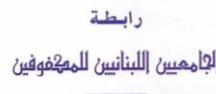


Towards a Rights-Based and Comprehensive Social Protection System for Lebanon

Supporting the inclusion and empowerment of persons with disabilities

The 2019 economic crisis highlighted the critical gaps of Lebanon social protection system which have been since the magnified by the COVID 19 crisis. This paper has been developed, through consultation from February until end of April, 2020, by Lebanese Organizations of persons with disabilities (OPDs), academic actors and service providers who attended the February 2020 workshop on social protection in Lebanon in cooperation with ILO, UNICEF, MOSA, and Beyond group. It aims at providing an initial set of considerations to engage in a constructive dialogue with the government. It complements the DPOs statement on COVID 19 crisis response and the position paper focusing on older persons.

In light of the severely constrained fiscal capacity of the country, in-depth consultations with authorities and within the disability movement are required to identify the most equitable and cost-effective ways to progressively build an inclusive social protection system that adequately support empowerment of all persons with disabilities at all ages.



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KEY ELEMENTS

Considering the high level of exclusion of persons with disabilities and the low level of resource allocation to disability inclusion before the on-going economic and COVID-19 crises, maintaining pre-existing level of spending will not prevent further impoverishment and marginalization of persons with disabilities and their families.

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Government of Lebanon, with the support of international partners should take clear steps towards an inclusive recovery with significant efforts to reach the furthest behind first.

While ensuring overall accessibility and inclusion across sectors is the key to true equality, there is a need for a significant investment in a comprehensive, rights based social protection systems that will provide adequate support to persons with disabilities across the life cycle.

As of May 2020 Lebanon is one of the 12 countries in the world who did not ratify yet the UN Convention on the Rights of Persons with Disabilities (CRPD).

We, Organizations of persons with disabilities, family organizations and allies service providers want to engage in a meaningful dialogue with the Government of Lebanon on the basis of the following key considerations:

- Ratification of the *UN Convention on the Rights of Persons with Disabilities* and harmonization of national laws and policies.
- Reform of the *disability assessment mechanism* based on the adoption of a new classification system and development of an integrated *disability information system*.
- Adoption a *Universal Disability Support and Inclusion Allowance* for children, working age adult and older persons with significant disabilities to tackle basic disability related costs that increase their vulnerability and poverty
- Ensuring *basic income security* for children and working age adult with disabilities through an inclusive combination of mainstream and disability schemes, as required and feasible.
- Adoption of a *universal old age pension* for those above 65 years old.
- *Expansion in scope and coverage of health care contributory and non-contributory schemes* to all children and adults with disabilities, including access to affordable and quality outpatient care, rehabilitation services and assistive devices and prevent discrimination on the ground of disability in contracting private insurance.
- Investment in the *development of community support services* including personal assistance and interpreters and progressively transition out of social care institutions to community living.
- Enforcement of the *3% employment quota* and ensure that *economic empowerment programs* are inclusive
- Investment in *inclusive education for all children and learner with disabilities*
- Review of existing policies and systems to *ensure accessibility of all persons with disabilities to information and facilities related to registration and delivery of social protection*

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RATIONALE FOR CHANGE:

Although the adoption of Law 220/2000 on the Rights of Disabled Persons represented a major step forward for disability rights in Lebanon, *many of the important commitments within the legal framework remain unfulfilled*. Two decades after the ratification of the law, many provisions - related to the rights to health, housing, education, employment and an accessible environment - still have no application decrees or concrete policies and procedures. *As of May 2020, Lebanon is one of the 12 countries in the world who did not ratify yet the UNCRPD.*

Persons with disabilities continue to face exclusion and discrimination as well as attitudinal, environmental and institutional barriers to the full realization of their social and economic rights. They are in fact much more likely to *unemployed (75% unemployment)¹, with lower education and literacy rate and greater health and social support*

¹Disability and Health Situational Analysis Report Improving access to quality health care for persons with disabilities in Lebanon 2019-2020 Fundacion Promocion Social, forthcoming

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unmet needs. Before the economic and covid-19 crises household with persons with disabilities were twice as likely to be in the poorest deciles as compared to household without members with disabilities.

Persons with disabilities and their families *already face significant costs to only partially overcome barriers and address disability related needs.* Those costs which can represent in average at least 35-40% of household income, are much higher for children and adults with significant support requirements. Additionally, their households also tend to earn less, as often family members have to reduce or stop work to provide them support.

