Framework for Disability Policies and Strategies in Asia and the Pacific
Acknowledgements

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Acronyms

<table>
<thead>
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<th>Description</th>
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<tr>
<td>CRPD</td>
<td>Convention on the Rights of Persons with Disabilities</td>
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<tr>
<td>ESCAP</td>
<td>Economic and Social Commission for Asia and the Pacific</td>
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<td>EU</td>
<td>European Union</td>
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<td>GDS</td>
<td>Global Disability Summit</td>
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<tr>
<td>NHRI(s)</td>
<td>National Human Rights Institution(s)</td>
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<tr>
<td>OHCHR</td>
<td>Office of the United Nation’s High Commissioner for Human Rights</td>
</tr>
<tr>
<td>OPD</td>
<td>Organization of Persons with Disabilities</td>
</tr>
<tr>
<td>SDG(s)</td>
<td>Sustainable Development Goal(s)</td>
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Executive Summary

Since 1993, with the adoption of the first of three regional disability specific decades, the Asia-Pacific region has been a leader in promoting disability-inclusive development. The Incheon Strategy to “Make the Right Real” for Persons with Disabilities (also known as the Incheon Strategy) was the first set of regionally agreed upon disability-specific development goals.

The objective of this paper is to provide guidance to national governments on the role disability policies and strategies can play to ensure progress toward inclusive development and the realization of the Incheon Strategy goals and the broader Sustainable Development Goals (SDGs). The SDGs have recognized the need to leave no one behind. Yet without policies and strategies that focus explicitly on ways to promote inclusion, there is a real risk that persons with disabilities will be excluded from the benefits of national development plans and actions.

There are, of course, some caveats. States have different legal and administrative systems and practices and have adopted different approaches toward ensuring compliance with international laws. While it is both impossible to craft and not useful to implement a “one-size-fits-all” approach for national policies and strategies globally, this paper finds there are some shared broad elements that states may want to consider as they pursue their disability-inclusive development agendas.

This paper describes the functions of policies and strategies, bearing in mind the frame provided by international law, and in particular the Convention on the Rights of Persons with Disabilities (CRPD). There are six main elements that can form the basis of national disability policies: 1) a commitment to mainstream disability in law and policy; 2) a vision that aligns the development agenda and CRPD; 3) a commitment of financial, technical support, and staff resources to achieve policy (and eventually strategic) objectives; 4) the establishment of mechanisms to facilitate implementation of laws and policies; 5) the setting of the government’s broad objectives vis-à-vis the inclusion of persons with disabilities; and 6) the articulation of the assumptions and principles that guide implementation of the strategy. Examples from around the globe illustrate the ways in which states have considered and incorporated these elements.

The paper then presents four main elements that are found in different national disability strategies and presents examples from different states as illustrations. The four elements of disability strategies are: 1) a situational analysis and the identification of priorities 2) an articulation of a state’s general obligations, in other words, an overview of the investments it will make and the supports it will provide to facilitate non-discrimination, protection, autonomy and empowerment of persons with disabilities; 3) the specification of capacity building outcomes and objectives; and 4) the identification of measures to support the full inclusion of persons with disabilities in national development plans and programmes.

Persons with disabilities all over the world experience discrimination and are more likely to be living in less favourable conditions, and with fewer opportunities and resources than their non-disabled peers. Many countries have shown, following their ratification of the CRPD and the adoption of the SDGs, a commitment to addressing inequalities and providing the support needed to facilitate full inclusion in the community. This paper aims to help governments to translate those commitments into action.
1. Introduction

This report presents a framework to guide the development of national disability policies and strategies grounded in a human rights approach and fully consistent with the Convention on the Rights of Persons with Disabilities (hereinafter, CRPD or the Convention) and other international laws, as well as the Sustainable Development Goals (SDGs), and other initiatives and agreements, such as the Sendai Framework for Disaster Risk Reduction 2015-2030. The intended audience for this guide is policymakers and government officials, primarily in the Asia-Pacific region, though it is hoped others find it useful as well.

The report has incorporated examples from national disability policies and strategies as a way of showing the considerations different states have given in the presentation of their frameworks.

1.1 Overview of the CRPD

The Convention forms part of the body of international laws and treaties and provides a framework for inclusive international development. The Convention was adopted in 2006 and entered into force in 2008.

As of 5 January 2022, 184 countries, including the vast majority of states in the Asia-Pacific region, have ratified the Convention. Once countries ratify, i.e. become state parties to the Convention, they are obliged to develop, adapt, or strengthen national disability policies and strategies to ensure persons with disabilities can exercise rights on an equal basis with others.

They are also obliged to submit initial state reports to the CRPD Committee, a body established by the Convention to consider reports from state parties and alternative reports from other stakeholders. The Committee reviews all materials, meets with relevant stakeholders and then issues reports, known as Concluding Observations, in response to those submissions. The CRPD Committee also provides guidance, through general comments, on different themes and issues of importance to support the development and implementation of policies and strategies to ensure the realization of the rights of persons with disabilities.

**Box 1: The CRPD Committee’s recommendations on implementation**

The CRPD Committee issues Concluding Observations that summarize the Committee’s findings and recommendations for the states’ consideration. In their Concluding Observations the CRPD Committee has emphasized the importance of frameworks for national implementation. This has included calls to ensure adequate funding is provided for implementation, to consult closely with persons with disabilities, and to strengthen measures for monitoring, accountability and learning. In particular, the CRPD Committee has recommended:

- Establish a system for implementation of the CRPD,\(^1\) including the identification and capacity building of a focal point,\(^2\) work to mainstream disability across all

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\(^1\) CRPD/C/SLV/CO/1, para 68.  
\(^2\) CRPD/C/SVK/CO/1, para 88.
The CRPD both advances human rights law and serves to guide international development. It provides a legislative framework for ensuring the rights of persons with disabilities are protected upon ratification, and a roadmap for how Governments can transform their laws, public policies and strategies to ensure inclusive international development. Given these twin purposes (rights protection and promotion, and international development), the principles and rights established under the CRPD must be embedded in every country’s efforts to implement the SDGs (and any subsequent development agenda).

### 1.2 The importance of participation and being seen as rights-holders

Persons with disabilities have argued for the need for a paradigm shift in how communities see and interact with persons with disabilities. The traditional view, that persons with disabilities are charity or medical cases, continues to treat persons with disabilities as objects. The CRPD advances a rights-based approach, that persons with disabilities have the same rights as persons without disabilities and must be afforded the opportunity to participate as equals in discussions on all aspects of their lives. Given this shift, states need to protect the rights of persons with disabilities, just as it does for all other people, and to recognize their legal capacity, including the concepts of individual autonomy and choice. Finally, the CRPD obliges states to ensure avenues for participation by persons with disabilities on an equal basis with others, including access to resources and opportunities. With regard to the development and implementation of policies and strategies, persons with disabilities need to be consulted and actively engaged in all stages.\(^\text{12}\)

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3 CRPD/C/ETH/CO/1, para 70.
4 CRPD/C/KEN/CO/1 para 60.
5 CRPD/C/TKM/CO/1 para 58, CRPD/C/DEU/CO/1, para 62 (a) and (b), and CRPD/C/UGA/CO/1 para 65(a).
6 CRPD/C/KOR/CO/1, para 62, CRPD/C/DNK/CO/1 para 67, CRPD/C/THA/CO/1, para 68, CRPD/C/LTU/CO/1 para 68(a) and CRPD/C/ARE/CO/1 para 62(a).
7 CRPD/C/PRY/CO/1, para 78.
8 CRPD/C/TUN/CO/1, para 42 (b), CRPD/C/PER/CO/1 para 49. CRPD/C/HUN/CO/1, para 52, CRPD/C/CHN/CO/1, paras 50 and 84, CRPD/C/ARG/CO/1, para 52, CRPD/C/PRY/CO/1, para 76.
9 CRPD/C/AUS/CO/1 para 58, CRPD/C/KOR/CO/1 para 62, and CRPD/C/COK/CO/1 para 62.
10 CRPD/C/MNG/CO/1 para 58, and CRPD/C/PRY/CO/1 para 68, and CRPD/C/GTM/CO/1 para 77.
11 CRPD/C/KOR/CO/1 para 62, and CRPD/C/ARE/CO/1 para 58(b).
12 A/RES/61/106, Article 4.3.
The vast majority of countries across the globe have ratified the CRPD, including the majority of countries in Asia and the Pacific. In the Asia-Pacific region, five countries (Bhutan, Solomon Islands, Tajikistan, Tonga and the United States) have signed (but not ratified) the Convention, signing a commitment to take no actions that contradict the CRPD’s provisions. In recent years Bhutan and Tajikistan have taken actions to prepare for ratification.

