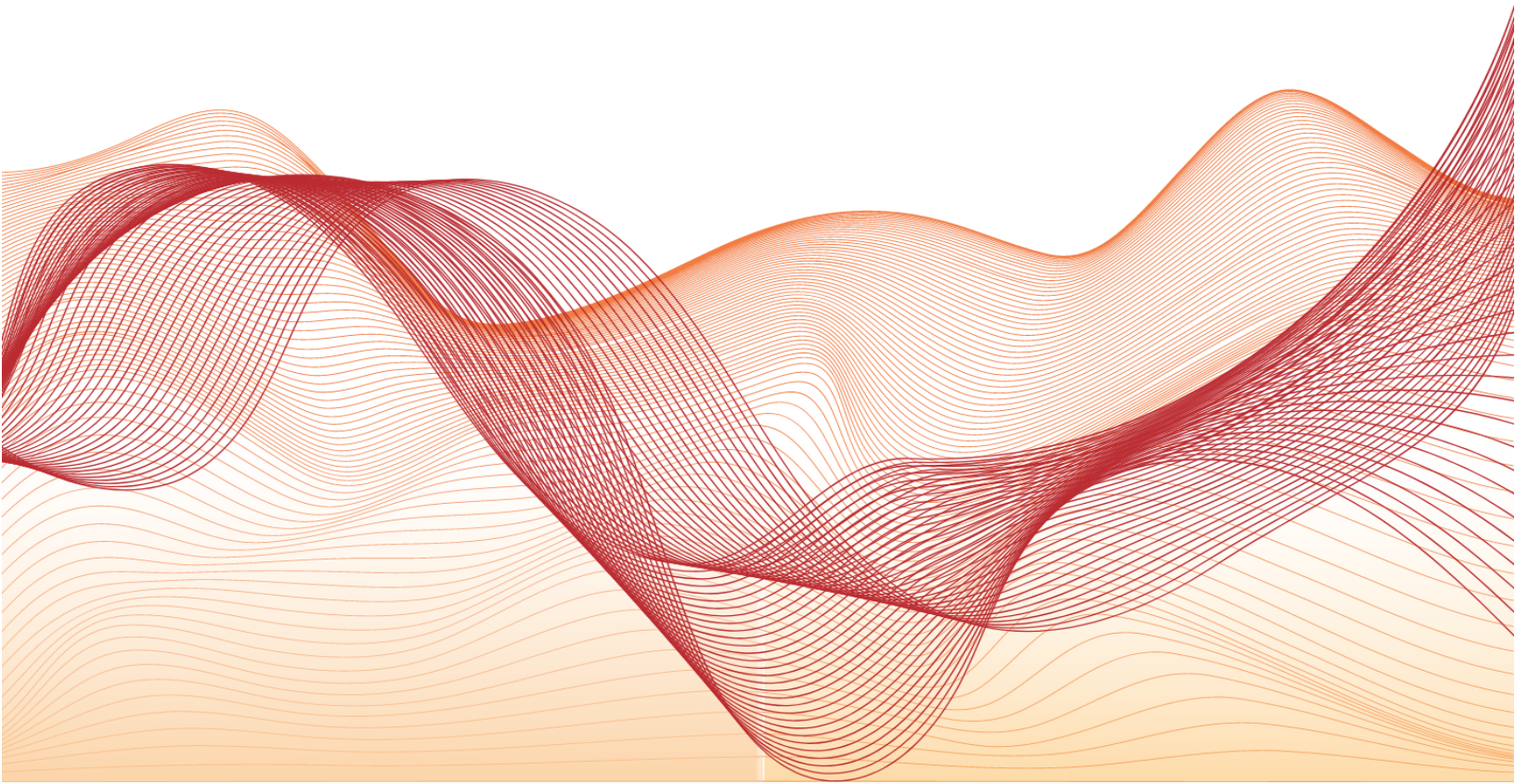




DISABILITY, EQUITY, JUSTICE WHITE PAPER

CIVIL20, INDIA
JULY, 2023



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Acknowledgments

This White Paper was developed through consultations with and recommendations received from over 2,500 persons with and without disabilities, nonprofit organisations, Organisations of Persons with Disabilities, disability rights experts, officers from multilaterals and disability rights allies from across 35 countries¹, as part of the Disability, Equity, Justice working group of Civil 20 India, conducted between April and July 2023.

Findings, recommendations, and good practices from these consultations and those which were received directly through online mode were compiled by the team at Rising Flame, an India-based non-profit organisation working to advance the rights of persons with disabilities particularly women and youth with disabilities in India, regionally, and internationally. On the basis of consultation findings, recommendations received and extensive desk research, this White Paper was written by Shikha Silliman Bhattacharjee, Nidhi Ashok Goyal, Srinidhi Raghavan and Arjita Mital.

About the Civil20 and Disability, Equity, Justice (DEJ) Working Group

The Civil20 (C20) is among the official engagement groups within the G20 process, providing a platform for civil society organisations to voice their concerns, needs and recommendations to policymakers across 20 countries. In a historic move towards ensuring inclusive growth and leaving no one behind, in April 2023, the Civil20, under India's G20 presidency, announced the creation of a separate Working Group to focus on Disability, Equity, Justice (DEJ). This momentous move from India broke new ground in advancing leadership and inclusion of persons with disabilities in the history of G20 efforts. Whereas persons with disabilities were first included in the C20 agenda under Indonesia's 2022 G20 presidency, the Disability, Equity, Justice Working Group is the first stand-alone dedicated space for the concerns and priorities of persons with disabilities in C20 and G20 processes, taking inclusion to the next level. Nidhi Ashok Goyal, steering committee member of Civil 20 India, Founder and Executive Director Rising Flame was instrumental in advocating for the formation of this standalone space.

During the C20 India process, the Disability, Equity, Justice Working Group aims to advance disability equity and inclusion by informing and inspiring the C20 and G20 agendas with a vision of inclusive, accessible, just and sustainable economic development. The recommendations—laid out in the Disability, Equity, Justice Policy Brief, and this White Paper— are designed with

¹ India, Bangladesh, Lebanon, Zimbabwe, United Kingdom, Nigeria, Nepal, Guatemala, Vietnam, Solomon Islands, Indonesia, Kenya, Argentina, Tanzania, Malaysia, Costa Rica, Fiji, Timor-leste, Yemen, Liberia, USA, Canada, Thailand, Brazil, France, Poland, Belgium, South Africa, Sri Lanka, Cameroon, Switzerland, Pakistan, Barbados, Burundi and Mexico

relevance across disabilities and attend to education, employment and livelihoods, health, environment, climate and disaster response, poverty reduction, social protection and sustainable development, and inclusive communities and societies.

In line with the disability mantra of 'Nothing About Us Without Us,' the Disability, Equity Justice Working Group is led by Nidhi Ashok Goyal, Founder and Executive Director, Rising Flame, India, also the steering committee member of Civil 20 India. The working group is supported by Risnawati Utami, the Founder and Executive Director of OHANA Indonesia as well as a former Member of the UN Committee on the Rights of Persons with Disabilities. Both women live with disabilities and have been leaders in global disability spaces.

White paper published by: Rising Flame

Publication Date: July 28, 2023

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List of Abbreviations

AAC	Augmentative or Alternative Communication
COP	Conference of the Parties
COVID	Coronavirus Disease
CSO	Civil Society Organisation
DPO	Disabled Persons Organisations
ESD	Education for Sustainable Development
G20	Group of 20
GBVH	Gender-based Violence and Harassment
GDP	Gross Domestic Product
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICT	Information and Communications Technology
ILO	International Labour Organization
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer/ Questioning, Intersex, Asexual/ agender
NGO	Non-Governmental Organisation
OPD	Outpatient Department
PEP	Personalised Education Plans
PHC	Primary Health Care
SDG	Sustainable Development Goals
STEM	Science, Technology, Engineering, and Mathematics
UDHR	Universal Declaration of Human Rights
UHC	Universal Health Coverage
UNCRC	United Nation Convention on the Rights of the Child
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation

Executive Summary

1.3 billion people—16% of the population—live with a disability, and approximately two thirds of persons with disabilities live in G20 countries.² Inclusion of persons with disabilities has yet to receive strategic planning, implementation, and resources even though lack of inclusion can cost countries up to 7% of their GDP. Persons with disabilities, particularly women with disabilities, are systematically excluded in education, employment, health systems and disaster response. They face barriers in accessing physical and digital spaces, and face high levels of all forms of discrimination, abuse, and violence—often resulting in significant, long-standing physical and mental health consequences. It is in the human, social and economic interest of the global community that persons with disabilities find budgetary allocation and commitment in implementation plans for inclusive, sustainable, and resilient growth.

Key Recommendations

- Adopt accessibility standards and Universal Design Principles that cater to all disabilities in development and retrofitting of physical and digital infrastructure in rural and urban areas, including transportation systems, public buildings, housing and shelter, educational institutions, health centres, private and public workplaces, financial institutions, parks, sidewalks, and other essential facilities.
- Collect disaggregated data by disability, gender and other markers around education, health needs, labour force participation, business ownership, climate change vulnerability, access to credit, financial inclusion, violence, and abuse.
- Ensure full and effective participation, inclusion, and quality education for all children with disabilities and adults with disabilities in urban and rural areas, across socioeconomic strata, residential facilities, and in situations of conflict and disaster.
- Ensure persons with disabilities, especially women and girls with disabilities, have equitable access and training for STEM, digital skills, internet, and other technological devices.
- Increase labour force participation for persons with disabilities through vocational training, skill development, reskilling, training for platform economy jobs, labour formalisation, and social protection. Ensure mainstream technical, vocational education, training, labour market skills and apprenticeship programmes include persons with disabilities.

² United Nations General Assembly, Thematic study on the issue of violence against women and girls and disability, para 27, A/HRC/20/5, 30 March 2012, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G12/125/80/PDF/G1212580.pdf?OpenElement>.

- Improve entrepreneurs with disabilities' access to specialised trainings, credit, technical and financial resources.
- Take urgent action to address the vast inequities in health care access for all persons with disabilities, including those with mental health conditions, chronic illnesses and rare diseases, by taking integrated action to strengthen health systems, policies, financing and budgetary allocations.
- Mandate providing full medical insurance with no discrimination by public and private players.
- Develop a time-bound plan and allocate budgets to deinstitutionalise children with disabilities and persons with disabilities, through personalised support services, and supported and independent community-based living options.
- Ensure increased manufacturing and availability of tax-free, duty-free, affordable assistive devices and technologies for persons with disabilities, including women with disabilities.
- Include persons with disabilities and their needs in design, implementation, communication and monitoring at all stages of disaster management process, policies, plans and programmes.
- Ensure timely and appropriate health care including sanitation and hygiene, especially for women with disabilities, during extreme weather events and disasters.
- Ensure access by persons with disabilities, in particular women, girls and older persons with disabilities, to social protection and poverty reduction programmes.
- Strengthen and enforce legal frameworks to end all forms of discrimination, harassment and violence against persons with disabilities, particularly women with disabilities, in all public, private and social arenas.
- Adequate rights-based (in line with UNCRPD) budgetary commitment for time bound adoption and implementation of inclusive laws, policies and schemes across sectors and for attainment of universal accessibility goals.

Introduction

Persons with disabilities are among the largest minority groups in the world: 1.3 billion people—16% of the population—live with a disability, and approximately two thirds of persons with disabilities live in G20³ countries. War, conflict, natural disaster and public health emergencies—including the recent COVID 19 pandemic—moreover, increase the global population of persons with various physical disabilities, mental health conditions, and chronic illnesses. Research has also found that gender-based violence, in particular sexual violence, can result in significant, long-standing physical and mental health consequences, including permanent injuries and consequent disabilities for survivors.⁴

Persons with disabilities in low- and middle-income countries are often ‘poorer than their nondisabled peers.’⁵ Even in developed countries, persons with disabilities are more likely to live in poverty.⁶ Research shows that lack of meaningful participation and inclusion among persons with disabilities can cost a country up to 7% of its GDP - a high price⁷.

