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List of abbreviations (alphabetically)

Abbreviation	Full name
MS	Multiple Sclerosis
AIMS	Associazione Italiana Sclerosi Multipla (Italian National Association Multiple Sclerosis)
GeSY	Cypriot National Health System
ISEE	Indicator of equivalent economic situation
C.M.S.A	Cyprus Multiple Sclerosis Association
KYSOA	Κυπριακής Συνομοσπονδίας Οργανώσεων Αναπήρων (Cyprus Confederation of Disabled People's Organisations)
NGOs	Non-Governmental Organisations
INPS	Istituto nazionale della previdenza sociale (National Institute for Social Security)
ASL	Azienda Sanitaria Locale (Local Health Authority)

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Executive Summary

This document presents a thorough overview of the outcomes derived from desk research conducted across four participating countries: Cyprus, Italy, Spain, and Turkey. The research, organized into distinct chapters, focuses on key aspects:

Chapter 2 scrutinizes the demographic landscape concerning the prevalence of Multiple Sclerosis (MS), considering factors such as age, gender, personal and familial circumstances, and employment opportunities.

In Chapter 3, an assessment is made of the legal and fiscal frameworks within each country, encompassing special laws, assistance programs, and grants for both individuals with MS and the companies employing them.

Chapter 4 evaluates the overall situation in terms of facilities, services, accessibility, and mobility.

Chapter 5 delves into employability and job prospects for individuals with MS and the organizations hiring them.

Chapter 6 explores existing support networks at local, regional, and national levels, including available training opportunities where applicable.

In Chapter 7, available training opportunities for people with MS in each country are explored, followed by a summary of common findings and opportunities for improvement in Europe.

The results of the desk analysis reveal a complex scenario marked by varying levels of service provision across the four countries. While the initial conditions, particularly in terms of the existing legal and fiscal frameworks, are generally favorable, individuals with MS continue to encounter challenges, including:

- Limited awareness within companies and broader ecosystems regarding the specific needs of individuals with MS.
- Significant employment difficulties, especially exacerbated after the COVID-19 pandemic, impacting women with MS as well.
- Insufficient consideration within national ecosystems for the diverse requirements of different segments of MS users, particularly in relation to

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age, gender, competencies, skills, and personal or economic circumstances.

- A scarcity of training opportunities tailored to address the specific needs related to MS, along with a lack of training programs that effectively incorporate the employability framework for individuals with MS.

In conclusion, these findings underscore the imperative for heightened awareness and targeted support to address the obstacles faced by individuals with MS, particularly in the realms of employment and accessibility within their respective national contexts.

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1. Introduction

Multiple Sclerosis (MS) is a chronic autoimmune, inflammatory neurological disease of the central nervous system (CNS). It is a progressive disorder of the CNS and it is characterized by demyelination and neuronal degeneration. According to the Atlas of MS, approximately 2.8 million people worldwide have been diagnosed with MS in 2020, with the highest prevalence in North America, Western Europe and Australasia. In 2021, the European MS Platform announced that the number of people living with MS in Europe has increased significantly since 2017, reaching more than 1,000,000 cases with an increase of more than 35% in the last 3 years. The incidence of MS is increasing worldwide, together with the socioeconomic impact of the disease. MS is the most common cause of non-traumatic disability in young adults and it is typically presented between the age 20 to 45 years old; in the most productive stage of life when people are planning families and building careers. Henceforth MS can have a significant impact on affected individuals, their families and society.

As researchers and policymakers seek to understand and address the challenges faced by those living with MS, it becomes crucial to explore the condition through a lens that considers the unique socio-cultural, legal, and healthcare landscapes.

This deliverable presents the desktop research of the state of Multiple Sclerosis in four distinct countries: Cyprus, Italy, Spain, and Turkey. Each of these countries offers its own set of circumstances and resources for individuals living with MS, as well as for the institutions and healthcare providers who support them. By examining the demographic, legal, fiscal, and healthcare facets of MS in these countries, we aim to provide a comprehensive overview of the challenges and opportunities faced by those impacted by this condition.

This exploration will not only highlight the differences and similarities in how MS is understood and managed in these regions but will also shed light on the broader context in which individuals with MS navigate their lives. As we delve into the intricacies of MS in Cyprus, Italy, Spain, and Turkey, we seek to uncover valuable insights that can inform policies, support systems, and advocacy efforts aimed at improving the quality of life for those living with MS on a global scale.