For example, during their presentation of their national report before the Universal Periodic review in 2019, the Government of Bhutan noted that a “national interest analysis on ratifying the CRPD has been submitted to the Government” and that they are “hopeful it can be ratified in the next few years.”

1.3 International frameworks to guide disability-inclusive national development

International development frameworks, such as the Millennium Development Goals and the SDGs, have guided national development agendas over the past twenty years. While the Millennium Development Goal neglected a specific focus on persons with disabilities, its successor framework, the SDGs remedied that omission by mentioning persons with disabilities multiple times, notably with disability-specific targets as part of goals 1, 4, 8, 10, 11 and 16. In addition, there is consensus that persons with disabilities need to be considered as part of all universal targets. As such, data needs to be collected and disaggregated by disability status (and gender and age).

The SDGs have adopted the phrase “leave no one behind” as a rallying call and reminder for states to ensure that measures are taken to include in their development agendas persons who face multiple discrimination, including but not limited to persons with disabilities.

National governments have also been guided by regional initiatives such as the Incheon Strategy and the Beijing Declaration and Action Plan to Accelerate the Implementation of the Incheon Strategy (also known as the Beijing Declaration and Action Plan), as well as by sector-specific initiatives (such as humanitarian summits and finance reform). The Incheon Strategy builds on the social and human rights model of the CRPD and has synergies with the SDGs. The Beijing Declaration and Action Plan provides specific policy objectives for governments to accelerate progress on the Incheon Strategy goals and a note from the Secretariat explains in detail the complementary objectives of the Incheon Strategy and the SDGs, mapping out how the Incheon goals support the achievement of the SDGs.

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13 United Nations, Bhutan UPR Adoption, 33rd Session of the Universal Periodic Review (2019). From 19:55 – 20:50 of the recording the presenter mentions the rights of persons with disabilities and says ratification analysis had been submitted to the government and “we are hopeful it can be ratified in the next few years.”

14 E/ESCAP/APDDP(4)/INF/, Annex I.
1.4 Policies and strategies: An introduction

Laws, policies and strategies are the three components of a national disability framework. These three components interact with and inform one another. While this paper focuses on the relationship between policies and strategies, a few words on laws are needed.

Laws are formed by a government to form a system of rules that set expectations about and regulate behaviour (i.e. what is and is not permissible), are recognized by countries and communities, and can be enforced by authorities. Laws can establish or reform branches or departments of government and can form or revise the mandates of those units. Laws also should reflect the values and protect the rights of the population.

Laws set the scaffolding for the stage of governance. Good governance is achieved through the processes of developing and implementing policies and strategies in a manner that is consistent with the law and respects the rights of the population, especially those at most risk. Good governance requires openness and transparency about the work of the government and avenues by which the people can hold governments to account.

1.4.1 Public policies

National governments issue public policies as a way to focus and provide direction on specific sectors (such as housing, education, employment and health), issues (such as climate change, COVID-19 response, and peace and security) or subsets of the population (such as women and girls, indigenous persons, older persons, and persons with disabilities).

Public policies explain how the government views a particular issue. This can include:

- A statement of the government’s commitment and intentions regarding the particular issue or sector (commitment)
- An articulation of the outcome the government would like to achieve and an explanation of how this policy commitment aligns with the government’s other policies and programmes (vision and alignment)
- A statement regarding how the work, broadly, will be resourced (resources)
- The establishment or designation of implementation mechanisms (implementation)
- An expression of the government’s main objectives (objectives)
- The articulation of assumptions and principles to guide the strategy (principles and approach)

Public policies can serve a variety of uses: to define standards, prohibit certain actions, regulate industries or behaviours, distribute or redistribute resources, inspire innovations and promote other actions, and shift public opinion on a particular issue or problem. A policy can state an intent to review and revise laws and can designate the entity or body charged with leading that review and revision process. A policy can set broad objectives for what the

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15 This paper uses the terms “law”, “policy” and “strategy” as shorthand to describe the pillars for the formulation and implementation of a sound and rights-based disability framework, while noting that governments may use different terms to describe the same or similar functions described herein. In addition, some countries may blend the functions and elements of policies and strategies. The Government of Australia, for example, has referred to its 2010-2020 national disability strategy as a policy because it both sets policy principles and objectives and actions to achieve those. In other countries, some terms (“plan of action”, or “implementation plan”) may be used to describe what this paper refers to as “strategy.” Given the diversity of histories and systems of governance, no single set of terms will be applicable for all countries.
government wants to achieve and set principles to trigger and guide the development of a strategy.

While policies may be undertaken as a result of advocacy efforts from various constituents, governments are responsible for formulating, adopting and implementing public policies.

1.4.2 National strategies

A strategy provides details on the measures the government will implement to achieve the policy objectives. It answers questions of who will act, how they will do it, what they will do, where and when. Strategies typically cover a period of five to ten years, address issues related to coordination (how it will occur, who is responsible) and provide implementing partners (branches of government) with the mandates, resources, directions, tools and measures by which to track and evaluate progress.

Strategies should include the following four elements:

- A situational analysis and the identification of priorities
- An articulation of a state’s general obligations, in other words, an overview of the investments it will make and the supports it will provide to facilitate non-discrimination, protection, autonomy and empowerment of persons with disabilities
- The specification of capacity building outcomes and objectives
- Measures to support the full inclusion of persons with disabilities in national development plans and programmes

1.4.3 Action plans

Aside from this brief note, this paper does not focus on Action Plans (also known as work plans or annual plans) as they are developed at the level of line ministries, and provincial and local administrative departments. These plans are used to identify the specific actions that will be taken by different stakeholders, identify the staff and financial resources for that action, set targets and indicators by which to measure progress, and define the expected outputs and intended impacts. Just as policies guide strategies, the strategies inform the workplans that are implemented by various governmental stakeholders.