Inclusion of persons with disabilities, however, has yet to receive strategic planning, implementation, and resources. Persons with disabilities, particularly women with disabilities, are systematically excluded in education⁸, employment⁹, health systems¹⁰ and disaster

³ Group of 20 or G20 is an intergovernmental forum comprising 19 countries and the European Union. It works to address major issues related to the global economy, such as international financial stability, climate change mitigation and sustainable development.

⁴ United Nations General Assembly, Thematic study on the issue of violence against women and girls and disability, para 27, A/HRC/20/5, 30 March 2012, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G12/125/80/PDF/G1212580.pdf?OpenElement>.

⁵ Groce, N., Kett, M., Lang, R., & Trani, J-F. (2011). Disability and Poverty: the need for a more nuanced understanding of implications for development policy and practice. *Third World Quarterly*, 32(8), 1493-1513

⁶ Groce, N., Kett, M., Lang, R., & Trani, J-F. (2011). Disability and Poverty: the need for a more nuanced understanding of implications for development policy and practice. *Third World Quarterly*, 32(8), 1493-1513

⁷ International Labour Organisation. The price of exclusion: Executive Summary of the economic consequences of excluding people with disabilities from the world of work. (2010, November 30).

http://www.ilo.org/skills/pubs/WCMS_146260/lang--en/index.htm

⁸ Sarkar, R., & Parween, S. (2021). Disability and Exclusion: Social, Education and Employment Perspectives. *Bhutan Journal of Research and Development*, 10(2). <https://doi.org/10.17102/bjrd.rub.10.2.003>

⁹ Sarkar, R., & Parween, S. (2021). Disability and Exclusion: Social, Education and Employment Perspectives. *Bhutan Journal of Research and Development*, 10(2). <https://doi.org/10.17102/bjrd.rub.10.2.003>

¹⁰ Matin BK, Williamson HJ, Karyani AK, Rezaei S, Soofi M, Soltani S. Barriers in access to healthcare for women with disabilities: a systematic review in qualitative studies. *BMC Womens Health*. 2021 Jan 30;21(1):44. doi: 10.1186/s12905-021-01189-5.

response¹¹. They face barriers in accessing physical and digital spaces, and high levels of all forms of discrimination, abuse, and violence.¹²

It is in the human, social and economic interest of the global community that persons with disabilities find budgetary allocation and commitment in implementing plans for inclusive, sustainable, and resilient growth.

Rights of persons with disabilities have been advanced through the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). Moreover, in 2016, the G20 committed to align its work with the Sustainable Development Goals (SDGs) which commit to disability inclusion and leaving no one behind in initiatives to eradicate poverty, achieve sustainable development and build an inclusive and sustainable future for all.¹³ The SDGs make explicit commitments to advancing quality education¹⁴ and reducing inequalities for persons with disabilities.¹⁵

We require international cooperation and global leadership in norm shifting on disability and recognition of the value of persons with disabilities as active citizens, volunteers, taxpayers, consumers, change makers and nation builders. Meaningful participation of persons with disabilities in governance at all levels is critical to effective planning and implementation, and confronting stigma and discrimination that undergirds exclusion.

¹¹ Disability-Inclusive disaster risk reduction and emergency Situations | United Nations enable. (n.d.). <https://www.un.org/development/desa/disabilities/issues/disability-inclusive-disaster-risk-reduction-and-emergency-situations.html#:~:text=Common%20experience%20reveals%20that%20persons,and%20services%20and%20transportation%20systems>.

¹² Disability Inclusion Overview. (n.d.). *World Bank*. <https://www.worldbank.org/en/topic/disability>

¹³ G20 China 2016, G20 Action Plan on the 2030 Agenda for Sustainable Development, <http://www.g20.utoronto.ca/2016/g20-action-plan-on-2030-agenda.pdf>.

¹⁴ SDG 4: Quality Education: “By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations.”

¹⁵ SDG 10: Reduced Inequalities: “By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.”

Education

Context

Education is a key component to promote disability-inclusive development. The G20 Riyadh Declaration states: “Inclusive, equitable and quality education for all, especially for girls, remains key to unlocking a bright future and fighting inequalities. It is the foundation of personal development as it provides children, youth, and adults with the knowledge, skills, values, and attitudes necessary to reach their full potential. We affirm the importance of improving the accessibility and affordability of the quality early childhood education and building and retaining a qualified workforce.”

The G20 Rome declaration reiterated this: “Access to education is a human right and a pivotal tool for inclusive and sustainable economic recovery. We commit to ensure access to quality education for all, with particular attention to women and girls and vulnerable students. We will increase our efforts to make education systems inclusive, adaptable, and resilient, and will enhance the coordination between education, employment and social policies to improve the transition from education to quality employment, also through lifelong learning.”

Finally, the G20 Bali Leaders’ Declarations commit to inclusive education: “Access to education is a human right and a pivotal tool for inclusive and sustainable economic recovery (...) We will act in solidarity in particular with developing countries to rebuild more resilient, tech-enabled, accessible, and effective education systems. We will empower relevant actors within and beyond G20 to remove barriers to education, improve teaching and learning environments, and support transitions within and across all stages of education, with emphasis on women and girls. We also underscore the importance of learners’ well-being in their preparation for work and meaningful participation and contribution to a more equitable, inclusive, and sustainable society. We reaffirm the importance of Education for Sustainable Development (ESD) and our commitment to SDG4 to ensure inclusive and equitable quality education and training. We are committed to promoting lifelong learning at all levels amidst the changing nature of work and encourage partnership in this regard.”

The right to education for children with disabilities, free from discrimination, is recognized by the UNCRPD, United Nations Educational, Scientific, and Cultural Organization (UNESCO),¹⁶ the SDGs,¹⁷ and the United Nations Convention on the Rights of the Child (UNCRC).¹⁸ For more than 60 years, the UNESCO Convention and Recommendation against Discrimination in Education has provided an international legal framework that protects the right to education and prohibits any form of discrimination, including any distinction, exclusion, limitation, or preference. The international framework comprising the UNCRPD and the SDGs, specifically SDG 4 and Agenda 2030, provide a strong vision to guide initiatives fostering inclusion of children with disabilities in schools. The UNCRC, 1989, also addresses education for children with disabilities (Article 23), establishing that a school is only inclusive when all its students are able to access resources and participate in activities without exception.¹⁹

Despite the global commitment to inclusive education, wherein each individual has equal opportunity for educational progress, education of children with disabilities is still insufficiently addressed by schooling systems around the world. As a result, millions of children with disabilities continue to be left behind: they are 25% less likely to attend early childhood education, 49% more likely to have never attended school, 47% more likely to be out of primary school, 33% more likely to be out of lower-secondary school, and 27% more likely to be out of upper-secondary school.²⁰ In 2015, the UNESCO estimated that 186 million children with disabilities have not completed primary school education.²¹

Among those children with disabilities who are able to attend school, children with certain disabilities may be more likely to experience exclusion because schools may not be able to accommodate their needs. Schools and classrooms are often not accessible to children with disabilities, either physically or because they lack specialised teaching, contributing to lower academic achievement. For many children with disabilities, education is only available in

¹⁶ The UNESCO Convention against Discrimination in Education, 1962, including 109 States Parties at the time of writing, protects the right to education and prohibits any form of discrimination, including any distinction, exclusion, limitation, or preference.

¹⁷ SDG 4 and Agenda 2030 provide a strong vision that has guided initiatives to foster inclusion of children with disabilities in schools.

¹⁸ United Nations Convention on the Rights of the Child (Article 23).

¹⁹ UNICEF, N for Nose: State of the Education Report for India 2019: Children with Disabilities, May 19, 2020, p. 5, available online, <https://gdc.unicef.org/resource/n-nose-state-education-report-india-2019-children-disabilities>.

²⁰ UNICEF, Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities, January 2022, available online, <https://data.unicef.org/resources/children-with-disabilities-report-2021/>.

²¹ UNESCO, The Right to education for persons with disabilities: overview of the measures supporting the right to education for persons with disabilities reported on by Member States; monitoring of the implementation of the Convention and Recommendation against Discrimination in Education (8th consultation), ED-2015/WS/3, p. 3.

segregated settings, denying them the benefits of inclusive education.²² There is also evidence that exposure to peer-bullying among adolescents with disabilities leads to 37% poorer mental health outcomes.²³ Children with disabilities are also more vulnerable to corporal punishment in all settings²⁴—and 32% more likely to experience severe corporal punishment.²⁵

These limitations in the school environment contribute to lower academic achievement among children with disabilities, repetition of grades, and even dropout. Poor learning outcomes stem from cumulative disadvantages that are common in children with and without disabilities, but children with disabilities typically face additional barriers that place them at higher risk of experiencing less than optimal educational trajectories. The needs of children with less visible disabilities often go unidentified, which can mean that these children miss out on individualised attention and support. In addition, many students with disabilities are taught by teachers who do not have the necessary knowledge or skills to include and support them. For some children, these cumulative factors push them out of school, limiting future educational and employment opportunities and depriving them of the skills and knowledge they need to progress on their career paths.²⁶

Poor learning outcomes have lifelong implications for children with disabilities. A lack of reading skills severely limits future educational and job opportunities, making it exceedingly difficult for impoverished children with disabilities to ever break out of poverty. Literacy has also been associated with more positive health and nutrition rates throughout life, and lack of such skills can lead to poorer health outcomes for children with disabilities. Likewise, numeracy skills are essential in daily life, opening up a broad range of career options that would be closed to children with disabilities who lack these skills.²⁷

²² UNICEF, Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities, p. 67, January 2022, available online, <https://data.unicef.org/resources/children-with-disabilities-report-2021/>.

²³ World Health Organization, Global report on health equity for persons with disabilities, 2023, p. 81, available online <https://www.who.int/publications/i/item/9789240063600>.

²⁴ United Nations General Assembly, Thematic study on the issue of violence against women and girls and disability, para. 23, A/HRC/20/5, 30 March 2012, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G12/125/80/PDF/G1212580.pdf?OpenElement>.

²⁵ UNICEF, Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities, January 2022, available online, <https://data.unicef.org/resources/children-with-disabilities-report-2021/>.

²⁶ UNICEF, Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities, p. 80, 87, January 2022, available online, <https://data.unicef.org/resources/children-with-disabilities-report-2021/>.

²⁷ UNICEF, Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities, p. 87, January 2022, available online, <https://data.unicef.org/resources/children-with-disabilities-report-2021/>.

Children with intellectual and developmental disabilities often do not receive the individualised care and support needed for them within schools.²⁸ Additionally blind and deaf-blind students with disabilities are actively discouraged in many contexts from numeracy skills and STEM education.

Research on barriers faced by students with disabilities enrolled in undergraduate colleges has found that limited access to information and services poses significant barriers to utilising higher education facilities.²⁹ Overall, young adults with disabilities have a harder and bumpier transition to higher education than other young adults.³⁰ Factors hindering access to higher education include stigma that prevents college students with disabilities from disclosing their disabilities and their needs with concerned authorities, teachers, and peers; social isolation; and lack of access to academic buildings and learning resources.³¹ During the COVID-19 pandemic, students with disabilities were at greater risk of prematurely withdrawing from university compared to students without disabilities. In designing emergency remote teaching, the needs of students with disabilities were neglected and resources were not sufficiently allocated to ensure digital accessibility.³² Digital learning platforms used during COVID-19 were inaccessible to students with disabilities often not screen-reader friendly or without captions and sign interpreters.³³

By contrast, the presence of a conducive and sensitive academic environment in college significantly enhances the level of academic engagement of students with disabilities.³⁴ Factors that contribute to such favourable outcomes include environments conducive to disclosing disabilities, social and family support, support from teachers and peers, university policies that

²⁸ UNICEF, *Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities*, p. 87, January 2022, available online, <https://data.unicef.org/resources/children-with-disabilities-report-2021/>.