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2. Demographic data on Multiple sclerosis at the national level

Multiple sclerosis (MS) is a complex and multifaceted neurological condition that impacts individuals worldwide. Exploring the demographic data surrounding MS at the national level provides a comprehensive glimpse into the intricate tapestry of this neurological condition's impact on diverse populations. As a complex autoimmune disorder, MS manifests itself in various ways across different demographic groups. Examining factors such as age, gender, and geographical distribution unveils patterns that not only shed light on the prevalence of MS but also offer invaluable insights for healthcare professionals, researchers, and policymakers. In this intricate web of data, we uncover the nuanced intersections that contribute to the understanding of MS on a national scale, paving the way for targeted interventions and enhanced support systems.

2.1 Cyprus

Cyprus has approximately 1,750 individuals with Multiple Sclerosis (MS), reflecting a prevalence rate of 151 cases per 100,000 people. However, the Cypriot National Multiple Sclerosis Association posits a higher estimate, suggesting that the actual number may range between 2,000 and 2,500 individuals on the island. Notably, the prevalence of MS exhibits gender disparities, with women experiencing a higher prevalence at 60 cases per 100,000 compared to men at 40 cases. The average age of MS onset in Cyprus is 38 years, with a slightly earlier onset for females at 37 years and a later onset for males at 39 years. Delving into the broader context of chronic illnesses, statistics from the National Statistical Agency reveal that approximately 12.2% of individuals aged 16 to 64 in Cyprus contend with chronic conditions. Among them, 47.8% are employed, 3.9% are unemployed, and 48.3% are inactive. Additionally, the impact of chronic illness extends to occupational choices, work limitations, and commuting difficulties for a significant portion of this demographic.

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2.2 Italy

In Italy, Multiple Sclerosis (MS) impacts 1 in every 500 individuals, showcasing notable regional variations, such as 1 in every 250 in Sardinia. According to estimates by AISM, the number of people with MS in Italy is anticipated to reach nearly 133,000 by 2022. The gender distribution reveals a higher prevalence among women, with a roughly double ratio in prevalent cases, and among incident cases, there is an average ratio of 3 women for every man affected. The typical onset of MS occurs around age 30, with the majority of diagnoses falling between the ages of 20 and 40. However, it can also manifest in childhood, adolescence (constituting about 5% of cases), and in the elderly. Incidence data suggests over 3,600 new cases annually in Italy, while the estimated mortality rate is 0.8 per 100,000 people. The average MS prevalence in Italy is estimated to be around 215 cases per 100,000 inhabitants in continental Italy.

2.3 Spain

As part of the EMDATA project, combined with data from the Instituto Nacional de Estadística (INE) concerning the Spanish population, the total recorded cases of multiple sclerosis in Spain stood at 58,510 as of 2020, indicating one case per every 800 individuals. According to the Spanish Society of Neurology, approximately 2,000 new cases of multiple sclerosis are identified annually in the country. The EMDATA project data further delineates that out of the total diagnosed cases in Spain (39,694 women and 18,816 men), 75% are women, as indicated by the MS Atlas infographic. The Spanish Society of Neurology highlights that 70% of new multiple sclerosis cases in Spain are diagnosed in individuals aged between 20 and 40, with an average age of onset at 32 years. Examining the employment status of those diagnosed with MS in Spain, as per EMDATA 4, reveals that 37.99% are employed, 7.05% are unemployed, 11.55% are non-active, 39.51% are pensioners, and 3.89% fall under other situations. However, specific details regarding the entrepreneurial status of the employed individuals are not specified.

2.4 Turkey

Multiple sclerosis (MS) impacts around 35,000 individuals in Turkey, typically manifesting between the ages of 20 and 40. As the most prevalent functional disability among young adults, MS is twice as common in women compared to men. While numerous therapeutic methods are accessible in many countries, the availability of such opportunities is significantly constrained in developing nations

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like Turkey, primarily due to inadequate funding for healthcare professionals. Unfortunately, there is currently no report on the workforce affected by MS in Turkey, and specific details regarding the occupational status of these individuals remain undisclosed.