As there is significant variation in approaches states use to develop and implement these plans, it is beyond the scope of this guide.
### Table 1: The relationship between a national disability policy and strategy

<table>
<thead>
<tr>
<th>Role of duty bearer</th>
<th>Policy content</th>
<th>Policy examples</th>
<th>Strategy content</th>
<th>Strategy examples</th>
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</thead>
</table>
| Vision              | A statement that describes the aspiration for the nation on a particular issue and to call for action (i.e. what needs to happen) | “An inclusive **Australian** society that enables people with disability to fulfil their potential as equal citizens.”
16 | Provides more detailed information on the context (i.e. current conditions) | “Non-disabling is about removing the barriers in society that disable people with impairments.”
17 **(New Zealand)** |
| Purpose and principles | Commitment to mainstream disability | “[M]ainstreaming requires a commitment by stakeholders at all levels, effective planning, capacity building, and mobilisation and equitable allocation of human resources and financial resources.”
18 **(Malawi)** | Articulates what needs to happen to make the policy a reality (in terms of amending legislation and policies) | The **Australian** strategy’s directions include promoting “widespread awareness and acceptance of the rights of people with disability in practice.”
20 |
| | State assumptions about the work | **Mauritius** states four main principles: “Rights, Choice, Independence and Inclusion which will sustain better life chances for people with disabilities.”
19 | Targets support for persons in more vulnerable conditions | The **European Union’s** (EU) strategy “promotes an intersectional perspective, addressing specific barriers faced by persons with disabilities who are at the intersection of identities (gender, racial, ethnic, sexual, religious), or in a difficult socioeconomic or other vulnerable situation.”
21 |
| | Identifies the principles that align policy with the nation’s priorities and government actions (as motivation) | The **Finnish** policy specifies the nomination of a national focal point, its commitment to EU regulations, and “encourage(s) the active participation…of persons with disabilities” | Explains how general obligations will be enacted | New Zealand committed to ongoing consultations, “Every two years there will be public consultation to inform the development or
| | Establishes mechanisms responsible for implementation (why and what, broadly) | | Identifies stakeholders, clarifies their | |

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20 Australia (2011), page 37.
<table>
<thead>
<tr>
<th>Policy content</th>
<th>Policy examples</th>
<th>Strategy content</th>
<th>Strategy examples</th>
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<tr>
<td>and their representative organizations.”22</td>
<td>roles and responsibilities to realize policy, and steps to strengthen their capacity</td>
<td>update of the Disability Action Plans.”23</td>
<td>The EU’s strategy states “Member States should mainstream accessibility into all relevant policies and actions, notably those related to the European Green Deal, the Renovation Wave and the New European Bauhaus, and professionals should receive training in accessibility.”24</td>
</tr>
<tr>
<td>Objectives</td>
<td>Identifies broad high-level objectives to help the nation realize its vision</td>
<td>Australia’s “policy direction 2: rights protection, justice, and legislation” specifies the need to “[i]mprove the reach and effectiveness of all complaint mechanisms.”25</td>
<td>Identifies smart objectives, commits funding (how much from where), sets objective of inclusive national development</td>
</tr>
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<td>South Africa’s White Paper stated the following directive: “Develop a sustainable community-based system for personal assistance to support independent living within the community for persons with disabilities.”26</td>
<td>Vanuatu’s strategic priority areas specify the need to “understand the situation for persons with disabilities, and to compare this to the experiences of persons without disabilities. Disability is a multi-dimensional concept, involving impairment, function and barriers to participation; and as such its reliable measurement can be complex.”27</td>
<td></td>
<td></td>
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<tr>
<td>Time horizon</td>
<td>10 to 30 years</td>
<td>Papua New Guinea National Policy on Disability 2015-2025;</td>
<td>5-10 years</td>
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23 New Zealand, The principles of Te Tiriti o Waitangi are: self-determination for the Maori people, equity, active protection, options, and partnership (2016), page 45. For more information, see: https://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga/strengthening-he-korowai-oranga/treaty-waitangi-principles
25 Australia (2011), page 41.
 Specific, measurable, attainable, relevant, time-bound.

1.5 Limitations

This study has some limitations. First, this study recognizes that some countries do not have overarching national disability policies. Rather they have included disability issues in sector-specific policies (for example, in education, health, or economic development). The focus of this paper is on the countries that either have had (and may need to revise) national disability policies or are considering developing overarching national disability policies and strategies. Second, this study has a broad focus on the components of national disability policies and strategies. As such, though undeniably important, this report does not look at sector-specific disability-inclusive policies (for example social protection, inclusive education, or disaster risk reduction). Third, though recognizing that persons with certain types of disabilities tend to face additional or more entrenched barriers (including but not limited to persons with psychosocial disabilities, intellectual disabilities, and deaf-blindness), this study is not able to present in any detail policies and strategies to protect and support persons of all specific impairment classifications. Such an approach would risk the continuation of the medical model of disability and would be an impossible task given the scope of this study and the varying conditions and contexts. Fourth, this study has a geographic focus on those countries that have ratified the CRPD, based on the understanding of ratification as a sign of willingness to reconsider how persons with disabilities are treated and a recognition of the necessity of inclusive development for the realization of states’ development agendas.

2. Elements of compliant national disability policies and strategies

Policies and strategies are living documents that are structured to be in dialogue with one another. A policy gives guidance to a strategy, providing a general frame (scope), a rationale and the end goal for the work to be done. A strategy, in turn, specifies in detail the responsibilities and actions different entities will undertake to achieve the vision and objectives of the policy.

Given the close relationship between policies and strategies, the themes and issues will overlap. This should not be viewed as a problem or as a redundancy. As if in a dialogue, a policy will state “this issue is really important” and a strategy will respond “this is how we can address that issue.”

2.1 Elements of good national disability policies

The SDGs and the CRPD are “complementary and mutually reinforcing instruments.” The CRPD offers “normative guidance” while the SDGs provide mechanisms by which the rights of persons with disabilities are realized at the national level. In tandem they work together to ensure at the national and local levels that persons with disabilities are able to exercise their rights on an equal basis with others.

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28 Some regional bodies invert this relationship and use strategies to define particular sectoral policies. In such cases, strategies are used to bring stakeholders together and ensure consistent application of policy. The EU disability strategy, for example, takes that approach. This paper focuses on national level implementation, and thus ascribes to the relationship between policy and strategy outlined above.

29 A/71/314, para 12.
For those states that have ratified the CRPD, national disability policies should include the following six elements: 1) A statement that shows the government’s commitment to disability mainstreaming in law and policy (commitment); 2) a vision statement aligned with the development agenda (vision and alignment); 3) the commitment of resources (staff and funds) to realize the work; 4) the establishment of mechanisms for CRPD implementation (implementation); 5) the setting the Government’s policy objectives (objectives); and 6) the articulation of assumptions and principles to guide the disability strategy (principles and approach).

Box 3: Policy elements

<table>
<thead>
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<tr>
<td><strong>1. Commit to disability mainstreaming in law and policy</strong></td>
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<tr>
<td><strong>2. Align the national development agenda and the CRPD</strong></td>
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<td><strong>3. Commit resources for implementation</strong></td>
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<tr>
<td><strong>4. Establish mechanisms for implementation</strong></td>
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<tr>
<td><strong>5. Set the government’s broad policy objectives</strong></td>
</tr>
<tr>
<td>- A non-discrimination framework</td>
</tr>
<tr>
<td>- Identify and remove barriers</td>
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<tr>
<td>- Data collection standards and tools</td>
</tr>
<tr>
<td>- Protect the rights of persons in vulnerable conditions</td>
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<tr>
<td><strong>6. Define assumptions and principles to guide implementation of disability strategy</strong></td>
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### 2.1.1 Commit to disability mainstreaming

States should commit to taking measures to facilitate disability mainstreaming (the details of which will be elaborated in the national disability strategy).

The Incheon Strategy includes, as one of its ten goals, the acceleration of the ratification and implementation of the CRPD and the harmonization of national legislation with the CRPD (Goal 9). One of the ways ESCAP has worked to realize this goal is through its Working Group on the Asian and Pacific Decade of Persons with Disabilities, 2013-2022. At a session of the Working Group, in 2017, they noted as a recommendation for their second term the need to align session agendas with efforts “to support the implementation of the 2030 Agenda and the Convention on the Rights of Persons with Disabilities, as appropriate.”