²⁹ Shalini Saksena and Rashmi Sharma, "Deconstructing Barriers to Access Higher Education: A Case Study of Students with Disabilities in University of Delhi," *DU Journal of Undergraduate Research and Innovation*, Volume 1, Issue 2, page 316-337.

³⁰ Organisation for Economic Cooperation and Development (OECD), *Inclusion of Students with Disabilities in Tertiary Education and Employment*, 2011.

³¹ Bisma Manzoor, *Education and Disability: A Study on Access to Higher Education for Students with Disability in Jammu and Kashmir*, MPhil Dissertation in Partial Fulfilment of the Academic Requirement of the M.Phil. Batch (2020-2022), National Institute of Educational Planning and Administration, Delhi.

³² Weqin Chen, "Students with Disabilities and Digital Accessibility in Higher Education under COVID-19," in Rodrigo M.M.T et al. (Eds.) (2021), *Proceedings of the 29th International Conference on Computers in Education*. Asia-Pacific Society for Computers in Education.

³³ *Neglected and Forgotten*. (2020, July 14). Rising Flame and Sightsavers. Retrieved February 17, 2022, from https://risingflame.org/wp-content/uploads/2020/07/NeglectedAndForgotten_RFandSS.pdf

³⁴ Shalini Saksena and Rashmi Sharma, "Deconstructing Barriers to Access Higher Education: A Case Study of Students with Disabilities in University of Delhi," *DU Journal of Undergraduate Research and Innovation*, Volume 1, Issue 2, page 316-337.

address the needs of students with disabilities, and availability of support services.³⁵ In higher education, schools have also designed admission and support strategies that support students with disabilities to be responsible for themselves, encouraging them to clarify their education needs at as early a stage as possible. Successful policies also provide information and advice to students on courses, accessibility policies, and available support and accommodations. The quality of education also depends upon whether the institution promotes an inclusive ethos throughout the university community that allows for mobilising each member of the institution to ensure the success and inclusion of individual students.³⁶

Understanding the diverse needs of learners, especially children with disabilities, and creating an enabling school environment in terms of trained and motivated teachers, good leadership, infrastructural facilities, and safety are the key dimensions to ensure quality in education.³⁷ However, lack of data on persons with disabilities and their educational outcomes severely limits progress in this area.³⁸

Substantial evidence suggests that using Information and Communications Technologies (ICT) can also help children with disabilities learn in more inclusive ways by enabling access to technologies and resources that are not otherwise available. In addition to providing additional tools for learning, ICT can help children with disabilities to communicate with their teachers and peers more readily, building stronger social skills and networks. Financial support to families and school systems to meet the additional costs of resources to support inclusive education for children with disabilities is also critical for inclusion.³⁹ The G20 countries have an opportunity to meet the urgent need for inclusive education by leveraging technological tools, digitalization, financing, partnerships for education, and international cooperation.

Recommendations

³⁵ Bisma Manzoor, Education and Disability: A Study on Access to Higher Education for Students with Disability in Jammu and Kashmir, MPhil Dissertation in Partial Fulfilment of the Academic Requirement of the M.Phil. Batch (2020-2022), National Institute of Educational Planning and Administration, Delhi.

³⁶ Organisation for Economic Cooperation and Development (OECD), Inclusion of Students with Disabilities in Tertiary Education and Employment, 2011.

³⁷ UNICEF, N for Nose: State of the Education Report for India 2019: Children with Disabilities, May 19, 2020, available online, <https://gdc.unicef.org/resource/n-nose-state-education-report-india-2019-children-disabilities>.

³⁸ UNESCO, The Right to education for persons with disabilities: overview of the measures supporting the right to education for persons with disabilities reported on by Member States; monitoring of the implementation of the Convention and Recommendation against Discrimination in Education (8th consultation), ED-2015/WS/3, p. 3.

³⁹ UNICEF, Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities, p. 91, 92, January 2022, available online, <https://data.unicef.org/resources/children-with-disabilities-report-2021/>.

- Make time-bound, concerted efforts to transform all schools and universities into cross-disability inclusive educational institutions with requisite disability policies, commitments, and human and financial resources.
- Ensure full and effective participation, inclusion, and quality education for all children with disabilities and adults with disabilities in urban and rural areas, across socioeconomic strata, residential facilities, and in situations of conflict and disaster.
- Conduct screening for early identification and support children with disabilities and families through early childhood education.
- Ensure equitable, inclusive, and accessible education through adequate funding in educational, research and training institutions across all levels in terms of design, infrastructure, and information communication technologies. This should include access to reading-teaching materials online and offline, assistive devices, classrooms, toilets, exams, laboratories, libraries, exhibitions, exposure visits, physical education, and sports, etc. for all children with disabilities and adults with disabilities.
- Introduce multi utility learning stations, gamification of curriculum, effective Universal Design for Learning measures to ensure equitable inclusive education.
- Establish streamlined registration and admission processes, eliminating any exclusionary requirements and parameters and ensure that disability accommodation is actively accounted for.
- Support schools to provide equitable opportunities for students with a range of support needs—including high support needs—through differentiated instruction, flexible lesson plans, and alternative assessment methods that accommodate different learning styles.
- Involve students with high support needs in decision-making related to their education.
- Support institutions to develop Personalised Education Plans (PEPs) for students with varied support needs and link financial resources with PEPs including in higher education.
- Adopt an inclusive curriculum and pedagogies that provide equitable opportunities for students with high support needs to learn and develop. This can involve providing differentiated instruction, flexible lesson plans, and alternative assessment methods that accommodate different learning styles.
- Promote collaboration and communication between teachers, families, and other professionals involved in the education of students with high support needs. This can include regular meetings and progress updates to ensure that everyone is aware of the student's needs and progress.
- Sign Language for the deaf, tactile sign language for the deaf blind and braille for blind persons should be taught in school curriculum among other languages to boost communication gaps. There should also be education programmes for persons with disabilities in private and public higher learning institutions.

- Ensure accessible transport and last mile connectivity for persons across disabilities to access learning institutions.
- Ensure training, retraining and development of teaching and non-teaching staff and support personnel to foster inclusive learning environments. Ensure that these trainings and skilling programmes for staff are accessible and accommodate the needs of teachers with disabilities.
- Ensure people with disabilities have equitable access to opportunities to gain digital skills, internet, and other technological devices.
- Digital empowerment for girls and women with disabilities should be promoted and actively supported through training and equitable access to technological devices and skills.⁴⁰
- Ensure equitable access and training for STEM education, especially among disability groups commonly left out like blind and deaf-blind.
- Centralise support services for children with disabilities within schools, including access to therapy, assistive devices, communication aids, and the entire range of services and facilities necessary including access to sign language.
- Mandate all formal and informal educational institutions to institute reasonable accommodations and adopt zero-tolerance for disability discrimination. Use incentive and penalty systems to ensure enforcement. Affirmative action to end discrimination should be instituted to ensure accountability.
- Provide free and subsidised education, scholarship, and meal programmes for disadvantaged students.
- Mandate accessibility and support personnel including sign interpreters.
- Promote synergies between higher education systems and job market stakeholders.
- Ensure accessible hostels, dormitories, and other boarding arrangements. Encourage institutions to have a non-discrimination policy in allotment of residential accommodations.
- Develop education financing at all levels that allows students with disabilities to cover extra disability costs. Provide tax-free and subsidised assistive devices and technologies needed for learning e.g.: brailers, AAC boards, screen reading softwares etc.
- Collect disaggregated data by gender, disability, caste, and other markers of students with disabilities across levels, institutions, and vocational trainings centres.
- Include students with disabilities in all existing and future mainstream government awareness efforts, campaigns, policies, schemes, budgetary allocations. Also particularly

⁴⁰ This recommendation reiterates the priority recommendation advanced in the C20 Policy Pack 2021, p. 67, available online at <http://www.g20.utoronto.ca/c20/2021-C20-Policy-Pack-2021-Building-a-sustainable-future-for-all-1.pdf>.

include girls with disabilities in schemes and programmes promoting education for all girls and women.

- Include a focus on developing life skills and community for children with disabilities and persons with disabilities in education at all levels, including through exposure visits, inclusive creative activities (music, theatre), sports, and nature education.
- Establish a student and teacher exchange system, facilitating robust knowledge exchange among member countries. This exchange system should be aimed at fostering the development and dissemination of exemplary practices in the implementation of inclusive education within the G20 nations. Workshops, research collaborations, and other relevant initiatives must be pursued to advance the dissemination of knowledge and good practices in this field.

Employment

Context

Three previous G20 declarations acknowledge the labour market vulnerability of persons with disabilities and commit to inclusive Futures of Work—including increased labour force participation through vocational training, skill development, reskilling, labour formalisation, and social protection for persons with disabilities.

The G20 Buenos Aires Leaders' Declaration stated: "We remain committed to building an inclusive, fair and sustainable Future of Work by promoting decent work, vocational training and skills development, including reskilling workers and improving labour conditions in all forms of employment, recognizing the importance of social dialogue in this area, including work delivered through digital platforms, with a focus on promoting labour formalisation and making social protection systems strong and portable, subject to national law and circumstances. We will continue to foster cognitive, digital and entrepreneurship skills, and encourage the collection and exchange of good practices. We will promote increasing labour force participation of underrepresented as well as vulnerable groups, including persons with disabilities."

While the Osaka Declaration addressed: "We recognize the importance of promoting a healthy and active ageing society that enables workers to participate in the labour market at older ages, while continuing to increase participation of youth, women, and persons with disabilities in economic activities. We will boost job creation and flexible work arrangements, seek to raise quality of employment, and enhance employability of workers through lifelong learning as

working lives are expected to be longer, and strive towards improving the working conditions for all including, long-term care workers in accordance with national circumstances.”

This was taken ahead in the Bali Leaders’ Declaration “Adding to the situation, the COVID-19 pandemic has exacerbated pre-existing inequalities in many countries and continues to disproportionately affect women, youth, older workers, persons with disabilities and migrant workers. We underline that it remains our utmost priority to mitigate the adverse impact of the current trends on the labour market, reduce inequalities while responding effectively to the opportunities that automation and digital technologies present and promote gender equality.”

Persons with disabilities—an estimated 785 million working age persons—are marginalised in all labour markets worldwide. They are far more likely to be unemployed, underemployed, or economically inactive.⁴¹ Lack of attention to disability inclusion in business development policies forecloses avenues to self-employment for persons with disabilities. Labour market exclusion of persons with disabilities has significant macroeconomic implications, with large and measurable economic losses related to disability that are rooted in unemployment, under employment, and labour productivity losses due to the effects of disabling environments that make persons with disabilities who are employed less productive than they would otherwise be.⁴²

Labour market exclusion also has a devastating impact on persons with disabilities and their families, often leaving them with little or no option to escape from poverty. In countries where disability benefit systems are in place, an increasing number of persons with disabilities rely on sickness and disability benefits as their main source of income. In countries where such benefits are not available or are sparse, persons with disabilities must rely upon their families to meet their basic needs.⁴³

At work, persons with disabilities are more likely to face workplace discrimination, low wages, poor working conditions, few prospects for promotion, and heightened harassment and

⁴¹ International Labour Organization (ILO), Policy brief: Making TVET and skills systems inclusive of persons with disabilities 2017, available online https://www.ilo.org/wcmsp5/groups/public/---ed_emp/---ifp_skills/documents/publication/wcms_605087.pdf.

⁴² International Labour Organization (ILO), “The price of exclusion: The economic consequences of excluding people with disabilities from the world of work,” available online https://www.ilo.org/wcmsp5/groups/public/---ed_emp/---ifp_skills/documents/publication/wcms_146260.pdf.