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3. Legal and fiscal framework for people with MS

Navigating the challenges of living with Multiple Sclerosis (MS) extends beyond the realms of healthcare, encompassing a multifaceted landscape that includes legal and fiscal considerations. The legal and fiscal framework for people with MS plays a pivotal role in shaping their quality of life, access to resources, and overall well-being. From employment rights and disability accommodations to financial support systems, this framework weaves a tapestry of policies that directly impact the daily lives of individuals grappling with MS. Understanding and advocating for a supportive legal and fiscal environment is paramount, fostering inclusivity, protection, and equitable opportunities for those navigating the complexities of MS. Exploring the legal and fiscal framework for individuals with Multiple Sclerosis (MS) in Cyprus, Italy, Turkey, and Spain unveils a complex interplay of policies that significantly shape the experiences of those affected by this neurological condition. Each country presents its unique set of regulations and financial structures, influencing the rights, support, and opportunities available to individuals living with MS.

3.1 Cyprus

The Department for Social Inclusion of Persons with Disabilities employs comprehensive procedures to assess and define disabilities for the recognition of national law. This evaluation involves a team of two or three doctors specializing in the relevant disability, aiming to identify, describe, and certify the existence, type, and degree of disability. The goal is to determine whether individuals meet the criteria and conditions outlined in the laws and schemes for social benefits and services provided by the state based on their disability status. Consequently, individuals with MS may be considered disabled, making them eligible for disability benefits and protection under accessibility laws. Legally, people with disabilities, including those with MS, are safeguarded against discrimination and unequal treatment in their occupations. They possess the right to receive necessary goods, services, and accommodations, as well as the freedom to move through public transport, judicial protections, access to relevant courts, the option to be represented by a body or association, and the right to defend themselves.

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3.2 Italy

The assessment of disability relies on medico-social criteria rather than medico-legal considerations. It evaluates the extent to which an individual's health condition impacts their daily life and generates discomfort, taking into account the socio-economic and environmental context in which they reside. This evaluation is conducted by the same Commissions responsible for determining civil disabilities, situated at the provincial INPS or, in some cases, individual ASLs of residence. The assessment team includes a social worker and a specialist in the relevant pathology. Upon the recognition of disability status, individuals can access various socio-economic benefits and services, distinct from those associated with civil disability. Examples include tax benefits, such as a 4 percent VAT rate on specific purchases, and social and healthcare services like allowances for independent living. One available service is "support administration", introduced in 2004 as an alternative to more restrictive measures like interdiction and incapacitation. With support administration, individuals retain the capacity to handle acts that don't necessitate exclusive representation or essential assistance from the support administrator. This approach allows individuals, even in cases of partial or temporary inability due to infirmity or impairment, to fulfil the acts required for their daily life needs while preserving a degree of autonomy.

3.3 Spain

In Spain, the assessment of disability relies on a state scale, considering both individual limitations and social factors like family environment and employment status, which may hinder social inclusion. Disability is officially recognized when the degree reaches 33% or more. Currently, the disability evaluation process spans 6 to 9 months and involves a medical team comprising a doctor, a social worker, and a psychologist.

Individuals grappling with Multiple Sclerosis (MS) can seek support if their circumstances prevent them from leading a normal life or if their income is diminished due to the disease, requiring a minimum disability degree of 33%. The Spanish government extends various forms of assistance, including the option to apply for permanent incapacity in the social security system when individuals can no longer perform their usual work. Additionally, they provide guidance and job placement services for those with disabilities, aiding them in finding employment suitable for their situation. If an individual with MS holds a disability degree of

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65% or higher, they are eligible to apply for the non-contributory disability pension, designed for working-age individuals unable to work due to illness and lacking sufficient financial resources.

3.4 Turkey

In Turkey, Multiple Sclerosis (MS) is categorized into three groups, each with designated power loss rates. These categories include:

- Mild (characterized by uncertain symptoms)
- Moderate (chronic, recurrent, and prevalent)
- Severe (chronic, progressive, and common)

The rates of work power loss are determined based on these classifications, enabling patients to access benefits outlined in the Social Security Legislation. MS patients can avail themselves of these opportunities as long as they engage in an insured job under the Social Insurance and General Insurance Law No. 5510, covered by both social insurance and general health insurance.

Various social and income benefits are provided for MS patients and individuals with disabilities in Turkey. These include Disability Pension, Home Care Fee, Disabled Discount in Income Tax, ÖTV Exemption, Disabled Identity Card Right, Municipal Disabled Discounts, Social Assistance and Solidarity, Foundation Disabled Aids, Republic of Turkey State Railways Disabled Discount, and Discount for Intercity Bus Companies..