Two policy commitments aligned with the Incheon Strategy’s Target 9.B. should be made. First, governments should take measures to abolish or modify all existing laws, regulations, policies and practices that discriminate against persons with disabilities. Second, measures

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30 Economic and Social Commission for Asia and the Pacific (2017), para 11(e).
31 CRPD Article 4(1)(b).
should be taken to ensure, as the government develops new legislation, policies and programmes, that the rights guaranteed in the Convention are recognized, protected and promoted.32

Both sets of measures are to be taken with regard to all laws, regulations, policies and programmes, not just those that are targeted to persons with disabilities or in “traditional” sectors (healthcare or social services). This applies, for example, to legislation and policies that aim to protect and promote gender equality.33

As part of this commitment, governments may want to signal their willingness to develop and roll out a training programme on the rights-based approach to understanding disability, commission a study on how disparities are manifested for persons with disabilities, and identify the technical support they need to develop new policies, services and programmes to promote and ensure disability inclusion.

**Box 4: Examples of commitments to disability mainstreaming**

The Government of Vanuatu highlights, in its disability policy,34 the need to commit to mainstreaming and targeted efforts to achieve inclusive development:

“Disability inclusive development is often implemented according to the twin track approach, which requires action along two vectors: mainstreaming across legislation, policies, programs and activities at all levels, and implementing targeted efforts that improve access to the particular accommodations and services required specifically by persons with disabilities.”35

The Malawi Government defines disability mainstreaming and makes a commitment to its realization through the review and harmonization of laws and policies:

“Disability mainstreaming is defined as the process by which Governments and other stakeholders address the barriers that exclude persons with disabilities from participating equally with others in any activity and service intended for the public, such as education, health, livelihoods, empowerment and social. To facilitate mainstreaming, there is a need to review and harmonise policies, laws, programming, institutional arrangements and other operational environments. Further, mainstreaming requires a commitment by stakeholders at all levels, effective planning, capacity building, and mobilisation and equitable allocation of human resources and financial resources, to ensure that the diverse needs of persons with disabilities are adequately met, and mainstreaming initiatives have to be accompanied by targeted programmes and services.”36

### 2.1.2 Establish a vision of inclusion that aligns the national development agenda and CRPD

National disability policies should present a vision statement that links their national development agenda and the CRPD. Vision statements will help establish the adoption of a

32 CRPD Article 4(1)(c).
33 CRPD/C/ARM/CO/1, para 10(a).
34 Vanuatu’s National Disability Inclusive Development Policy, 2018-2025, includes elements of policy, strategy and implementation plans.
human rights approach to understanding persons with disabilities as rights holders. This can represent a significant shift away from medical or charity approaches that have historically dominated.

Public policies often include vision statements that serve to provide direction toward an end state that the state would like to achieve, for example, universal primary education or the eradication of polio. Visions serve to provide countries with a motivational tool that inspires and educates people about the government’s expectations and identifies paths for overcoming challenges.

**Box 5: Disability policy vision statements**

**Australia:** “An inclusive Australian society that enables people with disability to fulfil their potential as equal citizens.”

**Vanuatu:** “By 2025, all persons with disabilities will be included in all community, provincial and national development efforts. All persons with disabilities will have equal access to their rights... All persons with disabilities will have the skills and necessary supports to enable their contribution to society, the economy and all levels of decision-making, and will live a safe and happy life.”

### 2.1.3 Commit resources for implementation

It is important for the government to ensure that resources are provided to facilitate the development and implementation of the policy at national, sub-national and local levels. The 2018 United Nations Flagship Report on Disability, noted, “adequate resources should be allocated to support (i) the enforcement of laws protecting the rights of persons with disabilities; (ii) the implementation of national disability policies and plans and (iii) the delivery of essential services to persons with disabilities.”

The term “resources” needs to be understood as a) staff with the mandate and capacity to act; b) the availability of technical support and information; and c) funds. All three aspects need to be in sync when a government commits to a new policy (in any field). The CRPD Committee has repeatedly recommended that states commit human, technical, and financial resources to: 1) develop or revise disability policy and / or sectoral policies; 2) ensure adequate resources are provided for the development of disability strategies and action plans; and 3) support mechanisms that allow for OPD participation and capacity building.

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37 Australia (2011), page 22.
40 CRPD/C/SYC/CO/1, para 7(d), CRPD/C/IND/CO/1, para 9(a), CRPD/C/PHL/CO/1, para 6(b), CRPD/C/CRI/CO/1, para 52, and CRPD/C/GTM/CO/1, para 14.
41 CRPD/C/NOR/CO/1, para 6(a), CRPD/C/MNE/CO/1, para 7(b), CRPD/C/PHL/CO/1, para 7(e), CRPD/C/AUS/CO/2-3, para 6(d), CRPD/C/PRT/CO/1, paras 12 and 65, and CRPD/C/GRC/CO/1, para 6(b).
42 CRPD/C/AUS/CO/2-3, para 8, CRPD/C/NER/CO/1, para 6(d), CRPD/C/ZAF/CO/1, para 7(d), CRPD/C/IND/CO/1, para 11(b), CRPD/C/OMN/CO/1, para 8(c), and CRPD/C/CAN/CO/1, para 12(b), CRPD/C/MDA/CO/1 (9).
The Committee has stressed that the bodies designated as focal points must be allocated sufficient funds to implement programmes, and that support must be provided to ensure independent monitoring mechanisms can do their work.

In recent years governments and donors have made multiple public statements regarding committing funds to promote disability inclusion. Governments announce funding decisions at different opportune times (when support for policy adoption crescendos, during global conferences, on International Day of Persons with Disabilities, on historic anniversaries, or as a result of concerted advocacy, etc.). Ideally, the commitment (with more specific details following in implementing legislation, decrees or action plans) is expressed in a policy, strategy or press release accompanying their announcement.

In 2018 the Governments of the United Kingdom of Great Britain and Northern Ireland and the Kenya co-hosted, along with the International Disability Alliance, a Global Disability Summit (GDS). One of the goals of the Summit was to encourage key stakeholders, including representatives from many national governments, to make commitments to advance disability inclusion. The GDS’s commitments affirmed plans by governments to invest in disability inclusion, and to hold themselves accountable.

**Box 6: Funding commitments at the Global Disability Summit**

Several national governments committed resources for disability inclusion as part of the GDS:

- **Australia**: committed resources for data
- **Finland**: committed that all programmes funded by Finland would require disaggregation of data
- **Republic of Korea**: committed to funding the Secretariat of the Make the Right Real
- **Lesotho**: committed funding to ensure the implementation of the Disability Equity Bill and the National Disability Mainstreaming Plan in financial year 2019/2020
- **Malawi**: committed to establish a fund to support OPDs
- **Myanmar**: committed to develop time-bound and funded National Action Plans in consultation with OPDs
- **Nepal**: committed resources to strengthen existing acts, regulations and policies and to make legislation compliant with the CRPD
- **Philippines**: committed to full implementation of data collection systems that can be disaggregated by disability
- **Sweden**: committed to funding multiple organizations, including UN agencies, working on gender and disability inclusive initiatives
- **United Kingdom of Great Britain and Northern Ireland**: committed to establish and fund a new Inclusive Education Initiative, a new round of funding (“Leave no Girl Behind”) for the Girls Education Challenge, and additional funds to the UN Trust Fund on Violence Against Women and Girls hosted by UN Women

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43 CRPD/C/PHL/CO/1, para 61(a).
44 CRPD/C/MAR/CO/1, para 63 (c), CRPD/C/NER/CO/1, para 56, CRPD/C/PRT/CO/1, para 63, CRPD/C/UGA/CO/1, para 65 (b), CRPD/C/UKR/CO/1, para 61, and CRPD/C/CZE/CO/1, para 61.
46 All the commitments are available at https://www.gov.uk/government/collections/global-disability-summit-commitments.
While they made funding commitments at GDS, national governments historically have not committed or earmarked funds within the framework of their national disability policies. That oversight has hampered governments’ ability to launch initiatives and strategies to achieve policy objectives. In this regard, this element differs from the other five policy elements (for which there are plenty of examples) presented in this paper. Despite or because of that oversight, it is important to highlight this as a gap that can and should be addressed. To be clear, there should be no expectation that policies will include all the details of how funds are to be raised and spent, as that level of detail falls within the domain of strategy. Rather, at the level of policy, it is important for governments to provide a high-level signal on the availability of funds.