⁴³ International Labour Organization (ILO), Policy brief: Making TVET and skills systems inclusive of persons with disabilities, available online https://www.ilo.org/wcmsp5/groups/public/---ed_emp/---ifp_skills/documents/publication/wcms_605087.pdf.

violence.⁴⁴ A survey carried out in France showed that less than 2% of persons with disabilities who mentioned their disability were called for interviews. Where they are employed, workers with disabilities are more likely to be in low-paid jobs with poor working conditions and few, if any, prospects for promotion.⁴⁵ While there is a lack of data on workplace violence against persons with disabilities, discrimination on the basis of disability has been identified by the ILO as a risk factor for workplace violence and harassment. Research also suggests that persons with disabilities are more likely to suffer violence and harassment in the world of work, with greater incidence against workers with intellectual and psychosocial disabilities. Discrimination, harassment, and violence against persons with disabilities in the world of work is heightened for women with disabilities and persons with disabilities who face compounded discrimination based on their age, gender-identity, sexual orientation, race, religion, ethnicity, and other factors.⁴⁶

Self-employment is a promising avenue to labour market inclusion for persons with disabilities, but all too often, existing business development policies and programmes do not attend to disability inclusion. Barriers to inclusion currently include lack of attention to entrepreneurship and self-employment for persons with disabilities in workforce development strategies, lack of outreach and education on these opportunities for persons with disabilities, inaccessible business certification processes, and lack of tax and financial incentives to support disability entrepreneurship, start-up and growth.⁴⁷ Additionally, entrepreneurs with disabilities find barriers to growing their businesses due to the inaccessible nature of many financial management services, softwares and programmes.⁴⁸

These challenges are compounded for women with disabilities who face multiple discrimination at the intersection of gender and disability, and even more so for women with disabilities in

⁴⁴ See International Labour Organization (ILO), Disability Discrimination at Work, available online https://www.ilo.org/wcmsp5/groups/public/@ed_norm/@declaration/documents/publication/wcms_decl_fs_87_en.pdf; International Labour Organization (ILO), Violence and harassment against persons with disabilities in the world of work, available online https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/briefingnote/wcms_738118.pdf; International Labour Organization (ILO), Policy brief: Making TVET and skills systems inclusive of persons with disabilities, available online https://www.ilo.org/wcmsp5/groups/public/---ed_emp/---ifp_skills/documents/publication/wcms_605087.pdf.

⁴⁵ International Labour Organization (ILO), Policy brief: Making TVET and skills systems inclusive of persons with disabilities, available online https://www.ilo.org/wcmsp5/groups/public/---ed_emp/---ifp_skills/documents/publication/wcms_605087.pdf.

⁴⁶ International Labour Organization (ILO), Violence and harassment against persons with disabilities in the world of work, available online https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/briefingnote/wcms_738118.pdf

⁴⁷ <https://www.oecd.org/cfe/leed/background-report-people-disabilities.pdf>

⁴⁸ <https://www.oecd.org/cfe/leed/background-report-people-disabilities.pdf>

poverty.⁴⁹ When compared with men with disabilities, women with disabilities are more likely to experience poverty and isolation and tend to have lower salaries and be less represented in the workforce.⁵⁰

The G20 Countries have an opportunity to streamline skill development for women with disabilities to ensure they receive the support needed to participate in the workforce and “raising awareness of parents, community groups, and others about the importance of vocational training for women with disabilities”.⁵¹

Recommendations

- Update labour force participation surveys to facilitate disaggregated data by gender, social identity, and disability type to map the existing labour force including for entrepreneurship and small businesses.
- Increase labour force participation for persons with disabilities through vocational training,⁵² skill development, reskilling, training for platform economy jobs, labour formalisation, and social protection. Ensure that mainstream technical, vocational, education, training, labour market skills and apprenticeship programmes include persons with disabilities.
- Mandate and enforce the responsibility for public and private employers to ensure accessible physical and digital infrastructure and provide reasonable accommodations to all persons with disabilities. Incentivise inclusion policies, including hiring targets, career development, internships, apprenticeships, mentoring, and skill development.

⁴⁹ International Labour Organization (ILO), Policy brief: Making TVET and skills systems inclusive of persons with disabilities, available online https://www.ilo.org/wcmsp5/groups/public/---ed_emp/---ifp_skills/documents/publication/wcms_605087.pdf.

⁵⁰ United Nations General Assembly, Thematic study on the issue of violence against women and girls and disability, para. 17, A/HRC/20/5, 30 March 2012, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G12/125/80/PDF/G1212580.pdf?OpenElement>.

⁵¹ International Labour Organization (ILO), Policy brief: Making TVET and skills systems inclusive of persons with disabilities, available online https://www.ilo.org/wcmsp5/groups/public/---ed_emp/---ifp_skills/documents/publication/wcms_605087.pdf.

⁵² The ILO has for many years called for persons with disabilities to have access to training alongside nondisabled people. This is reflected in the ILO Vocational Rehabilitation (Disabled) Recommendation, 1955 (No. 99), and in the ILO Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983 (No. 159) that require competent authorities to provide for vocational training for persons with disabilities, using general services wherever possible and appropriate, with necessary adaptations. In 2008, the ILO Governing Body highlighted the importance of developing the skills of persons with disabilities to promote their access to the labour market, and placed a special emphasis on promoting their inclusion in mainstream training and employment promotion programmes. For detailed recommendations on inclusive vocational training, see International Labour Organization (ILO), Policy brief: Making TVET and skills systems inclusive of persons with disabilities 2017, available online https://www.ilo.org/wcmsp5/groups/public/---ed_emp/---ifp_skills/documents/publication/wcms_605087.pdf.

- Ensuring job portals, corporate websites, and applications are accessible and facilitate a persons with disabilities access to potential employees to apply for opportunities.
- Ensure employers report and publish disability employment data, disaggregated by career-level, disability-type, and gender.
- Ensure and enforce legal protections against all forms of workplace discrimination, harassment, and violence against persons with disabilities, particularly women with disabilities,⁵³ including in recruitment, hiring, training, job assignments, promotions, pay, benefits, lay off, paid leave (maternity and sick), firing, and all other employment-related activities.
 - Collect and disaggregate data on work-related violence and harassment against persons with disabilities.
 - Call upon employers to identify and address risks of violence and harassment facing employees with disabilities. Risk assessments should be industry and workplace specific and take into account acts that inflict not only physical harm, but also mental harm, sexual harm and suffering, coercion, and acts of retaliation.
 - Mandate that all private and public workplaces have accessible systems in place for persons with disabilities to report workplace violence, including protection against retaliation.
- Combat stigma around disability by highlighting contributions and capacities of persons with disabilities across sectors; and encouraging representation of persons with disabilities in decision-making positions on boards and in senior management.
- Adapt existing business development policies and programmes to include entrepreneurs with disabilities, especially women entrepreneurs with disabilities, and improve their access to specialised trainings, credit, technical, financial resources, and business incubation programmes.
- Central banks of all G20 countries to mandate priority sector lending for entrepreneurs with disabilities including lower interest rates, and access to credit.
- Ensure business development tools, payment gateways, and accounting softwares and programmes are accessible to facilitate leaders and entrepreneurs with disabilities to run their businesses independently.
- Promote self-help groups and cluster formation of entrepreneurs with disabilities and give weightage to inclusive clusters which includes entrepreneurs with disabilities.

⁵³ This recommendation is in line with ILO Violence and Harassment Convention (No. 190) and Recommendation (No. 206). For more detailed recommendations, see International Labour Organization (ILO), Violence and harassment against persons with disabilities in the world of work, available online https://www.ilo.org/wcmsp5/groups/public/--dgreports/--gender/documents/briefingnote/wcms_738118.pdf

- Prioritise and commit to a set percentage of procurement from entrepreneurs with disabilities under government procurement policies. Establish fast-tracked certification processes for disability-owned businesses to gain access to contract/vendor opportunities and take advantage of procurement goals.
- Provide technical and financial assistance to small and medium enterprises to promote disability inclusion.
- Support informal workers with disabilities, in view of the fact that persons with disabilities are overrepresented in the informal economy.

Health

Context

The G20 Rome⁵⁴ and Bali⁵⁵ Leaders' Declarations commit to Universal Health Coverage (UHC). Health equity for persons with disabilities is essential to global health priorities— including UHC and public health interventions that contribute to healthier populations.⁵⁶ The rights of persons with disabilities to the same range, quality, and standard of free or affordable health care is protected under the UNCRPD.⁵⁷ Accessible health infrastructure and systems must ensure persons with disabilities are included, even during pandemics and in disaster health responses.

According to the World Health Organization (WHO), there is a significant difference in health outcomes for persons with disabilities—indicated by mortality, morbidity, and functioning.⁵⁸ Such inequities arise from unfair conditions that disproportionately impact persons with disabilities, including structural factors that generate social stratification, social determinants of health, risk factors, and barriers within health systems.

Barriers within health systems include public health interventions that are not inclusive, inadequate service delivery, lack of training and sensitisation among health and care workers, inaccessible health information systems, and lack of financing and leadership to advance access to health care for persons with disabilities within health systems. For many, exclusion from public and private health insurance programmes and high costs of essential medicine makes critical care unaffordable. Where social protection programs to support health access are in place, persons with disabilities often face barriers in accessing these protections, including added costs related to disabilities, in-person application requirements, inaccessible information and communications, and lack of accessible and available transportation. These risk factors are heightened for persons with disabilities who also face discrimination on the basis of race, gender-identity, sexual orientation, age, indigeneity, and refugee or migration status. Notably,

⁵⁴ G20 Rome Leaders' Declaration 2021, para. 7: "We affirm our commitment to achieve the health-related SDGs, in particular Universal Health Coverage."

⁵⁵ G20 Bali Leaders' Declaration 2022, para. 19.

⁵⁶ World Health Organization, Global report on health equity for persons with disabilities 2023, p. 37, available online <https://www.who.int/publications/i/item/9789240063600>.

⁵⁷ UNCRPD Article 25 protects the rights of persons with disabilities to the same range, quality, and standard of free or affordable health care.

⁵⁸ World Health Organization, Global report on health equity for persons with disabilities 2023, p. 16, 62-64, available online <https://www.who.int/publications/i/item/9789240063600>.

including persons with disabilities in the health and care workforce facilitates strengthening and development of the wider workforce in the health sector.⁵⁹

Persons with disabilities living in remote areas or cities where they face barriers to transportation may also face significant barriers in accessing health services. In India, for instance, an estimated 76% of persons with disabilities live in rural areas. During the COVID-19 pandemic, persons with disabilities were largely cut off from needed health services.⁶⁰ Accordingly, in order to ensure access to healthcare services, planning must consider last-mile connectivity, access to transportation, and expansion of home-based services.

Heightened risk factors for disease among persons with disabilities include unhealthy lifestyles, living conditions, and violence. Persons with disabilities who are victims of violence, for instance, often experience injuries or sexually transmitted diseases that cause their health to deteriorate and women with disabilities are often less likely to disclose violence and seek relief. They may be dependent on the perpetrator; fear losing their partner or children; fear discrimination and stigmatisation by family members, service providers, and the wider community; fear institutionalisation; lack information on prevention or protection services, or not be aware of their rights and the laws for their protection.⁶¹

At the same time, persons with disabilities also face limited and delayed access to health services required to prevent or treat these conditions due to inadequate primary prevention and early assessment measures, barriers to information, inadequate public health outreach,⁶² inaccessible mental and physical health services and infrastructure,⁶³ and stigma that can discourage health seeking behaviours among persons with disabilities and their families.⁶⁴ While access to quality health and social care, including access to rehabilitation, can be game-

⁵⁹ World Health Organization, Global report on health equity for persons with disabilities 2023, p. 43-44, 61-68, 83-85, 88, available online <https://www.who.int/publications/i/item/9789240063600>.

⁶⁰ UNFPA and Women Enabled International, The Impact of COVID-19 on Women and Girls with Disabilities: A Global Assessment and Case Studies on Sexual and Reproductive Health and Rights, Gender-Based Violence, and Related Rights, 2021, p. 2.

⁶¹ World Health Organization, Global report on health equity for persons with disabilities 2023, p. 81, available online <https://www.who.int/publications/i/item/9789240063600>.