Those direct and indirect disability related costs increase their vulnerability and undermine their economic empowerment and escape from poverty. Higher housing costs and lack of accessible dwellings in major urban areas dramatically increase vulnerability of persons with disabilities and their families and prevent them to live close to needed services and infrastructures. Recent survey showed that *96% of households with persons with disabilities with income less than 500 thousands LBP (330 USD²) and 72.8% of household with income between 500 thousands to 1 million LBP had difficulty to meet basic needs³.*

Moreover, while there is a base to build on with 114 000 disability card holders (representing 40-60% of the estimated number of persons with significant disabilities⁴), *the exclusion of many persons with disabilities and the underdeveloped and fragmented schemes for social assistance, social insurance, social services, and labor market activation schemes leave most persons with disabilities and their families without adequate support.*

The on-going economic crisis coupled with the impacts of COVID-19 pandemic, have magnified all those issues, and new layers of vulnerabilities have emerged and have deeply affected the livelihoods of low and middle income households. This new context is sadly demonstrating how the lack of inclusive social protection system and support services as well the constant underfunding of existing programs tremendously restrict the capacity of the country to provide adequate support to persons with disabilities and their families.

Thus, immediate action is required to ensure relief, social justice and stability, complemented by long-term measures to establish an inclusive and comprehensive social protection system that support empowerment of persons with disabilities across the life cycle. Here it is critical to acknowledge that any future course of action endorsed by the government must stem from a rights-based approach and embrace welfare entitlements for persons with disabilities as a form of empowerment rather than charity. The UNCRPD and ILO standards together provide solid normative elements to build such system. Interesting practices from countries which have been progressively implementing the UNCRPD in the last decade can be looked at to identify the most cost effective reforms and programs.

Meaningful dialogue with the diversity of organizations of persons with disabilities and their allies is critical to ensure that policy and programs developed truly address the socio-economic rights of persons with disabilities in ways that guaranty their dignity and autonomy as well as promote their inclusion and empowerment. Such engagement is also paramount to ensure that the limited resources available are allocated to support those who are the furthest behind.

KEY CHALLENGES:

With the current fragmented and underdeveloped social protection system, Lebanon is not in position to support adequately persons with disabilities across the life cycle⁵ with:

² 1 USD= 1500.15 LBP

³ *ibid*

⁴ Estimates based on 2018 LFHS prevalence of 4%, assuming that those 4% are actually persons with significant disabilities as we know that there would be 10-15% if included all people with moderate disabilities

⁵See 2019 [ILO led joint statement on inclusive social protection](#)

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- **Basic income security**
 - There is no periodic cash transfer neither general or disability specific, contributory or tax-financed that can contribute to basic income support. The main social assistance benefit, the NPTP E-Card, covers only 6% of children and 3% of adults with significant disabilities.
 - Recent survey showed that less than a third of persons with disabilities contributed to NSSF and less than 25% actually receive benefits, mostly worker accident compensation
- **Contribute to coverage of disability related costs**
 - There is no periodic cash transfer to support coverage of disability related costs for children, working age adults and elderly persons with disabilities
 - The disability End of service indemnity under NSSF can contribute to some extent to cover some immediate costs but cannot cover adequately mid-term disability related costs
 - tax exemption for disability card holders can contribute to offset some extra cost but benefit mostly more affluent groups as recent study show that only a third of card holders used this benefit in the last 12 months preceding the survey.
 - There is no coverage for cost arising from community and home based human assistance as well as very partial coverage of cost of assistive devices
- **Ensure adequate access to health care including rehabilitation and assistive devices**
 - While access health care is a critical need for most, the majority of children and adults with disabilities, are neither covered by NSSF nor by the specific schemes of MOSA. In addition, they may face discrimination by private health insurance providers.
 - The holders of disability card should in theory receive health care, rehabilitation and assistive devices: however recent survey showed that more than half of persons with disabilities do not receive the rehabilitation service or assistive devices they need.
 - Most persons with disabilities get their service mostly from private providers and face significant out of pocket costs, including those covered by different schemes who still have to pay for outpatient medical care, medication, laboratory analysis and dental care.
- **Contribute to effective access to community support services.**
 - There is few publicly funded community support services for children and their families as well as for adults. There is an over reliance on social care institutions delivering services to less than 10% of persons with disabilities with unsteady funding from government and no clear plan to develop community services at scale.
 - There are major bottlenecks in terms of financing and provision of agreed funds to NGOs delivering services
- **Support to education and economic empowerment**
 - Lack of enforcement of to the 3% employment quota and absence of anti-discriminatory policies and procedures have contributed to low labor force participation among Persons with disabilities . Employment programs are not inclusive and those directed to Persons with disabilities are mostly targeted to persons with physical disabilities (unequal distribution across different types of disabilities). Some groups such as persons with intellectual disabilities or women with disabilities, among other face deeper barriers.