An interesting mapping study of Norwegian development assistance reached the conclusion that funds need to be earmarked for the realization of ambitions stated in policy commitments. Conversely, when commitments (either as declarations or within policies) are made with extra funds earmarked, funds are more likely to be disbursed for their particular objective.

States have a diversity of mechanisms and methods for identifying and allocating amounts to support the development of various sectoral programmes and services. Governments may want to use their disability policy as a platform for earmarking resources (whether in the policy itself or as a press release issued in conjunction with the policy), thereby providing line ministries with the information they need to facilitate its implementation. Governments have taken that approach with respect to efforts to ensure the protection and advancement of other historically disadvantaged populations, such as Ghana’s gender policy, as explained below.

**Box 7: Funding as part of gender policy commitment**

Ghana’s national gender policy from 2015, issued from the Ministry of Gender, Children and Social Protection (MoGCSP) has a section on the mobilization of resources and identifies specific responsibilities of different government bodies, indicating how they will work in partnership with others to achieve the policy’s objectives:

“...The implementation of this Policy will require the mobilisation of adequate resources, particularly financial resources to ensure effective and efficient implementation for desired results. Resource mobilisation for this Policy shall be an on-going process but will be directed by the required budgets from the SIP [Strategic Implementation Plan]. Annual budgets will be drawn up with an acceptable financial cycle convenient to the MoGCSP.”

The policy then specifies eight specific strategies and targets for mobilizing financial resources, including regular budgetary allocations, funds from international donors, corporate social responsibility actions, and partnerships with civil society organizations, the private sector, and financial institutions.

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49 Ghana (2015), page 43.
2.1.4 Establish mechanisms for implementation of law and policy

National disability policies, regardless of whether or not a state has ratified the CRPD, will need to establish mechanisms to ensure adherence to laws, manage the implementation of the policy and support persons with disabilities.

The CRPD requires states to set up mechanisms for national implementation.\textsuperscript{50} States have taken different approaches to implementing these measures, and those decisions have taken into account different legal, political and historical factors. As such, there is no “one right way” to fulfil this obligation. At a bare minimum, states are obliged to establish focal points and mechanisms for independent monitoring and to structure implementation in such a way as to enable persons with disabilities to fully participate in processes. In addition, and as an option, states may consider designating or establishing coordination mechanisms.

Ensure participation of persons with disabilities

National disability policies need to affirm that persons with disabilities are legitimate stakeholders who have to be consulted and engaged in defining national development agendas and have a role in their implementation and monitoring. The Incheon Strategy, for example, identifies participation in political processes and decision-making as its second goal. To leave no one behind, as the SDGs have promised, states need to ensure that persons with disabilities can participate fully and effectively, as much as they choose, and have access to resources, support, and opportunities on an equal basis with others. The SDGs include a target on women’s full and effective participation at all levels of decision-making (target 5.5), which has to be understood to be inclusive of women with disabilities. In addition, within SDG Goal 16 there is a target for ensuring “responsive, inclusive, participatory and representative decision-making at all levels.”\textsuperscript{51}

The obligation to remove barriers and facilitate full and effective participation of persons with disabilities and their representative organizations appears throughout the Convention, in passages on its purpose, general principles, the obligations of states, and national implementation and monitoring.

The CRPD Committee has reinforced this obligation, most notably in its General Comment 7 on general obligations and national implementation, and in numerous Concluding Observations in response to initial states’ reports.\textsuperscript{52} The CRPD Committee refers to the obligation to ensure participation generally as well as with respect to specific actions, such as the process of deinstitutionalization.\textsuperscript{53}

Box 8: Promotion of the principle of participation

States have expressed commitments to ensuring the participation of persons with disabilities at various levels: in laws, policies or strategies.

\textbf{In law:} The 2010 National Law on Persons with Disabilities in Viet Nam obliges the state to “assist persons with disabilities to access social services and lead an inclusive life; to

\begin{flushleft}\textsuperscript{50} CRPD, Article 33.  \\
\textsuperscript{51} SDG Target 16.7.  \\
\textsuperscript{52} CRPD Committee (2018), General Comment 7.  \\
\textsuperscript{53} CRPD/C/MDA/CO/1, para 37 (c).\end{flushleft}
participate in the development and monitoring the implementation of disability laws, policies, programs and projects.”

In policy: The 2019 National Disability Policy for Bhutan notes, in its opening chapter that ensuring the meaningful participation of persons with disabilities is part of the government’s international commitments to the SDGs, the CRPD, the Sendai Framework on Disaster Reduction and the Incheon Strategy.

In strategy: The Government of Ireland’s National Disability Strategy’s Implementation Plan has, as one of four high level goals, supporting participation by persons with disabilities in their communities.

Focal Points
National disability policies should designate the agency (or agencies) responsible as focal points. The presumption is that specific governmental department(s) will be designated for managing affairs related to the implementation of the CRPD. The designee(s) should “have the necessary resources to carry out their function and be sufficiently accessible to persons with disabilities. States may designate several focal points or sub-focal points.” A focal point should be highly placed and “influential enough to compel government action.”

Focal points serve two main purposes: 1) they are seen as points of contact within government where the focus is always on advancing the rights of persons with disabilities; and 2) they centralize the implementation of policies and strategies. Disability focal points are envisioned to function much like gender focal points, ensuring policies, programmes and services across government are sensitive to and promote gender equality.

The United Nation’s Department of Economic and Social Affairs (UN DESA) Handbook for Parliamentarians provides a broad and comprehensive list of the potential roles and responsibilities of focal points. The UN Office of the High Commissioner on Human Rights (OHCHR) notes that due to the different systems of government, it is neither possible nor advisable to provide detailed guidance on the structure and specific mandate of focal points.

Independent monitoring
The CRPD calls for establishing a “framework...to promote, protect and monitor implementation” of the CRPD. This can consist of one or more independent mechanisms. As they designate or establish mechanisms, states should bear in mind “principles relating to the status and functioning of national institutions for protection and promotion of human rights.” The wording strongly implies that independent mechanisms need to comply with minimum international standards, known as the Paris Principles, for National Human Rights

57 CRPD, Article 33(1).
58 De Beco, Gauthier, Study on the Implementation of Article 33 of the CRPD in Europe.
62 CRPD, Article 33 (2).
63 CRPD, Article 33 (2).
Institutions (NHRIs). In every country where there is an NHRI, it is expected to be part of the framework for monitoring the implementation of the CRPD.

Independent mechanisms are not the only bodies that should monitor state actions. All state institutions should be charged with ensuring their actions comply with the laws and policies of the state, as the Government of Costa Rica notes in their National Policy on Disability.

As part of their axis to strengthen democratic institutions, the Costa Rica policy identifies the need for ensuring “compliance of the legal code and disability rights by institutions and civil society organizations: State institutions in their sectors will be accountable for supervising compliance with the legal code on Disability.”

