC countries. To remedy this absence, OIC countries need to take guidance from the Draft OIC Plan of Action on People with Disabilities to address the numerous challenges faced by people with disabilities in their socio-economic life and increase their participation in the development of their societies.

Major Challenges and Issues

Challenges that affect the socio-economic inclusion and participation of people with disabilities and special needs range from limited access to education to the inadequacy of social protection programmes targeting people with disabilities and special needs. In the education sector, students with disabilities and special needs face challenges because the number of schools with accessible facilities, assistive learning technologies, trained staff to teach disabled students, and disability-friendly curriculum is remarkably low. Barriers to education for students with disabilities stem from a combination of household circumstances (financial constraints or parents' negative attitudes about their child's disability) and infrastructural obstructs (the distance to the nearest school and the availability of accessible transportation).

In formal employment, people with disabilities and special needs encounter multiple barriers to gaining employment due to factors such as low education and skill levels, outdated or irrelevant proficiencies, discriminatory recruitment practices, employer discrimination in the workplace (direct and indirect), physical inaccessibility of the workplace, lack of appropriate assistive technologies and accommodations in the workplace, lack of support in finding employment, and

inaccessible transportation. As a result, people with disabilities and special needs are often driven to work in the informal sector or pursue self-employment.

When people with disabilities and special needs cannot participate in the labour force and earn an income, they – and their households – are likely to "fall into multi-dimensional poverty, remain in poverty for longer, and experience deeper poverty" as compared to people without disabilities. However, when it comes to accessing social protection programmes, people with disabilities and special needs face a number of challenges including, but not limited to, inadequate coverage offered to people with disabilities and special needs under various social protection programmes, lack of targeted programmes for people with disabilities and special needs, lack of information and awareness about social protection programmes and their application procedures, and vague or unclear disability evaluation processes.

Socially, people with disabilities and special needs experience exclusion due to challenges such as inaccessible transportation, lack of targeted community initiatives, and inaccessibility of communal places such as gyms, restaurants, parks, etc. The lack of representation of people with disabilities and special needs in media renders them invisible in the public eye, limits their participation in decision-making processes, fuels misinformation and misconceptions about disabilities in society, and hinders their access to public goods and services like public information, legal services and justice, etc. When it comes to participation in political processes, people with disabilities and special needs face administrative and legal barriers (i.e. restrictions on legal capacity), inaccessibility to political processes and elections (physical, linguistic, informational and infrastructural), or lack of funding for political candidates with disabilities.

In the domain of health, the availability of quality health services for people with disabilities and special needs is a major barrier to healthcare, especially in rural and remote areas. This is especially true for services related to mental, intellectual, and psychosocial impairments. People with disabilities and special needs also face challenges in accessing healthcare facilities due to physical barriers including, but not limited to, inaccessibility of buildings and medical equipment, lack of public transport, inadequate use of signage, inaccessible bathrooms, inaccessible parking areas, and poor road and IT infrastructure. The availability and accessibility of disability-related health services are also impacted by the prevalence of misconceptions and prejudices against disabilities in society. In healthcare institutions, medical discrimination and biases result in people with disabilities and special needs encountering health professionals that are either unwilling or unfit to diagnose and treat their medical conditions. In developing countries, prohibitive healthcare costs are a significant reason why the healthcare needs of people with disabilities and special needs are often unmet. An

individual's inability to pay for basic and essential health care, transportation to and from healthcare facilities, and their inability to afford assistive technologies and rehabilitative therapies has a significant impact on the extent and exacerbation of their disability.

Lastly, cultural misconceptions, prejudice and stigma about people with disabilities and special needs make it difficult for them to enjoy the rights afforded to them by Islam and by their nation's laws. Social stigmas, stereotypes, and prejudices surrounding people with disabilities and special needs often stem from a lack of knowledge and awareness about the causes of disability, misconceptions about the causes of disabilities due to cultural and religious beliefs, and misconceptions about the nature of disabilities and capabilities of people with disabilities and special needs. In various countries around the world, people with disabilities and special needs are treated as if they are physically and mentally inferior. Then there is also the fact that negative cultural beliefs of parents and caregivers can determine whether people with disabilities and special needs will have access to vital services such as education, employment, healthcare, etc. What is worse is that regressive cultural attitudes are often perpetuated or reinforced by discriminatory legal policies and insensitive media portrayal of people with disabilities and special needs.

Rethinking Policy Approaches and their Effectiveness

Around the world, people with disabilities and special needs continually experience social and systemic disadvantages resulting in their exclusion from the development of their countries. To rectify this situation, the Draft OIC Plan of Action on People with Disabilities guides policy makers in OIC countries to adopt a set of overarching principles that include 'diversity, use of a gender-lens, life-course approach, inclusiveness, human dignity, and multi-sectoral approach' when designing disability policies and programs. Adopting these overarching principles can be conducive to the well-being of people with disabilities and special needs as well as the socio-economic development of OIC countries.

For instance, adopting the principles of 'diversity' and 'inclusiveness' and using a 'gender-lens' ensures that people with disabilities and special needs are accurately represented in the policy sphere. Greater representation of people with disabilities and special needs in policy dialogues can lead to the mainstreaming of issues that affect them on a daily basis. When such issues are mainstreamed, they can effect change in public opinion, social attitudes, political will, and even concrete governance instruments such as people with disabilities and special needs-sensitive budgeting, amongst others. Using a 'life-course' approach, likewise, can assist OIC countries in generating solutions for dynamic and rapidly evolving issues faced by people with disabilities and special needs at the various stages of their lives. Using a 'multi-sectoral' approach can guide

cooperation amongst policy makers, public, and private sector institutions to address a range of inter-sectoral challenges to the well-being of people with disabilities and special needs.

Policy Recommendations

The findings of this report indicate that OIC countries, as a group, need to prioritize issues pertaining to people with disabilities and special needs in their policy agenda. In order to alleviate the challenges faced by people with disabilities and special needs, this report recommends OIC countries to develop and strengthen existing national legislations and policies on disabilities, while being considerate of the intersection of factors such as gender and disability.

It is recommended that OIC countries institute measures to identify and eliminate physical and attitudinal barriers that people with disabilities and special needs face when accessing public goods and services, provide knowledge and training to individuals and institutions that are responsible for delivering services to people with disabilities and special needs (across all sectors), improve the coverage of social protection programmes to include people with disabilities and special needs, protect the right to education of people with disabilities and special needs, ensure that people with disabilities and special needs are not excluded from the labour force and entrepreneurship, and make information about public programs and services accessible. There is also a need for OIC countries to invest in ICT and digital technologies, healthcare services designed specifically for people with disabilities and special needs, research and development of assistive technologies.

It is also important that disability policies and programs in OIC countries be formulated through multisector collaboration between people with disabilities and special needs, public institutions, private institutions, and civil society organizations. OIC countries should utilize traditional and non-traditional sources of media to raise awareness about disabilities, improve, and invest in data collection and research on disabilities. Lastly, policy makers in OIC countries need to actively engage with major international conventions and agendas targeting disability and adopt the Draft OIC Plan of Action on People with Disabilities post haste.

1

INTRODUCTION

In recent years, there has been a growing awareness of people with disabilities and special needs. Currently, people with disabilities account for 16% of the world's total population, i.e., about 1.3 billion people globally. Out of these more than one billion people, up to 190 million are adults with significant functional disabilities and around 93 million are children (WHO, 2023; UNICEF, 2020). Around 80% of people with disabilities and special needs live in developing countries, which include several OIC countries (WHO, World Bank 2020).

At some point in their lives, every individual is likely to experience disability either directly (due to health-related reasons or in old age) or indirectly (have a family member or friend who is disabled). Persons with disabilities include individuals who have 'long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others' (UN Convention on the Rights of Persons with Disabilities (CRPD, Art. 1). Disability is, therefore, a biological and social phenomenon that refers to 'impairments, activity limitations, and participation restrictions denoting the negative aspects of the interaction between an individual's health condition and their environmental and personal factors' (WHO, 2015).

In wider policy discourse, disability is recognized as an inter-sectoral issue. It is a public health issue because people with disabilities and special needs are more likely to encounter obstructions in access to health care, rehabilitation, and other assistive services and care, which directly affects their health outcomes. Some health conditions that are poorly treated can also be risk factors for other – more serious – health problems (WHO, 2015). Disability is also a human rights issue because people with disabilities and special needs are more likely to be stigmatized and stereotyped, and face inequalities on multiple fronts throughout their lives. People with disabilities and special needs are also likely to experience abuse, violence, violation of their dignity, and disrespect because of their disability.

Islamic theology and jurisprudence have a rich history of accommodating and valuing people with disabilities, and this is rooted in the Islamic belief in the inherent worth and dignity of all human beings. Islamic texts and historical examples demonstrate the ways in which Islam promotes inclusion and support for individuals with disabilities (Ghaly, 2009). In fact, Islamic teachings particularly emphasise the importance of treating people with disabilities with compassion, respect, equity, and providing them with a supportive and inclusive environment (Al-Aoufi et al., 2012). Abu Huraira reported Prophet Muhammad SAW as saying: "Verily Allah does not look to your faces and your wealth but He looks to your heart and to your deeds." (Sahih Muslim – Book 32 Hadith 6221). In addition, Rakhmat (2020) has argued that from this script, Prophet Muhammad SAW was

a pioneer of disability rights, advocating for the rights and privileges of people with disabilities 1,400 years ago. He emphasised that disabilities do not define a person and encouraged society to eliminate stigmas and bad attitudes towards those with disabilities. The Prophet's teachings gave people with disabilities a sense of self-worth and confidence, reminding them that their disabilities were not a punishment but a means of forgiveness for their sins. His message of inclusivity and acceptance remains relevant today, and his advocacy for disability rights is considered an important milestone in the history of human rights.

Above all, disability is a developmental issue in OIC countries or elsewhere because the prevalence and perpetuation of disability in low and middle-income countries have an adverse impact on the human and socio-economic development of those countries. Human development and disability are reciprocal. On one hand, socio-economic disadvantages faced by people with disabilities and special needs can exacerbate factors such as poverty, malnutrition, living and working in unsafe environments, and psychological strains. On the other hand, disability – and its related expenses – affect a person's standard of living, access to safe and adequate facilities such as education, healthcare, employment, and social protection.

This is why addressing the challenges faced by people with disabilities and special needs is referenced in several important OIC-wide strategy documents including the OIC 2025 Programme of Action, the OIC Strategic Health Programme of Action 2014-2023 (OIC-SHPA) and the OIC Plan of Action for the Advancement of Women (OPAAW) – amongst others. The core strategy document is the Draft OIC Plan of Action on People with Disabilities (2019), which was presented for deliberation at the First OIC Ministerial Conference on Social Development, which was held in Istanbul, Türkiye on 7-9 December 2019. This Plan of Action aims to address the myriad of challenges faced by people with disabilities in their socio-economic life and increase their participation in the development of their societies. It identifies six areas of action to review immediate problems faced by people with disabilities and special needs, implement actions to resolve these problems and review existing policies aimed at these segments of society. These areas are education, health, economic integration, governance, enabling a supportive environment, and culture and Islam.

More importantly, the Draft OIC Plan of Action aims to stimulate cooperation amongst OIC countries and provide guidance to policy makers on how to incorporate people with disabilities into the labour market, improve their education and health outcomes, better their standards of living without neglecting national experiences, cultural and Islamic values, and international developments in this important area. It is imperative for OIC countries to actively participate and follow up on international conventions that address people with disabilities and

special needs such as the UN Convention on the Rights of Persons with Disabilities (CRPD), the UN Disability Inclusion Strategy, the Global Disability Action Plan 2014-2021, Agenda 2030, the Sustainable Development Goals, the WHO Global Disability Action Plan, and the World Bank Disability Inclusion and Accountability Framework. Sustainable Development Goals from 1 to 10, 11, 13, 16, and 17 all reference disability from a number of perspectives including, but not limited to, education, growth and employment, health outcomes, inequality, access to justice, disability-disaggregated data collection, and inclusivity of institutions and societies.

The growing interest in people with disabilities and special needs is motivated by various factors, such as the need to understand their experiences, in order to identify and address the systemic barriers and challenges that face them such that they unleash their full participation in society. Additionally, to gain insights into the human experience, including how people adapt to adversity and form meaningful connections with others. Ultimately, the study of people with disabilities is crucial to building a more equitable and inclusive world for everyone.

Against this background, the 2023 edition of the *People with Disabilities and Special Needs* report aims to present a comparative analysis of the status of people with disabilities and special needs in OIC countries. The main purpose of this report is to inform disability policy in the 57 OIC countries. The report begins by presenting the demographic profile of people with disabilities and special needs in OIC countries, discussing the causes of disabilities, and focusing on their status in six core areas: (i) Education, (ii) Health, (iii) Economic Integration, (iv) Governance, (v) Enabling a Supportive Environment, and (vi) Culture and Religion (Chapter 2). The report then goes on to discuss major challenges and issues faced by people with disabilities and special needs, categorised under (i) Social and Economic Challenges, (ii) Challenges related to Health and Well-being, and (iii) Challenges related to Culture and Values (Chapter 3). Chapter 4 of the report focuses on rethinking policy approaches towards people with disabilities and special needs and analysing the effectiveness of such approaches. The report concludes with policy recommendations on how to better the status of people with disabilities and special needs in OIC countries and to facilitate cooperation at the national and intra-OIC levels (Chapter 5).

2

STATE OF PEOPLE WITH DISABILITIES & SPECIAL NEEDS

As a group, people with disabilities are more likely to suffer from adverse socioeconomic outcomes as compared to people without disabilities (SESRIC, 2019a). They are less likely to receive adequate opportunities when it comes to education, employment, and health services. In this context, it is essential to provide an overview of the state of people with disabilities and special needs in OIC countries in order to identify areas of concern and inform decision-making for designing effective policies in this important domain. To this end, this chapter provides an overview of the state of people with disabilities and special needs in OIC countries in the following six dimensions: education, health, economic integration, governance, enabling a supportive environment, and culture and Islam, as proposed in the Draft OIC Plan of Action on People with Disabilities (SESRIC, 2019b).

An Overview of People with Disabilities in OIC Countries

As mentioned in the introductory chapter of this report, persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments and 1 out of 7 people experience some form of disability in the world. Some groups of people like the elderly, children, and women are disproportionally affected by disabilities given their vulnerabilities and special circumstances. UN (2020) reports that an estimated 46% of people aged 60 years and over experience disabilities. One in every five women is likely to experience a disability in her life, while one in every ten children is a child with a disability. More importantly, according to the estimates of the WHO and World Bank (2011), due to population ageing and widespread chronic diseases, the global prevalence of disability increased from 10% in 1970 to 15% in 2011.

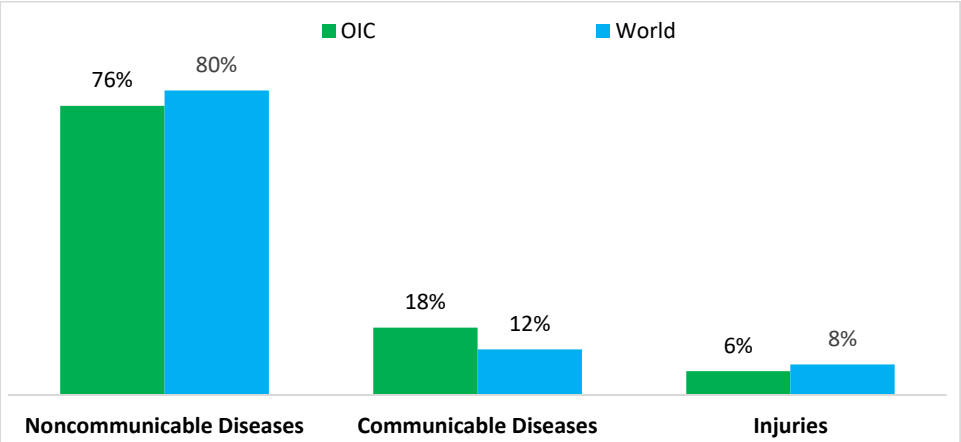
From physical impairments to learning difficulties, people with disabilities and special needs often encounter a range of obstacles that can hinder their ability to fully participate in society. When it comes to the classification of disabilities by type, the vast majority of people with disabilities and special needs, about 77%, experience some form of physical disability caused by 145 categories of diseases/disorders ranging from cardiovascular diseases to sense organ impairments (UN, 2020). In other words, the most common types of disabilities amongst people with disabilities and special needs are mental disorders, sight (seeing), mobility (walking and climbing stairs), whereas, disabilities related to communication were the least prevalent type.

Key determinants of disability can be grouped under two broad categories: internal and external (environmental) factors. Internal factors include all biologically and genetically inherited factors (DNA codes). External factors, which include an individual's personal habits (e.g., eating and sleeping), living conditions (e.g., housing and sanitation), working conditions (e.g., work-related

injuries, polluted work environment), and social conditions (e.g., natural disasters, wars, conflicts, domestic abuse and violence) (SESRIC, 2019a).

The World Health Organization classifies the main causes of disabilities using a purely medical approach under three categories: non-communicable diseases, communicable diseases, and injuries. In 2019, 12% of all disabilities in the world and 18% of all disabilities in OIC countries were caused by communicable diseases (Figure 2.1). Injuries, on average, were responsible for 6% of disabilities in OIC countries and 8% globally. Non-communicable diseases accounted for a significantly greater proportion of disabilities in both OIC countries (76%) and the world (80%). It is likely that non-communicable diseases will cause an increased number of disabilities in the future in OIC countries due to a demographic transition caused by an increased life expectancy and reduced fertility rates (SESRIC, 2019c).

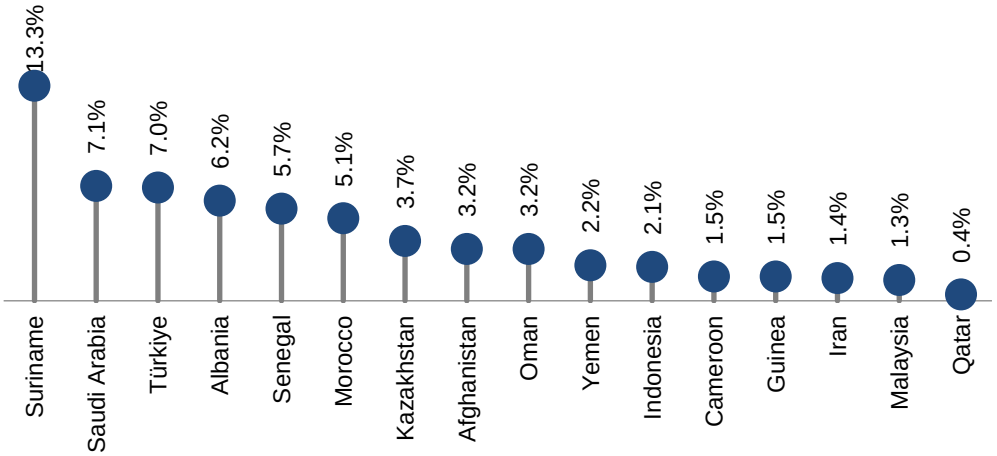
Figure 2.1: Main Causes of Disabilities in OIC Countries and the World, 2019



Source: SESRIC Staff Analysis based on the WHO, Global Health Estimates Dataset. Note: The figure is calculated based on the YLDs, covers all age groups and both sexes.