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4. Facilities, services, mobility and accessibility for people with MS

Exploring the landscape of facilities, services, mobility, and accessibility for individuals with Multiple Sclerosis (MS) in Cyprus, Turkey, Spain, and Italy unveils a diverse tapestry of support systems and challenges. The experiences of those navigating MS are shaped by the specific provisions, infrastructure, and societal attitudes within each country. From healthcare facilities catering to the unique needs of MS patients to the accessibility of public spaces and transportation, this comparative analysis aims to shed light on the strengths and potential areas for improvement in ensuring a more inclusive and supportive environment for individuals grappling with MS across these four nations. Each country's approach reflects not only the commitment to enhancing the quality of life for those with MS but also the broader societal understanding of inclusivity and accessibility.

4.1 Cyprus

In Cyprus, the public health system goes by the name of ΓΕΣΥ (GeSY). GeSY serves as a comprehensive healthcare system for Cypriot residents, encompassing various medical services, from doctor consultations to pharmaceutical products, often subsidized by the state at a minimal cost to the beneficiaries. Within the GeSY framework, individuals with Multiple Sclerosis (MS) have the opportunity to consult with a Neurologist, a Personal Doctor (GP), and various other specialized healthcare professionals adept at addressing MS symptoms and prescribing necessary medications. Additionally, organizations like the National MS Association and the Larnaca MS Association typically offer or facilitate access to residential assistants for individuals with MS and their families. The government extends support to disabled individuals, including those affected by MS, by providing grants for house assistance.

4.2 Italy

In Italy, the government acknowledges the increased expenses and challenges faced by individuals with disabilities due to their health conditions. Consequently, the state has established a range of measures aimed at easing, and in certain instances, exempting disabled citizens from tax contributions. These interventions include various economic benefits and specific criteria for accessing financial assistance tailored to the needs of people with disabilities. Notably, there is the civil disability allowance, linked to the severity of disability, and the level of disability is factored into the calculation of ISEE (family incomes), which is a

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prerequisite for accessing various socio-economic benefits. The overall support includes concessions for vehicles (such as a 4% VAT and 19% tax deduction for car purchase or adaptation), removal of architectural barriers, technical and computer aids (with 4% VAT and 19% tax deduction), and relief for health and personal care expenses (encompassing deductions for medical and care expenses, as well as contributions to caregivers). These tax benefits are complemented by a range of concessions and economic aid, including national and local initiatives like energy, gas, and water bonuses, reduced public transportation subscriptions, and tax reductions for services like waste disposal, each designed with dedicated or specific access criteria for individuals with disabilities.

4.3 Spain

If you possess a disability of at least 33% in Spain, you are eligible for various forms of assistance and subsidies. These include a non-contributory disability pension, benefits in personal income tax, reductions or exemptions from state and municipal fees and taxes, grants, assistance, and reserved spots in educational institutions. Additionally, there are programs and support aimed at fostering the employment of individuals with disabilities, as well as tax reductions for vehicle purchases, aid for acquiring adapted vehicles, and parking permits. Housing-related aid is also available for both renting and buying, covering functional adaptations and prioritizing social housing.

4.4 Turkey

In Turkey, the MS association covers a spectrum of services, encompassing doctor visits and pharmaceutical products, mostly subsidized by the state at a minimal cost for the beneficiaries. Individuals with MS enjoy access to essential treatments and a variety of specialized doctors proficient in addressing MS symptoms and prescribing necessary medications.

MS patient associations in Turkey extend complimentary services to those affected by MS. These services include provisions for doctors, medications, accommodations, social support, and various other forms of assistance. Numerous MS disease associations operate across different cities in Turkey, functioning as charitable organizations dedicated to advocating for the rights of MS patients and easing their access to social privileges.

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5. Employability and accessible workplace

Exploring the employability landscape and job opportunities for individuals with Multiple Sclerosis (MS) unveils a diverse and evolving scenario in Cyprus, Italy, Spain, and Turkey. These countries each present unique approaches and support systems for integrating people with MS into the workforce. From government initiatives to societal attitudes, the employment prospects for those living with MS reflect a range of considerations and adaptations. This research aims to shed light on the employment and accessibility amenities available for individuals with MS in their workplace in these distinct European settings, offering insights into the support structures and challenges that shape their professional journeys.