**Coordination mechanisms**
The CRPD foresees the possibility of one or more coordination mechanisms to “facilitate related action in different sectors and at different levels.” They could be constituted on a standing basis, and, as needed, on an ad hoc basis. While the aims of coordination would be to avoid duplication, ensure opportunities are leveraged, and promote consistency across government programmes and services, states are not required to create or designate mechanisms for coordination.

**Box 9: Examples of national implementation frameworks**

**Focal Points:** The Government of Finland identified nine ministries that are each charged with the implementation of their national disability policy. The disability policy specifies the nomination of a national focal point, its commitment to EU regulations, and to “encourage the active participation…of persons with disabilities and their representative organizations.”

Many countries in the ESCAP region have already identified the ministries and agencies as focal points for implementation and/or coordination of disability policy. Given that reality, governments may want to focus on considering how to ensure the work of focal points meets the standards of the Convention.

In New Zealand, the institutional framework for implementation of the Convention consists of New Zealand’s Disability Strategy 2001, Disability Strategy 2016-2026 and the Disability Action Plans 2014-2018 and 2019-2023. New Zealand’s Office for Disability Issues (ODI), which was designated as a focal point in 2002, was designated as the focal

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64 NHRIs are independent and autonomous state-funded institutions with the mandate to protect and promote human rights. Six criteria are used to rate NHRIs: mandate and competence, autonomy from Government, independence, pluralism, adequate resources, and adequate powers of investigation. https://nhri.ohchr.org/EN/AboutUs/Pages/ParisPrinciples.aspx
67 CRPD Article 33(1).
68 Finland, Ministry of Social Affairs and Health (2012), page 75.
69 Ibid, page 79.
70 Available from the ESCAP Make the Right Real website, see https://www.maketherightreal.net/governments
71 New Zealand, Office for Disability Issues, (2016).
72 New Zealand, Office for Disability Issues, (2016).
74 New Zealand, Office for Disability Issues, (2019).
point for implementation of the Convention upon ratification.\textsuperscript{75} ODI established the Ministerial Leadership Committee on Disability Issues, chaired by the Minister for Disability Issues, with responsibility for overall coordination of government policies and practices.\textsuperscript{76} The Ministerial Committee includes senior Ministers and is responsible for management oversight of the implementation of the disability strategy. New Zealand’s approach aligns with OHCHR’s guidance on focal points in some key respects:

- Members of the Ministerial Committee, who act as focal points for the ministries they represent, are at senior levels of government\textsuperscript{77}
- The Ministerial Committee functions as a coordination mechanism\textsuperscript{78}
- In countries where there is no disability policy in place, focal points should have the mandate to develop and coordinate national policies\textsuperscript{79}

**Independent Monitoring:** The **Government of Australia** has supported the establishment of independent monitoring aligned with Article 33 (2). As with New Zealand, there are multiple pieces of legislation, policies and strategies that cover disability. Australia’s Independent National Human Rights Institution, Australian Human Rights Commission (AHRC), had previously been designated to monitor other international laws by the Government, and thus was designated to monitor the implementation of the CRPD upon ratification. AHRC carries out several key functions that influence domestic policy and legislation, including:

- Conducting inquiries into acts or practices that may be inconsistent with the Convention
- Collecting and reconciling complaints of discrimination per the Disability Discrimination Act
- Preparing guidance to ensure acts and practices are consistent with the Convention
- Submitting reports to the Attorney-General’s Office, which is the designated focal point for implementation, on laws that should be adopted to ensure accordance with the Convention\textsuperscript{80}

The **New Zealand Government** announced, through an official notice from the Minister for Disability Issues, the designation of an independent monitoring mechanism and identified their primary functions.\textsuperscript{81} This included the NHRI (the New Zealand Human Rights Commission), the New Zealand Ombudsman, and six national OPDs.\textsuperscript{82} The government gave the following specific functions to the monitoring mechanism: “(a) developing indicators in consultation with public and private sector agencies; (b) identifying priority areas drawing on their existing programmes of work; (c) measuring progress by analysing legislation, policy, and practice affecting disabled people; and (d) engaging with the government to establish a comprehensive reporting process in relation to the Convention that includes engagement with civil society, integration across public agencies, and clear accountability for publicising reports and following up recommendations.” \textsuperscript{83}

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\textsuperscript{75} Interview with Brian Coffey, Director of the Office for Disability Issues, 8 March 2021.
\textsuperscript{76} CRPD/C/NZL/1, para 267.
\textsuperscript{77} A/HRC/13/29, 2009, para 24.
\textsuperscript{78} A/HRC/13/29, 2009, para 25.
\textsuperscript{79} A/HRC/13/29, 2009, para 29.
\textsuperscript{80} Australia, Department of Foreign Affairs and Trade (23 June 2016).
\textsuperscript{81} New Zealand, Gazette (13 October 2011), page 4448.
\textsuperscript{83} New Zealand, Gazette (13 October 2011), page 4448.
The Special Rapporteur
In 2014 the Human Rights Council mandated the UN Special Rapporteur on the rights of persons with disabilities (hereinafter, Special Rapporteur) to report and advise on human rights from a disability perspective.

Box 10: On the UN Special Rapporteur

The Special Rapporteur plays an important role in raising awareness, in particular amongst state actors, on the rights of persons with disabilities. They identify and share good practices, consult with OPDs, draft reports on themes related to the implementation of the CRPD, and undertake country visits to examine conditions for persons with disabilities. The Special Rapporteur has published very relevant studies on disability-inclusive policies, the provision of support and services, and social protection along with specific findings from country visits.

2.1.5 Set the Government’s broad policy objectives on disability

Policy objectives will vary from country to country based on legal, historical, political and contextual factors. Nonetheless, national policies can be framed in a way that ensures the inclusion of objectives that protect the rights of persons with disabilities (protection), ensures that persons with disabilities can exercise self-determination (autonomy, decision-making), and have access to resources and opportunities on an equal basis with others (equality). The following five broad objectives can be used as illustrations or models to achieve those three ends (protection, autonomy, equality).

A disability inclusive non-discrimination framework

The Incheon Strategy, through its Target 9.B., sets the goal of enacting national laws that will uphold and protect the rights of persons with disabilities through laws that include anti-discrimination provisions, and standards that need to be met to ensure harmonization with the CRPD.

The Special Rapporteur has also identified the importance of establishing or strengthening a non-discrimination framework as part of a national disability policy. The framework should be broad enough to cover direct and indirect discrimination, the denial of reasonable accommodation, and discrimination by association.

Box 11: Key terms for a non-discrimination framework

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85 A/71/314, para 18.

86 CRPD Articles 2, 3, 4(1)(b) and (c), and 5. See also A/71/314, para 22. Direct discrimination occurs when persons from a particular protected class, such as persons with disabilities, are treated differently and in a worse way than others who are not members of that protected class. Indirect discrimination occurs when persons are all treated the same way, but that approach indirectly disadvantages persons from a particular protected class. Discrimination by association occurs when someone is treated differently because of their connection to someone from a protected class. For more discussion of these topics, see: https://www.equalityhumanrights.com/en/advice-and-guidance/what-direct-and-indirect-discrimination
The CRPD and the CRPD Committee introduce, define and explain some key terms to aid an understanding of the obligation to ensure non-discrimination and equality as it pertains to persons with disabilities. They include:

**Reasonable accommodation**: necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms.87

**Discrimination on the basis of disability**: any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation.88

**Legal personhood**: the right to be recognized as persons before the law.89

**Legal capacity**: the capacity to hold and to exercise rights.90

**“Supported decision-making”**: support provided to an individual to enable their exercise of legal capacity. The term “support” should be broadly understood and can consist of formal and informal arrangements.91 Models for supported decision-making need to enable choice and control (including the right to refuse) by the person in question. Support arrangements need to be acceptable, affordable, available, accessible and adequate.92

**“Will and preferences of the person”**: the obligation placed upon persons who provide support to act in a consistent manner and in alignment with the will and preferences of the person with a disability.93

**Disability mainstreaming**: is the process of adjusting laws, policies, services and programmes so they are fully accessible for and inclusive of persons with disabilities.