The prevalence of disabilities in OIC countries varied (Figure 2.2). For instance, people with disabilities and special needs make up around 13.3% of the population in Suriname followed by Saudi Arabia (7.1%) and Türkiye (7%) (Figure 2.2). In contrast, the percentage of population with disabilities in Qatar (0.4%), Malaysia (1.3%), Iran (1.4%), Cameroon (1.5%), and Guinea (1.5%) is under 2% of the total population. It is important to note that identifying people with disabilities and special needs in household surveys has long been a challenge due to the lack of a uniform definition of “disability”; individual countries define and determine disabilities differently (UNESCO, 2018). Therefore, data on the prevalence of disability should be interpreted with caution, especially in cases of cross-country comparisons.

Figure 2.2: Prevalence of Disabilities (% of total population), Last year (2005-2018)



Source: United Nations Disability Statistics (DISTAT) Database. Note: The dataset covers the period 2005-2018. The data for the most recent year is reported.

2.1. Education

In recent decades, an increasing number of countries have undertaken efforts to make their educational systems inclusive for people with disabilities and special needs, removing barriers to education for them, and addressing disability-based biases in the education sector. Countries that provide equitable opportunities for education to people with disabilities and special needs tend to benefit more from their potential. In turn, the skills that people with disabilities and special needs gain through their education enable them to improve their standard of living.

As an acknowledgment of the importance of education for people with disabilities and special needs, Sustainable Development Goal (SDG) 4 calls for “inclusive and quality education for all”. Similarly, Article 24 of the CRPD is devoted to education and lists five stipulations to promote equal and inclusive education for persons with disabilities. The Draft OIC Plan of Action on People with Disabilities also identifies education as one of the six main areas of cooperation and identifies six specific strategic goals for OIC countries (Box 2.1).

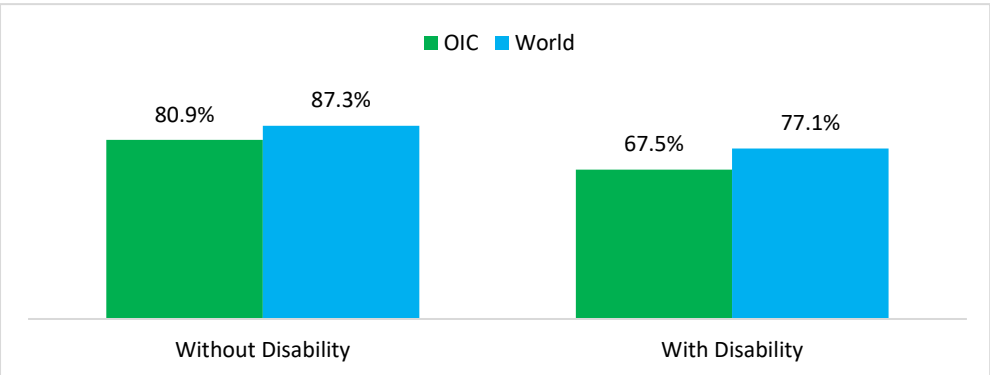
Box 2.1: Strategic Goals on Education in The Draft OIC Plan of Action on People with Disabilities

In the domain of education, the Draft OIC Plan of Action on People with Disabilities proposes the following strategic goals to guide policy makers in OIC countries on how to better incorporate people with disabilities and special needs into society:
SG 1.1: Improve accessibility and affordability of education institutions and programmes
SG 1.2: Train service providers and families regarding special needs of people with disabilities in education institutions
SG 1.3: Raise awareness about the importance of education services for people with disabilities
SG 1.4: Invest into rehabilitation and special care services in education institutions
SG 1.5: Ensure access to education in rural and urban areas
SG 1.6: Promote intra-OIC cooperation

Source: OIC and SESRIC (2019)

Despite the ameliorating impact that education can have on the lives of people with disabilities and special needs, it is more likely for them to be excluded from the formal education sector. UNESCO (2018) finds that, globally, people with disabilities and special needs between the ages of 15 and 29 are less likely to have attended school as compared to people without disabilities. The situation is especially serious in a number of OIC countries where the proportion of school attendance, regardless of the status of disability, is lower than the world average. Moreover, the proportion of school attendance among people with disabilities and special needs (67.5%) in OIC countries is also far lower as compared to people without disabilities (80.9%) amongst both sexes (Figure 2.3).

Figure 2.3: Proportion of School Attendance among Individuals aged 15-29 years (%), Last year (2006-2015)



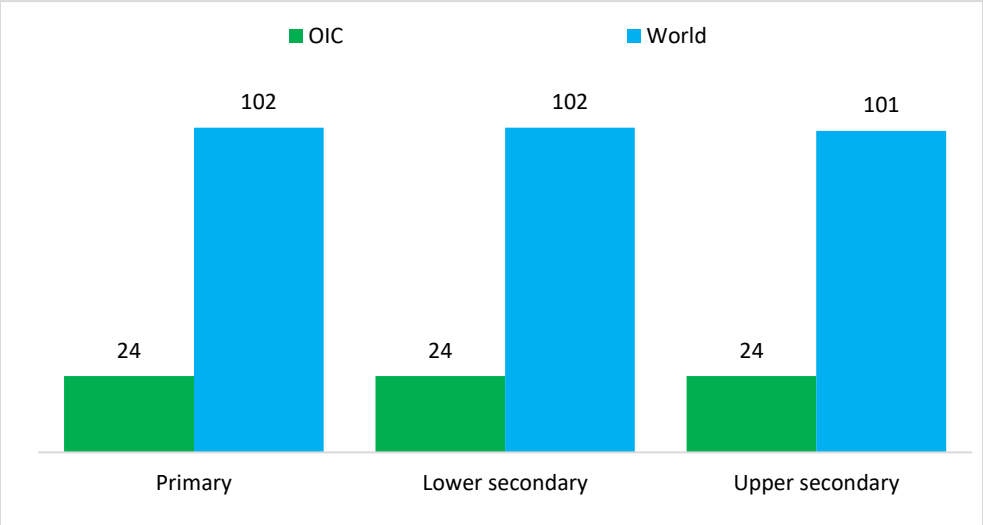
Source: IPUMS-International and SWTS, the dataset covers the period 2006-2015. Note: The world average represents the average of 49 countries and the OIC sample includes only 14 OIC countries.

Limited access to education and schools for people with disabilities and special needs not only affects their education outcomes but also increases their dependency on others throughout their lives. A case study from the Gambia shows that limited access to education for people with disabilities and special needs translates into exclusion from being able to avail specific job opportunities and increases their dependence on others (e.g., caregivers, family, or society), which in turn reinforces pre-existing negative beliefs about them (Bah, 2016).

In addition to having lower levels of school attendance ratios, people with disabilities and special needs also tend to have lower school completion rates. UNICEF's report on 'The State of World's Children' (2013) finds that estimated rates of primary school completion amongst boys and girls with a disability are 51% and 42%, respectively. This means that almost half of the students with disabilities enrolled in primary schools do not complete their education. Evidence from three OIC countries (Maldives, Uganda, and the Gambia) also supports this finding (DHS & UN, 2018). In Maldives, for example, 97.7% of students without disabilities (15-17 years of age) completed their primary education, whereas only 78.8% of students with disabilities in the same cohort completed their primary education. In Uganda, 34.2% of students with disabilities completed their primary education as compared to 39.5% of students without disabilities. In the Gambia, 62.2% of students without disabilities completed their primary education as compared to only 56.6% of students with disabilities. As a direct consequence of low primary school completion rates, children with disabilities are less likely to achieve literacy and pursue higher education at a later stage.

With respect to affirmative action in the education sector, there has been a positive trend across the globe when it comes to guaranteeing the right to education for people with disabilities and special needs or protecting them against disability discrimination in the education sector. The ratio of countries with a law or policy ensuring the right of children with disabilities to receive an education has increased from 62% in 2013 to 88% in 2018 (UN, 2018). In this context, Figure 2.4 shows that national legislations of 102 countries around the world broadly prohibit disability-based discrimination in primary, and lower secondary as 101 countries do so in upper secondary education. National legislations of 24 OIC countries out of 54 member countries with available data also explicitly prohibit disability-based discrimination in the three levels of education namely primary, lower secondary, and upper secondary for students with disabilities. To this end, more efforts should be exerted by OIC countries to prohibit disability-based discrimination on the legal front.

Figure 2.4: OIC Countries with Broad Prohibition of Disability-based Discrimination in Education in their National Legislations



Source: World Policy Analysis Center. Disability Data released in June 2019. The 24 OIC countries include (Afghanistan, Albania, Algeria, Azerbaijan, Bangladesh, Benin, Cote d'Ivoire, Egypt, Indonesia, Jordan, Kazakhstan, Kuwait, Kyrgyzstan, Lebanon, Malaysia, Mauritania, Morocco, Saudi Arabia, Sierra Leone, Tajikistan, Tunisia, Türkiye, Uganda, and United Arab Emirates)

At the individual level, several OIC countries have enacted legislation, policies, and guidelines to promote the inclusion of students with disabilities in the education sector. For instance, Iraq has developed 'The National Project of Comprehensive Educational Integration' that aims at improving the quality of education provided to children with disabilities (UN, 2018). In some OIC countries, art, such as drama, music, and drawing, is also used as a pedagogical method for disability-inclusive education.[1] Some OIC countries like Bangladesh use a quota scheme to increase the participation of people with disabilities and special needs in Technical and Vocational Education and Training (TVET) programs. Such programs have been known to not just increase school attendance rates of people with disabilities and special needs but also improve their skill sets (see Box 2.2).

[1] For example, in Egypt, a project provided an opportunity for students with and without disabilities to discuss what will happen in life in the year 2050 through drawings (UN, 2018).

Box 2.2: Disability Inclusion in Bangladesh's Education and Skills System

In Bangladesh, approximately 3.2 million young people experience some form of disability. These young people need help to access employment opportunities. The government of Bangladesh formulated a 'National Skills Development Policy' (NSDP) in 2011 with the support of ILO, which puts disability inclusion at the centre of the skills reform process. The NSDP recommendations include establishing an admission quota of five percent for persons with disabilities at all Technical and Vocational Education and Training (TVET) institutions, providing stipends, hostel facilities and transport where necessary, and designing reasonable accommodation and accessible training institutes. With the support of this program, thousands of young people with disabilities and special needs have gained new skills and knowledge that enable them to enter the job market.

Source: ILO (2017)

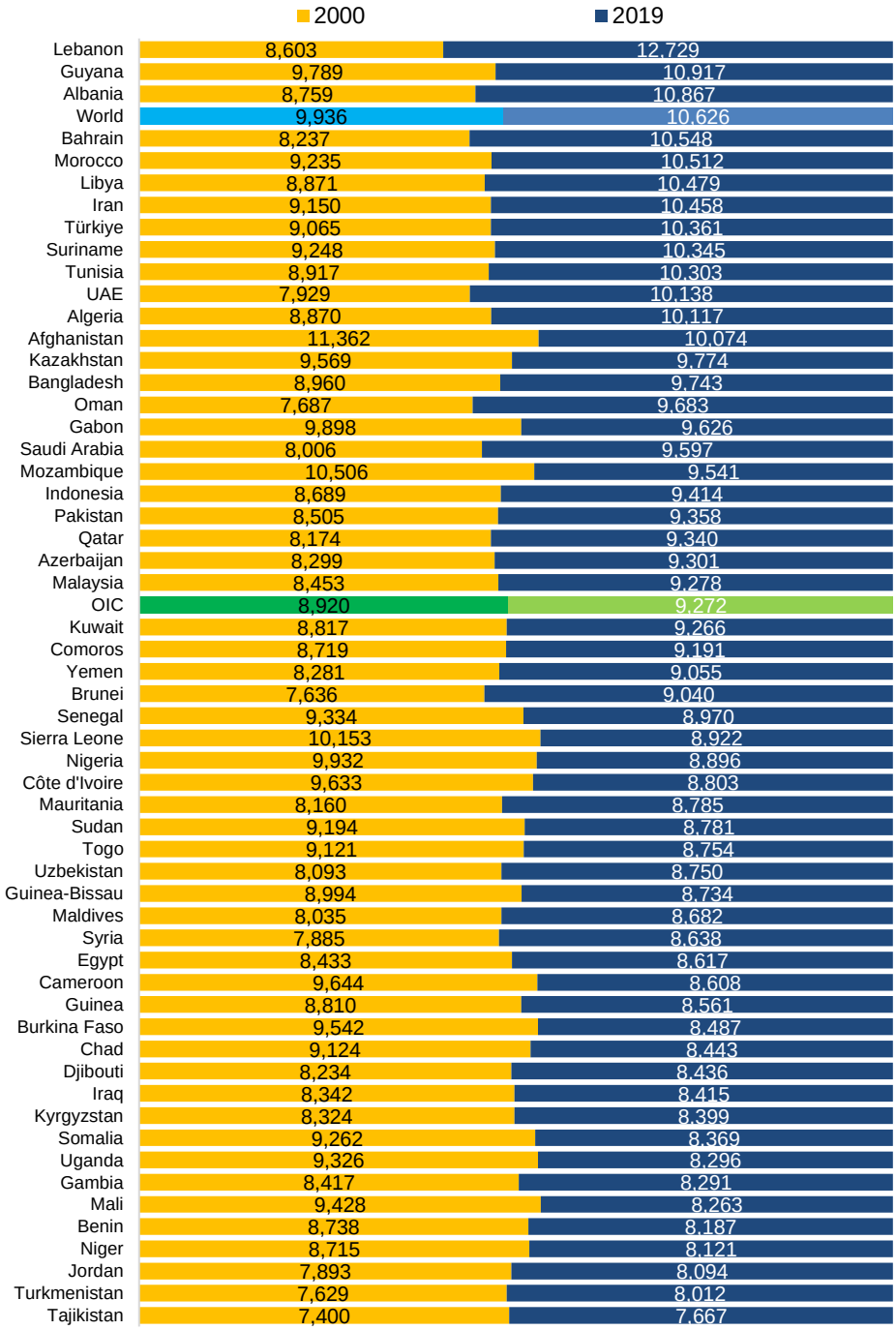
2.2. Health

People with disabilities are more likely to suffer from poor health and well-being (UN, 2018). The provision of a wide range of healthcare services and easy access to those services is of critical importance to people with disabilities and special needs in OIC countries and elsewhere. The insufficient provision of healthcare services can often lead to a greater burden on people, societies, as well as public services. In order to highlight the importance of healthcare services for sustainable development, a number of SDG targets (e.g. Target 3.4 and Target 3.8) aim to achieve the inclusive provision of health services for all members of society including people with disabilities and special needs. The importance of the health sector for persons with disabilities is also reflected in Article 25 of the CRPD which reinforces the right of persons with disabilities to attain the highest standard of healthcare without prejudice.

Years Lost due to Disability (YLDs) is a measure of the burden of disease and injury on a population, which takes into account the number of years lived with a disability or in a state of ill health. The WHO usually expresses its rate per 100,000 population to represent the number of years of healthy life lost due to disability for every 100,000 individuals in the population. It is a standard measure that allows for the comparison of disease burden between populations of different sizes.

Figure 2.5 compares the YLDs in 2000 and 2019 to provide insight into how the burden of disease and injury has changed over time at the global level, in the OIC and in individual OIC countries. Between this period, YLDs per 100,000 people increased from 9,936 to 10,626 in the world, whereas, in the OIC countries it increased from 8,920 to 9,272, reflecting a relative increase of 6.9% in the world

Figure 2.5: Years Lost due to Disability (YLDs) in OIC Countries (Per 100,000 Population), 2000 vs. 2019



Source: WHO, Global Health Estimates Dataset that covers 56 OIC countries

and 3.9% in OIC countries. In 2019, the YLDs rate per 100,000 population for the world was 10,626 and for OIC was 9,272, meaning that on average, each person in the world and OIC population loses 0.1 and 0.09 years of healthy life due to disability. The YLDs rate per 100,000 population was more than 10,000 in 13 OIC countries; namely, Lebanon, Guyana, Albania, Bahrain, Morocco, Libya, Iran, Türkiye, Suriname, Tunisia, United Arab Emirates, Algeria, and Afghanistan.

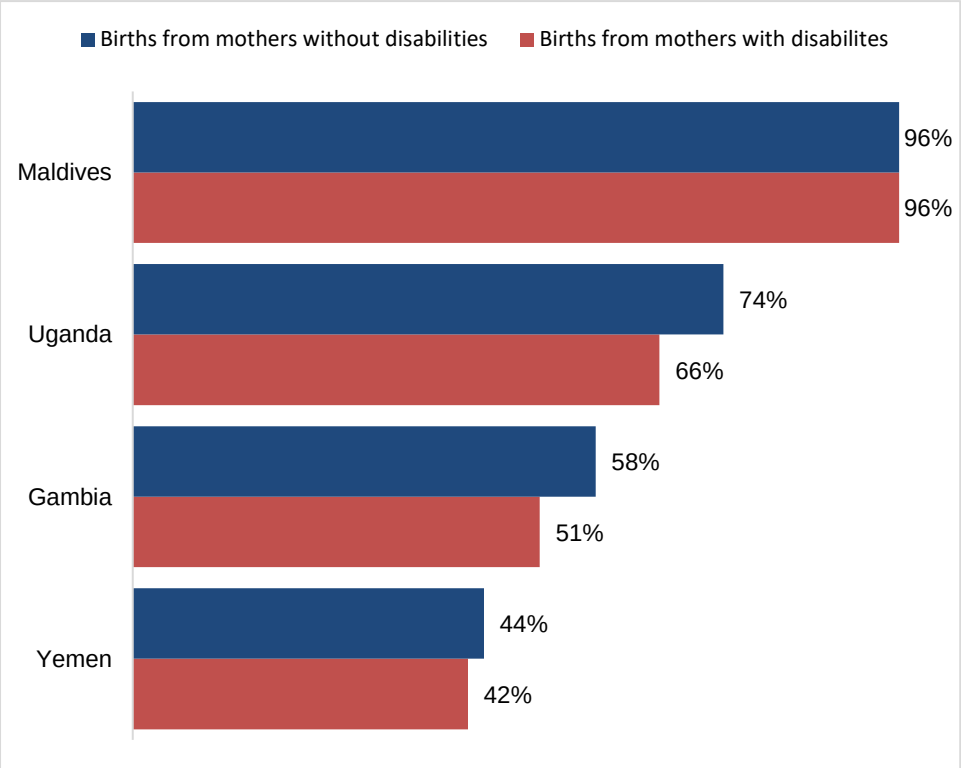
Additionally, between 2000 and 2019, YLDs per 100,000 population decreased in 26 OIC countries. The OIC countries that achieved to decrease YLDs the most were Mali, Sierra Leone, Afghanistan, Burkina Faso, Uganda, Cameroon, and Nigeria during the period under consideration. Yet, YLDs increased in 36 OIC countries. Among these OIC countries, in Lebanon, Bahrain, United Arab Emirates, Oman, Albania, Saudi Arabia, Brunei, Libya, and Tunisia it went up more than 15.5% in the same period.