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- Children and youth with disabilities have little access to quality, inclusive and equitable education and learning opportunities. The key measures of the law 220/2000 have not been implemented. Children with disabilities often face multiple barriers to access public and private schools including high fees and expenses such as transportation. There is an over reliance on social care institutions under the MOSA rather than the ministry of education and no clear policy towards inclusive education

There are also major cross cutting issues which undermine policy planning delivery of services and access to support. We would like to highlight in particular:

- Significant issues in relation to **disability assessment and determination process** which undermines access of many persons with disabilities to the basic support provided. While the most recent household survey identified a prevalence of 4% of the population with significant disabilities only 2.4% of the Lebanese population is a disability card holders. The current determination criteria are based on a medical approach and do not consider adequately supports requirement of the diversity of persons with disabilities.
- The right and access program has partial figures and the information is not centralized and used adequately to assess gaps in service required and delivered. There is a lack of an **effective, up to date, transparent, integrated disability registry and information system** which undermines policy planning and monitoring, provision of social protection, support services and economic empowerment programs across sectors and government levels.
- The **critical lack of accessibility to information and facilities** related to registration and delivery of social protection, social services and economic empowerment programs (sign language, braille, easy read for persons with intellectual disabilities, accessible websites ...).
- The lack of **effective coordination mechanisms** the national council of persons with disabilities itself is ineffective and has no impact on policy design, implementation and monitoring, and while the joint committee between the Ministry of Public Health and the National Council on Disability was formed in 2002, but remains inactive.

KEY POLICY RECOMMENDATIONS:

In light of the above-mentioned limitations and challenges, there is a pressing need for immediate measures to respond to the economic crisis and a longer-term commitment to establishing an inclusive and comprehensive social protection system.

A rights-based comprehensive social protection system	Children with disabilities and their families	Working age adults	Older persons
Income security	Enhanced disability inclusive NPTP Care giver allowance Sickness benefits	Unemployment schemes Disability pension Enhanced disability inclusive NPTP	Old age pension (tax-financed and contributory)

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		Sickness benefits and maternity leave	
Coverage of basic disability related costs	Disability support allowance (tax financed) Disability compensation (insurance) Concessions Disability transportation allowance Allowance for personal assistance		
Health care coverage	Universal Health coverage including rehabilitation and assistive devices Non-discrimination in access to private health insurance		
Access to community support services	Development of personal assistance services and support persons for the diversity of persons with disabilities Transition from social care institutions to community support services Coverage of sign language interpreters		
Education and work	Investing in inclusive and quality education Education stipend for transportation and other specific costs not covered by education ministry	Inclusive economic empowerment programs Enforcement of quota and anti-discrimination and reasonable accommodation obligations and funds	

The following recommendations are initial proposition formulated by a number of DPOs and allies to engage in dialogue about implementation with government and beyond.

1. Ratify the Convention on the Rights of Persons with Disabilities and undertake all appropriate measures for its full implementation, including the following:

- a. Revise and amend domestic law to incorporate new provisions on the rights of persons with disabilities, ensuring full compatibility of the national legal framework with the Convention, including by repelling or amending existing laws and regulations and adopting of new ones. Fundamental rights such as equal recognition before the law and legal capacity on equal basis are not recognized in the Lebanese legislation as of today.
- b. Issue the relevant application decrees, policies and procedures, and budget lines to ensure enforcement of all provisions under the revised legal framework.
- c. Develop and strengthen effective and permanent mechanism(s) under the prime minister to ensure adequate coordination across sectors and levels of government, with designation of focal points in each ministry at the highest level, while ensuring adequate representation of persons with disabilities in such mechanism(s) (art 33 and 4.3)
- d. Ensure meaningful participation of the diversity of persons with disabilities through their representative organizations in the design, monitoring or evaluation as well as allocation of resources for all policies and programs that impact directly or indirectly persons with disabilities (art 4.3)
- e. Create an independent monitoring mechanism compliant with Paris principle and including strong representation of the diversity of persons with disabilities in line with CRPD article 33