**Twin-track approach**: an approach used by governments, private sector and civil society organizations to work simultaneously on two fronts or tracks: first, to mainstream disability considerations and participation of persons with disabilities into policy, strategy, and programme design and implementation across all sectors; and second, to design and implement targeted programmes to provide support to persons with disabilities to reduce the disparities they experience, facilitate their access to resources and opportunities, and support their will to live independently and in the community.

**Accessibility**: “the provision of flexibility to accommodate each user’s needs and preferences; when used with reference to persons with disabilities, any place, space, item or service, whether physical or virtual, that is easily approached, reached, entered, exited,
interacted with, understood or otherwise used by persons of varying disabilities, is determined to be accessible.”\(^{94}\) The CRPD Committee explains, “accessibility is a precondition for persons with disabilities to live independently and to participate fully and equally in society.”\(^{95}\)

Non-discrimination frameworks exist to protect the rights of persons who may be subjected to discrimination due to their specific characteristics (such as race, gender, disability and indigenous populations). Often governments will identify, either in acts on non-discrimination or related laws, “protected classes”, i.e. groups that may be vulnerable to the experience of discrimination due to those characteristics, and will prohibit discrimination against members of those protected classes.

With regards to disability-based discrimination, the non-discrimination framework needs to go “beyond the traditional areas of law related to legal capacity (civil, family and mental health law), to include legislation on political participation, privacy, health, employment, social protection, immigration, criminal law and access to justice, among other things.”\(^{96}\)

**Box 12: The non-discrimination framework in Costa Rica**

The 2011-2021 National Policy on Disability in Costa Rica bases its non-discrimination framework not only on its Constitution but also on Article 24 of the American Convention on Human Rights, which states, “All persons are equal before the law. Consequently, they are entitled, without discrimination, to equal protection of the law.”\(^{97}\)

Costa Rica’s decision to use national disability policy to link its Constitution to international law provides an important precedent, reaffirming the importance and universality of non-discrimination and protection under the law.

The Policy states further that protection to achieve equality is needed precisely because persons with disability constitute “a sector of society historically subjected to odious forms of discrimination and exclusion.”\(^{98}\)

The Policy contains a “democratic institutionality” axis that establishes that persons with disabilities are “active subjects.” Elements within that axis include a commitment to analyse legal frameworks and to develop regulations “to achieve alignment of the legal code and disability rights. Similarly, it will establish mechanisms to guarantee and enforce effective implementation of the laws.”\(^{99}\)

The obligation to ensure non-discrimination on the basis of disability is not subject to progressive realization.\(^{100}\) Rather, states have an immediate duty to apply that obligation, and to consider the denial of reasonable accommodation as discrimination on the basis of disability.\(^{101}\) Due to the risk of discrimination, it is important to ensure that procedures for

\(^{94}\) UN DESA (2020), Agenda, page 3.
\(^{95}\) CRPD Committee (2014), General Comment 2, para 1.
\(^{96}\) A/HRC/37/56, para 36.
\(^{100}\) CRPD/C/GC/6, para 12.
\(^{101}\) CRPD Article 2 and GC 5, paras 39,41, and 46.
requesting reasonable accommodation are clear and have a built-in complaint and appeals process.

**Box 13: Excerpts from Australia and Vanuatu on rights protection**

In its hybrid national strategy and policy, the Government of Australia identifies as an area for future work (under policy direction 2: rights protection, justice, and legislation) the need to "improve the reach and effectiveness of all complaint mechanisms." The details of how that happens are spelled out in sector-specific policies, strategies and plans.

In the case of Vanuatu’s disability policy, non-discrimination is one of five guiding principles and appears as actions to be undertaken in two priority areas: legislative reform and awareness-raising. Guiding Principle 4 (equality of opportunity and non-discrimination) reads: “All persons with disabilities including men, women, boys and girls with disabilities have an equal right to full and effective access to the community. Enabling meaningful participation and inclusion in society for all people, regardless of the type of impairment, nature of disability, gender or age, may require access to reasonable accommodations such as assistive products, environmental modifications and other supports.”

**From guardianship to supported decision-making**

One of the barriers to equality and non-discrimination for many persons with disabilities has been the practice of denying or depriving persons with disabilities of their legal capacity. Once their legal capacity has been denied, persons with disabilities are placed in a vulnerable position, where there are limits to their ability to exercise all other rights.

Since the adoption of the Convention, there has been an increased interest in exploring how to transition from the practice of substituted decision-making (through individual or plenary guardianship) to supported decision-making. States all across the world have started to carry out pilot projects to provide supported decision-making. The Special Rapporteur has observed the need for flexible approaches to ensure diverse types of support are provided, as needed, on a case-by-case and flexible manner to ensure no one is excluded.

**Box 14: On legal capacity and supported decision-making**

Supported decision-making mechanisms will vary from state to state, but individuals generally are appointed to provide support to: “(a) obtain and understand information, (b) evaluate the possible alternatives and consequences of a decision, (c) express and communicate a decision, and/or (d) implement a decision.” Persons appointed as part of a supported decision-making mechanism should not, “as a general rule” be given the role of representation as that becomes tantamount to substituted decision making.

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102 Australia (2011), page 41.
104 For example: Argentina, Australia, Bulgaria, Canada, Colombia, Czechia, Hungary, India, Ireland, Israel, Kenya, Latvia, Peru, Sweden, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania and United States.
105 A/HRC/37/56, para 55.
106 A/HRC/37/56, para 41.
107 A/HRC/37/56, para 41.
Any supported decision-making mechanisms will have to take into account the need to ensure gender equality, and the rights of those who experience multiple discrimination, “including older persons and those with a high level of support needs.”

The Special Rapporteur has noted the important role that communities and community-based services play in supporting persons with high support needs to live independently, as explained in Article 19. If community-based services are not locally available, persons with disabilities will inevitably experience isolation and discrimination.

**Box 15: Abolishing guardianship laws**

Between 2016 and 2019 three countries (Costa Rica, Peru, and Colombia) in Central and South America abolished guardianship laws and adopted new laws that recognized the legal capacity of all persons with disabilities as guided by CRPD Article 12.

Costa Rica’s National Policy on Disability promoted inclusive development and gender equality. As previously noted, the policy recognized persons with disabilities as active subjects under the law. This led to the adoption of Law No. 9379 in 2016, which aimed to recognize as equals all persons with disabilities. The Law set up an institution “the guarantor for the equality before the law of persons with disabilities” with the mandate to ensure the full enjoyment of legal capacity for all persons with disabilities.

**Commit to identifying accessibility barriers and commit to their removal**

Accessibility is highlighted in the Incheon Strategy Goal 3, to “enhance access to the physical environment, public transportation, knowledge, information and communication.” The Strategy recognizes that persons with disabilities have experienced barriers in the built and virtual environment and that those barriers prevent access to services and programmes on an equal basis with others. Accessibility has been recognized as “a precondition for persons with disabilities to live independently and achieve full and equal participation in society.” The Special Rapporteur noted that without access “persons with disabilities cannot exercise their rights, participate in and benefit from development programmes and policies.”