The decreases in 26 OIC countries may indicate that there have been improvements in healthcare and public health interventions, leading to better management and prevention of disease and injury. On the other hand, the increases in 36 countries may suggest new emerging health challenges or that the existing interventions are not effective enough to address the burden of disease and injury. Other factors, such as aging populations or changes in health risk factors (e.g. obesity, smoking) may also contribute to the increases in YLDs.

People with disabilities encounter a range of barriers when they attempt to access healthcare. These barriers include but are not limited to, prohibitive costs, limited availability of services, physical barriers, inadequate skills and knowledge of health workers, and lack of awareness about services (SESRIC, 2019a). Evidence from several OIC countries supports this finding (UN, 2018).

The healthcare needs of people with disabilities and special needs are often unmet due to a combination of factors such as the unavailability of services and lack of trained staff in public institutions, especially in rural and remote areas. SESRIC (2015) found that OIC countries lagged behind non-OIC developing countries in terms of both availability of maternal health facilities and the number of staff working in those facilities. Evidence from three OIC countries (Uganda, the Gambia, and Yemen) indicates that, on average, births from mothers with disabilities are less likely to be attended by a skilled health worker as compared to births from mothers without disabilities (Figure 2.6). The widest gap was noted in Uganda (of 8%) – where 66% of births from mothers with disabilities were attended by skilled health personnel as compared to 74% of births from mothers without disabilities. In the Maldives, almost all births from mothers with disabilities (99% and 96%, respectively) were attended by a skilled health worker.

Figure 2.6: Percentage of Live Births Attended by Skilled Health Personnel in Selected OIC Countries, 2014



Source: United Nations Disability and Development Report (2018)

Over the past decades, several OIC countries have exerted significant efforts to improve the health and well-being of people with disabilities and special needs (SESRIC, 2019c). National level efforts have included substantial healthcare reforms and plans aimed at increasing the provision of rehabilitation services and assistive devices for persons with disabilities. For instance, in Uganda, disparities between people with and without disabilities have been on a decline owing to the adoption of various nation-wide disability legislation and policies including the National Council for Disability Act in 2003, the Persons with Disabilities Act, and the National Policy on Disability in 2006. It is because of such comprehensive national efforts that the percentage of live births from mothers with disabilities attended by a skilled health worker doubled from 2006 to 2016 and the use of contraceptives amongst married women with disabilities has doubled in Uganda (UN, 2018).

United Arab Emirate's Ministry of Health and Prevention began issuing a medical card to persons with disabilities entitling its holder to receive free medical services

through the Ministry. Similarly, the Gambia's National Development Plan (2018-2021) includes various provisions for people with disabilities such as the provision of inclusive rehabilitation and habitation programmes and services (Nabaneh, 2019). Such services are critical for enabling people with disabilities to live independently, obtain proper education, and participate in the labour market and civic life.

At the OIC level, the OIC Strategic Health Programme of Action 2014-2023 (OIC-SHPA), adopted in 2013, includes several provisions and targets for improving healthcare services available to vulnerable groups, including persons with disabilities in OIC countries. The OIC-2025 Programme of Action, adopted in 2016, also has a specific goal (Goal 2.13.5) on improving services for persons with special needs in OIC countries. Similarly, the Draft OIC Plan of Action on People with Disabilities also identifies health as one of the six main areas of cooperation and puts forth six strategic goals in this domain for OIC countries (SESRIC, 2019b; Box 2.3).

Box 2.3: Strategic Goals on Health in The Draft OIC Plan of Action on People with Disabilities

In the domain of health, the Draft OIC Plan of Action on People with Disabilities proposes the following strategic goals to guide policy makers in OIC countries on how to better incorporate people with disabilities and special needs into society:

SG 2.1: Improve disease and disability prevention
SG 2.2: Invest into rehabilitation and long-term care services
SG 2.3: Improve public mechanisms including social security systems
SG 2.4: Ensure access to health services
SG 2.5: Promote development, production and use of assistive devices
SG 2.6: Promote inter-sectoral and intra-OIC cooperation

Source: OIC and SESRIC (2019)

2.3. Economic Integration

Economic empowerment is widely recognized as a key instrument for enhancing the autonomy of people with disabilities and facilitating their full participation in society. The economic integration of people with disabilities and special needs is critical for their social integration (UN, 2013). The economic empowerment of people with disabilities is made possible when they have access to employment and economic opportunities. Excluding people with disabilities and special needs from the economic sector not only violates their economic rights but also leads to

a loss of potential talent for businesses and makes the economic sector less diverse (ILO & Fundacion ONCE, 2021).

In various international and regional development strategies, several universally accepted measures that foster the economic participation of people with disabilities and special needs, improve their access to decent employment and reduce poverty are being highlighted and advocated. Target 8.5 of the SDGs, for example, emphasizes on full and productive employment of persons with disabilities. In a similar vein, Article 27 of the CRPD lays down principles on the right to work and employment of persons with disabilities. Within the OIC fora, the OIC Labour Market Strategy 2025 and the Draft OIC Plan of Action on People with Disabilities identifies a number of strategic goals to increase the employability of persons with disabilities and address a range of economic challenges that they face (Box 2.4) (OIC, 2018; SESRIC, 2019b).

Box 2.4: Strategic Goals on Economic Integration in The Draft OIC Plan of Action on People with Disabilities

In the domain of economic integration, the Draft OIC Plan of Action on People with Disabilities proposes the following strategic goals to guide policy makers in OIC countries on how to better incorporate people with disabilities and special needs into society:

SG 3.1: Develop and adopt alternative working systems
SG 3.2: Encourage economic integration of people with disabilities
SG 3.3: Enhance skills development of people with disabilities according to labour market needs
SG 3.4: Promote effective coordination among key stakeholders and enhance intra-OIC cooperation
SG 3.5: Improve the scope and delivery of social security services
SG 3.6: Cope with discrimination at work

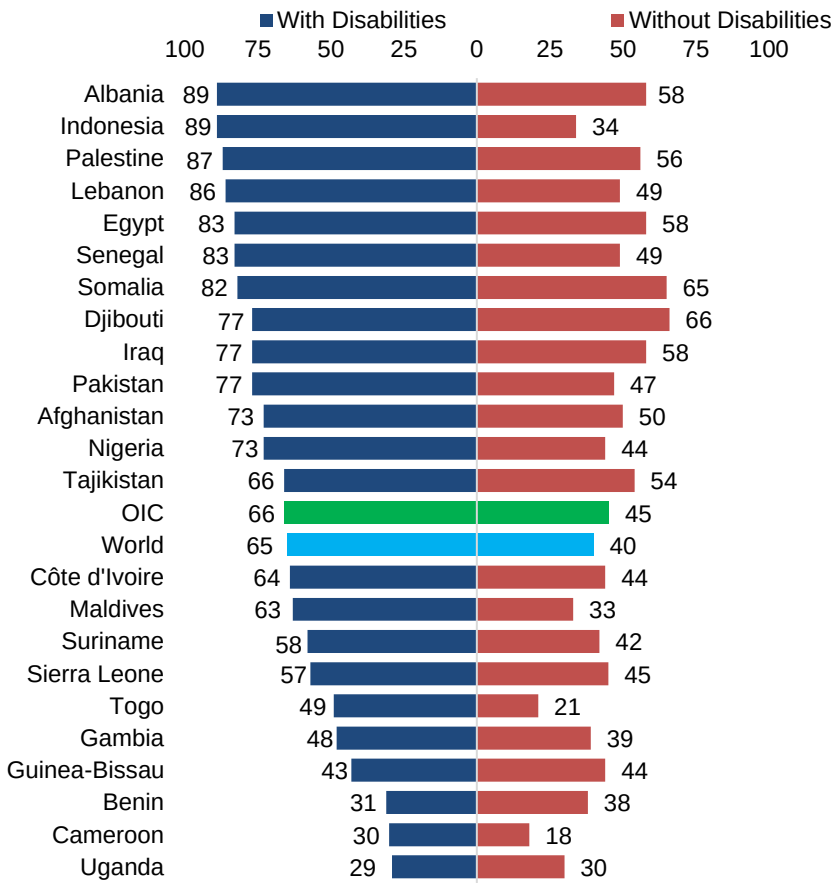
Source: OIC and SESRIC (2019)

There are a number of disadvantages that affect people with disabilities and special needs who attempt to enter the labour market or undertake any economic endeavour. They are likely to be economically inactive for a longer duration in the labour market due to difficulties associated with finding a job, suffer from higher unemployment rates, and receive relatively lower wages when compared to people without disabilities (WHO & World Bank, 2011).

According to the UN (2018), between 2006 and 2016, the employment to population ratio (for people aged 15 years and above) among people without disabilities was 60% - based on data from 91 countries. For people with disabilities and special needs, this ratio was merely 36%, indicating a wide

disparity. This indicates that the percentage of people with disabilities who are active in the labour force is notably low. Seven out of ten people with disabilities around the world are economically inactive, which means they are neither employed nor unemployed, whereas, only four out of ten people without disabilities fall into this category (ILO, 2022). Similarly, a dataset of 61 countries (inclusive of 23 OIC countries) shows that globally, 65% of people with disabilities are economically inactive as compared to 40% of the people without disabilities. However, at the OIC level, the average of the 23 countries with available data shows that the proportion of economically inactive population of people with disability (65.8%) and without disabilities (45.3%) are higher than the global averages. In seven individual OIC countries, including Albania, Indonesia, Palestine, Lebanon, Egypt, Senegal, and Somalia, the proportion of economically inactive people with disabilities is above 80% (Figure 2.7).

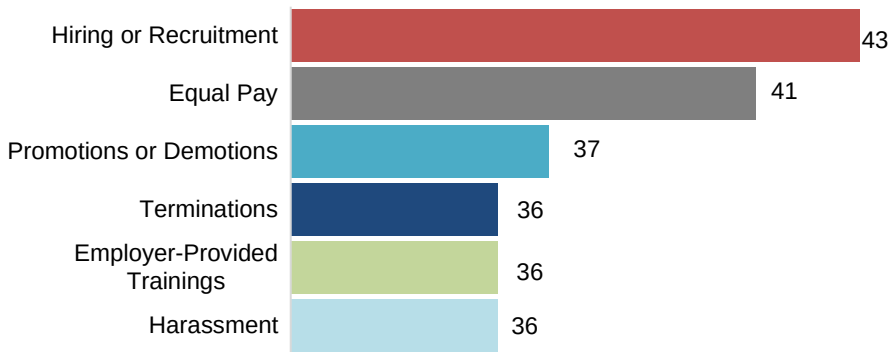
Figure 2.7: Economically Inactive population by Disability Status (%), latest year (2012-2021)



Source ILOSTAT Disability Labour Market Indicators (DLMI) Database.

In several developing countries, people with disabilities and special needs that are employed are more likely to face certain vulnerabilities in their employment. These vulnerabilities can be in the form of inadequate earnings, lack of accessible workplaces, and difficult or unsafe working conditions that undermine the fundamental rights of people with disabilities and special needs (ILO & Foundation ONCE, 2021). Coleman et al. (2013) further identify 'an improper working environment, lack of education or skills for the job, lack of transportation to and from work' as factors that have an unfavourable impact on people with disabilities and special needs. In addition to these factors, discrimination in the workplace and stigma or negative attitudes associated with the productivity and functionality of people with disabilities and special needs can adversely affect their economic integration (SESRIC, 2019a). However, in an attempt to end disability-based job discrimination, a substantial number of OIC countries have enacted comprehensive legislative measures that safeguard against discriminatory practises and provide equitable opportunities for people with disabilities in employment. According to a dataset by World Policy Center reported in 2019, 43 OIC countries out of 55 member countries with available data have added such clauses in their employment legislations, explicitly forbidding discrimination during the hiring or recruitment process. Similarly, 41 OIC countries have statutory assurances for equitable pay regardless of disability status. Furthermore, 37 OIC countries have rules in their national legislations forbidding discriminatory promotions or demotions based on disability, while another set of 36 countries separately have explicit prohibitions against harassment, access to employer-Provided trainings and terminations (Figure 2.8).

Figure 2.8: Legislative Measures on Prohibition of Disability-Based Discrimination in the Labour Market, (Number of OIC Countries), as of June 2019



Source: World Policy Analysis Center. Disability Data released in June 2019. Note: Prohibitions of disability-based discrimination in hiring, pay, training, promotions and demotions include (disability-specific prohibition, broad prohibition, general prohibition and guarantees of equal pay to persons with disabilities), *see Annex I*.

In order to improve the economic integration of people with disabilities and special needs, many OIC countries have undertaken a wide range of initiatives. These initiatives include, but are not limited to, reserving a quota system for them, centralized employment systems, and subsidizing social security premiums. For instance, in 2014, the Ministry of Labour and Social Development in Saudi Arabia launched the Tawafuq 'Empowerment for Employment for Persons with Disabilities Programme' that aims to provide a fertile ground for building and promoting inclusive employment opportunities for them. In 2016, this program helped 62,728 people with disabilities find employment with 31,790 companies, around 17,400 people with disabilities received subsidies from the government, and the number of employees with disabilities in the private sector increased from 15,500 in 2011 to 62,728 in 2016 (Zero Project, 2017).

Similarly, in Türkiye a special labour law ensures equal and safer working conditions for people with disabilities. The law stipulates three things: (i) it instructs private sector organizations with 50 or more employees to employ people with disabilities, (ii) it establishes that the number of people with disabilities hired cannot be less than 3% of the total employees, and (iii) it mandates that the recruitment of people with disabilities must take place through the Public Employment Organisation of Türkiye. In doing so, the law aims to minimize obstructions that people with disabilities and special needs experience throughout the job-search process and match employers with such job-seekers (SESRIC, 2017).

In order to support the entrepreneurial efforts of people with disabilities and special needs, the Ministry of Social Affair in Indonesia has launched the Joint Enterprise Group (Kelompok Usaha Bersama) and Productive Economic Enterprise (Usaha Ekonomi Produktif). Both of these initiatives provide microfinance to entrepreneurs with disabilities. In South Sulawesi, Indonesia, the local office of the Department of Industry funded skills training for people with disabilities on how to process seaweed (Adioetomo et al., 2014).

2.4. Governance

Governance refers to the programs, policies, and systems that provide services to individuals at the local, national, or international level. Governance structures play an important role in ensuring and improving the well-being of persons with disabilities in OIC countries and elsewhere. Well-functioning governance structures including laws, regulations, institutions, and mechanisms help protect the rights of people with disabilities and special needs and increase their participation in socio-economic life.

Key global strategic documents targeting people with disabilities call for the protection of rights and respect for the dignity of persons with disabilities. Several

articles of the CRPD (Article 15, 16, 17, 21, and 29) focus on the improvement of governance. The UN Sustainable Development Agenda under SDG target 1.3 also highlights the importance of national social protection systems and measures for the material well-being of people with disabilities. The Draft OIC Plan of Action on People with Disabilities acknowledges the role of governance in improving the standard of living of people with disabilities and identifies governance as one of its six main areas of action (Box 2.5).

Box 2.5: Strategic Goals on Governance in The Draft OIC Plan of Action on People with Disabilities

In the domain of governance, the Draft OIC Plan of Action on People with Disabilities proposes the following strategic goals to guide policy makers in OIC countries on how to better incorporate people with disabilities and special needs into society:

SG 4.1: Review social security schemes

SG 4.2: Increase participation of people with disabilities in political processes

SG 4.3: Strengthen and create organizations operated by and for people with disabilities

SG 4.4: Increase budgetary allocations specifically for initiatives and programs aimed at people with disabilities

Source: OIC and SESRIC (2019)

When it comes to global instruments that protect and promote the rights of people with disabilities, the 2006 UN Convention on the Rights of Persons with Disabilities (CRPD) and its 2008 Optional Protocol are the leading international conventions. Currently, 47 OIC countries have already signed the 2006 Convention and 10 OIC countries namely; Afghanistan, Djibouti, the Gambia, Iran, Iraq, Kuwait, Mauritania, Palestine, Saudi Arabia, and Turkmenistan have not yet signed, however, they have acceded to the Convention. In general, 44 OIC countries have ratified this Convention nationally, 10 OIC countries have acceded to it and three OIC countries (Cameroon, Lebanon, and Tajikistan) among the signatories of this Convention have neither acceded nor ratified it in their national legislatures[2]. At the same time, 20 of the 57 OIC countries have not signed, acceded to, or ratified the 2008 Optional Protocol to the Convention. These countries are Albania, Bahrain, Brunei Darussalam, Comoros, Egypt, Guyana, Indonesia, Iran, Iraq, Kuwait, Kyrgyzstan, Libya, Malaysia, Maldives, Oman, Pakistan, Somalia, Suriname, Tajikistan, and Uzbekistan.

[2] Information about signature, accession, and ratification of the CRPD and its Optional Protocol is as of 29 December 2022 (https://indicators.ohchr.org/).

Social protection systems and programmes are one of the key tenets of the governance structure. However, "only 27% of the world's total population has adequate social security coverage and more than half of the total population lack any coverage at all" (ILO, 2021). According to ILO's World Social Protection Report 2017-2019, the scope of coverage of social protection programmes that are anchored in national legislation in 49 OIC countries is quite varied (Table 2.1). For example, only 10 OIC countries have 'comprehensive' social protection programmes that offer coverage in eight dimensions: sickness, maternity, old age, survivors, disability/invalidity, child/family, employment injury, and unemployment. A further six OIC countries offer 'nearly comprehensive' social protection coverage in seven dimensions. Whereas, a majority of 22 OIC countries offer 'intermediate' coverage in 5 or 6 dimensions and 11 OIC countries offer 'limited' coverage in 1 to 4 dimensions.

Table 2.1: Scope of Coverage of Statutory Social Security Programmes in OIC Countries*, 2017-2019

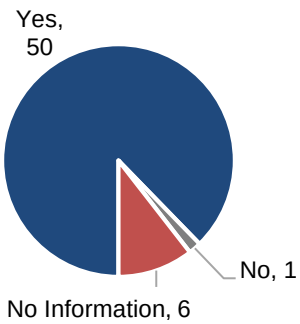
Number and Policy Areas Covered	Countries
Comprehensive (10)	Albania, Algeria, Azerbaijan, Iran, Kazakhstan, Lebanon, Morocco, Tunisia, Turkmenistan, Uzbekistan
Nearly Comprehensive (6)	Egypt, Guinea, Iraq, Pakistan, Tajikistan, Türkiye
Intermediate (22)	Bahrain, Bangladesh, Benin, Brunei Darussalam, Burkina Faso, Cameroon, Chad, Côte d'Ivoire, Djibouti, Gabon, Guyana, Indonesia, Jordan, Kuwait, Kyrgyzstan, Mali, Mauritania, Mozambique, Niger, Saudi Arabia, Senegal, Togo
Limited (11)	Gambia, Libya, Malaysia, Nigeria, Oman, Qatar, Sierra Leone, Sudan, Syria, Uganda, Yemen
No Information (8)	Afghanistan, Comoros, Guinea-Bissau, Maldives, Palestine, Somalia, Suriname, United Arab Emirates

Source: ILO's World Social Protection Report Dataset 2017-2019. *Coverage scale is as follows: Comprehensive = eight areas covered, Nearly Comprehensive = seven areas covered, Intermediate = five or six areas covered, and Limited = between one to four areas covered, *see Annex II*.