2. Set up the conditions to build an inclusive social protection system:

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- a. Reform the disability assessment and determination mechanisms for disability in Lebanon, ensuring that it adopts an active/social model rather than a medical model for disability, focus on individual support requirements and is easily accessible across the country and adopt a new classification system of disability that will help to direct resources based on the need and severity of disability
- b. Actively expand registration of persons with disabilities and reach out to those most marginalized
- c. Develop an integrated disability registry and information system that will support policy and budget planning as well as design, deliver and monitoring of social protection schemes, support services and economic empowerment programs
- d. Review all existing programs and regulations to ensure accessibility and non-discrimination for all persons with disabilities to information, procedures and facilities pertaining to access to all social protection benefits, support services and economic empowerment programs.
- e. Adopt and enforce legislative measures to prevent any forms of, de jure or de facto, discrimination against any persons with disabilities in relation to contracting private insurance, including health care as well as sickness, death and disability insurance coverage.
- f. Carry out in close collaboration with OPDs a review of current government spending on mainstream and disability specific programs and schemes to assess their coverage, adequacy and effective contribution to inclusion and empowerment of different groups of persons with disabilities.

3.Ensure income security for children with disabilities, working age adults and older persons with disabilities

a. Tax financed schemes

- i. Create and progressively roll out a tax-financed, non-contributory old age pension for those who are above 65 years old who are not adequately covered by NSSF or others regimes
- ii. Adopt a basic income support schemes for persons with disabilities who are not provided with the opportunity of decent work, due to combination of functional difficulties , lack of support and/or existing barriers in the labor market.
- iii. Consider care giver allowance for parents for children with disabilities who have to stop or reduce work to provide the require support.
- iv. Expand coverage of the National Poverty Targeting Program (NPTP) by revising the targeting methodology to be more inclusive of persons with disabilities and their families and ensuring that the process is done in consultation with the OPDs and their allies

b. Social insurance:

- i. Reform the end-of-service indemnity towards a periodic benefit and adequate retirement and disability pensions,
- ii. Implement unemployment benefits
- iii. Reduce fragmentation and promote coherence across different social security regimes while maintaining financial viability and sustainability of the NSSF.

4. Ensure adequate access to health care

- a. Define a comprehensive package of health services for persons with disabilities which is covered by the Ministry of Public Health, ensuring that it accounts for the health requirements and specificities of different groups of persons with disabilities at all ages. Particular attention should be paid to needs of children with disabilities, women and girls with disabilities, older persons and those with chronic illnesses.

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- b. Further enforce health care entitlements granted to disability cardholders ensuring that all health care service providers provide services required by the law and expand the scope of services covered including outpatient services and medication and a broader range rehabilitation and assistive devices
- c. Expand the health insurance component of the NSSF and other regimes to include more services and cover adequately out pocket costs of Persons with disabilities with regards to outpatient services and medication and a broader range rehabilitation and assistive devices.

5. Coverage of basic disability related costs

- a. Carry out study to assess the direct and indirect disability related current costs and unmet needs of children, working age adults and older persons with disabilities and their families as well as the expenses that would be required to ensure participate on equal basis
- b. Create and progressively roll out a Universal Disability Support and Inclusion Allowance to compensate for the basic disability related costs for children and adults with significant disabilities. This allowance :
 - i. Should not be poverty targeted to reflect the fact that many persons with disabilities living in non-poor families actually face severe isolation and exclusion due to lack of social protection support.
 - ii. Should be compatible with work and with other social protection benefits to effectively contribute to combat poverty and promote socio-economic participation.
 - iii. Should not be expected to cover expensive goods and services required such as assistive devices, extensive home adaptation, human assistance and rehabilitation services among others
- c. Review current tax exemptions granted to disability card holders to assess their progressivity and their effectiveness in offsetting disability related cost.
- d. Develop effective linkages between the enhanced NPTP, the possible disability support and inclusion allowance and a range of programs and services to address multidimensional needs/vulnerabilities and promote the inclusion rather than exclusion of Persons with disabilities.