5.1 Cyprus

Public sector buildings and infrastructure in Cyprus are mandated to provide accessible facilities for individuals with disabilities, including those with Multiple Sclerosis (MS). People with disabilities, including MS, have the option to apply for a disability card, commonly known as a European blue badge. This card grants access to designated parking spaces for the disabled, as well as entry to various museums and sites. Cyprus demonstrates a commitment to accommodating disabilities, evident in the ample disabled parking spaces available across parking lots. Individuals with disabilities or debilitating conditions, such as MS, must obtain a certificate of capability affirming their ability to drive safely. This certification involves a designated exam with a driving examiner assessing the applicant's capability to adhere to driving regulations in the Republic of Cyprus.

Public buses in Cyprus generally feature accessibility ramps and designated seats for individuals with disabilities, including those with wheelchairs. Taxis and private transportation services, like buses and shuttles, typically offer accessibility options upon prior request and awareness of the passenger's disability. However, challenges persist for people with MS, particularly in privately owned organizations that may lack the stringent regulations of public and governmental workplaces. Individuals with MS may face discomfort and privacy issues, as some employers may be unsupportive of frequent requests for leave related to medical appointments or necessary MS care.

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To incentivize the employment of individuals with MS, Cyprus has implemented the "Scheme for providing Incentives to employ people with disabilities 2021." Employers opting to hire individuals with MS can also benefit from the "Scheme Providing Incentives to hire people with chronic diseases," which subsidizes a portion of the employee's salary. Additionally, Cypriot law grants parents, including those with MS, the right to parental leave, offering 18 months per child with a three weeks' notice to the employer. Widows or single parents, including those with MS, are entitled to 23 weeks of parental leave. Parents also have the right to request flexible working arrangements for children up to the age of 8, provided they have completed six months of continuous employment. However, employers retain the right to refuse such requests.

All individuals employed in Cyprus, whether self-employed or working for an organization, fall under the compulsory Social Insurance Scheme of the state. This scheme ensures coverage for various benefits, including sickness benefits, maternity grants/allowances, and benefits for accidents at work and occupational diseases, encompassing temporary incapacity.

5.2 Italy

In Italy, legislative measures outline obligations to eliminate barriers, specifying technical provisions for ensuring accessibility, usability, and visitability for individuals with disabilities in both private and public buildings. Tax incentives are provided for barrier removal, including a 4 percent VAT rate on renovation and abatement work, along with a 10 percent VAT and 50 percent deduction for renovation projects.

Italy's Highway Code grants certain privileges to holders of disabled person's badges, allowing them to park in designated spaces and apply for personalized parking spaces through their municipality. Individuals diagnosed with special health conditions, including multiple sclerosis, must declare their condition and undergo an examination by the medical licensing board, assessing their fitness to drive safely.

Efforts have been implemented in Italy to enhance accessibility in public transport, particularly in air, shipping, and road transport, for passengers with reduced mobility. Despite these advancements, employment challenges persist for individuals with multiple sclerosis, as highlighted by the MS Barometer. Less

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than half of working-age individuals with MS are employed, with 30 percent reducing work hours due to MS, and 27 percent changing job types. Women and young people face disproportionate difficulties, with employment rates of 41 percent for women and less than 5 percent for those under 29.

Workers with a civil disability exceeding 50 percent may qualify for disability care leave, while family members providing care for severely disabled individuals may be entitled to extraordinary leave or short leave. Parental leave is available for those caring for their children. During the employment relationship, periods of work suspension with remuneration rights may occur, including sick leave for certified pathological states causing temporary inability to work. Maternity regulations apply normally for individuals with MS, and workers with a recognized disability of over 74 percent can apply for notional contribution benefits, known as early retirement, for up to five years based on actual work performed, aiding pension entitlement and contribution years.

5.3 Spain

In Spain, legislation mandates the removal of architectural barriers in common areas of both private and public buildings, emphasizing basic non-discrimination conditions to ensure independent access for everyone. While this requirement applies to newer constructions, older buildings may not adhere to these standards. Individuals with a disability of at least 33% in Spain can obtain a parking card for reduced mobility, along with the possibility of securing a parking space near their residence.