⁶² World Health Organization, Global report on health equity for persons with disabilities 2023, p. 33, available online <https://www.who.int/publications/i/item/9789240063600> (noting the challenges posed by the failure to provide public health information in accessible formats such as Braille, Easy Read, sign language interpretation, and captioning).

⁶³ World Health Organization, Global report on health equity for persons with disabilities 2023, p. 34, 98-103, available online <https://www.who.int/publications/i/item/9789240063600> (explaining that the physical environment is also a barrier for many persons with disabilities, including lack of ramps, ground cover that is appropriately surfaced, accessible bathrooms, changing spaces, and fitness facilities).

⁶⁴ World Health Organization, Global report on health equity for persons with disabilities 2023, p. 67, available online <https://www.who.int/publications/i/item/9789240063600>.

changers in improving the lives of persons with disabilities, all too often these services remain out of reach.

Women with disabilities also face a heightened range of physical, resource, and attitudinal barriers, including being not listened to or believed when disclosing their experiences. For instance, women with disabilities are 37% less likely to be screened for cervical cancer and 25% less likely to be screened for breast cancer compared to their non-disabled peers.⁶⁵ When persons with disabilities do receive treatment, lack of knowledge and skills on addressing the health needs of persons with disabilities among health service providers contributes to poorer care and clinical outcomes.⁶⁶ As a result, persons with disabilities have over twice the mortality rate of people without disabilities and a reduced life expectancy, even up to 20 years.⁶⁷

Notably, the Committee on the Rights of Persons with Disabilities (CRPD) has expressed concern about involuntary treatment and confinement and has recommended States to take legal steps to abolish surgery and treatment without the full and informed consent of the patient (Art. 23, 25). The Human Rights Committee has affirmed that special protection is necessary in the case of persons with stigmatised disabilities such as psychosocial, developmental, and intellectual disabilities, who are perceived incapable of giving consent, and that such persons should not be subjected to any medical or scientific experimentation that may be detrimental to their health.⁶⁸

Gender inequality, moreover, contributes to poorer health outcomes for women and girls and gender non-conforming persons with disabilities.⁶⁹ Globally, they are disadvantaged in relationship to women and girls without disabilities, and men with disabilities. Gender inequality in access to health services has been explained in relationship to a range of factors, including but not limited to greater challenges for women, girls, and gender non-conforming persons in travelling to health services, limited financial resources and decision-making authority, and minimal experience travelling outside the community.⁷⁰

⁶⁵ Missing Billion, Reimagining Health Systems—That Expect, Accept and Connect 1 Billion People with Disabilities, 2022.

⁶⁶ World Health Organization, Global report on health equity for persons with disabilities 2023, p. 91, available online <https://www.who.int/publications/i/item/9789240063600>.

⁶⁷ World Health Organization (WHO), “Health inequities lead to early death in many persons with disabilities,” 2 December 2022, available online at <https://www.who.int/news/item/02-12-2022-health-inequities-lead-to-early-death-in-many-persons-with-disabilities>

⁶⁸ General comment No. 20 (1992) on prohibition of torture and cruel treatment or punishment, para. 7.

⁶⁹ World Health Organization (WHO), “Health inequities lead to early death in many persons with disabilities,” 84 December 2022, available online at <https://www.who.int/news/item/02-12-2022-health-inequities-lead-to-early-death-in-many-persons-with-disabilities>

⁷⁰ World Health Organization, Global report on health equity for persons with disabilities 2023, p. 40, 84, available online <https://www.who.int/publications/i/item/9789240063600>.

Persons with disabilities from sexual and gender minority groups also experience additional barriers to accessing health care at the intersection of their multiple identities. Persons with disabilities who identify as lesbian, gay, bisexual, trans, queer or questioning, intersex, asexual, or non-binary (LGBTQIA+) experience not only heightened health risks but also heightened discrimination in accessing health services, negatively impacting quality of care and health-seeking behaviours.⁷¹

In particular, access to sexual, reproductive, and maternal health services for persons with disabilities is highly dependent upon the support of family members to recognize health needs, reach services, and communicate with health and care professionals. Women and girls with disabilities frequently lack access to physical infrastructure and information, including on menstrual health and hygiene. Discrimination, stigma, stereotypes and cultural taboos in communities and among healthcare workers about disability, including around sexuality and the ability to parent of persons with disabilities also poses significant barriers to their access to acceptable and quality sexual and reproductive health rights information, goods, and services.⁷² Women and girls with disabilities, especially those with psychosocial disabilities, can be subjected to involuntary contraception, abortion, and forced sterilisation without informed consent, under coercion, or even without their knowledge.⁷³ Research has found evidence of forced sterilisation of women with disabilities, especially intellectual disabilities, in several countries in Europe, as well as in Asia, Australia, Latin America and the Middle East.⁷⁴ Women and girls with disabilities also face heightened rates of maternal mortality. Barriers to accessing sexual and reproductive health information, goods, and services, and exercising bodily autonomy for women and girls with disabilities increased during the COVID-19 pandemic.⁷⁵

Advancing health equity for persons with disabilities requires an integrated approach to strengthening health systems. In particular, the WHO recommends a primary healthcare centre (PHC) approach grounded in three pillars: (1) integrated health services with an emphasis on

⁷¹ World Health Organization, Global report on health equity for persons with disabilities 2023, p. 84, 102, available online <https://www.who.int/publications/i/item/9789240063600>.

⁷² UNFPA and Women Enabled International, The Impact of COVID-19 on Women and Girls with Disabilities: A Global Assessment and Case Studies on Sexual and Reproductive Health and Rights, Gender-Based Violence, and Related Rights, 2021, p. 9.

⁷³ World Health Organization, Global report on health equity for persons with disabilities 2023, p. 85, available online <https://www.who.int/publications/i/item/9789240063600>.

⁷⁴ United Nations General Assembly, Thematic study on the issue of violence against women and girls and disability, para. 22, A/HRC/20/5, 30 March 2012, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G12/125/80/PDF/G1212580.pdf?OpenElement>.

⁷⁵ UNFPA and Women Enabled International, The Impact of COVID-19 on Women and Girls with Disabilities: A Global Assessment and Case Studies on Sexual and Reproductive Health and Rights, Gender-Based Violence, and Related Rights, 2021, p. 2,9.

primary care and essential public health functions, (2) multisectoral policy and action, and (3) empowering people and communities.

Recommendations

- Prioritise and invest in developing a Global Framework on Assistive Devices & Technology inside the ambit of Universal Health Coverage within the G20 countries. Include principles on quality infrastructure development to forge business innovations, research in the areas of assistive aids and technology, and promotion of tax-free regime associated with disability assisting products.
- Take urgent action to address the vast inequities in health care access for all persons with disabilities, including those with mental health conditions, chronic illnesses, and rare diseases.
- Take integrated action to strengthen health systems through disaggregated data collection, policymaking, financing, and budgetary allocations.
- Ensure accessibility of health infrastructure at all levels (particularly within rural areas), including physical and digital infrastructure; access to information; trained support persons, interpreters, and assistants;
 - Incorporate a universal design-based approach to the development or refurbishment of health facilities and services. Universal Accessibility Standards should be applied in infrastructure, information, products and equipment, processes and services, and electronic health records.
 - Conduct regular accessibility audits at all healthcare facilities.
 - Establish dedicated help desks and personnel in all health facilities to support all persons with disabilities to access health services.
 - Scale up health and rehabilitation services in remote areas.
 - Develop or expand an inclusive home care system within social welfare policies, including home-based services, medical-personal assistance services, elder care, psychosocial services, blood transfusion, chemotherapy, childcare, vaccinations, and essential screening.
 - Ensure access to health services at residential homes, slums, institutions, - add more here, leprosy colonies, homeless persons, migrants, displaced populations, and other vulnerable groups.
- Care and social support of vulnerable groups, including nutrition, rehabilitation, palliative care, mental health services, nursing services, peer counselling support, caregiver provisions, assistive aids/ technology and any other reasonable accommodations should be given priority and made available for all those who need such services at the community level.

- WASH programs to be inclusive for vulnerable groups and follow accessibility standards.
- Ensure all public health policies, initiatives, programmes, and schemes are disability inclusive and gender sensitive.
 - Review and update all existing health and rehabilitation policies and programmes, keeping in mind the views and needs of people across disabilities, rare diseases, chronic ailments, the elderly, LGBTQIA+, sexual violence survivors, suicide attempt survivors, mental health care users, homeless persons, migrants, displaced populations, and other vulnerable groups.
- Strengthen and extend comprehensive rehabilitation services and programmes to begin at the earliest possible stage, and support inclusion in the community and all aspects of society, are voluntary, and are available to persons with disabilities as close as possible to their own communities, including in rural areas.
- Ensure availability of tax-free, duty-free, affordable assistive devices and technologies that cater to specific needs of women with disabilities and persons with disabilities.
- Improve access to sexual and reproductive health rights including access to abortion.
 - Include women, girls, and LGBTQIA+ persons with disabilities in developing sexual and reproductive health programming.
 - Develop and disseminate accessible educational materials on sexual and reproductive health rights, including menstruation that recognises the rights of persons with disabilities to exercise their sexuality. Extend reach through dissemination in schools, using accessible digital technologies, and peer support initiatives. Make information available in local languages.
 - Address stigma around sexuality for persons with disabilities by creating safe spaces for conversations persons with disabilities, their families, and medical professionals.
 - Ensure physical accessibility of sexual and reproductive health rights services, including in remote areas.
 - Include access to menstrual products for women with disabilities in disaster response planning.
- Ensure early identification, rehabilitation, and ongoing support to children with disabilities and persons with disabilities, including children with disabilities and persons with rare diseases.
 - Primary prevention should address high risk pregnancies, malnutrition, safe births, and neonatal care.
 - Establish an early health detection package for cerebral palsy, neurological disorders, torch, and other rare diseases.
 - Early identification should provide support to all children during their first 1000 days and extend to supporting children in the 0-8 age range.

- Strengthen and extend comprehensive rehabilitation services and programmes, beginning at the earliest stage based on the multidisciplinary assessment of individual needs and strengths.
- Ensure that all rehabilitation programmes are voluntary and available to persons with disabilities as close as possible to their own communities, including in rural areas.
- Adopting rural friendly cost-effective solutions for early identification and prevention similar to national prevention of blindness, national missions for blood disorders, muscular dystrophy, and many others
- Establish dedicated call centres within respective jurisdictions who would serve as invaluable resources for parents, especially during the early stages following the birth of a child with cognitive disabilities. The call centre would provide guidance on identifying needs, meeting the requirements of the infant, and facilitating access to public services for children with disabilities, particularly during their developmental journey.
- Ensure persons across disabilities are engaged at all stages of design, implementation, and monitoring of healthcare facilities and public health interventions for effective inclusion.
 - Include women with disabilities and persons from other marginalised groups, and their representative organisations in health sector processes.
 - Create a monitoring and evaluation plan for disability inclusion, including ensuring that meetings and consultations are barrier-free, providing accommodations such as sign language interpretation and Braille materials when needed, and providing information in accessible formats.
 - Invest in collaboration and coordination between disabled persons organisations, disability rights groups, and health facilities at the local level to improve access to care.
- Train all health professionals on disability needs and invest in installing adequate support personnel including sign language interpretation for deaf and deaf-blind people.
 - Include training on disability inclusion in curriculum and mandatory accreditation of all health and care workers, from doctors to nurses, midwives, and community health workers.
 - Keep healthcare providers, professionals, and workers up to date with periodic training.
 - Collaborate across countries to develop disability-friendly health education curricula for all medical professions.
- Include persons with disabilities in the health and care workforce.
 - Provide opportunities to students with disabilities in academic institutions and career advancement for health professionals with disabilities.