Social protection programmes are of particular importance for the well-being of people with disabilities and special needs. These programmes help them in covering their medical costs, offering assistive devices, providing income support (e.g. direct cash transfer, subsidies, tax exemptions) and more (World Bank, 2016). However, as mentioned above, the availability of adequate social protection is sparse across the world. According to ILO's Social Protection Platform, only 33.5% of people with severe disabilities in the world collected

disability social protection benefits in 2020. Yet, ILO's World Social Protection Report 2017-2019 finds that 50 OIC countries have a statutory social protection programme that covers disability/invalidity amongst other dimensions, one OIC country (Djibouti) provides no statutory social protection programme that covers disability/invalidity. No information was provided for six OIC countries (Afghanistan, Comoros, Palestine, Somalia, Suriname, and United Arab Emirates) regarding provision of statutory social protection programme that covers disability/invalidity (Figure 2.9).

Figure 2.9: Number of OIC Countries with Statutory Social Protection Programme for Disability/Invalidity, 2017-2019



Source: ILO's World Social Protection Report Dataset 2017-2019.

A breakdown of the types of social protection programmes for people with severe disabilities[3] in OIC countries reveals that the majority of OIC countries (44) currently have contributory social insurance for people with severe disabilities. Five OIC countries (Brunei Darussalam, the Gambia, Indonesia, Malaysia, and Uganda) also offer contributory provident funds for people with severe disabilities and only Nigeria offer mandatory individual account contribution. The issue with contributory social insurance schemes is that they mainly cater to individuals who have had stable or consistent employment or self-employment throughout their active years.

When it comes to non-contributory schemes, 10 OIC countries have non-contributory schemes, of them, only two (Albania, and Azerbaijan) offer non-contributory universal assistance to people with severe disabilities and then eight OIC countries (Bangladesh, Iraq, Kazakhstan, Kyrgyzstan, Mozambique, Tajikistan, Turkmenistan, and Uzbekistan) offer non-contributory means tested social assistance to people with severe disabilities

[3] ILO's World Social Protection Report 2017-2019 defines severe disability as "the equivalent of having blindness, Down syndrome, quadriplegia, severe depression, or active psychosis" in line with the definition put forth by World Health Organization and World Bank in their 2011 World Report on Disability.

Three OIC countries (Djibouti, Guinea-Bissau, and Maldives) do not have any type of social protection programmes for people with severe disabilities anchored in their legislations and finally, five countries namely, Afghanistan, Comoros, Palestine, Somalia, and Suriname have no available information regarding any scheme (Table 2.2). Means tested social assistance is provided to people with disabilities and special needs whose income is below a certain threshold and is complicated because it can limit their belonging to disadvantaged groups (such as refugees and migrants with disabilities) from receiving proper social assistance.

Table 2.2: OIC Countries with Various Types of Social Protection Programs for People with Severe Disabilities, 2017-2019

Category	Programme	Countries
Contributory Programmes	Social Insurance (45)	Albania, Algeria, Azerbaijan, Bahrain, Benin, Burkina Faso, Cameroon, Chad, Côte d'Ivoire, Egypt, Gabon, Gambia, Guinea, Guyana, Indonesia, Iran, Iraq, Jordan, Kazakhstan, Kuwait, Kyrgyzstan, Lebanon, Libya, Malaysia, Mali, Mauritania, Morocco, Mozambique, Niger, Oman, Pakistan, Qatar, Saudi Arabia, Senegal, Sierra Leone, Sudan, Syria, Tajikistan, Togo, Tunisia, Türkiye, Turkmenistan, United Arab Emirates, Uzbekistan, Yemen
	Provident Funds (5)	Brunei Darussalam, Gambia, Indonesia, Malaysia, Uganda
	Mandatory individual account (1)	Nigeria
Non-contributory schemes	Universal Assistance (2)	Albania, Azerbaijan
	Social Assistance* (8)	Bangladesh, Iraq, Kazakhstan, Kyrgyzstan, Mozambique, Tajikistan, Turkmenistan, Uzbekistan
No programme anchored in legislation	No programme (3)	Djibouti, Guinea-Bissau, Maldives
No mention	(5)	Afghanistan, Comoros, Palestine, Somalia, Suriname

Source: ILO's World Social Protection Report Dataset 2017-2019. Data is from 2015 or latest year available. * Non-contributory social assistance programs in these OIC countries are means-tested.

Families with people with disabilities often face additional expenses related to medical care, therapy, specialised equipment, and other disability-related needs. Social protection programs can play an important role in mitigating these financial challenges and supporting families with people with disabilities. However, according to the ILO dataset (2023), when it comes to effective coverage of social protection floors/programmes for people with disabilities, only 38 OIC countries provide cash benefits for people with severe disabilities.

Furthermore, data from nine developing countries shows that – on average – 76% of people with disabilities who needed welfare services are unable to receive such services (UN, 2018). Social services and assistive devices provided by public authorities play an instrumental role in meeting the needs of people with disabilities and special needs. Nevertheless, evidence from two OIC countries shows that such services – when available – are far from adequate. In Mozambique and Cameroon, more than 77% of people with disabilities who need assistive products (e.g. wheelchairs, visual aids etc.) indicated that they do not have such products (UN, 2018).

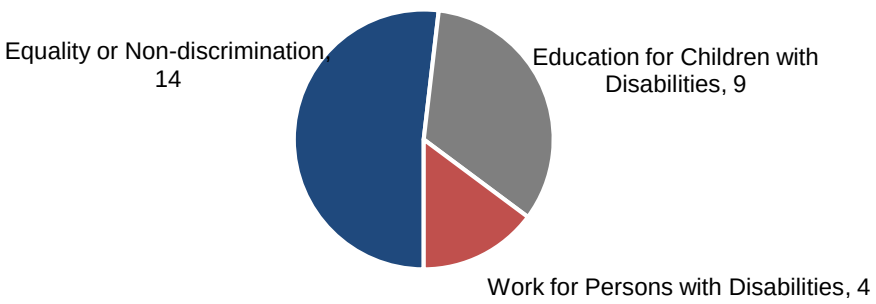
Common reasons for the limited accessibility of social services (e.g. disability benefits, assistive devices, etc.) are limited allocation (mismatch between demand and supply), lack of knowledge about application procedures, absence of documentation, lack of accessibility of public offices, lack of clarity in the disability evaluation process, and prejudice and stigmas towards people with disabilities and special needs (UN, 2018).

In order to address the complicated and interrelated barriers that affect the standards of living of people with disabilities and special needs, it is essential for OIC countries to establish effective governance structures comprising comprehensive national disability strategies, plans, and regulations. In many cases, OIC countries need to review their existing governance structures and align them with internationally ratified strategies such as the CPRD to promote the full and effective participation of persons with disabilities in society, including through the protection and promotion of their political, economic, social, and cultural rights.

Enacting and enforcing laws and policies that prohibit violence, abuse, and neglect of people with disabilities remained an elusive goal across the developing

countries.[4] As shown in Figure 2.10, only 14 out of the 56 OIC countries with available data have explicitly guarantee persons with disabilities the right to equality or non-discrimination in their constitutions whereas, in nine of the OIC countries, national constitutions explicitly guarantee the right to equitable education for all children with disabilities. Four of the OIC countries provide explicit guarantee to the participation of persons with disabilities in the workforce in their constitutions. Whereas, based on the same dataset, the majority of the OIC countries explicitly guarantee constitutional rights to persons with disabilities, even though these laws are not specific to persons with disabilities. For instance, 38 OIC countries explicitly guarantee constitutional rights to non-discrimination or equality though not specific to persons with disabilities, 32 countries explicitly guarantee the right to education for children with disabilities but not disability-specific as 28 countries explicitly guarantee the right to work for adults with disabilities however not disability-specific.

Figure 2.10: Number of OIC Countries with Guaranteed Constitutional Rights for Persons with Disabilities



Source: World Policy Analysis Center. Disability Data released in June 2019.

Similarly, Table 2.3 shows that OIC countries need to exert further efforts when it comes to governance structures by formulating strategies, policies, or laws. As of January 2023, only 11 OIC countries have national policies addressing people with disabilities and special needs, 13 OIC countries have strategies or action plans at the national level, and there are laws and regulations that refer to persons with disabilities in 37 OIC countries.

[4] For example, a dataset from the United States reflects that people with disabilities are four to ten times more likely to become victims of violence, abuse, or neglect as compared to people without disabilities (CDC, 2021).

Table 2.3: OIC Countries with Strategies, Policies, or Laws addressing People with Disabilities and Special Needs, 2023

Strategies, Policies, or Laws	Countries
Laws/Regulations (37)	Afghanistan, Albania, Algeria, Azerbaijan, Bahrain, Bangladesh, Brunei Darussalam, Burkina Faso, Cameroon, Chad, Gabon, Guyana, Indonesia, Iraq, Jordan, Kuwait, Kyrgyzstan, Lebanon, Libya, Malaysia, Mauritania, Morocco, Mozambique, Nigeria, Oman, Pakistan, Palestine, Qatar, Saudi Arabia, Senegal, Sierra Leone , Sudan, Tunisia, Türkiye, United Arab Emirates, Uzbekistan, Yemen
Strategies/Action Plans (13)	Afghanistan, Albania, Bahrain, Bangladesh, Jordan, Lebanon, Mozambique, Pakistan, Palestine, Syria, Türkiye, United Arab Emirates, Yemen
National Policies (11)	Afghanistan, Bangladesh, Gambia, Iran, Kyrgyzstan, Malaysia, Maldives, Morocco, Nigeria, Sudan, United Arab Emirates

Source: World Health Organization's MiNDbank, as of 11th January 2023. For a complete list of OIC countries, see *Annex III*.

It is difficult for any government to fully meet the needs of people with disabilities and special needs without the support of civil society, non-governmental organizations (NGOs), and the private sector. Multi-sectoral cooperation is essential to widen the reach of policies and programs, especially in disadvantaged regions (e.g., rural settings, camps, slums, etc.). In some cases, the family unit and NGOs take on added importance by providing critical services to people with disabilities and special needs when governance structures prove ineffective. For example, in a survey conducted in the Gambia, only 27% of respondents said that government institutions should be the designated service providers; whereas 73% of the respondents collectively said that NGOs, individuals, families/communities, and other organizations should be the designated service provides for people with disabilities and special needs (Bah, 2016). In this context, policymakers should consider the needs and expectations of these groups when developing or redesigning governance structures.

At present, several OIC countries have governance structures and programmes that are conducive to the well-being of people with disabilities and special needs. In Guyana, the 2010 Persons with Disabilities Act aims to provide certain rights to persons with disabilities, promote and protect their full and equal enjoyment of rights, facilitate the enforcement of their rights, provide welfare and rehabilitation

of persons with disabilities, arrange for the registration of persons with disabilities, establish the National Commission on Disabilities, and other related provisions (Persons with Disabilities Act, 2010).

Egypt established the National Council for Disability in 2012 to ensure coordination among different ministries. The Council is in charge of policy making, supervising, and monitoring the performance of the government and concerned agencies when it comes to the provision of services for people with disabilities. The Council is also responsible for the development of a national plan for disability. In addition, Egypt also initiated the Karama program, an unconditional cash transfer programme targeting poor families and people living with disabilities. In 2020, more than 838,000 people with disabilities benefited from this programme (World Bank, 2020).

2.5. Enabling a Supportive Environment

The socio-economic environment of people with disabilities and special needs can foster their inclusion and enable their participation in society. Enabling a supportive environment for them includes important interventions to improve the availability, access, and affordability of roads, buildings, transportation, information and communication technologies (ICT). All these dimensions are interconnected, which necessitates the use of a holistic and multi-sectoral approach (SESRIC, 2019b). Without using a holistic and multi-sectoral approach, it is difficult for any government to address the barriers faced by people with disabilities and special needs or achieve sustainable development.

Various international and regional strategic documents on disabilities recognize the importance of providing an enabling supportive environment for people with disabilities. In particular, the CRPD has a number of articles (e.g. Article 9, 18, 19, and 20) that aim to increase the socio-economic participation of persons with disabilities by providing them with a supportive environment. In a similar vein, the UN Sustainable Development Agenda stresses that an enabling environment for persons with disabilities can help countries in achieving sustainable development and accomplish inclusive growth for all. Several targets of SDGs – particularly under Goal 11 (e.g. 11.2, 11.3 and 11.7) – are linked with improving the accessibility of persons with disabilities by providing them with a more enabling environment (UN, 2018). The New Urban Agenda of the UN also addresses the right to adequate housing and standard of living; access to basic physical and social infrastructure including affordable serviced land, housing, and ICTs; accessible public spaces and transport; and empowerment and participation for persons with disabilities (UN, 2016).

The Draft OIC Plan of Action on People with Disabilities identifies “enabling a supportive environment” as one of the main areas of action and puts forth four

strategic goals and 16 action points with an aim to “enhance both the physical and social conditions that are important for people with disabilities” (Box 2.6) (SESRIC, 2019b).

Box 2.6: Strategic Goals on Enabling a Supportive Environment in The Draft OIC Plan of Action on People with Disabilities

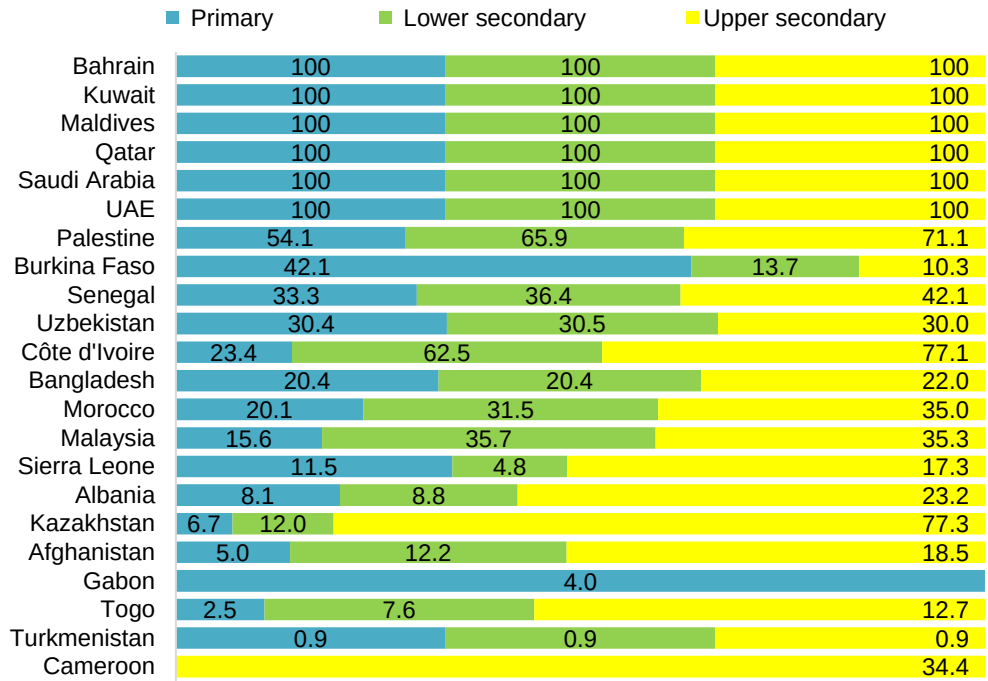
To enable a supportive environment, the Draft OIC Plan of Action on People with Disabilities proposes the following strategic goals to guide policy makers in OIC countries on how to better incorporate people with disabilities and special needs into society:
SG 5.1: Develop effective policies and regulations to ensure an enabling environment for people with disabilities
SG 5.2: Address barriers in the physical environment including buildings and roads to ease the mobility of people with disabilities
SG 5.3: Promote the use of technologies and methods that are accommodating to the needs of persons with disabilities in public and private settings
SG 5.4: Support a socially enabling environment for people with disabilities to function in their daily lives without stereotypes, discrimination or prejudices

Source: OIC and SESRIC (2019)

Challenges faced by persons with disabilities are multidimensional and intersectional, at home and in the workplace. A significant share of housing and accommodations, for example, are not designed and constructed considering the accessibility and needs of people with disabilities and special needs, especially in developing countries. According to the UN (2018), 55% of persons with disabilities on average indicated that their dwelling was obstructive and 45% required modifications at home to increase accessibility in 2015. At the individual country level, 28% of persons with severe disabilities in Cameroon reported having problems with using the toilet in their dwellings in 2016 (UN, 2018).

In many developing countries, including several OIC countries, obstructive physical work environment and inaccessible transportation is a result of factors such as inadequate investment in disability-specific infrastructure and lack of regulations to protect the rights of people with disabilities and special needs. This inadequacy also extends to the education sector as most of the 22 OIC countries with available last year data regarding the proportion of schools with access to adapted infrastructure and materials for students with disabilities have lower percentages in all three categories of educational institutions. Only six OIC countries namely; Bahrain, Kuwait, Maldives, Qatar, Saudi Arabia and United Arab Emirates have 100% access to these adapted infrastructural facilities and materials for students with disabilities and special needs in primary, lower secondary and upper secondary schools (Figure 2.11).

Figure 2.11: Proportion of Schools with Access to Adapted Infrastructure and Materials for Students with Disabilities, by Education Level (%), 2020*



Source: The UNESCO Institute for Statistics (UIS) database. *Data for each indicator is last year available data between 2016 and 2020.

Similarly, a survey-based study of eight developing countries finds that, on average, 32% of people with disabilities reported that their workplace was obstructive and 36% reported that transportation in their country was inaccessible for people with disabilities (UN, 2018).[5] This survey study covered two OIC countries (Cameroon and Mozambique). In Cameroon, 50% of people with disabilities found their physical work environment obstructive and 64% found transportation in their country inaccessible. In Mozambique, 18% of people with disabilities found their physical work environment obstructive and 33% found their transportation services inaccessible.

Countries, around the world, utilize a number of policy instruments to enable supportive environments for people with disabilities and special needs and improve their access to public spaces and services. These policy instruments include, but are not limited to, affirmative legislations and regulations, assistive technologies, training programs for practitioners, ICT solutions, and investments to make physical infrastructure disability-friendly. Assistive technologies, in

[5] The eight countries are Cameroon, Chile, Lesotho, Malawi, Mozambique, Nepal, South Africa, and Sri Lanka.

particular, are important because they enable people with disabilities and special needs to live healthy, independent, and dignified lives while also improving their participation in education, the labour market, and civic life (SESRIC, 2019a). Proper use of assistive technologies can also result in wider socio-economic benefits. For instance, the use of manual wheelchairs can improve the mobility of people with disabilities and special needs, which allows them to access education and employment, while also reducing healthcare costs associated with immobility such as reduction in risks of pressure sores and contractures (WHO, 2018).