6. Develop support services fostering inclusion and participation of children and adults with disabilities

- a. Expand the scope of the Rights and Access Program from the Ministry of Social Affairs to include a wider range of service for Persons with disabilities and ensure adequate national coverage
- b. Carry out in close collaboration with OPDs and their allies a gap analysis and costed action plan, both in terms of geography and type and quality of supports services for different groups of persons with disabilities. This includes a systematic review of all welfare contracts between the government and partner NGOs to avoid duplication and redirect progressively resources as deemed necessary to achieve greater diversity and coverage of services and to provide support to all persons in inclusive settings.
- c. In close consultation with DPOs, invest in the design and development of community support services including personal assistance and support for different groups of persons with disabilities.
 - i. The design and provision of such support services should be responsive to the actual needs of persons and enable their choice and autonomy
 - ii. Under agreement and with financing by the state and local authorities, services can be organized and delivered by DPOs and NGOs
 - iii. Persons with disabilities should have a choice over their personal assistance, which could be a family member

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- iv. In any case the support person whose cost are covered fully or partially by public funds or tax expenditures and the service users should undergo relevant training provided by DPOs and concerned persons, to guaranty service quality and prevent risk of abuse.
- d. Develop a national sign language interpretation system which should be co-funded by all ministries which require to make their services accessible to all sign language users.
- e. Support peer-support and self-advocacy groups among persons with disabilities and parents of children with disabilities to allow meaningful participation and inclusion
- f. Ensure expansion of support services for children with disabilities and inclusion in early childhood programs and services, especially for those between 0 to 3 years old, which do no benefit from any support to date.
- g. Evaluate effective contribution to inclusion of existing publicly funded center based support and social care institution. Plan and implement progressive deinstitutionalization and transition towards community living of former service users.
- h. Develop the capacity of the social workforce in Social Development Centers to assume a local coordination role and provide integrated case management services, making the mots of existing services and guiding development of new required services.
- i. Ensure that any social service intervention takes into account the specific access requirement of Persons with disabilities in terms of accessible buildings, information and communication, etc...

7. Ensure access to inclusive and quality education and support economic empowerment of Persons with disabilities:

- a. Inclusive and quality Education
 - i. Establish a strategic inclusive education plan and implement transition of all education services for children and learners with disabilities to be regulated and funded by the ministry of education.
 - ii. Evaluate the impact of the Inclusive Education Program and regulations adopted by the Ministry of Education in conjunction with international organizations and redirect and expand resources to achieve tangible results in terms of inclusion of all children and learners with disabilities in schools, whether managed by public or private entities.
 - iii. Ensure that new funded initiatives in the education sector adopt indicators for inclusion of Persons with disabilities , with the aim of progressive transition of persons with disabilities in inclusive settings instead of hosting them in institutions.
- b. Work, employment and economic empowerment
 - i. Develop and ensure enforcement of a regulatory framework that address the inclusion of persons with disabilities into the labor market. This framework should take into consideration the essential representation and consultative role of DPOs .
 - ii. Ensure that new funded initiatives for economic recovery and job creation are fully accessible and adopt specific indicators for inclusion of Persons with disabilities .
 - iii. Ensure the inclusivity of mainstream vocational training programs in order to enhance the employability of persons with disabilities in accordance to today's demands of the mainstream labor market and economic development requirements.
 - iv. Provide relevant incentives for employers to recruit and retain Persons with disabilities such as supported internships, orientation programs, etc.. and subsidies for workplace adaptation for SMEs

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- v. Allocate resources from the national budget towards inclusive infrastructure (accessible transportation, etc.), thereby creating an enabling environment for Persons with disabilities to engage in productive activities.

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ANNEX 1: BASIC REVIEW OF THE SOCIAL PROTECTION SYSTEM BY ORGANIZATIONS OF PERSONS WITH DISABILITIES

The social protection system in Lebanon presents a number of limitations and challenges specific to Persons with disabilities , which are addressed below based on six criteria: coverage, adequacy of benefits, legal environment, institutional capacity, financing, and the political economy.