- Mandate provision of full medical insurance with no discrimination by public and private players to all persons with disabilities, including the elderly, and people living with mental health conditions, intellectual disabilities, rare diseases, and chronic illnesses.
- Require government and private health insurance initiatives to cover assessment and diagnostic services, curative treatments, rehabilitation, maintenance therapies, assistive aids and devices, technology, palliative care, OPD consultations, and medications.
- Ensure informed consent and supported decision making for persons with disabilities, particularly persons living with psychosocial and intellectual disabilities prior to initiating any health procedures or treatments.
 - Take legal steps to end involuntary treatment, confinement, and surgery without the full and informed consent of the patient in line with guidance from the Committee on the Rights of Persons with Disabilities (CRPD) (Art. 23, 25).
 - Repeal laws that authorise forced or involuntary treatment of persons with psychosocial disabilities when in their “best interests.”⁷⁶
 - Consistent with guidance from the Human Rights Committee, ensure special protection for persons with disabilities particularly intellectual, developmental, and psychosocial disabilities, including that they not be subjected to any medical or scientific experimentation that may be detrimental to their health.⁷⁷
- Collaborate in advancing the development of specialised medications and vaccines for various disabilities, including improved availability and affordability for spinal cord injury, multiple sclerosis, spinal muscular atrophy etc.
- Ensure that mainstream health schemes for physical, mental and women’s health include needs of persons with disabilities.
- Streamline procurement of disability certificates at local levels for all including those with invisible disabilities and fluid conditions.
- Provide optimal care of multidisciplinary neuromuscular clinics for paediatric and adults with disabilities with compliance to standardised care guidelines.
- Creating mechanisms that enable consumers with disabilities to identify the various pharmaceutical products through accessible digital tools. For instance, a tool that facilitates a person with disability to identify the name of a medicine strip or check its manufacturing and expiry date. Also enable persons with disabilities to communicate crucial details such as insurance data, medical background particulars, or other information.

⁷⁶ United Nations General Assembly, Thematic study on the issue of violence against women and girls and disability, para. 30, A/HRC/20/5, 30 March 2012, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G12/125/80/PDF/G1212580.pdf?OpenElement>.

⁷⁷ General comment No. 20 (1992) on prohibition of torture and cruel treatment or punishment, para. 7.

- Ethics committee under health research with regard to all vulnerable groups including people with disabilities, rare diseases, critical illnesses/ chronic conditions, elderly persons, LGBTQIA+ citizens, sexual violence survivors, suicide attempt survivors, homeless and migrant/ displaced citizens should be set up / revived with clear guidelines in consultation with and representation of with people with lived experiences.
- Large scale awareness programs on various health schemes and programs of the government should be organised across India.
- Comprehensive elderly care awareness in the community especially for conditions like Dementia, Parkinson's etc and equipping social and health care personnel in elderly care while ensuring early diagnosis and intervention.

Environment, Climate and Disaster Response

Context

As extreme weather events, such as heatwaves, floods, wildfires, and other disasters are projected to become more frequent and intense due to the global climate crisis, the 2019 G20 Osaka Leaders' Declaration states: "We need to enhance efforts to support actions and cooperation in adaptation and disaster risk reduction, in particular, for the most vulnerable communities, and to elaborate further and foster coherence between mitigation action, adaptation measures, environmental protection, and resilient infrastructure."

It advances a commitment to address the disproportionate impact of environmental disasters on the most vulnerable communities. The rights of persons with disabilities to equal protection from weather events and climate disasters is protected under UNCRC, ICESCR, and ICCPR. The SDG targets also call for ensuring participation of persons with disabilities in climate action and disaster risk reduction. As disproportionately impacted communities, persons with disabilities must be included in mitigating climate change and planning for climate adaptation. However, they do not currently have access to information and inclusion on an equal basis with others.

Environment and Sustainable Climate

While climate-related disasters and extreme weather events affect everyone, persons with disabilities are particularly vulnerable in the face of environmental and climate-driven disasters—including but not limited to cyclones, floods, king-tides, heat waves, and severe

storms.⁷⁸ Since persons with disabilities are disproportionately impacted by climate change and environmental disasters, they must be included as key stakeholders in mitigating climate change. Accordingly, it is imperative that environmental sustainability initiatives include persons with disabilities. This includes strategies for climate action through reducing carbon emissions, renewable energy, transport, regenerative agriculture, and natural farming. In India, for instance, research has shown that persons with disabilities in both rural and urban areas do not currently have access to information on sustainable energy and sustainable energy sources on an equal basis with others.⁷⁹ At the international level, the COP-26 meetings held in Glasgow, Scotland failed to provide access to persons with disabilities in meetings, either physically or virtually.

Extreme Weather and Disaster Response

Extreme weather events can take a heavy toll on the physical and mental health of impacted communities. These risks are further exacerbated for persons with disabilities because they are more likely to be already at-risk, live in poverty, and face marginalisation. As a result, they are at higher risk of facing multiple and intersecting human rights violations, including violations of the right to life, health, food security, housing, water, and sanitation.⁸⁰ Persons with disabilities also face widespread exclusion from disaster risk reduction policies, plans, and programmes.⁸¹

Research has established that persons with disabilities are at higher risk during heatwaves. Persons with psychosocial disabilities, or mental health conditions, have a two to three times higher risk of death from heat. This is due in part to the impact of certain medications on the body's ability to regulate heat, and also to challenges in accessing the mechanisms required to cope with high temperatures. People with physical disabilities may be prone to greater pain and fatigue on hot days, and those with spinal cord and traumatic brain injuries may have greater difficulty cooling down due to inability to sweat. Due to lack of data on disability, it is sometimes unclear how many persons with disabilities are impacted by extreme weather, but the staggering death rates of people with disabilities during the 2021 heatwaves in British

⁷⁸ World Health Organization, Global report on health equity for persons with disabilities 2023, p. 82-83 available online <https://www.who.int/publications/i/item/9789240063600>.

⁷⁹ Sightsavers India, Consolidated Report on the follow up action plan on 2nd VNR Recommendations and COVID-19 forward looking strategies, p. 55.

⁸⁰ Human Rights Watch, Leave No One Behind: People with Disabilities and Older People in Climate-Related Disasters, 2022.

⁸¹ World Health Organization, Global report on health equity for persons with disabilities 2023, p. 83 available online <https://www.who.int/publications/i/item/9789240063600>; World Bank Blog, "Five actions for disability-inclusive disaster risk management," July 4, 2018, available online <https://blogs.worldbank.org/sustainablecities/five-actions-disability-inclusive-disaster-risk-management>.

Columbia, Canada, for instance, illustrates these heightened risks: 91 percent of those who died had a chronic medical condition or a disability.

During climate-driven disasters, persons with disabilities may be less able to access warnings and emergency information.⁸² They may also lose access to essential medications or assistive devices (white cane, spectacles, wheel chairs, etc.), be left behind during evacuation, or experience greater difficulty accessing basic needs, including food, water, shelter, and health services.⁸³ Disruption to physical, social, economic, and environmental networks and support systems affect persons with disabilities much more than the general population.⁸⁴ For instance, persons with disabilities who require medication and need ongoing medical care may be at higher risk of death and disease when these services are disrupted.⁸⁵ There is also a potential for discrimination on the basis of disability when resources are scarce.⁸⁶

Persons with disabilities are also particularly at risk in the aftermath of disasters. The needs of persons with disabilities continue to be excluded over the more long-term recovery and reconstruction efforts, thus missing another opportunity to ensure that physical infrastructure is accessible and inclusively resilient to future disasters.⁸⁷ Following disaster events, persons with disabilities can also face barriers to migration, such as not being granted visas, not being allowed to cross borders, difficulty enrolling in social protection programmes or accessing health care. Persons with disabilities may also encounter heightened difficulty in securing additional resources or recovering from their losses when compared to persons without disabilities.⁸⁸

Recommendations

⁸² Human Rights Watch, *Leave No One Behind: People with Disabilities and Older People in Climate-Related Disasters*, 2022.

⁸³ World Health Organization, *Global report on health equity for persons with disabilities 2023*, p. 82, available online <https://www.who.int/publications/i/item/9789240063600>.

⁸⁴ United Nations, Department of Economic and Social Affairs—Disability, “Disability-Inclusive Disaster Reduction and Emergency Situations”, available online <https://www.un.org/development/desa/disabilities/issues/disability-inclusive-disaster-risk-reduction-and-emergency-situations.html>.

⁸⁵ Human Rights Watch, *Leave No One Behind: People with Disabilities and Older People in Climate-Related Disasters*, 2022.

⁸⁶ United Nations, Department of Economic and Social Affairs—Disability, “Disability-Inclusive Disaster Reduction and Emergency Situations”, available online <https://www.un.org/development/desa/disabilities/issues/disability-inclusive-disaster-risk-reduction-and-emergency-situations.html>.

⁸⁷ United Nations, Department of Economic and Social Affairs—Disability, “Disability-Inclusive Disaster Reduction and Emergency Situations”, available online <https://www.un.org/development/desa/disabilities/issues/disability-inclusive-disaster-risk-reduction-and-emergency-situations.html>.

⁸⁸ World Health Organization, *Global report on health equity for persons with disabilities 2023*, p. 82, available online <https://www.who.int/publications/i/item/9789240063600>.

- Ensure that persons with disabilities are included in environmental sustainability and justice initiatives—including but not limited to climate action including reducing carbon emissions, renewable energy, transport, regenerative agriculture, and natural farming. Ensure that initiatives are made accessible to persons with disabilities by concerned departments. Engage persons with disabilities in dialogues and discussions on sustainable energy, including by ensuring that national and international forums are accessible.
- Comply with existing commitments on climate finance, including the agreed upon and overdue \$100 billion/year climate finance commitment to support adaptation to climate change with a 50/50 split between funding for mitigation and adaptation. This funding should prioritise the most vulnerable countries and communities, including persons with disabilities.
- Rapidly reduce emissions, stop subsidising fossil fuels, and end new fossil fuel projects to prevent catastrophic climate outcomes and protect the rights of vulnerable populations.
- Invest in building a greater understanding of Ecological economics and commit to it.
- Include persons with disabilities and their needs in design, implementation, communication and monitoring at all stages of disaster management processes, policies, plans and programmes – including during mitigation, planning and preparedness, rehabilitation, and reconstruction.
 - Put rights-based mental health support at the centre of policies related to humanitarian and climate-related responses.
 - Ensure that emergency messaging methods and emergency preparedness and response programs are inclusive and accessible.
 - Ensure timely and appropriate health care including sanitation and hygiene, especially for women with disabilities, during extreme weather events and disasters.
 - Ensure that physical or virtual sites for meetings and consultations are barrier-free, providing accommodations such as sign language interpretation and Braille materials when needed, and providing information in accessible formats.
 - Conduct risk profiling of persons with disabilities as well as other vulnerable communities and ecosystems. Include inter-generational climate concerns for persons with disabilities.
- Invest in accessible infrastructure to ensure evacuation centres and shelter homes are accessible during disasters. Ensure reconstructed infrastructure is resilient to future hazards and accessible to persons with disabilities.
- Collect disaggregated data on location of persons with disabilities, their vulnerabilities and needs during extreme weather events and environmental disasters. Maintain real-

time records and a digital database of persons with disabilities for urgent disaster response and management. Ensure special attention to the needs of women with disabilities and other persons with disabilities facing intersectional forms of discrimination and marginalisation.

- Develop systems to inform and support people with disabilities to adapt to climate change impacts and extreme weather events. Ensure that emergency messaging methods and emergency preparedness and response programmes are inclusive and accessible. Provide these materials in different formats that are accessible to people with different disabilities.
- Ensure that rehabilitation and reconstruction efforts are inclusive and responsive to the needs of persons with disabilities. Ensure that reconstructed infrastructure is not only more resilient to future hazards, but also accessible to persons with disabilities.⁸⁹
- Collect disaggregated data on the impact of environmental and climate-change related disasters on persons with disabilities. Work with disabled persons organisations to collect data. Use this information to design and implement disaster risk management activities which are responsive to the needs of persons with disabilities.
- Ensure multi-stakeholder collaboration—including civil society, disabled persons organisations (DPOs), government, businesses, and industry—in developing climate resilient community action-plans.