In developed countries, regulatory standards for transportation systems, housing units, and other public spaces aim to enhance accessibility for people with disabilities and special needs. Yet, similar regulatory standards are sporadic in developing countries. The realization that measures enabling a supportive environment for people with disabilities and special needs are important is relatively recent in the developing world. This is also the case in several OIC countries. Uganda, for instance, adopted the National Policy on Disability in 2006, the Accessibility Standards in 2010, and the Building Control Act in 2013. These three regulations seek to improve the well-being of persons with disabilities and ameliorate the accessibility of public spaces for persons with disabilities (Zero Project, 2018b).

In the United Arab Emirates, the Emirate of Dubai began implementing the Dubai Universal Accessibility Strategy and Action Plan in 2017. This plan aims to retrofit existing buildings, infrastructure, and facilities to ensure a barrier-free and fully inclusive physical environment for people with disabilities (Zero Project, 2018a). In 2019, the Government of Malaysia established a dedicated unit under the Ministry of Communications and Multimedia that focuses on the digital inclusion of people with disabilities, assisting people with disabilities in benefiting from the use of technology, and increasing their access to ICT (Malaymail, 2019).

In 2017, the Palestinian Monetary Authority issued Instruction No. 8 that directs the adaptation of bank buildings in line with the needs of persons with disabilities. This instruction aims to secure people with disabilities' right to access banking and credit institutions and enables them to conduct their banking affairs in the same way as other citizens (CRPD Palestine Report, 2019). According to CPRD's 2020 Report on Mozambique, in recent years, the Government of Mozambique has monitored and evaluated 634 public buildings including schools, hospitals, and public administration offices to ensure that they meet the technical specifications put forth in the accessibility regulations for people with disabilities. In instances where the buildings did not meet regulation standards, the government recommended corrective measures to rectify the situation (CRPD Mozambique Report, 2020).

2.6. Culture and Religion

In virtually all societies across the world, culture and religion are interactional when it comes to shaping societal attitudes and perspectives about disability and people with disabilities and special needs. In many OIC countries, both local cultures and Islam play an instrumental role in determining how people with disabilities and special needs are treated. Islam regards all human beings as the best of God's creations – regardless of their physical conditions – as stated in Verse 4 of Surah At-Tin. The Holy Quran, teachings of Prophet Muhammad (p.b.u.h), and Islamic law do not discriminate against any individual based on their race, ethnicity, or physical and psychological abilities. People with disabilities are not considered imperfect or flawed in Islam (Rakhmat, 2017). In fact, the term 'disability' is not used in the Qur'an; instead, the term 'disadvantaged people' is used to refer to those with special needs (Bazna & Hatab, 2005).

At an individual level, Islam offers people with disabilities and special needs some leniency in fulfilling specific religious obligations in consideration of their disability (Rakhmat, 2017). At a societal level, Islam protects and promotes equal dignity, status, and rights to people with disabilities in the spiritual and legal domains (IPHRC, 2021). Islam also holds society responsible for caring for people with disabilities and special needs, while culturally the care of them largely falls onto their families and communities (Hasnain et al., 2008).

Around the developing world, there is an increasing awareness about disability being a social, economic, and development related issue. However, stigmas, stereotypes, and prejudices surrounding people with disabilities and special needs persist. In Sub-Saharan Africa, for instance, the lack of awareness and knowledge about the causes of disabilities and their outcomes is the main factor in perpetuating stigma against people with disabilities and special needs (Mostert, 2016). In Uganda, a study conducted by Aley found that the overwhelmingly negative attitudes towards these people stem from 'harmful traditional beliefs and misconceptions about the causes and nature of the disability and about what roles and rights of persons with disabilities can have in society' (Aley, as cited in Rohweder, 2018). Cultural misperceptions about disabilities and people with disabilities and special needs are particularly prevalent in societies where cultural beliefs are intricately interwoven with religious practices.

Negative cultural beliefs about the causes of disability are often fuelled by three predominant beliefs: (i) that 'ancestral curse' or 'sins of the parents' (mainly mothers) is responsible for causing disabilities (Rohweter, 2018); (ii) that supernatural entities (evil spirits, demons, etc.) and witchcraft are responsible for causing disabilities, and (iii) that disability is a form of punishment from God. In the Gambia, for example, a survey conducted by Bah (2016) found that 24% of respondents believed that 'disability is a punishment from God', 22% believed

that 'disability is a result of witchcraft', and 21% of respondents believed that 'disability is a bad omen'.

Prejudice, stigma, and cultural misperceptions about the causes of disabilities and the capabilities of people with disabilities and special needs can have significant impacts on their lives. For example, various studies conducted in Cameroon, Guinea, Niger, Senegal, Sierra Leone, Togo, and Uganda find that a lack of knowledge and understanding about the causes of disabilities can lead to families committing infanticide of newborn children with disabilities, fathers abandoning the mother and child, the use of forced or violent alternative cures for disability, forced or involuntary restrictions on mobility and participation, and ostracising of people with disabilities (Rohweter, 2018). Regressive attitudes may prevent families from sending their children with disabilities to attend school in some OIC countries (Hasnain et al., 2008). Some families may also reject rehabilitation or treatment services for their children with disabilities believing that children with disabilities are God's way of testing them (Diken, 2006).

Box 2.7: A Toolkit on Disability for Africa: Culture, Beliefs, and Disability

A Toolkit on Disability for Africa by the United Nations aims to provide practical tools to address various disability-related issues to government officials, members of parliament, civil and public servants, and civil society organization. The module on Culture, Beliefs, and Disability lists the following five measures and recommendations to combat stigma, stereotypes, and malpractices:
(1) Empowering persons with disabilities
(2) Developing community-based sensitization and education campaigns
(3) Implementing school-based disability rights awareness programmes
(4) Strengthening documentation and reporting on human rights violations against persons with disabilities that are rooted in stigma and customary beliefs, and
(5) Undertaking law and policy reform efforts to combat stigma.

Source: UN (2016a)

However, changing attitudes towards people with disabilities and special needs that are deeply embedded in cultural practices and beliefs is not an easy undertaking. Government policies and initiatives can only be effective if they reach the grassroots level and are inclusive enough to cover different segments of society like those living in rural areas or slums. Combating misbeliefs, stigma, or prejudices against people with disabilities and special needs requires efforts such as launching extensive awareness-raising campaigns, designing programs that involve local religious leaders and civil society organizations, and implementing adult/parental learning programmes. It is essential that the teachings of Islam be incorporated into media discourse surrounding disabilities, the education curricula, and other policies and programs. It is also important that formal and informal caregivers in the public and private sectors receive training

on disabilities in order to mitigate their cultural misbeliefs and prejudices about people with disabilities and special needs.

For policy makers in OIC countries, the UN's Toolkit on Disability for Africa: Culture, Beliefs, and Disability can be particularly helpful (Box 2.7). The Toolkit was developed to combat the social consequences of harmful beliefs regarding disability and to identify concrete actions to overcome them in the context of Africa (UN, 2016a).

The Draft OIC Plan of Action on People with Disabilities also identifies "culture and Islam" as one of the main areas of action; recognizant of the influence that culture and religion have on societies. The document lists four strategic goals and 42 action points with an aim to "transform the social context to be more welcoming and neutral towards people with disabilities" (Box 2.8) (SESRIC, 2019b).[6]

In several OIC countries, a range of policies and initiatives address the multifaceted challenges faced by people with disabilities and special needs and eliminate disability-based discrimination stemming from cultural norms, stereotypes, or prejudices. For instance, in 2019, Saudi Arabia made amendments to its labour law to prohibit discrimination based on disabilities, sex, and age. Similarly, in Bahrain, several laws and official resolutions indicate the government's commitment to supporting and empowering people with disabilities and special needs to live a decent life without any kind of discrimination (E-Government, 2019). Nigeria has made efforts for providing accurate information about the teachings of Islam regarding people with disabilities and special needs and raise awareness about the duties of families and society towards them (UN, 2016a).

Box 2.8: Strategic Goals on Culture and Islam in The Draft OIC Plan of Action on People with Disabilities

In the domain of culture and Islam, the Draft OIC Plan of Action on People with Disabilities proposes the following strategic goals to guide policy makers in OIC countries on how to better incorporate people with disabilities and special needs into society:
SG 6.1: Combat stigma and discrimination towards people with disabilities in society at large and promote positive images of people with disabilities
SG 6.2: Strengthen the spirit of solidarity in society
SG 6.3: Eliminate violence and abuse against people with disabilities
SG 6.4: Support and strengthen caregiving families and institutions

Source: OIC and SESRIC (2019)

[6] International conventions like the CRPD also have stipulations on combating disability-based discrimination and protecting persons with disabilities.

3

MAJOR CHALLENGES AND ISSUES

Disability is a multidimensional experience and people with disabilities and special needs face a multitude of challenges in their daily lives. These challenges have a definitive impact on their well-being and their ability to be socially and economically active in society. Challenges faced by people with disabilities and special needs in OIC countries stem from a range of factors including, but not limited to, weak institutional arrangements, limited financial sources allocated for disability programs, inadequate coverage of social protection programmes, prevalence of stigmas, stereotypes, and prejudices about disabilities and others.

Addressing the challenges faced by people with disabilities and special needs has important implications for the formulation and implementation of cohesive disability policies in OIC countries. However, before going into a discussion of the various challenges, there is a need to understand that a number of challenges faced by people with disabilities and special needs are inter-sectional in nature and their intensity can worsen depending on an individual's demographic characteristics. Women, for instance, face a dual disadvantage in society as a result of both their gender and disability status. This leads to restricted access to education and employment prospects, heightened occurrences of stereotyping, and an increased vulnerability to violence and abuse. Similarly, it is all too common for one type of challenge to have a spillover impact on others. For example, the economic exclusion of people with disabilities and special needs has disastrous impacts on their ability to afford vital healthcare services and assistive technologies. At the same time, challenges associated with attitudinal factors (such as negative cultural practices, religious beliefs, stigmas, stereotypes, and prejudices) have an all-encompassing impact on the public and private lives of people with disabilities and special needs.

It is against this background that the following chapter provides a succinct discussion on challenges faced by people with disabilities and special needs, categorized as social and economic challenges, challenges related to health and well-being, and challenges related to culture and values, in line with the Draft OIC Plan of Action on People with Disabilities. It is worth noting here that while the challenges discussed in this chapter are widespread and significant, they are by no means exhaustive.

3.1. Social and Economic Challenges

In many developing countries, including OIC countries, people with disabilities and special needs experience a number of socio-economic challenges throughout their lives. These challenges range from limited access to education to the inadequacy of social protection programmes targeting these groups. A number of such challenges are systemic in nature; meaning that they can be mitigated with prescriptive policy responses.

In the field of education, children with disabilities are frequently excluded from traditional educational institutions. Children with disabilities around the world are less likely to enter schools. Some enrol in school but are unable to proceed for a number of reasons, eventually dropping out instead of graduating. The number of schools with accessible facilities such as stairs or ramps, accessible desks and chairs, accessible bathrooms, assistive learning technologies, staff trained to teach disabled students, and disability-friendly curriculum is remarkably low in developing countries – especially in proportion to the number of children with disabilities.

In many countries, barriers to education for students with disabilities stem from a combination of household's circumstances and infrastructural obstructs. For example, on one hand, families of people with disabilities and special needs may not be able to pay for education due to financial constraints or parents may harbour negative attitudes about their child's disability. On the other hand, some families may choose not to send their disabled children to school because of how far the nearest accessible school is or if the transportation in the area is inaccessible. From the policy aspect, problems of people with disabilities and special needs in access to education stem from a lack of targeted interventions for children with disabilities to attend school, lack of financial investment in disability-specific educational infrastructure (both physical and virtual), and the absence of adequate support services for the families of children with disabilities. For instance, while there are several programs in OIC countries that offer monetary and non-monetary incentives for families to send their girls to school, similar programs for children with disabilities are uncommon and often deficient in scope – especially in rural or remote areas. There is also a notable lack of government sanctioned training programs on inclusive education methods for teachers and school staff. Such training programs are instrumental in not just providing quality education to people with disabilities and special needs but also in combating stigma and stereotypes about disabilities amongst teachers and school administrators.

The lack of education has long-term impacts on the economic ability of people with disabilities and special needs. Around the world, people with disabilities and special needs of working age experience higher levels of unemployment and encounter multiple barriers to gaining employment due to factors such as low education and skill levels, outdated or irrelevant proficiencies, discriminatory recruitment practices, employer discrimination in the workplace (direct and indirect), physical inaccessibility of the workplace, lack of appropriate assistive technologies and accommodations in the workplace, lack of support in finding employment, and inaccessible transportation. Again, it is possible for OIC countries to address a majority of such challenges using targeted employment policies for people with disabilities and special needs.

Disability-based discrimination in the workplace (during recruitment and throughout employment) is a major challenge to the economic integration and empowerment of people with disabilities and special needs. In the workplace, people with disabilities and special needs experience direct discrimination in the form of negative perceptions about their productivity and functionality amongst colleagues and managers, lack of critical material support (assistive technologies) that is essential for performing the job efficiently, receiving lower salaries as compared to employees without disabilities, and an employer's unwillingness to shoulder the costs associated with employing and accommodating them. For example, an employer may not be willing to spend on assistive technology or an assistant to support people with visual impairments in performing their jobs.

Indirect discrimination in the workplace occurs when company rules and regulations have an unfair outcome for people with disabilities and special needs or are inconsiderate of their needs. For example, a common policy that can lead to indirect discrimination against people with disabilities and special needs is a requirement for an employee to work a certain number of hours or arrive at a specified time at the workplace. This can be disadvantageous for a person with disabilities because they may need to work part-time due to their disability status or arrive at a different time due to transportation related constraints.

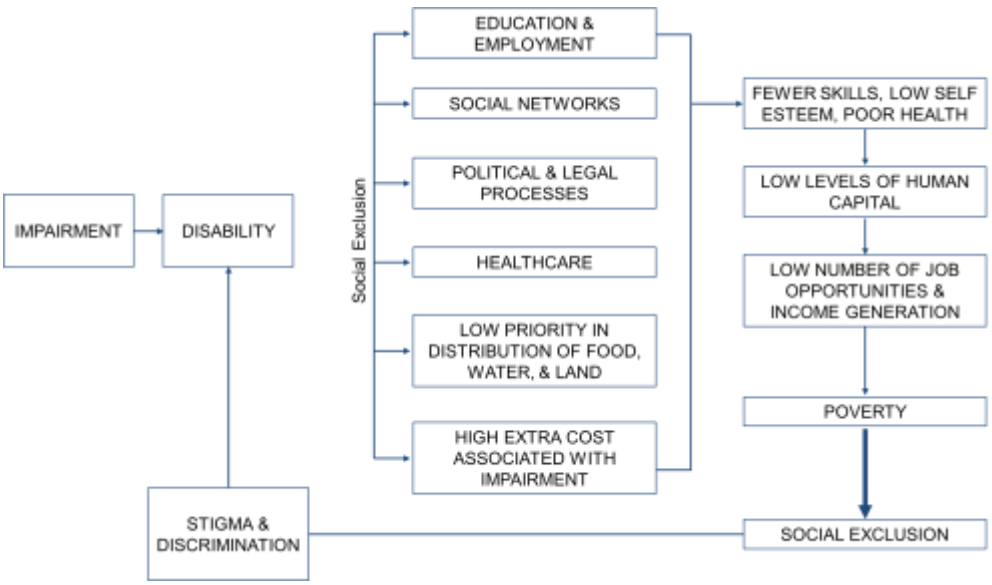
As a result, people with disabilities and special needs are vastly underrepresented in the formal employment sector, which often drives them to work in the informal sector or pursue self-employment. People with disabilities and special needs employed in the informal sector face challenges that include, but are not limited to, working in unsafe conditions, lack of regulations protecting employees' rights, lack of laws regulating employer's treatment towards them, unpredictability of working hours, wages, and work opportunities, taking jobs that are below an individual's skill level, and facing harassment and abuse at the hands of an employer.

Similarly, when people with disabilities and special needs pursue self-employment or entrepreneurial ventures they face challenges that are beyond their control. For example, banks are hesitant to finance businesses owned by entrepreneurs with disabilities because of stereotypes and stigma surrounding the capabilities and trustworthiness of people with disabilities and special needs. Entrepreneurs with disabilities may also find it harder to register a business or own business assets because of bureaucratic complexities and laws that are not sensitive to people with disabilities and special needs. Similarly, infrastructural constraints like inaccessible public buildings such as banks and local markets, lack of telecommunications and IT coverage in certain areas, and inaccessible

transportation can make it difficult for entrepreneurs with disabilities to access capital and markets and reach customers.

Disability can become a cause and consequence of poverty (Figure 3.1). For example, on one hand, households with people with disabilities and special needs own fewer assets, have lesser incomes, experience multiple forms of economic and social deprivations, and have to shoulder additional costs associated with health care, transportation, assistive products, and formal or informal care of a family member with a disability. On the other hand, consequences of poverty such as malnutrition, unsafe or harmful living environment, and lack of access to adequate WASH services can cause or worsen disabilities. When people with disabilities and special needs cannot participate in the labour force and earn an income, they – and their households – are likely to "fall into multi-dimensional poverty, remain in poverty for longer, and experience deeper poverty" as compared to people without disabilities (CPAG, 2021).

Figure 3.1: From Disability to Poverty



Source: Extracted from Yeo as cited in Pinilla-Roncancio, 2015.

This is why 'social protection systems' play a vital role in supporting people with disabilities and special needs economically. However, these people face a number of challenges in accessing social protection programmes including, but not limited to, inadequate coverage offered to people with disabilities and special needs under various social protection programmes, lack of targeted programmes for them, lack of information and awareness about social protection programmes and their application procedures, presence of prerequisite conditions that limit

their social protection, vague or unclear disability evaluation processes, limited physical accessibility of social protection agencies, and discriminatory attitudes of programme administrators – especially against those whose disabilities are not physical and/or visible.

As discussed in the previous chapter, stigma surrounding the causes and nature of disabilities and regressive beliefs about the rights and capabilities of people with disabilities and special needs often leads to their social exclusion. Beliefs that result in their social exclusion include, but are not limited to, poor self-esteem of an individual with disabilities or a lack of confidence in their own abilities; family's belief or misperceptions about disabilities that limit their participation in society; and regressive attitudes in the community and derogatory communal practices surrounding disabilities. Physically, social participation is obstructed by factors such as inaccessible transportation, lack of targeted community initiatives, and inaccessibility of communal places such as gyms, restaurants, parks, etc.