CURRENT SYSTEM	Social Insurance	Social Assistance	Social Welfare and Financial Access to Services	Labor Market Activation
Coverage	<ul style="list-style-type: none"> - The high unemployment rate of Persons with disabilities (80%) contribute to effectively low coverage rates of social insurance - Social insurance schemes do not cover part time work (where many employed Persons with disabilities are not covered) - Private insurance companies adopt discriminatory practices against Persons with disabilities , and exclude them from insurance coverage 	<ul style="list-style-type: none"> - Social assistance programs are small in scope, fragmented, with limited coverage and benefits (only 8,523 beneficiaries with disabilities from MoSA contracts with NGOs) - Approximately 2.6% of population holds disability cards, compared to estimates that the prevalence of disability is 10-15% of the population - Many Persons with disabilities are excluded from NPTP based on use of non inclusive PMT targeting 	<ul style="list-style-type: none"> - Access to Healthcare: Persons with disabilities with the Disability card are often denied hospitalization services by certain institutions in contravention of Law 220. MoPH covers an average of 1,700 cases of persons with disability per year. 	<ul style="list-style-type: none"> - Barriers to participating in exams and qualifying rounds of civil service council - Lack of adherence to the 3% employment quota has contributed to low labor force participation among Persons with disabilities - Very marginal role for the National Employment Office - Persons with disabilities are completely excluded from the hiring pool of private recruitment agencies - High levels of discrimination against Persons with disabilities (in which many potential candidates are disqualified due to their disability)
Adequacy of Benefits	<ul style="list-style-type: none"> - Absence specialized services or packages for Persons with disabilities /severe disabilities which account for their unique health needs (particularly technical aids) - Absence of rehabilitative care or personal assistants for Persons with disabilities 	<ul style="list-style-type: none"> - Tax exemption system for Persons with disabilities is not progressive/ efficient - Absence of inclusive programs, and reliance on institutionalization of Persons with disabilities 	<ul style="list-style-type: none"> - Access to Healthcare: Outpatient medical support, outdoor medical care, X-ray, laboratory, drugs and all other outpatient services are not provided yet. - Very limited social workforce specialized in case management for Persons with disabilities 	<ul style="list-style-type: none"> - Employment related programs adopt a medical approach to disability most often rather than being inclusive - Employment programming for Persons with disabilities is mostly targeted to persons with physical disabilities (unequal distribution of programs across different types of disabilities) - Lack of tailored approach in programming for

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	<ul style="list-style-type: none"> - Inconsistent benefits between different schemes - No invalidity pension 			requirements of each disability
Legal Environment	<ul style="list-style-type: none"> - No legal recourse against discrimination, especially when it comes to private health insurance - Lack of access to justice and absence of mechanism to raise claims of violation - Unemployment Compensation Decree is not implemented - Lack of enforcement of liability clearance, where the NSSF must apply withholdings from employers who refuse to employ Persons with disabilities 		<ul style="list-style-type: none"> - Lack of enforcement for many provisions of Law 220 related to access to health and education (in addition to social goods like housing) 	<ul style="list-style-type: none"> - No implementation decrees of 3% quota, and lack of legal recourse against violators - Absence of incentives for companies to engage Persons with disabilities in their workforce - Absence of anti discriminatory policies and procedures
Institutional Capacity	<ul style="list-style-type: none"> - Public institutions are not accessible - Limited analytical capacity - Significant payment delays - Lack of human resources specialized in disability 	<ul style="list-style-type: none"> - Lack of coordination across programs - Weak monitoring and quality control mechanisms - Significant payment delays 	<ul style="list-style-type: none"> - The joint committee between the Ministry of Public Health and the National Council on Disability was formed in 2002, but remains inactive - The national council of persons with disabilities itself is ineffective and lack impact on different sectors 	<ul style="list-style-type: none"> - Limited capacity to engage the private sector as a key partner in enhancing employment participation of Persons with disabilities
Financing	<ul style="list-style-type: none"> - Financial sustainability of social insurance schemes is under threat 	<ul style="list-style-type: none"> - Contracted NGOs with MoSA receive a bulk of the budget allowance for disability (70%, the equivalent of \$44 million) 	<ul style="list-style-type: none"> - Limited financial allocation by MOPH to hospitals to provide services for Persons with disabilities without healthcare coverage (only \$4 million per year) 	<ul style="list-style-type: none"> - Absence of financial capacity to support engineering adjustments for accessibility - Absence accessible transportation system - Limited financing for inclusive employment programs
Political Economy	<ul style="list-style-type: none"> - The state continues to defer the priority of addressing the needs of persons with disabilities, and as a result has taken a course of inaction on the rights of Persons with disabilities . - Absence of a comprehensive strategy that addresses the needs of Persons with disabilities - Absence of effective national coordination mechanisms - Prevalence of attitudinal and cultural barriers for Persons with disabilities 			