Persons with Multiple Sclerosis (MS) can generally drive if they possess good perception, judgment, and reasonable physical capacity. Driving with MS exempts individuals from road tax and registration tax for new vehicles. Spain offers tax reductions for vehicle purchases, assistance for adapted vehicle acquisitions, and modifications to previously owned vehicles. Public transport users with MS can apply for a pensioner's card and, if their disability is 65% or more, obtain the “*Renfe gold card*” for trains with substantial discounts. Most metropolitan buses feature ramps, and longer-distance buses typically allocate seats for individuals with reduced mobility. Adapted taxis are increasingly available, particularly in larger cities.

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Spanish law does not obligate employees to disclose their illnesses, but if the disease impacts job functions or poses safety concerns, reporting becomes necessary. Employers hiring individuals with disabilities, including those with at least a 33% degree of disability like MS, qualify for deductions, including a full deduction of corporate income tax. Funding is also available for workplace adaptations, barrier removal, and the provision of protective measures.

While specific numerical data on discrimination and harassment is lacking, disability associations report discrimination in employment access, colleague interactions, salary conditions, responsibilities, and selection processes. As of January 2021, both parents in Spain are entitled to 16 weeks of childbirth and childcare leave, with the option to reduce the working day for caring for children under 12 years old. Breastfeeding leave allows a one-hour daily absence from work or the accumulation of full working days for children up to 9 months old. Spain's Social Security covers healthcare for maternity, common illness, and accidents at work, providing financial benefits for temporary incapacity due to common illness and accidents, as well as for maternity, disability, retirement, death, widowhood, and orphanhood.

5.4 Turkey

In Turkey, individuals with Multiple Sclerosis (MS) and all disabled persons have access to a comprehensive range of opportunities, encompassing infrastructure, architectural enhancements, social support, and financial assistance. Dedicated parking spaces, specialized ramps, designated areas in shopping centers and other buildings, as well as special elevators, are provided throughout the country. Parking areas reserved for disabled individuals are readily available in various locations.

Those with mild MS can acquire a driver's license after a one-year assessment period, contingent upon a neurologist's report. However, individuals with severe disabilities are not granted a driver's license. MS patients enjoy free public transportation, a benefit accessible through application to the central association.

In the workplace, measures have been implemented in Turkey to safeguard the privacy of individuals with MS. Obtaining a disability report unlocks various rights for patients, allowing them to work as disabled individuals in both public and private sectors. Additional benefits include eligibility for disability pension,

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disability care services, and specialized education services. MS patients are entitled to tax discounts, facilitating their financial well-being.

Active participation in the workforce by MS patients results in no distinctions from other employees concerning social security, ensuring equitable treatment in the realm of employment.

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6. Supporting networks

As described in the previous chapters, navigating life with Multiple Sclerosis (MS) is undoubtedly challenging, but within the landscapes of Cyprus, Italy, Spain, and Turkey, a network of supportive resources stands resiliently to aid those affected by this neurological condition. Each country boasts unique initiatives and assistance programs designed to enhance the well-being and quality of life for individuals with MS. From legal frameworks promoting accessibility to healthcare provisions, financial aid, and employment support, these nations have forged a collective commitment to empower and uplift those navigating the complexities of MS. This exploration delves into the diverse support networks present in Cyprus, Italy, Spain, and Turkey, shedding light on the invaluable resources available to individuals on their journey with Multiple Sclerosis.

6.1 Cyprus

The Cyprus Multiple Sclerosis Association, a national organization, actively engages in various initiatives and frequently communicates pertinent information through its social media channels. In addition to this prominent association, smaller NGOs and groups are scattered across the island. One such organization is the Larnaca Association for People with Multiple Sclerosis, which implements diverse programs aimed at assisting individuals with MS in the region. These programs encompass professional services such as home care, physiotherapy, aromatherapy, and psychological support.

Furthermore, the Cyprus Confederation for People with Disabilities (KYSOA) operates in Cyprus, advocating for individuals with disabilities, including those affected by MS.

6.2 Italy

In Italy, the foundation of the MS care system lies in the MS Centers, serving as the central hub for comprehensive care. With 162 clinical centers spread across 20 regions, these centers, often housed within neurology hospital departments, play a crucial role. The Italian Society of Neurology (SIN) and the Associazione Italiana Sclerosi Multipla (AISM) have further contributed to the formation of an informal network of MS Centers throughout the country. This network has progressively fostered the adoption of standardized protocols and therapeutic approaches, promoting uniformity and the exchange of best practices.