There is also the fact that people with disabilities and special needs are largely underrepresented in both media and politics, often rendering them invisible in the public eye. On one hand, this lack of representation limits their opportunities to participate in decision-making processes and hinders their access to public information, legal services and justice, and other public goods and services. On the other hand, when they are not adequately represented in the public sphere, it can lead to a lack of awareness about issues faced by them amongst the general public and public officials and on how to cater to their needs. The limited presence of people with disabilities and special needs in the public sphere can also translate into lesser government spending on disability and a lesser focus on designing and implementing disability-inclusive policies and programmes. In some scenarios, a lack of awareness about disabilities can also fuel discriminatory attitudes towards people with disabilities and special needs in public offices, worsening their social participation experiences.

People with disabilities and special needs (especially those with psychosocial impairments) also face hurdles when it comes to their political participation, be it in the form of voting, lending voices to pro-disability causes, advocating for policy reform, or being elected to a public office. These hurdles stem from factors such as prohibitive voting and electoral laws, physical inaccessibility of voting sites, structural and indirect discrimination embedded in institutional regulations, restrictive requirements for individuals running for public offices, or lack of financial support for political candidates with disabilities – amongst others. Additionally, in developing countries, there is also a deficiency in the number of organizations (public or civil) focusing on disseminating information about the political rights of people with disabilities and special needs, advocating for their political participation, or building support networks for those active in politics.

Overall, despite being signatories or having ratified or acceded to the United Nations Conventions on the Rights of Persons with Disabilities (CRPD), many countries worldwide barely have specific provisions in their national constitutions that explicitly guarantee equality or non-discrimination, access to education, and work for persons with disabilities. Nonetheless, a limited number of OIC countries, as discussed in Chapter 2, have made efforts to have constitutional guarantees that prohibit discrimination on the basis of disability in all areas of life, including employment, education, and access to services. Yet, it is important to note that having a constitutional guarantee is only a first step, and the actual implementation and enforcement of these rights is another crucial step that can have a real impact on the lives of people with disabilities.

3.2. Challenges Related to Health and Well-Being

As compared to people without disabilities, the inaccessibility of health services affects people with disabilities and special needs more acutely. Common challenges faced by them in this domain are related to the availability, accessibility, and affordability of health services.

In many developing countries, the availability of quality health services for people with disabilities and special needs is a major barrier to healthcare, especially in rural and remote areas. This is especially true for services related to mental, intellectual, and psychosocial impairments. Factors that negatively affect the availability of disability-specific healthcare services include lack of infrastructure (roads, transportation, rural health facilities, etc.), inadequate investment in healthcare systems, lack of awareness about (and adoption of) newer technologies, absence of an integrated healthcare system that offers support to both formal and informal caregivers, insufficient number of trained health professionals (especially mental health professionals), absence of disaggregated preventative, curative, palliative, and rehabilitative health services, and lack of regulations that target or prioritize the availability of healthcare for people with disabilities and special needs (individually or as part of a social security programme).

People with disabilities and special needs also face challenges in accessing healthcare facilities due to physical barriers including, but not limited to, inaccessibility of buildings and medical equipment, lack of public transport, inadequate use of signage, inaccessible bathrooms, inaccessible parking areas, and poor road and IT infrastructure. Limited availability of public health information in disability-friendly formats is also an important challenge that affects the accessibility of health services. people with disabilities and special needs can suffer from a lack of information on the types of preventative, curative, and rehabilitative health services available and procedures associated with using

these services. Furthermore, a lack of trained interpreters (for those with auditory or visual impairments) in healthcare facilities creates communication barriers between healthcare professionals and patients with disabilities, which affects the quality of care that they receive.

Similarly, the availability and accessibility of disability-related health services is also impacted by the prevalence of misconceptions and prejudices against disabilities in society. In healthcare institutions, medical discrimination and biases result in people with disabilities and special needs encountering health professionals that are either unwilling or unfit to diagnose and treat their medical conditions. Therefore, these people are more likely to have experiences where the medical professional does not listen to their complaints, does not respect their choices, or does not offer proper advice and information about procedures and medicines. In cases where the families or informal caregivers are solely responsible for taking care of people with disabilities and special needs, negative attitudes and stigma associated with disabilities can severely limit their access to critical health services, and even result in forced institutionalization. This is especially true in the case of people with mental and intellectual disabilities and women with disabilities.

Women with disabilities, in particular, have difficulties accessing reproductive health services due to stigmas attached to disabilities, lack of autonomy to make such decisions, lack of information and knowledge, physical barriers and distance to facilities, and the costs of such services. They are also more likely to be discouraged from starting the family, with some medical professionals advising against having children due to a belief that the child may inherit the parent's disability. Women with disabilities often fall through the cracks in healthcare systems because policy makers do not prioritize their needs when planning programs and interventions. More often than not, public health services and public health information do not specifically target vulnerable groups such as poor women with disabilities, migrant or refugee women with disabilities, and others.

Lastly, in many developing countries, prohibitive healthcare costs are a significant reason why the healthcare needs of people with disabilities and special needs are often unmet. An individual's inability to pay for basic and essential health care, transportation to and from healthcare facilities, and their inability to afford assistive technologies and rehabilitative therapies have a significant impact on the extent and exacerbation of their disability. In a large number of developing countries, healthcare benefits afforded to people with disabilities and special needs are covered by contributory/voluntary insurance (out-of-pocket payments) or private health insurance – not public healthcare programmes. As a result, poor and low-income households are either unable to afford healthcare or are unable to use health services for extended periods even when individuals living in

poverty face higher health risks and are often unable to access adequate treatments. In many cases, social protection programmes do not cover extra medical expenses incurred due to disabilities and people with disabilities and special needs are unable to participate in such programs due to complicated bureaucratic procedures to obtain and use health insurance or health benefits.

3.3. Challenges Related to Culture and Values

As discussed in the previous chapters of this report, cultural practices and religious beliefs have a deep and direct influence on how people with disabilities and special needs are treated in society. Social stigmas, stereotypes, and prejudices surrounding them often stem from a lack of knowledge and awareness about the causes of disability, misconceptions about the causes of disabilities due to cultural and religious beliefs, and misconceptions about the nature of their disabilities and capabilities.

In various countries around the world, people with disabilities and special needs are treated as if they are physically and mentally inferior. Prejudice and discrimination against them stem from a misbelief that they are non-productive in society and are a burden or dependent on others. Some communities go as far as to isolate or put mobility restrictions on people with disabilities and special needs fuelled by a misconception that they will bring 'bad luck' or that their disability is 'contagious' (Njelesani et al., 2018).

Then there is also the fact that negative cultural beliefs of parents and caregivers can determine whether people with disabilities and special needs will have access to vital services such as education, employment, healthcare, etc. In public life, such misconceptions can make it difficult for these people to gain employment (Rohweter, 2018). In private life, stigma about the abilities of people with disabilities and special needs can limit them from forming healthy relationships, friendships, and even getting married to suitable partners. In some countries for example, families often marry their daughters with disabilities to unsuitable partners because they do not expect that their daughters can find a suitable partner (Ando, 2017).

The overlap of gender and disability-based discrimination is especially harmful to women with disabilities and people with mental and intellectual disabilities. Such individuals are often considered 'undesirable and unworthy', both in their private and public lives (Ando, 2017). This misperception is often the reason why women with disabilities and people with mental and intellectual disabilities are vulnerable to violence and abuse. The risk of violence and abuse is also higher for people with disabilities, especially women and children, because of a misconception that people with disabilities may not be able to comprehend, identify or report violence and abuse.

Cultural misconceptions, prejudice, stigma, and discriminatory attitudes about people with disabilities and special needs make it difficult for them to enjoy the rights afforded to them by Islam and by laws. What is worse is that regressive cultural attitudes are often perpetuated or reinforced by discriminatory legal policies and insensitive media portrayal of these people. Cultural misperceptions have the power to not only shape normative behaviours and values towards people with disabilities and special needs but also sometimes used to legitimize discriminatory and abusive attitudes and practices against them (SESRIC, 2019).

It is important to effectively address negative cultural beliefs and attitudes surrounding disabilities because such beliefs determine the success of pro-disability initiatives such as community-based rehabilitation services, support groups for parents and households with people with disabilities and special needs, initiatives that promote their social and economic participation (physically or virtually), and networks to help them socialize and form healthy relationships. Cultural values also determine whether laws and regulations that protect people with disabilities and special needs from violence and abuse, protect their human, legal, and medical rights, and grant them autonomy to make their own choices and decisions are widely accepted by society or not. More importantly, cultural values determine how policy makers incorporate and prioritize the needs of people with disabilities and special needs in various laws and legislations. In addition to public policies and efforts of national authorities, community leaders, civil society organisations, and families could play a critical role in addressing cultural misperceptions against people with disabilities and special needs.

At the individual country level, there are many good practices for strengthening the rights of people with disabilities and special needs. For instance, the Ministry of Family and Social Services of the Republic of Türkiye has adopted human rights approach as the basis of disability policy as enriched in the UN-CRPD. The objective of this policy is to promote equal treatment and dignified living of persons with disabilities, in line with principles of anti-discrimination, accessibility, independent living, equal opportunities, full participation, and gender equality (Ministry of Family and Social Services, n.d.). The Government of the United Arab Emirates has adopted the term 'people of determination' to refer to people with disabilities and special needs in order to recognise their achievements in various fields. Such policies help in addressing cultural misperceptions against people with disabilities and special needs in communities (UAE, n.d.).

Box 3.1: COVID-19 and People with Disabilities and Special Needs

People with disabilities and special needs were disproportionately affected by the pandemic due to their existing vulnerabilities and limitations. Since the beginning of the pandemic, they faced more barriers to accessing public health information due to the unavailability or inaccessibility of such information in disability-friendly formats.

They were also one of the more disadvantaged groups when it comes to accessing and using digital technology, which means that in cases where governments rely on ICT to cater to the needs of their citizens, people with disabilities and special needs were left out of the picture.

Similarly, during the COVID-19 pandemic, the use of online resources to deliver healthcare services became essential for vulnerable groups such as the elderly and people with disabilities. However, in countries where investment in health-related technologies is limited, offering such services has emerged as a significant challenge to the well-being of people with disabilities and special needs.

More importantly, measures to contain the spread of COVID-19 have resulted in significant disruptions to essential services, support systems, and informal networks that people with disabilities and special needs depend on. These services include but are not limited to, personal assistance, sign language and tactile interpretation, and psychosocial support.

4

RETHINKING POLICY APPROACHES & THEIR EFFECTIVENESS

In the past decade, wider discourse on disability has evolved from treating disability solely as a medical or economic condition to approaches that emphasise the social and human rights related aspects of disability. These new approaches to disability adopt the 'minority-group' model and an anti-discrimination approach (Lawson & Beckett, 2021). Both of these approaches recognize the impact that public policy has on building a supportive environment for people with disabilities and special needs and that disability policy is largely based on a society's attitudes and values towards these people (Lawson & Beckett, 2021).

Yet, around the world, people with disabilities and special needs continue to experience disadvantages resulting in their exclusion from decision-making apparatus. For example, studies show that policy makers have largely 'ignored, and disempowered, people with disabilities when designing and implementing COVID-19 response and recovery plans even though they are at a higher risk of being affected by the pandemic (Pring, 2021).

In order to rectify such oversights in OIC countries, the Draft OIC Plan of Action on People with Disabilities guides policy makers in OIC countries to adopt a set of overarching principles while designing and implementing policies for people with disabilities and special needs. These principles – discussed in this chapter – include 'diversity, use of a gender-lens, life-course approach, inclusiveness, human dignity, and multi-sectoral approach'.

4.1. Diversity and Inclusiveness

Policies that employ diversity as an overarching principle promote the concepts of acceptance and respect and focus on embracing an individual's unique experiences, abilities, and differences (Disabled World, 2018). However, unlike other common dimensions of diversity that are routinely addressed through affirmative action – such as race, gender, ethnicity, age, and religion – disability is often overlooked as a dimension of diversity.

This is particularly true in the education and employment sectors. For example, Casey (2020) reports that in the U.S., "90% of companies claim to prioritize diversity but only 4% consider disability as a diversity initiative". In the academic sector, only 3% of research articles that discussed diversity also mentioned disability in 2019 and 2020 (Gale, 2021). Many educational institutions respond to the needs of students with disabilities with a narrow focus often just to fulfil their legal responsibility to provide "educational accommodations and ease accessibility" (Burke, 2021). In the employment sector, many people with disabilities and special needs may hesitate to ask for accommodations because of the "stigma associated with asking for accommodations". For example, it is a common belief that asking for accommodations might make an individual seem

less hireable because revealing a disability might raise doubts about an individual's productivity or because companies may not want to shoulder the additional costs associated with providing disability accommodations (Gale, 2021). Moreover, programs to improve diversity in the workplace are often 'selectively inclusive' (Burke, 2021). For example, it is more likely for diversity programs to be based on an individual's background, as opposed to their disability status.

When institutions and practitioners approach disability using a strictly 'medical' approach, they fail to realize that each person with a disability has a unique identity and background (Burke, 2021). This leads to people with disabilities and special needs being treated as a homogenous entity, which is fallacious because they come from a range of social, cultural, and economic backgrounds. The ways in which they experience disabilities are heavily influenced by their gender, race, ethnicity, religion, etc. and vice versa. Ignoring the principle of diversity in policymaking sequesters people with disabilities and special needs, their identities, and the intersectionality of their experiences, which can be detrimental to the effectiveness of disability-specific policies and programs (SESRIC, 2019).

Efforts to make policies and programs more inclusive for people with disabilities and special needs should begin with "acknowledging, understanding, and embracing the widespread nature of visible and invisible disabilities" (Respect Ability, n.d.). Inclusion here refers to improving the social, economic, cultural, and political participation of these people by enhancing the opportunities and resources that are available to them, ensuring that they have greater representation in decision-making (especially in matters that have an impact on their lives), and protecting their rights and dignity. This is of special relevance for people with disabilities and special needs belonging to a minority and vulnerable groups such as those living in poverty, women, elderly, refugees and migrants, and others.

Making societies more inclusive for people with disabilities and special needs is both a process and a goal (UN, 2016). In both cases, any efforts towards inclusivity require a clear national level diversity and inclusion policy – that explicitly includes disability as a dimension of diversity – to guide public and private institutions in planning, funding, and managing pro-disability spaces. This is crucial for developing specialized solutions for challenges specific to people with disabilities and special needs in OIC countries.

4.2. Gender-Lens

The Draft OIC Plan of Action on People with Disabilities (2019) recognizes that women and girls with disabilities face multiple and intersectional forms of discrimination that can limit their access to basic services such as education,

housing, healthcare, and employment. In the private sphere, women with disabilities are less likely to have any decision-making power in the household, are at a greater risk of gender-based violence and abuse, neglect, and maltreatment (UN DESA, n.d.). In the public sphere, women with disabilities are likely to experience 'double discrimination' when it comes to hiring and recruitment processes, experience wage inequalities, are unable to access opportunities for career and skills advancement, unable to own assets and resources, and participate in decision making (O'Reilly, 2003). Women with disabilities are also generally invisible or absent from media and politics. Even though more women with disabilities are in need of long-term care as compared to men with disabilities due to a higher life expectancy and women with disabilities are more likely to be institutionalized as compared to men with disabilities (Kothari, 2005).

It is worth noting that discriminations and disadvantages that women with disabilities face are caused and exacerbated by a number (and combination) of factors including, but not limited to, cultural practices, social attitudes and behaviours, systemic discrimination, lack of legislative support and protection, lack of awareness about issues unique to women and girls with disabilities, and more.

The necessity of using gender-lens when developing disability policies and programs takes on an added importance because women occupy a central position in formal and informal care systems for people with disabilities and special needs in OIC countries. This is in spite of the fact that a large number of informal female caregivers may not have the right training, skills, and resources necessary for the care of people with disabilities and special needs. The burden of long-term care for these people frequently falls on the shoulders of female members of the family or female domestic workers. Informal women caregivers often outnumber formal care facilities in OIC countries because: (i) traditional gender roles, family structures, and family-centric social systems place the responsibility for household care on the shoulders of women and girls, (ii) formal care services are largely underdeveloped in OIC countries due to reasons including, but not limited to, underinvestment in infrastructure, limited availability of funding, and expertise required to launch and manage such services, and (iii) women take on care-responsibilities when the household is unable to afford formal care and access to assistive technologies.

Taking on the responsibility for caring for people with disabilities and special needs can worsen existing gender inequalities for women in OIC countries in the following ways:

- Caregiving adds pressure on women to combine care responsibilities with education and/or employment, which negatively impacts their work-life

balance, can worsen their physical and mental health, and social participation (Schultz, 2008);

- Care responsibilities can keep girls from receiving an education, force women out of the workforce, or cause them to retire early that can increase their economic dependency, risk of falling into poverty, and social and economic exclusion (ILO, 2018);
- Female domestic workers responsible for care giving can suffer from working in unsafe environments, be at the risk of exploitation (especially if they are migrants or informal workers), and have limited access to social protection measures (Spasova et al., 2018).

It is expected that the demand for formal and informal caregivers for people with disabilities and special needs will increase in the near future owing to the demographic shift and rapid ageing in several OIC countries. It is necessary for policy makers in OIC countries to recognize that effective policies and programs for people with disabilities and special needs can have a significant impact on not just women and girls with disabilities but also women overall. Gender-sensitive disability policies and programs, therefore, ensure that women with disabilities are included in decision-making, their unique voices and experiences become a part of the wider discourse on the subject, and that their specific needs are effectively addressed. At the same time, using a gender-lens is also instrumental in identifying the myriad of ways in which gender is a decisive factor when it comes to developing holistic and sustainable policies and programs for people with disabilities and special needs.

4.3. Life-Course Approach

As discussed in the introductory chapter of this report, every individual is likely to experience disability at some point in their lives either directly (due to health-related reasons or in old age) or indirectly (have a family member or friend who is disabled). The impact of chronic disabilities is lifelong but disabilities due to old age or accidents/injuries may affect an individual temporarily. A 'life-course' approach to disability examines the biological, behavioural, psychological, and social processes that affect people with disabilities and special needs at different stages of their lives. These stages include infancy, childhood, adolescence, adulthood, and old age (SESRIC, 2019).

The life-course approach re-positions disability from merely being a 'medical' condition to disability being an outcome of social, economic, and cultural environment. It is cognizant of the fact that an individual's environment can influence their disability and vice versa. Environmental factors that affect people with disabilities and special needs include, but are not limited to, social factors such as people's attitudes, behaviours, and perceptions towards them, person's

socio-economic background, etc.; physical factors like accessibility of public spaces, access to assistive technologies, etc.; and legislative factors such as availability of social protection programs, affirmative action policies, etc. (CanChild, 2021).