Poverty Reduction, Social Protection, and Sustainable Development

Context

The G20 Riyadh Leaders' Declaration emphasised: "This crisis continues to have disproportionate economic and social impact on the most vulnerable segments of society, reinforcing the need to enhance access to opportunities for all. We will continue our efforts to reduce inequalities, reaffirming our previous commitments to promote inclusive growth. . . We support access to comprehensive, robust, and adaptive social protection for all, including those in the informal economy, and endorse the use of the Policy Options for Adapting Social Protection to Reflect the Changing Patterns of Work."

⁸⁹ World Bank Blog, "Five actions for disability-inclusive disaster risk management," July 4, 2018, available online <https://blogs.worldbank.org/sustainablecities/five-actions-disability-inclusive-disaster-risk-management>.

This declaration highlighted the importance of social protection for all. The right to social protection for persons with disabilities is upheld by the UNCRPD⁹⁰ and Universal Declaration of Human Rights (UDHR).⁹¹

Social protection measures aim at assisting individuals, households, and communities in preventing, mitigating, or managing risks that could potentially push them into poverty or worsen their existing deprivation—and are therefore critical to inclusive and sustainable development.⁹² Persons with disabilities are more likely to experience adverse socioeconomic outcomes than persons without disabilities, such as less education, worse health outcomes, less employment, and higher poverty rates.⁹³ Accordingly, social protection is critical to support persons with disabilities to develop more resilient livelihoods and break free from long-term poverty traps.

Where social protection programmes are in place, however, persons with disabilities currently face barriers to accessing protection. Such as inaccessible procedures so they “cannot physically get to the centres that provide information on eligibility, application and receipt procedures for benefits and services” owing to inaccessible transport systems as well as inaccessible centres which make it physically and communicationally difficult to access. They also face discrimination from programme administrators where staff administering the programmes are not sensitive to the needs of persons with disabilities. Other barriers include conditional benefits, inadequate needs assessments and lack of inclusion in programme design and evaluation.⁹⁴

Moreover, the use of a standard income-based poverty line for assessing eligibility in all applicants and the provision of fixed benefits to all recipients may mask actual levels of need

⁹⁰ The United Nations Convention on the Rights of Persons with Disabilities (CRPD)(Art. 28(b) calls upon states to ensure access by persons with disabilities, in particular women and girls with disabilities and older persons with disabilities, to social protection and poverty reduction programmes.

⁹¹ The need for disability-inclusive social protection is stated in the Universal Declaration of Human Rights, Article 25 on the right to adequate standards of living and security.

⁹² Conway, T., & Norton, A. (2002). “Nets, Ropes, Ladders and Trampolines: The place of social protection within current debates on poverty reduction.” *Development Policy Review*, 20(5), 533-540.

⁹³ Mitra, S., Posarac, A., & Vick, B. C. (2011). Disability and poverty in developing countries: A snapshot from the World Health Survey. World Bank social protection working paper, (1109).

⁹⁴ See World Health Organization, & World Bank. (2011). *World report on disability*. Malta: World Health Organization; Gooding, K., & Marriot, A. (2009). “Including persons with disabilities in social cash transfer programmes in developing countries. *Journal of International Development*,” 21(5), 685-698. doi: 10.1002/jid.1597; Mitra, S. (2005). *Disability and Social Safety Nets in Developing Countries*. Washington, DC: World Bank

for persons with disabilities.⁹⁵ Notably, persons with disabilities often encounter additional disability-related expenses (e.g., extra transport, medical and rehabilitation costs, and purchase of assistive devices) and therefore tend to have higher expenditure needs than persons without disabilities.⁹⁶ Persons with disabilities may then have to forgo or decrease consumption of essential items and services if unable to sustain these extra expenses. For example, in low-income countries, persons with disabilities are over 50% more likely than people without disabilities to cite costs as a reason for not accessing needed health care.⁹⁷ Accordingly, social protection programmes may require different eligibility criteria and benefit packages for recipients with disabilities; and failure to incorporate these accommodations may lower access and reduce the impact of social protection programmes for persons with disabilities.

Recommendations

- Ensure access by persons with disabilities, in particular women, girls, and older persons with disabilities, to CRPD compliant social protection and poverty reduction programmes.⁹⁸
- Promote a lifecycle approach to social protection that supports from birth till death of the person with a disability. This would start from early diagnosis to food security, to disability support, to employment benefits, to sickness and health programmes and so on.
- Provide direct financial assistance to individuals and households in need, including through disability-specific cash transfers, pensions, targeted subsidies, employment support and incentives, and financial inclusion and counselling.
- Provide insurance protection for persons with disabilities, including income replacement; vocational rehabilitation and job retention programmes to address unemployment; and disability insurance and rehabilitation support in case of sickness or disability related challenges.
- Ensure specific health services required for all persons with disabilities such as rehabilitation services, assessment and diagnostic services, assistive aids and devices, and quality health services for disabilities, apart from general health services are covered within social protection programmes.

⁹⁵ Banks, L. M., Mearkle, R., Mactaggart, I., Walsham, M., Kuper, H., & Blanchet, K. (2017). Disability and social protection programmes in low-and middle-income countries: a systematic review. *Oxford Development Studies*, 45(3), 223-239.

⁹⁶ Mitra, S. (2005). *Disability and Social Safety Nets in Developing Countries*. Washington, DC: World Bank.

⁹⁷ World Health Organization, & World Bank. (2011). *World report on disability*. Malta: World Health Organization

⁹⁸ See UNCRPD Article 28(b).

- Provide social insurance coverage, benefits, or allowances to compensate for income loss due to caregiving responsibilities incurred by caregivers, including family members of persons with disabilities.
- Address the mental health needs of persons with disabilities, including through access to counselling services, psychosocial support, and mental health interventions.
- Ensure social protection programmes incorporate means-tested benefits that take into account the income and assets of individuals with disabilities. This ensures that those who have lower income or limited financial resources receive additional support to meet their specific needs.
- Ensure transition support for individuals with disabilities as they progress from school to higher education or vocational training. This may involve career counselling, job placement services, and financial assistance for further education or skill development programs.
- Help cover disability related expenditures and ensure access to appropriate and affordable services, devices, and other assistance for disability-related needs.
- Strive for inclusion and participation of persons with disabilities in design, implementation and monitoring of social protection programmes.
- Establish income replacement programmes or disability benefits that provide a percentage of the individual's pre-disability earnings. This ensures a stable source of income for individuals with disabilities who are unable to work or experience a reduction in their earning capacity due to their disability.
- Eliminate any barriers to accessing social protection programmes, including by accounting for added costs related to disabilities, in-person application requirements, inaccessible information and communications, lack of accessible and available transportation, etc.
- Provide targeted subsidies for essential goods and services to persons with disabilities. This can include subsidies for healthcare, assistive devices, transportation, and housing, reducing their financial burden and improving their quality of life.
- Design and implement adult support programmes specifically for adults with intellectual and developmental disabilities to ensure support for their independent living and daily support needs.

Inclusive Communities and Societies

Context

The world is home to approximately 1.3 billion persons with disabilities⁹⁹ who face numerous barriers to their full participation in society including access to education, employment, social protection, and political participation.¹⁰⁰ Historically, persons with disabilities were seen as charity recipients, leading to inadequate social protection policies and limited access to opportunities. Despite adopting a rights-based approach to empowerment, discrimination against persons with disabilities persists.

Disability-inclusive development is crucial to fulfil the pledge of the 2030 Agenda for Sustainable Development to "leave no one behind". Of the 17 goals disability is specifically mentioned in seven targets across five goals.¹⁰¹

The 2030 Agenda's commitment to "leave no one behind" aims to embrace societal diversity and empower individuals, enabling them to access opportunities and reach their full potential. A society that upholds the rights and dignity of people with various disabilities exemplifies true inclusivity.

The guiding tool on inclusion and accessibility, however, is the UNCRPD, currently ratified by 175 states. Article 32 gives clear responsibility to international and development co-operation, in support of national efforts, to realise the purpose and achieve the objectives of the Convention. This includes an obligation for any country that ratified the CRPD to make their international development programmes inclusive and accessible.

Meaningful participation

Meaningful, inclusive, accessible, collaborative, and responsive opportunities for persons with disabilities to inform social and economic policy is critical to improve disability inclusion across

⁹⁹ <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>

¹⁰⁰ Disability Inclusion Overview. (n.d.). *World Bank*. <https://www.worldbank.org/en/topic/disability>

¹⁰¹ SDGs 4, 8, 10, 11, and 17 and targets 4.a, 4.5, 8.5, 10.2, 11.2, 11.7, 17.18 specifically prioritise inclusivity, resilience, and sustainability for all individuals and inclusion for persons with disabilities. Additionally, six other goals, SDGs 1, 3, 5, 9, 13, and 16, indirectly support disability-inclusive development through phrases like "inclusion," "for all," "accessibility," and "universal access," aiming to assist vulnerable groups.

domains.¹⁰² Meaningful participation of persons with disabilities requires initiatives to ensure that persons with disabilities across a broad range of disabilities are engaged at all stages of the design, implementation, and monitoring of legal and policy interventions. Participation must include women and persons with disabilities from other marginalised groups, and their representative organisations. Effective disability inclusion, moreover, requires ensuring that physical or virtual sites for meetings and consultations are barrier-free, providing accommodations such as sign language interpretation and Braille materials when needed, and providing information in accessible formats. It also means to have an accessible and inclusive election process.¹⁰³

Representation of persons with disabilities in political structures and decision-making processes is strikingly low, with only 0.4 per cent of national parliamentarians in the region being persons with disabilities.¹⁰⁴ To address this issue, policy measures must be implemented to enhance the meaningful representation of individuals with disabilities in parliaments, political parties, national gender equality mechanisms, decision-making processes, and governance at all levels.

Independent and integrated living

- *Accessibility and Assistive technologies*

Enabling persons with diverse disabilities to actively participate in society requires accessible environments, information, communications, and technologies. Ensuring accessibility is fundamental to uphold the rights of everyone, particularly persons with disabilities who encounter obstacles to full inclusion.¹⁰⁵ These barriers have wide-ranging implications, such as preventing them from attending school and working alongside their peers, hindering access to social support and healthcare services, excluding them from engaging in political processes, and putting them at a higher risk of injury and fatalities during disasters.¹⁰⁶ While it is true that infrastructural inaccessibility poses significant hurdles in the meaningful participation of

¹⁰² Meaningful participation for people with disabilities: a pending challenge for an invisible billion. (2016, March 4). OHCHR. <https://www.ohchr.org/en/press-releases/2016/03/meaningful-participation-people-disabilities-pending-challenge-invisible>

¹⁰³ Meaningful participation for people with disabilities: a pending challenge for an invisible billion. (2016, March 4). OHCHR. <https://www.ohchr.org/en/press-releases/2016/03/meaningful-participation-people-disabilities-pending-challenge-invisible>

¹⁰⁴ UNESCAP. (2018). *Building Disability-Inclusive Societies in Asia and the Pacific: Assessing progress of the Incheon Strategy*. Retrieved July 23, 2023, from <https://www.unescap.org/sites/default/files/publications/SDD%20BDIS%20report%20A4%20v14-5-E.pdf>

¹⁰⁵ World Health Organization & United Nations Children's Fund (UNICEF). (2022). Global report on assistive technology. World Health Organization. <https://apps.who.int/iris/handle/10665/354357>

¹⁰⁶ World Health Organization & United Nations Children's Fund (UNICEF). (2022). Global report on assistive technology. World Health Organization. <https://apps.who.int/iris/handle/10665/354357>

persons with disabilities, mainstream conversations around accessibility standards often focus solely on issues experienced by persons with physical disabilities, such as wheelchair users.¹⁰⁷

The promotion of accessibility in the built environment aims to enable every individual to navigate and engage with their surroundings effectively. This includes ensuring accessibility in public transportation, parks, schools, museums, and libraries. Universal design, a fundamental aspect of accessibility, advocates for creating spaces that can be used by all individuals on an equal basis.¹⁰⁸

With the increasingly vital role played by information and communications technologies (ICT) in all aspects of life, ensuring the accessibility of ICT products and services is crucial for enabling the full participation of all individuals in society. ICT products and services, such as computers, mobile devices, documents, websites, and media, must be made accessible to accommodate persons with disabilities. However, the digital divide significantly affects persons with disabilities, as they often face challenges in accessing written materials, limiting their educational and economic opportunities. For example, only about 0.5 per cent of books in developing countries are available in accessible formats suitable for individuals with visual, intellectual, and learning disabilities.¹⁰⁹

Access to appropriate, quality assistive technology, moreover, has the potential to transform the lives of persons with disabilities—enabling education for children, workforce participation for adults, or the opportunity to maintain age with dignity for an older person.