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Specifically, rehabilitation necessitates the collaboration of various healthcare professionals to ensure interdisciplinary care. A team comprising a physical medicine and rehabilitation physician, physiotherapist, occupational therapist, psychologist, speech therapist, neuropsychologist, nurse specializing in MS management, and other relevant team members work together to formulate an individualized rehabilitation plan. This approach addresses the diverse functional domains affected by MS, reflecting a holistic and personalized care strategy.

6.3 Spain

The Spanish Association of Multiple Sclerosis (Asociación Española de Esclerosis Múltiple) operates as a non-profit organization, uniting individuals affected by Multiple Sclerosis, their families, and those with an awareness of the issue. Additionally, Esclerosis Múltiple España, established in 1996 by representatives from six MS-focused organizations, currently spans 13 autonomous communities in Spain.

Given Spain's decentralized structure, various associations and entities dedicated to multiple sclerosis are present across all territories. One notable organization is FEM, which implements noteworthy initiatives such as "femjobs," an online job search platform specifically designed for individuals with multiple sclerosis or a disability of at least 33%. FEM also administers femtalent scholarships, providing opportunities for individuals with disabilities to access training that enhances their employability.

Special Employment Centers, while not exclusive to multiple sclerosis, strive to facilitate paid employment tailored to the specific needs of individuals with disabilities, integrating them into the broader work system. The Business Partnership for Disability serves as a business organization advocating for and defending the rights of entities engaged in providing care, assistance, education, training, and labor integration services for people with disabilities.

6.4 Turkey

Within Turkey, the national MS association, known as TÜRKİYE MS DERNEĞİ, operates with numerous branches throughout the country, providing free assistance to individuals affected by MS in areas encompassing health, social issues, and various other concerns. Notably, all MS associations in Turkey are

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linked to a singular central association, serving as the national representative body.

Moreover, Turkey hosts TÜRKİYE ENGELLİ HAKLARI FEDERASYONU, an association dedicated to advocating for the rights of disabled individuals on a broader scale. This organization extends support to those facing diverse challenges within the disabled community.

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7. Training opportunities

In Cyprus, Italy, Spain, and Turkey, various training opportunities cater to individuals with Multiple Sclerosis (MS), recognizing the importance of skill development and empowerment. These opportunities range from vocational and educational programs to specialized training addressing the unique needs of individuals with MS. Vocational rehabilitation programs in these countries aim to enhance the employability of individuals with MS by providing job-related skills and support. Additionally, educational institutions and organizations may offer specific training courses or workshops tailored to the needs of individuals living with MS, covering areas such as adaptive technology, communication skills, and self-management strategies. It's essential to explore local disability support services, vocational training centers, and educational institutions in each country to identify specific training programs available for individuals with MS.

7.1 Cyprus

The Cyprus Multiple Sclerosis Association (C.M.S.A) provides a range of presentations and lectures addressing topics related to MS, accessible to the public via their official website. Regular updates on seminars and training programs, including noteworthy examples such as the "Σεμινάριο Κατάρτισης Ατόμων με Αναπηρίες για το Δικαίωμα στην Εργασία και την Απασχόληση" (Seminar for Training People on their Right to Work and Occupation), are also shared through their social media channels.

This particular seminar, organized by KYSOA, presented participants with a certificate upon completion. Focusing on the employment rights of individuals with disabilities, the seminar aimed to enhance the understanding of rights and options for individuals, including those with MS, within the country. Additionally, public funding schemes exist to encourage individuals with disabilities to enrol in learning programs, thereby enhancing their employability.

7.2 Italy

In Italy, nearly half of both private companies (41,216 out of 90,603) and public entities (1,609 out of 3,255) obligated to meet quotas for employing disabled individuals have overlaps. This means that they fall short of hiring the required number of people with disabilities based on their size. Specifically, the Italian system, which should reserve 501,880 positions for individuals with disabilities, had 145,327 positions unfilled according to the 2018 survey.

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The country features Job Centers dedicated to providing employment placement services, with the following objectives:

- Promoting the presence and accessibility of suitable services, tools, and resources nationwide, aligning with the principles of equal opportunities and non-discrimination for the benefit of citizens with disabilities and businesses affected by targeted employment regulations.
- Establishing essential service levels and supporting the standardization of implementation processes nationwide to reduce territorial gaps that disproportionately affect various regions.
- Guiding system actions towards continuous improvement of service effectiveness, facilitated by monitoring activities and the exchange of best practices among diverse local contexts.