Using a life-course approach to disability can encourage policies and programs for the early detection and prevention of disability, especially in infants and children. This is important because if the disability is not detected, identified, and addressed in a timely manner, it can severely hamper the ability of caregivers to support people with disabilities and special needs and can lead to the development of further disabilities and/or impairments at a later stage. In many countries, the identification of disabilities in children is up to the parents but this approach has its shortcomings. Parents, for instance, may be able to detect their child's disability but could be unaware of the nature/causes of disability or may not have the capacities to care for the child. In such scenarios, a country's national health institutions can develop services for the early detection of preventable disabilities and its education institutions can raise awareness and provide training for caregivers and parents on how to better care for the person throughout the various life stages.

For policy makers in OIC countries, promoting the adoption of a 'life-course' approach to disability can have two concrete advantages. One, it can significantly improve the quality of services and infrastructure associated with the care of people with disabilities and special needs. For example, it is widely known that these people face distinct challenges at every stage of their lives; an older person with disabilities is likely to face different challenges as compared to an adolescent with disabilities. An understanding of the distinct challenges that people with disabilities and special needs face during the various stages of life can guide the development of trainings and technologies for formal and informal caregivers to better cater to their age-specific needs. Similarly, preparing and equipping caregivers with knowledge, skills, and resources required to effectively care for people with disabilities and special needs at the different stages of their lives could directly lead to an improvement in the overall quality of services available for these people in a country.

Secondly, when policy makers take into account the impact that an individual's socio-economic environment has on their disability and vice versa, they can design policies and programs that are intuitive and can pre-emptively address an individual's exposure to undue health risks and help them avoid future risks that may cause or exacerbate their disabilities. When policies and programs acknowledge that disability goes beyond an individual's physical and psychological condition, it can help in combating common misperceptions and stigmas associated with the health, functionality, and productivity of people with

disabilities and special needs. Therefore, using a life-course approach to inform policymaking can allow socio-economically disadvantaged persons with disabilities to better avail positive health related opportunities and outcomes at every stage of their lives.

4.4. Human Dignity

The teachings of Islam, various international human rights conventions such as the CRPD, and regional strategic frameworks such as the Draft OIC Plan of Action on People with Disabilities view human dignity as a universal and fundamental human right afforded to all people regardless of their race, gender, ethnicity, age, religious or political beliefs, or physical or mental impairments. However, the practical realization and protection of an individual's dignity is a complex issue – especially in the case of people with disabilities and special needs.

In practice, the dignity of people with disabilities and special needs is routinely violated in cases where they are involuntarily institutionalized or receive non-consensual medical treatment. Their dignity can also be subverted when they are excluded from education, employment, and social participation, which can result in their lack of autonomy and agency and indicate the absence of respect for their privacy and personal choices (Graumann, 2014).

It is widely known that people with disabilities and special needs are some of the more vulnerable people in society because of their dependence on caregivers. They are also likely to experience social isolation depending on the nature of their disability. Both of these factors can increase their vulnerability to violence and abuse resulting in the violation of their dignity. Women with disabilities, for instance, are twice or four times more likely to experience psychological, physical, sexual, and economic abuse when compared to women without disabilities (Dunkle et al., 2018). The dignity of people with disabilities and special needs is also threatened by their caregiver's controlling behaviour, derogatory attitude, and physical, passive, wilful, and emotional neglect. Cultural misperceptions that perceive disability as an outcome of 'sin, evil eye, or punishment' can also undermine the dignity of these people.

Some services that enable people with disabilities and special needs to live fulfilling lives have the potential to undermine their rights, if not designed properly. For example, in order for people with auditory disabilities to obtain an education – which is a fundamental and an inalienable right – they require special provisions in schools and educational institutions. However, at times, such provisions may lead to a student's isolation within an educational setting or people with auditory disabilities may not be able to exercise their right to education in the absence of such provisions. Therefore, for people with disabilities and special needs the

issue of human dignity is more closely related to equal outcomes instead of equal treatment (Bell, 2017).

Dignity is critical for people with disabilities and special needs because it ensures that they are not perceived and treated as victims or dependents 'asking' for their rights or as individuals deserving charity but as individuals deserving the same rights-based benefits as others (Bell, 2017). The responsibility of policy makers in OIC countries, therefore, is to design programs that adapt to the experiences of people with disabilities and special needs, ensure their rights, respect, and inclusion in society, and eliminate barriers to exercising their rights.

In practical terms, policy makers in OIC countries can ensure that existing laws and regulations protect the dignity of people with disabilities and special needs by combatting discrimination against them and accommodating their disabilities in policies on education, employment, etc. National human rights bodies can play an important role in defending the dignity of people with disabilities and special needs by establishing minimum standards and anti-discrimination guidelines, dedicating budgets for disability-specific programs and infrastructure, and determining safeguards for them.

4.5. Multi-Sectoral Cooperation

An analysis of the state of people with disabilities and special needs in OIC countries undertaken in this report reveals two key findings: (i) challenges faced by them are inter-sectoral in nature and (ii) key determinants of their well-being (social, economic, cultural, and other factors) are influenced by policies and programs outside of the health sector. The needs of people with disabilities and special needs – much like those of people without disabilities – cut across various sectors of society. A single sector cannot adequately cater to the needs of these people alone. Therefore, comprehensive efforts to address the challenges faced by people with disabilities and special needs and ensure their full and effective participation in society require the adoption of a multisector approach that brings actors including public institutions, private institutions, NGOs and civil sector organizations, practitioners and researchers together at the local, national, regional, and international level.

A multisector approach to disability makes the care of people with disabilities and special needs a priority in sectors outside of healthcare. For example, the well-being of children with disabilities is not just responsibility of parents, doctors, nurses, and caregivers but also of social service workers, educators, and other practitioners. In doing so, it uses regulations and laws to address the needs of people with disabilities and special needs that are beyond health such as needs associated with their education, employment, social inclusion, civic participation, political engagement, etc.

As the majority of costs associated with disabilities fall outside the scope of medical coverage. The effective provision of disability benefits, sick leaves, and unemployment benefits is important for people with disabilities and special needs. To this end, well-functioning social protection systems are important for ensuring the well-being of people with disabilities and special needs. Adopting a multisector approach could also help to increase the effectiveness of social protection systems such as by addressing the coordination issues among public health authorities and public social service providers.

However, a number of countries around the world are slow to adopt a multisector approach due to reasons including, but not limited to, lack of political commitment or a national policy on disability, strict decentralization which prevents collaboration amongst the various sectors, lack of proper communication channels between actors and sectors, budgetary or infrastructural constraints, ambiguity about the roles of non-governmental and private actors, and an emphasis on vertical instead of horizontal collaboration (O'Toole, 1996).

Adopting a multi-sectoral approach to disability is important for policy makers in OIC countries because of the social and economic costs of excluding people with disabilities and special needs from the development sphere. In Bangladesh, for example, the cost associated with reduced labour force participation of people with disabilities and special needs, costs associated with the loss of school for children with disabilities, costs associated with adult caregivers, and costs associated with children helping a family member with caregiving amounts to approximately 1.18 billion USD per year (Ali, 2014).

While incorporating a multi-sectoral approach to disability, it is also important for OIC countries to facilitate the participation of people with disabilities and special needs in policymaking processes. Doing so offers numerous benefits such as improving their representation in decision-making and ensuring that their needs and experiences are understood and taken into account by policy makers. It can also be advantageous for raising awareness about disabilities which can lead to a change in social behaviours, attitudes, and perceptions about disabilities. For instance, awareness training for public and private officials and practitioners can combat negative attitudes associated with disabilities; working with parents, local schools, and community leaders (religious and non-religious) can help nurture support systems and networks for families with disabled members; and mass media organizations can help transform attitudes on disability and give voice to people with disabilities and special needs (DeKock, 2018). More importantly, a multisector collaboration on disability policy can spread awareness about the rights and issues of people with disabilities and special needs, while simultaneously highlighting the role that they can play in the socio-economic development of their societies.

5

POLICY RECOMMENDATIONS

OIC countries currently host millions of people with disabilities and special needs who require particular assistance and support in order to improve their living conditions. To achieve this, OIC countries need to address a number of issues including, but not limited to, investment in social security programs, training formal and informal care givers and health professionals, and changing debilitative attitudes and behaviours towards people with disabilities and special needs. The following recommendations can assist policy makers in OIC countries in addressing these issues.

At the national level, OIC countries *can develop and strengthen existing national legislations and policies on disabilities*. OIC countries – which currently do not have a national policy on disability – should emphasize the development of a comprehensive holistic national policy that addresses the needs of people with disabilities and special needs across all sectors (education, healthcare, employment, social protection, etc.). A national policy should also aim to protect their fundamental rights (their right to education, employment, healthcare, etc.) by introducing anti-discrimination measures, encouraging affirmative action, and initiatives for disability inclusion.

OIC countries that currently have a national policy on disability need to review it to identify and eliminate laws and regulations that result in indirect or systemic discrimination against people with disabilities and special needs and to develop mechanisms through which they can report any instances of discrimination in the public or private spheres. For OIC countries, policy reform can facilitate the development of inclusive systems where people with disabilities and special needs receive equal and equitable opportunities and do not experience discrimination. It can also result in improving policy implementation and monitoring mechanisms.

Disability policies and programs should be developed through *multisector collaboration between people with disabilities and special needs and public institutions, private institutions, and civil society organizations*. It is vital that disability policies and programs for these people are not disintegrated due to a lack of coordination among various ministries and commissions. Instead, disability policies and programmes under various government institutions need to be cohesive and synergetic to prevent redundancies and improve policy effectiveness. It is also essential that local actors (such as community leaders, religious leaders, etc.) be engaged in promoting the adoption of national policies at the grassroots level.

OIC countries should also undertake *measures to identify and eliminate physical and attitudinal barriers that people with disabilities and special needs face when accessing public goods and services*. Public institutions include, but are not limited to, healthcare facilities, educational institutions, sports and recreational

facilities, parks and community centres, financial institutions, courts and legal institutions, and various modes of transportation. Public services include, but are not limited to, social protection programmes, opportunities for participation in decision-making and social integration, community-based rehabilitation services, and employment opportunities.

For example, guidelines and standards for the built environment can ensure that public spaces include disability-friendly amenities like handrails, ramps, assistive digital technologies, communication aids, proper signage, and more. Similarly, *information about public programs and services should be available and accessible to people with disabilities and special needs*, including information on how to apply for such programs, through various traditional and non-traditional sources. More importantly, OIC countries need to *invest in ICT and digital technologies* that can significantly improve the social and economic participation of people with disabilities and special needs, while simultaneously allowing them to avail a range of services with relative ease.

National policies and regulations should also *provide knowledge and training to individuals and institutions that are responsible for delivering services to people with disabilities and special needs (across all sectors)*. These individuals and institutions include, but are not limited to, policy makers, public officials, teachers, healthcare professionals, formal and informal caregivers, and others. For example, public officials need the training to sensitize them towards people with disabilities and special needs and to eliminate discriminatory behaviours in public service delivery. Policy makers require training to enhance their understanding of the needs and challenges faced by people with disabilities and special needs. Teachers and medical professionals require training to ensure that their behaviour and attitudes towards people with disabilities and special needs do not result in direct or indirect discrimination in service delivery. Lastly, OIC countries should involve people with disabilities and special needs when designing disability-inclusive training and workshops.

It is also recommended that OIC countries pay special attention to *improving coverage of social protection programmes to include people with disabilities and special needs*. As part of universal social protection, OIC countries should seek to close the gaps in social protection coverage afforded to people with disabilities and special needs, improve the quality and range of social protection programmes for them, and reduce costs associated with their basic needs. Where necessary, OIC countries should implement disability-specific social protection programmes that cover extra costs incurred by people with disabilities and special needs (costs associated with the use of assistive products, institutionalization, rehabilitation, etc.). In fact, social protection policies and programmes should not only cover the existing needs of these people and provide income support but

also cover initiatives that enable their economic participation such as skills training and rehabilitation. More importantly, eligibility of people with disabilities and special needs to receive social assistance should not be evaluated using restrictive/conditional criteria such as means tests or income tests.

It is also essential that OIC countries *invest in healthcare services designed specifically for people with disabilities and special needs*. Improving the health outcomes for them is directly dependent on improving their access to quality and affordable health care services, which make the best use of available resources. In particular, there is a need for OIC countries to invest in not just palliative and curative healthcare services but also preventative and rehabilitative healthcare services. This is of special relevance to people with mental or intellectual impairments. It is also recommended that OIC countries assess existing policies and services, identify priorities to reduce health inequalities, and plan improvements for access and inclusion. It is important to make health care services affordable for people with disabilities and special needs to ensure that they no longer have to depend on out-of-pocket payments. In order to improve the availability of healthcare services, it is essential for OIC countries to invest in human capital – especially medical professionals that are trained to cater to the needs of people with disabilities and special needs.

In the education sector, OIC countries need to initiate efforts that *protect the right to education of people with disabilities and special needs*. Such efforts should encourage their enrolment in formal education, combat negative public stereotypes about the academic abilities of students with disabilities, ensure that school curricula are disability-inclusive, train teachers and administrators to understand the needs of students with disabilities and not discriminate against people with disabilities and special needs (deliberately or accidentally), identify and implement measures to make educational institutions physically and virtually accessible, and invest in assistive technologies for students with disabilities. For people with disabilities and special needs that are not in formal education, OIC countries should develop informal or digital programs that allow them to develop job-specific skills.

Economically, disability policies and programs in OIC countries need to *ensure that people with disabilities and special needs are not excluded from the labour force and entrepreneurship*. Efforts towards their economic inclusion should focus on developing national policies to combat disability-based discrimination in recruitment and workplace, policies protecting their right to avail accommodations when required, and programmes that assist them in finding jobs that are in line with their skills, considerate of their disability status, and do not exploit them. OIC countries can provide incentives to public and private sector organizations for determining hiring quotas, taking affirmative actions, making workplaces

physically suitable, training employees and management, and investing in assistive or digital technology to promote the employment of people with disabilities and special needs. When it comes to entrepreneurs with disabilities, policies and programmes in OIC countries should identify and eliminate barriers including, but not limited to, difficulties in accessing capital and markets, complicated procedures for registering a business and owning assets, and prevalence of negative stereotypes about people with disabilities and special needs and their entrepreneurial and financial abilities.

Assistive technologies can substantially improve the lives of people with disabilities and special needs across all sectors of society – especially for people with mental, intellectual, and psychosocial impairments. However, many OIC countries do not have the technology, infrastructure, and expertise required for producing assistive devices. As a result, people with disabilities and special needs in OIC countries can find it expensive to import, buy, or use assistive technologies such as prostheses, wheelchairs, driving aids and other devices. Therefore, it is important for OIC countries *to invest in the research and development of assistive technologies*. In order to do so, OIC countries need to estimate the unmet need for various assistive technologies and resources required for the development and distribution of such technologies. OIC countries would also need to develop mechanisms to improve their access to assistive technology.

Since the challenges faced by people with disabilities and special needs are intersectional in nature, it is recommended that OIC countries *formulate and implement policies that are considerate of the overlap between factors such as gender and disability*. In particular, OIC countries need to acknowledge the experiences of women and girls with disabilities in their national policies and strategies. They need to address the distinct needs of women with disabilities in national policies and programmes, with a view to enhancing their well-being and participation in society. Such policies are more likely to succeed if women with disabilities are involved in efforts to design, implement, and evaluate policies and programs. There is also a significant need for targeted programmes that address important issues specific to women with disabilities. For example, media campaigns can raise awareness about women with disabilities in society; they can help combat violence and abuse; normalize the educational attainment and economic participation of women with disabilities; and help change regressive social attitudes about the private lives and abilities of women with disabilities amongst other things.

Overall, OIC countries should *utilize traditional and non-traditional sources of media to raise awareness about disabilities* in society. Such awareness campaigns should focus on the following: (i) informing people with disabilities and

special needs of their fundamental rights in society; (ii) combatting negative stigmas and stereotypes, prejudices, cultural beliefs, and religious practices that are detrimental to the well-being of people with disabilities and special needs – especially for people with mental, intellectual, and psychosocial impairments; (iii) spread awareness about the challenges faced by them in society; (iv) combat derogatory beliefs about their capabilities and functionality at home, in the workplace, and in society in general; (v) improve service delivery across all sectors of society; and (vi) inform public and policymakers on the role that people with disabilities and special needs can play in the socio-economic development of society. It is important that people with disabilities and special needs be engaged in such awareness and outreach campaigns.

Without reliable up-to-date data and statistics on disabilities, it is difficult to develop effective policies for people with disabilities and special needs. At present, there is a debilitative lack of capacities in OIC countries to collect, process, analyse, and disseminate data on disabilities. *Collecting information and data on people with disabilities and special needs is vital* for OIC countries to make timely and effective policy interventions, improve monitoring capacities, and enable needs assessment. OIC member countries need to pay special attention to international guidelines on data collection, processing, and reporting in order to develop evidence-based policies that effectively address the needs of people with disabilities and special needs.

OIC countries should complement their data collection efforts with investments in research institutions, universities, and specialized centres that *undertake research activities and generate statistics on people with disabilities and special needs*. The lack of proper evidence and research on the needs, barriers, and health outcomes for these people can limit the capacities of the policy apparatus. Data and research are also essential for establishing effective monitoring and evaluation mechanisms that are important for tracking the impact and success of disability policies and programmes.

People with disabilities have made immense contributions in various fields such as science, the arts, politics etc. across the globe. *Recognising the contributions they have made towards the betterment of the societies is an important step toward promoting inclusivity and equality*. It, therefore, needs to acknowledge and value the unique skills, experiences, and perspectives that people with disabilities bring to society, as well as work to break down barriers that may prevent them from fully participating in all aspects of life. Achieving it requires effort and commitment from everyone, including individuals, communities, and governments, to create a world where everyone can thrive and reach their full potential.

Lastly, it is important for OIC countries to *actively engage with (or adopt) major international conventions and agendas targeting disability* such as the WHO Global Disability Action Plan and SDGs that include several targets for people with special needs. OIC countries can benefit from the experiences of international institutions (e.g., UN, WHO, World Bank), national-level initiatives of OIC member countries as well as civil society organizations working in this domain. At the intra-OIC level, OIC countries can gain guidance from key strategic documents that promote the well-being and advancement of people with disabilities and special needs. These documents include the OIC 2025: Programme of Action, OIC Strategic Health Programme of Action 2014-2023 (OIC-SHPA), and OIC Plan of Action for the Advancement of Women (OPAAW). It is also important that OIC countries *adopt the Draft OIC Plan of Action on People with Disabilities*. This important Plan of Action can address the myriad of challenges faced by people with disabilities and special needs in their socio-economic lives. It is also vital for guiding short-term and long-term policy actions in OIC countries to not only increase the social, economic, and cultural participation of people with disabilities and special needs but also enhance their contributions towards the development of their societies.