- Community Integration

Inclusive communities and societies require an end to the practice of confining persons with disabilities in institutional settings, and a move toward supporting persons with disabilities to achieve independent and integrated living, including access to health services and rehabilitation within their communities. All too often, persons with disabilities who live in health and social

¹⁰⁷ UNESCAP. (2018). *Building Disability-Inclusive Societies in Asia and the Pacific: Assessing progress of the Incheon Strategy*. Retrieved July 23, 2023, from

<https://www.unescap.org/sites/default/files/publications/SDD%20BDIS%20report%20A4%20v14-5-E.pdf>

¹⁰⁸ G. (2021, November 18). India: Ola Mobility Institute Releases Report on Inclusive Transport. G3ict - Global Accessibility News. <https://globalaccessibilitynews.com/2021/11/17/india-ola-mobility-institute-releases-report-on-inclusive-transport>

¹⁰⁹ UNESCO. (2013). Resolution 69/13, Implementation of the Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2013-2022, and the Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific.

care settings experience neglect, physical and mental abuse, and sexual violence.¹¹⁰ In fact, persons with intellectual and psychosocial disabilities, and in particular those living in institutionalised settings, are among the most vulnerable to violence—with the European Parliament estimating that 80% of persons with disabilities living in institutions are exposed to violence, whether from health service personnel or caregivers.¹¹¹ Notably, women with disabilities are twice as likely as men to live in residential care settings and experience restrictions in daily functioning.¹¹² persons with disabilities who enter institutional spaces often face significant challenges in re-entering their families and communities.

Stigma, discrimination, and violence

Persons with disabilities are at 1.5 times greater risk of violence than persons without disabilities.¹¹³ The risks are even higher for persons with intellectual or psychosocial disabilities. In both low and high-income countries, one in five persons with disabilities have been physically or verbally abused on the basis of their disabilities.¹¹⁴ This exposure of persons with disabilities to violence is, on the one hand, directly linked to cultures of stigma and exclusion; and on the other, factors that increase their dependence on others and disempower and disenfranchise them. As a result, discrimination, and violence against persons with disabilities is all too often perpetrated with impunity, invisible, and lasts for extended periods of time.¹¹⁵ Risk factors for violence are heightened for persons with disabilities who face discrimination on the basis of race, gender-identity, sexual orientation, age, indigeneity, and refugee or migration status.

The UNCRPD recognizes that women and girls with disabilities are often at greater risk, both within and outside the home, of violence,¹¹⁶ injury, abuse, neglect, negligent treatment,

¹¹⁰ World Health Organization, *Global report on health equity for persons with disabilities 2023*, p. 80, available online <https://www.who.int/publications/i/item/9789240063600>.

¹¹¹ United Nations General Assembly, *Thematic study on the issue of violence against women and girls and disability*, para. 20, A/HRC/20/5, 30 March 2012, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G12/125/80/PDF/G1212580.pdf?OpenElement>.

¹¹² United Nations General Assembly, *Thematic study on the issue of violence against women and girls and disability*, para. 20, A/HRC/20/5, 30 March 2012, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G12/125/80/PDF/G1212580.pdf?OpenElement>.

¹¹³ "[Violence against adults and children with disabilities](#)". WHO. Archived from [the original](#) on November 9, 2013.

¹¹⁴ World Health Organization, *Global report on health equity for persons with disabilities 2023*, p. 80, 83-85, available online <https://www.who.int/publications/i/item/9789240063600>.

¹¹⁵ United Nations General Assembly, *Thematic study on the issue of violence against women and girls and disability*, para. 16, A/HRC/20/5, 30 March 2012, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G12/125/80/PDF/G1212580.pdf?OpenElement>.

¹¹⁶ The UN Office of the High Commission of Human Rights defines violence against women and girls with disabilities as “violence accomplished by physical force, legal compulsion, economic coercion, intimidation, psychological manipulation, deception, and misinformation, and in which absence of free and informed consent is a key analytical component.” Acts of violence against women and girls with disabilities also include other forms of

maltreatment, and exploitation.¹¹⁷ According to a report by the European Parliament, almost 80 percent of women with disabilities are victims of violence, and they are four times more likely than other women to suffer sexual violence.¹¹⁸ Some groups of women with disabilities, including indigenous women, migrant women, and women belonging to ethnic, linguistic, religious and other minorities face even greater risks of violence due to complex intersectional forms of discrimination.¹¹⁹ During the COVID-19 pandemic, women and girls with disabilities across the world faced increased risk factors for GBVH and compounded barriers to accessing GBVH support services.¹²⁰

Children with disabilities also experience higher levels of violence than children without disabilities, including physical and emotional abuse during childhood and higher rates of sexual violence during puberty.¹²¹ In fact, the United Nations Children’s Fund (UNICEF) estimates that children with disabilities are 1.7 times more at risk of violence—including neglect, abandonment, abuse, and sexual exploitation¹²²—when compared with other children.¹²³

physical and psychological violence and neglect, including the withholding of medication and assistive devices; the removal of a ramp or mobility devices; refusal of caregivers to assist with daily living; denial of food or water, or threat of any of these acts; verbal abuse and ridicule relating to the disability; removing or controlling communication aids; causing fear by intimidation; harming or threatening to harm, take or kill pets or destroy objects; psychological manipulation; and controlling behaviours involving restricting access to family, friends or phone calls. See United Nations General Assembly, *Thematic study on the issue of violence against women and girls and disability*, A/HRC/20/5, 30 March 2012, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G12/125/80/PDF/G1212580.pdf?OpenElement>.

¹¹⁷ UNCRPD, Preamble (d) and art. 6(1).

¹¹⁸ United Nations General Assembly, *Thematic study on the issue of violence against women and girls and disability*, para. 18, A/HRC/20/5, 30 March 2012, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G12/125/80/PDF/G1212580.pdf?OpenElement>.

¹¹⁹ United Nations General Assembly, *Thematic study on the issue of violence against women and girls and disability*, para. 18, A/HRC/20/5, 30 March 2012, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G12/125/80/PDF/G1212580.pdf?OpenElement>.

¹²⁰ UNFPA and Women Enabled International, *The Impact of COVID-19 on Women and Girls with Disabilities: A Global Assessment and Case Studies on Sexual and Reproductive Health and Rights, Gender-Based Violence, and Related Rights*, 2021, p. 2.

¹²¹ World Health Organization, *Global report on health equity for persons with disabilities 2023*, p. 81, available online <https://www.who.int/publications/i/item/9789240063600>; United Nations General Assembly, *Thematic study on the issue of violence against women and girls and disability*, para. 23, A/HRC/20/5, 30 March 2012, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G12/125/80/PDF/G1212580.pdf?OpenElement>.

¹²² The Committee on the Rights of the Child recognized that children with disabilities may be subject to particular forms of physical violence, such as forced sterilisation (particularly girls); and violence in the guise of treatment (for example, electroconvulsive treatment and electric shocks used as “aversion treatment” to control children’s behaviour).”

¹²³ United Nations General Assembly, *Thematic study on the issue of violence against women and girls and disability*, para. 23, A/HRC/20/5, 30 March 2012, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G12/125/80/PDF/G1212580.pdf?OpenElement>.

Children with disabilities from socioeconomically disadvantaged groups and displacement or refugee settings are particularly at risk.¹²⁴

Recommendations

- Ensure participation of persons with disabilities in public discourse by ensuring that all public communication is accessible across disabilities.
- Encouraging representation and participation of persons with disabilities (including invisible disabilities such as autism spectrum condition, intellectual disabilities) in urban planning. Planning functions across states should devolve upon municipalities. Such bodies should have persons with disabilities or representatives from disabled people's organisations (DPOs). Planning processes should incorporate principles and tools for participation of persons with disabilities.
- Undertaking regular sensitisation, training and capacity building, and creation of disability awareness cells in different departments at state and municipal levels, and amongst various stakeholders including children, caregivers, police, and government officers.
- Include persons with disabilities in leadership and decision making at all levels of local governance and civic and public life, including international policy making forums.
- Adopt accessibility standards and Universal Design Principles in developing and retrofitting digital and physical infrastructure, including transportation systems, public buildings, housing, educational institutions, financial institutions, health centres, parks, sidewalks, and other essential facilities.
- Prioritise digital accessibility for persons across disabilities within banking and payment mechanisms particularly as countries move increasingly towards digital financial systems.
- Develop a time-bound plan and allocate budgets to deinstitutionalise children with disabilities and persons with disabilities, through supported and independent community living options, and personalised support services.
- Promoting a better quality of life for persons with disabilities and the larger public by investment in essential urban infrastructure with enough access to running water, sanitation and hygiene (WASH) infrastructure; green and blue spaces; prioritising areas and neighbourhoods where economically and socially disadvantaged communities reside.
- Laws that allow the creation of disability-based institutions such as Beggary Act, Mental health Care Act, must be repealed. Legacy incapacity provisions must be repealed.

¹²⁴ World Health Organization, Global report on health equity for persons with disabilities 2023, p. 81, available online <https://www.who.int/publications/i/item/9789240063600>.

- Budgets allocated for creation of new institutions or renovation of old institutions must be diverted to supporting community-based activities for family empowerment, psychosocial support, neighbourhood support groups, life skills development, recreational drop in / healing centres and activities that will encourage reintegration of excluded persons with disabilities into communities.
- CRPD gives a lot of emphasis on awareness raising. Inclusion is a two-way street, an exchange between the person with a disability and their communities. All stakeholders in the community, people in local governance, education, social services and health care systems, NGOs and CSOs, and a wide range of community actors and networks must be disability sensitised, so that there is social, and behaviour change about inclusion. Posters, videos, games on community inclusion using traditional folk arts, songs, theatre, and dance can bring the message closer to the families, neighbourhoods and communities.
- Set new standards and benchmarks to promote inclusive and accessible public procurement of assistive devices and technology.
- Formulate a joint policy across countries for technology transfer among member and non-member countries, specifically targeting nations that lack the capability to manufacture devices and assistive technologies.
- Subsidise costs of assistive devices through grants and low interest loans.
- Allocate resources for research and development of affordable assistive devices and technology.
- Establish partnerships with startups and industries to develop augmentative alternative communication tools, both low-tech and high-tech, that are tailored to local languages and accessible to individuals with disabilities such as cerebral palsy or those facing speech and communication difficulties within their respective nations.
- End stigma by conducting awareness campaigns and programmes to promote inclusion of persons with disabilities in social, economic, cultural, political, and community spaces.
- Strengthen and enforce legal frameworks to end all forms of violence against persons with disabilities.
- Provide accessible pathways to access justice, redressal mechanisms and support services, including counselling, legal assistance, and rehabilitation, to disabled survivors of violence and abuse.
- Provide training for law enforcement officers, healthcare providers, social workers, and educators on identifying and responding to discrimination and violence faced by women with disabilities and persons with disabilities.
- Collect disability and gender disaggregated data on discrimination and violence against persons with disabilities.