7.3 Spain

In Spain, various associations provide training courses, such as FEM, which offers an e-commerce course tailored for women with multiple sclerosis. Additionally, AEDEM-COCEMFE operates a Training Centre that conducts courses, seminars, and conferences catering to patients, caregivers, volunteers, and professionals. The majority of these courses are closely aligned with employment training, with the overarching goal of enhancing the employability of individuals with disabilities, including those with multiple sclerosis.

Notably, Fundación Once and Inserta Empleo run an entrepreneurship program designed for people with disabilities. This program encompasses various training components, including workshops on creativity, business projects, and business plans.

The State Public Employment Service provides a specialized certificate of professionalism in training for individuals with disabilities, which can be pursued either online or in-person. This program spans 350 hours, with 120 hours specifically dedicated to practical training within workplaces.

7.4 Turkey

In Turkey, there are numerous specialized courses and opportunities tailored for individuals with MS, spanning various categories and fields. Some examples include physical therapy and rehabilitation, psychotherapy, social activities,

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personal development courses, yoga classes, life coaching, breath coaching, educational studies, consultancy services, and legal support.

All of these initiatives have been developed with the aim of enhancing the involvement of MS patients in social activities, promoting a life free of complications, and ensuring continuity. These activities are further bolstered by public funding options in collaboration with the central association established for MS patients in Turkey.

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8. Common findings and opportunities for improvement

Across all countries, women account for a higher prevalence of MS, constituting 70% of cases, with onset typically occurring between ages 20 and 40, averaging around 30 years. The need for robust support systems and inclusive environments for this vulnerable population is evident.

In each partner country, an assessment visit determines the degree of MS, facilitating access to national care services. Disparities exist in these assessments, involving variations in professionals' presence and numbers. Different degrees of disability related to MS result in distinct care modalities across states. Common aids for individuals with MS include disability pensions, tax benefits, and job placement services, with Italy uniquely incorporating the role of a support administrator to allow individuals, even in cases of partial or temporary inability due to infirmity or impairment, to fulfil the acts required for their daily life needs while preserving a degree of autonomy.

Across all countries, tax benefits extend to health and personal care expenses, complemented by economic aids for housing, residential assistants, and specialized medical services in Cyprus and Turkey. Conversely, Italy and Spain emphasize economic and fiscal aid. Legislation in all countries addresses architectural barriers in public spaces, offering tax breaks for barrier removal, reserved parking spaces, and designated areas for disabled individuals. Driving license requirements involve special examinations to ensure safe driving, varying in type and frequency across countries.

Public transport accessibility is universal, featuring financial aid through special cards and designated seating for individuals with reduced mobility. Reports of workplace discrimination against people with disabilities are widespread globally, impacting employment access, colleague interactions, salary conditions, and selection processes. However, individuals with MS can access rights, disability pensions, and benefit from deductions and subsidies for employers hiring individuals with disabilities across all four countries.

Maternity and illness benefits align with those of other employees in terms of social security in all countries. National associations dedicated to representing people with MS operate actively, advocating for their rights. Additional NGOs and associations champion the rights of entities providing care, assistance,

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education, training, and labor integration services for individuals with disabilities. Specialized courses and opportunities are available to some degree for those affected by MS, emphasizing employment training to enhance their employability.

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9. Conclusion

In conclusion, the overall situation across the involved countries highlights the significance of the Multiple Sclerosis (MS) topic, not only in terms of prevalence but also within the broader framework, especially concerning employability. While the legal, fiscal, and job frameworks exhibit functionality, there exist discernible gaps in terms of concrete implementation that demand consideration. Despite the presence of robust networks at local, regional, and national levels, aiding individuals with disabilities, including MS, a need for improved coordination among these entities is evident. The post-pandemic period accentuates the necessity for robust support, whether public or private, in the realm of employability and job opportunities for individuals with MS. Furthermore, there is a notable lack of awareness among companies and the overall ecosystem regarding the available opportunities, such as aids and public grants, for employing individuals with MS. The process of initiating a new business, particularly for those with MS, is further complicated by the current global situation.

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