ANNEXES

Annex I: Legislative Measures on Prohibition of Disability-Based Discrimination in the Labour Market, (Number of OIC Countries), as of June 2019

Variable	Countries
Hiring or Recruitment (43)	Afghanistan, Albania, Algeria, Azerbaijan, Bahrain, Bangladesh, Benin, Burkina Faso, Cameroon, Cote d'Ivoire, Djibouti, Egypt, Gabon, Guinea, Guyana, Indonesia, Iraq, Jordan, Kazakhstan, Lebanon, Libya, Malaysia, Maldives, Mali, Mauritania, Morocco, Mozambique, Niger, Nigeria, Oman, Qatar, Senegal, Sierra Leone, Suriname, Syria, Tajikistan, Togo, Tunisia, Türkiye, Turkmenistan, Uganda, Uzbekistan, Yemen
Equal Pay (41)	Afghanistan, Albania, Algeria, Azerbaijan, Bahrain, Bangladesh, Benin, Burkina Faso, Cameroon, Comoros, Cote d'Ivoire, Djibouti, Egypt, Gabon, Guinea, Guyana, Indonesia, Iraq, Jordan, Kazakhstan, Kyrgyzstan, Lebanon, Malaysia, Maldives, Mali, Morocco, Niger, Nigeria, Oman, Pakistan, Qatar, Sierra Leone, Suriname, Syria, Tajikistan, Togo, Türkiye, Turkmenistan, Uganda, Uzbekistan, Yemen
Promotions or Demotions (37)	Albania, Algeria, Azerbaijan, Bahrain, Bangladesh, Benin, Burkina Faso, Cameroon, Cote d'Ivoire, Djibouti, Egypt, Gabon, Guinea, Guyana, Indonesia, Iraq, Jordan, Kazakhstan, Lebanon, Maldives, Mali, Morocco, Mozambique, Niger, Nigeria, Oman, Qatar, Sierra Leone, Suriname, Syria, Tajikistan, Togo, Türkiye, Turkmenistan, Uganda, Uzbekistan, Yemen
Harassment (36)	Albania, Algeria, Azerbaijan, Bahrain, Bangladesh, Benin, Burkina Faso, Cameroon, Cote d'Ivoire, Djibouti, Egypt, Gabon, Guinea, Guyana, Indonesia, Iraq, Jordan, Kazakhstan, Kuwait, Lebanon, Malaysia, Maldives, Mali, Morocco, Mozambique, Nigeria, Oman, Qatar, Sierra Leone, Suriname, Tajikistan, Togo, Türkiye, Turkmenistan, Uganda, Yemen
Employer-Provided Trainings (36)	Albania, Algeria, Azerbaijan, Bahrain, Bangladesh, Benin, Burkina Faso, Cameroon, Cote d'Ivoire, Djibouti, Egypt, Gabon, Guinea, Guyana, Indonesia, Iraq, Jordan, Kazakhstan, Lebanon, Maldives, Mali, Morocco, Mozambique, Niger, Nigeria, Oman, Qatar, Sierra Leone, Suriname, Syria, Tajikistan, Togo, Türkiye, Turkmenistan, Uganda, Yemen
Terminations (36)	Albania, Algeria, Azerbaijan, Bahrain, Bangladesh, Benin, Burkina Faso, Cameroon, Cote d'Ivoire, Djibouti, Egypt, Gabon, Guinea, Guyana, Indonesia, Jordan, Kazakhstan, Kyrgyzstan, Lebanon, Maldives, Mali, Morocco, Niger, Nigeria, Oman, Qatar, Sierra Leone, Suriname, Syria, Tajikistan, Togo, Türkiye, Turkmenistan, Uganda, Uzbekistan, Yemen

Source: World Policy Analysis Center. Disability Data released in June 2019. Note: Prohibitions of disability-based discrimination in hiring, pay, training, promotions and demotions include (disability-specific prohibition, broad prohibition, general prohibition and guarantees of equal pay to persons with disabilities).

Annex II: Coverage of Statutory Social Security Programmes in OIC Countries*, 2017-2019

COUNTRY	Number of social security policy areas covered by a statutory programme
Afghanistan	No Information
Albania	Comprehensive scope of legal coverage | 8
Algeria	Comprehensive scope of legal coverage | 8
Azerbaijan	Comprehensive scope of legal coverage | 8
Bahrain	Intermediate scope of legal coverage | 5 to 6
Bangladesh	Intermediate scope of legal coverage | 5 to 6
Benin	Intermediate scope of legal coverage | 5 to 6
Brunei Darussalam	Intermediate scope of legal coverage | 5 to 6
Burkina Faso	Intermediate scope of legal coverage | 5 to 6
Cameroon	Intermediate scope of legal coverage | 5 to 6
Chad	Intermediate scope of legal coverage | 5 to 6
Comoros	No Information
Côte d'Ivoire	Intermediate scope of legal coverage | 5 to 6
Djibouti	Intermediate scope of legal coverage | 5 to 6
Egypt	Nearly comprehensive scope of legal coverage | 7
Gabon	Intermediate scope of legal coverage | 5 to 6
Gambia	Limited scope of legal coverage | 1 to 4
Guinea	Nearly comprehensive scope of legal coverage | 7
Guinea-Bissau	No Information
Guyana	Intermediate scope of legal coverage | 5 to 6
Indonesia	Intermediate scope of legal coverage | 5 to 6
Iran	Comprehensive scope of legal coverage | 8
Iraq	Nearly comprehensive scope of legal coverage | 7
Jordan	Intermediate scope of legal coverage | 5 to 6
Kazakhstan	Comprehensive scope of legal coverage | 8
Kuwait	Intermediate scope of legal coverage | 5 to 6
Kyrgyzstan	Intermediate scope of legal coverage | 5 to 6
Lebanon	Comprehensive scope of legal coverage | 8
Libya	Limited scope of legal coverage | 1 to 4
Malaysia	Limited scope of legal coverage | 1 to 4
Maldives	No Information
Mali	Intermediate scope of legal coverage | 5 to 6
Mauritania	Intermediate scope of legal coverage | 5 to 6
Morocco	Comprehensive scope of legal coverage | 8
Mozambique	Intermediate scope of legal coverage | 5 to 6
Niger	Intermediate scope of legal coverage | 5 to 6
Nigeria	Limited scope of legal coverage | 1 to 4
Oman	Limited scope of legal coverage | 1 to 4
Pakistan	Nearly comprehensive scope of legal coverage | 7
Palestine	No Information
Qatar	Limited scope of legal coverage | 1 to 4
Saudi Arabia	Intermediate scope of legal coverage | 5 to 6
Senegal	Intermediate scope of legal coverage | 5 to 6
Sierra Leone	Limited scope of legal coverage | 1 to 4
Somalia	No Information
Sudan	Limited scope of legal coverage | 1 to 4
Suriname	No Information
Syria	Limited scope of legal coverage | 1 to 4

Tajikistan	Nearly comprehensive scope of legal coverage | 7
Togo	Intermediate scope of legal coverage | 5 to 6
Tunisia	Comprehensive scope of legal coverage | 8
Türkiye	Nearly comprehensive scope of legal coverage | 7
Turkmenistan	Comprehensive scope of legal coverage | 8
Uganda	Limited scope of legal coverage | 1 to 4
United Arab Emirates	No Information
Uzbekistan	Comprehensive scope of legal coverage | 8
Yemen	Limited scope of legal coverage | 1 to 4

Source: ILO's World Social Protection Report Dataset 2017-2019.

Annex III: List of Strategies, National Policies, and Laws in OIC Countries on People with Disabilities and Special Needs, as of 11 January 2023

Country	Disability Strategy, Policy, Legislation
Afghanistan	Law on Disability Rights and Privileges (2010)
Albania	Law on Status of Paraplegic and Tetraplegic (2000)
Algeria	Law on the Protection and Promotion of Disabled Persons (2002)
Azerbaijan	On Prevention of Disablement, Rehabilitation, and Social Security of Disabled Persons (1997)
Bahrain	The Rights of People with Special Needs (2006)
Bangladesh	Rehabilitation Council Act (2018)
	Right and Protection of the Persons with Disability Act (2013)
	Rules for Disability Welfare Act (2008)
	Persons with Disability Welfare Act (2001)
	Rights and Protection of the Person with Disability Act (2013)
Brunei Darussalam	Old Age and Disability Pensions Law (1995)
Burkina Faso	Law on the Protection and Promotion of Disabled Persons (2010)
	Decree Relative to the Adoption of Social Action in Favor of Disabled Persons in Health and Education (2010)
Cameroon	Law on the Protection and Promotion of Disabled Persons (2010)
	Law Relative to the Protection of Persons with Disabilities (1983)
Chad	Law Bearing Protection for Disabled Persons (2007)
Gabon	Law Relative to the Organization of Social Protection of Disabled People in Gabon (1996)
Guyana	Persons with Disabilities Act (2010)
Indonesia	Persons with Disabilities Law (2016)
	Act Concerning Disabled People (1997)
Iraq	Disability Law (2013)
	The Establishment of Special Needs Care Institutions Act (1947)
Jordan	The Law on the Rights of Persons with Disabilities (2007)
Kuwait	Disability Legislation (2010)
Kyrgyzstan	Regulation on the Provision of Vouchers for Spa Treatments for People with Disabilities (2013)
	Model Regulation on Territorial Medical and Social Expert Commissions (2012)
	Law on the Rights and Guarantees of Persons with Disabilities (2009)
	The Law on the Rights and Guarantees of Persons with Disabilities (2008)
Lebanon	Disability Law (1999)
	Rights of People with Disabilities Act (2000)
Libya	Disability Law (1987)
Malaysia	Persons with Disabilities Act 2008
Mauritania	Disability Act (2006)
Moroccos	Act on the Social Protection ofPpeople with Disabilities (1993)

Mozambique	Resolution 29/2010 and 30/2010 Ratifying the Optional Protocol to the International Convention on Rights of Persons with Disabilities (2010)
	Law on Special Social Security Measures for Persons with Disabilities (2009)
	Law Approving the Policy for Persons with Disabilities (1999)
Nigeria	Discrimination Against Persons with Disabilities Act (2018)
	Nigerians with Disability Decree (1993)
Oman	Welfare and Rehabilitation of Persons with Disabilities Act (2008)
Pakistan	Disabled Persons (Amendment) Act (2012)
	The Disabled Persons Ordinance (1981)
Palestine	Executive Regulations for Protection of People with Disabilities (2004)
	Palestinian Disability Law (1999)
Qatar	Law in respect of People with Special Needs (2004)
Saudi Arabia	Disability Law (2000)
Senegal	Social Orientation Law (2010)
Sierra Leone	The Persons With Disability Act (2011)
Sudan	National Disabilities Act (2009)
Tunisia	Law for the Advancement of Persons with Disabilities and Protection (2005)
Türkiye	Care Center Regulations for the Disabled in need of special care (2013)
	Regulation on Determining Principles of Sign Language Translation Services (2006)
	Regulation on the Care of Disabled People at Official Institutions and Organization Care Centers (2006)
	Regulation on Determining the Need of Disabled People for Care and Care Services (2006)
	Disability Act (2005)
United Arab Emirates	Disability Law (2006)
Uzbekistan	Law on Social Protection of Persons with Disabilities (2008)
Yemen	Law on the Care and Rehabilitation of People with Disabilities) (2009)
Strategies/Action Plans (13)	
Afghanistan	Guidelines on Physical Rehabilitation Services 1392-1395 (2014 - 2017): Basic Package of Health Service (BPHS) Implementers
	Strategy for Disability and Rehabilitation 2013-2016
	Disability and Rehabilitation Strategy: 1390-1393 (2012-2015)
	National Disability Action Plan 2008-2011 (ANDAP)
Albania	National Strategy on People with Disabilities (2006)
Bahrain	National Disability Strategy (2006)
	National Strategies for Prevention of Blindness (2003)
Bangladesh	The National Action Plan on Disability 2006
	National Action Plan for PWD (2006)
	Strategy for Inclusion of Persons with Disabilities in Education
Jordan	The National Disability Strategy 2007 – 2009 / 2010 - 2015
	The National Disability Strategy (2007)
Lebanon	National Plan for Human Rights: Rights of People with Disabilities (2008)

Mozambique	National Plan of Action for the Area of Disability - PNAD II 2012-2019
	Strategy for Persons with Disabilities in the Public Sector 2009-2013
	National Plan of Action for the Area of Disability 2006 – 2010
Palestine	National Strategy Plan for the Disability Sector in the Occupied Palestinian Territories (2012)
Pakistan	National Plan of Action to Implement the National Policy for Persons with Disabilities 2006 - 2011
Syria	National Plan for the Care and Habilitation of People with Disabilities (2008)
Türkiye	Strategic Plan 2008 - 2012
United Arab Emirates	Strategic plan for Zayed Foundation for special needs in Abu Dhabi (2014-2018)
Yemen	National Disability Strategy (2014-2018)
National Policies (11)	
Afghanistan	The Comprehensive National Disability Policy in Afghanistan (2003)
Bangladesh	ICT Policy in including People with Disability PWD 2009
Gambia	The Special Needs Education and Inclusive Policy Framework 2009-2015 (2009)
	Integrated National Disability Policy 2009-2018 (2009)
Iran	Law to Protect the Rights of the Disabled (2018)
Kyrgyzstan	Persons with Disabilities. On Payment of Monthly Cash Payments in Return for Concessions Number 795 (2009)
Malaysia	Guidelines for the Registration of Persons with Disabilities (2021)
Maldives	Action Plan for Children with Disabilities (2008)
Morocco	Education for Children with Disabilities (2005)
Nigeria	National Policy on Rehabilitation
Sudan	Sudan National Policy for People with Disabilities
United Arab Emirates	National Policy to empower People of Determination (2021)
	Handbook of the Rights of People of Determination (2020)

Source: SESRIC Staff Analysis based on the World Health Organization's MiNDbank, as of 11th January 2023. Note: There might be information discrepancies between the national level sources and the MinDbank dataset.

Annex IV: Country Group Classifications

OIC Member Countries (57):		
Afghanistan (AFG)	Albania (ALB)	Algeria (DZA)
Bahrain (BHR)	Bangladesh (BGD)	Benin (BEN)
Brunei Darussalam (BRN)	Burkina Faso (BFA)	Cameroon (CMR)
Chad (TCD)	Comoros (COM)	Cote d'Ivoire (CIV)
Djibouti (DJI)	Egypt (EGY)	Gabon (GAB)
Gambia (GMB)	Guinea (GIN)	Guinea-Bissau (GNB)
Guyana (GUY)	Indonesia (IDN)	Iran (IRN)
Iraq (IRQ)	Jordan (JOR)	Kazakhstan (KAZ)
Kuwait (KWT)	Kyrgyzstan (KGZ)	Lebanon (LBN)
Libya (LBY)	Malaysia (MYS)	Maldives (MDV)
Mali (MLI)	Mauritania (MRT)	Morocco (MAR)
Mozambique (MOZ)	Niger (NER)	Nigeria (NGA)
Oman (OMN)	Pakistan (PAK)	Palestine (PSE)
Qatar (QAT)	Saudi Arabia (SAU)	Senegal (SEN)
Sierra Leone (SLE)	Somalia (SOM)	Sudan (SDN)
Suriname (SUR)	Syria* (SYR)	Tajikistan (TJK)
Togo (TGO)	Tunisia (TUN)	Türkiye (TUR)
Turkmenistan (TKM)	Uganda (UGA)	United Arab Emirates (ARE)
Uzbekistan (UZB)	Yemen (YEM)	
* Syria is currently suspended from OIC membership.		
Non-OIC Developing Countries (98):		
Angola (AGO)	Antigua and Barbuda (ATG)	Argentina (ARG)
Armenia (ARM)	The Bahamas (BHS)	Barbados (BRB)
Belarus (BLR)	Belize (BLZ)	Bhutan (BTN)
Bolivia (BOL)	Bosnia and Herzegovina (BIH)	Botswana (BWA)
Brazil (BRA)	Bulgaria (BGR)	Burundi (BDI)
Cabo Verde (CPV)	Cambodia (KHM)	Central African Republic (CAF)
Chile (CHL)	China (CHN)	Colombia (COL)
D.R of the Congo (COD)	Republic of Congo (COG)	Costa Rica (CRI)
Croatia (HRV)	Dominica (DMA)	Dominican Republic (DOM)
Ecuador (ECU)	El Salvador (SLV)	Equatorial Guinea (GNQ)
Eritrea (ERI)	Ethiopia (ETH)	Fiji (FJI)
Georgia (GEO)	Ghana (GHA)	Grenada (GRD)
Guatemala (GTM)	Haiti (HTI)	Honduras (HND)
Hungary (HUN)	India (IND)	Jamaica (JAM)
Kenya (KEN)	Kiribati (KIR)	Kosovo (Unassigned)
Lao P.D.R. (LAO)	Lesotho (LSO)	Liberia (LBR)

North Macedonia (MKD)	Madagascar (MDG)	Malawi (MWI)
Marshall Islands (MHL)	Mauritius (MUS)	Mexico (MEX)
Micronesia (FSM)	Moldova (MDA)	Mongolia (MNG)
Montenegro (MNE)	Myanmar (MMR)	Namibia (NAM)
Nauru (NRU)	Nepal (NPL)	Nicaragua (NIC)
Palau (PLW)	Panama (PAN)	Papua New Guinea (PNG)
Paraguay (PRY)	Peru (PER)	Philippines (PHL)
Poland (POL)	Romania (ROU)	Russia (RUS)
Rwanda (RWA)	Samoa (WSM)	São Tomé and Príncipe (STP)
Serbia (SRB)	Seychelles (SYC)	Solomon Islands (SLB)
South Africa (ZAF)	South Sudan (SSD)	Sri Lanka (LKA)
St. Kitts and Nevis (KNA)	St. Lucia (LCA)	St. Vincent and the Grenadines (VCT)
Swaziland (SWZ)	Tanzania (TZA)	Thailand (THA)
Timor-Leste (TLS)	Tonga (TON)	Trinidad and Tobago (TTO)
Tuvalu (TUV)	Ukraine (UKR)	Uruguay (URY)
Vanuatu (VUT)	Venezuela (VEN)	Vietnam (VNM)
Zambia (ZMB)	Zimbabwe (ZWE)	
Developed Countries (39):		
Australia (AUS)	Austria (AUT)	Belgium (BEL)
Canada (CAN)	Cyprus (CYP)	Czech Republic (CZE)
Denmark (DNK)	Estonia (EST)	Finland (FIN)
France (FRA)	Germany (DEU)	Greece (GRC)
Hong Kong (HKG)	Iceland (ISL)	Ireland (IRL)
Israel (ISR)	Italy (ITA)	Japan (JPN)
Korea, Rep. (KOR)	Latvia (LVA)	Lithuania (LTU)
Luxembourg (LUX)	Macao SAR (MAC)	Malta (MLT)
Netherlands (NLD)	New Zealand (NZL)	Norway (NOR)
Portugal (PRT)	Puerto Rico (PRI)	San Marino (SMR)
Singapore (SGP)	Slovak Republic (SVK)	Slovenia (SVN)
Spain (ESP)	Sweden (SWE)	Switzerland (CHE)
Taiwan (TWN)	United Kingdom (GBR)	United States of America (USA)

* Based on the list of advanced countries classified by the IMF.

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