**Box 16: On accessibility**

The CRPD underscores the importance of “accessibility” by referring to it as a principle and as a transversal obligation. The CRPD Committee underscores not only that accessibility is a precondition for persons with disabilities to live independently and in the community, but also notes that other international treaties (UDHR, ICCPR, CERD and CESCR) have also addressed the issue of accessibility.

Given the obligation of states to ensure accessibility in all of those international treaties, it is evident that states need to undertake measures to ensure full access. Further, the denial

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108 A/HRC/34/58, para. 58.
109 A/HRC/37/56m para 61.
113 CRPD/CSP/2017/4, para 4.
114 A/71/314, para 32.
115 CRPD, Articles 3 and 9.
116 CRPD Committee (2014), GC 2, para 1.
of access, by either the public or private sector, is to be considered an act of discrimination.\textsuperscript{117}

Referring to accessibility as a precondition means that persons with disabilities may be prevented from exercising their rights if the physical or virtual environment is inaccessible. To give a practical example, if health clinics are inaccessible (in any aspect), persons with disabilities cannot realize their right to health. It is quite possible, to have a clinic that is fully accessible, yet underserves persons with disabilities. It will be important for authorities to understand the factors or reasons for that behaviour.

Underuse could be due to a lack of outreach (the clinic may not have advertised it is fully accessible), a lack of information (persons might not know the clinic is accessible), direct or indirect discrimination (persons with disabilities may have had negative experiences at the clinic) or perceptions that discrimination is likely (persons might not use the clinic because they believe they will not be treated fairly). Any effort by the government to encourage use of the clinic will want to be based on and specifically address the factors that have led to underuse.

The CRPD Committee has noted that cost cannot be used as an excuse to avoid the obligation to progressively remove barriers to accessibility.\textsuperscript{118}

Given these barriers, it is important for national disability policies to signal an objective to make, through applying the concept of progressive realization, all services and programmes accessible. Four major steps to advance this work can be outlined briefly in a policy. First, the policy can require undertaking actions to revise regulations and procedures so that new barriers are not erected. Second, it can commit to efforts to identify and prioritize the removal of the most pressing or significant barriers that de facto discriminate against persons with disabilities. Third, it can commit or earmark funds to implement actions to remove barriers in the physical environment, transportation, information and communications, and services.\textsuperscript{119} Fourth, a monitoring mechanism can be established to monitor and enforce compliance.

\textbf{Box 17: Commitment to accessibility in Costa Rica}

The National Policy on Disability recognizes that various measures need to be in place to ensure that persons with disabilities are guaranteed access to services and are able to utilize support networks and resources for the purpose of ensuring access. The Policy directs compliance with strategic actions, including but not limited to the National Development Plan, and to strengthen Institutional Commissions on Disability Matters (CIMAD).\textsuperscript{120}

\textbf{Protect the rights of persons in more vulnerable conditions}
Persons with disabilities are not a homogenous group. Persons with certain types of disabilities, such as persons with intellectual disabilities, psychosocial disabilities, rare disabilities, and multiple disabilities, tend to face more challenges with respect to obtaining the support and services they need and are entitled to. Persons in congregate housing or those in extreme poverty, whether in rural or in urban settings, will face severe barriers to exercising their rights.

\textsuperscript{117} CRPD Committee (2014), GC 2, para 13.
\textsuperscript{118} CRPD Committee (2014), GC 2, para 15.
\textsuperscript{119} Article 9 (I).
In addition, many individuals with disabilities experience discrimination on multiple grounds (including race, gender, ethnicity, sexual orientation, refugee status, migration status, religious minorities, indigenous status and others) and are more likely to live in vulnerable conditions, and thus are more at risk of being left behind.

States should be in a position to recognize the need to identify and then commit to providing support to persons who experience discrimination on more than one ground. At the level of disability policy, it is important for states to recognize that the effects of multiple discriminations compound.

In a disability policy, it will be important for the state to commit to raising awareness about conditions for people who experience extreme discrimination due to their particular disability and multiple discrimination due to their diverse characteristics or identities. While the circumstances in every country will be unique, states may want to commit, as part of their policy, to actions to accelerate or achieve de facto equality for these populations, the details of which would be explained in corresponding strategies.

Disability policies need to acknowledge the need to take a gender-sensitive approach in their analysis and provide gender-specific remedies. The Incheon Strategy, through Goal 6, has recognized the need to ensure gender equality and women’s empowerment and has identified the need for measures to enable “equitable access to mainstream development opportunities.” While policies to promote gender equality in employment and other spheres have had a longer track record than disability policies, the fact that those efforts are necessary reveals that much work needs to be done to achieve gender equality.

Box 18: Lessons from gender policies

The UN and many other actors have worked on advancing the rights of women in all spheres of life: economic development and independence, health, political and civic participation, prevention of gender-based violence, equitable access to services, equality in marriage and in the home, etc.

In April 2016 UN Women summarized some lessons they had learned from their work on advancing the 2030 Sustainable Development Agenda. Their findings, expressed as recommendations, included:

- Ensure an “all of government” approach is involved in the implementation of the SDGs and 2030 Agenda
- Focus on gender equality and empowerment, especially for those most marginalized
- Mechanisms with mandates for gender equality must be “an integral part” of national institutional arrangements “across all policy areas”
- Investments in gender equality need to be prioritized, and gender-responsive budgeting should be used “to track and monitor such investments”
- Support should be provided to ensure conducive environments for effective participation by women, including by women-led non-governmental organizations

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121 CRPD Article 5(4).
122 Incheon Strategy, Target 6.A.
123 See United Nations Economic and Social Council (2016).
• Gender data collection needs to be in place, reviewed and used. Monitoring SDG progress will require significant investments and capacity building. This includes the work of national statistical offices, line ministries and national mechanisms for disability equality
• There is a need to ensure accountability of government and other stakeholders for their work

Parallel recommendations for each of these bullet points can be applied to the task of implementing disability-inclusive policy. In other words, while the CRPD requires the designation of a focal point on disability, governments should adopt an “all of government” approach that underscores the need for all branches to ensure disability-inclusion is integral in the implementation of their national development plans.

**Commit to developing a plan to make support available and affordable**

The Incheon Strategy has, as its third goal, the enhancement of “access to the physical environment, transportation, knowledge, information and communication.”\(^{124}\) Within that goal, there is a target to “halve the proportion of persons with disabilities who need but do not have appropriate assistive devices or products.”\(^{125}\) This is complemented by another target that sets the ambition to “enhance services and programmes, including for personal assistance and peer counselling, that support persons with disabilities, especially those with multiple, extensive and diverse disabilities, in living independently in the community.”\(^{126}\)

States need to ensure that persons with disabilities have access to a range of affordable in-home, residential and other community support services necessary to support living and inclusion in the community and to prevent isolation or segregation from the community.\(^{127}\)

Two main challenges have hindered the provision of assistive devices and support services:

- Various government ministries and departments are responsible for disability assessments and referrals, education, health and rehabilitation services, social services, and welfare assistance. As a result, no one entity oversees the provision of devices and services.
- The provision of devices and services cuts across levels of government, including national, provincial/state and local administrations.

The inefficiencies caused by these challenges manifest in different ways, through inconsistent or contradictory guidelines, duplication or a lack of coverage, and funding gaps. Given these inefficiencies, it is all the more pressing for a national disability policy to set an objective around the development of a plan that ensures the government (and private sector, depending on the context) provides affordable devices and support services to persons with disabilities in urban and rural areas alike.\(^{128}\)

\(^{124}\) Incheon Strategy, Goal 3.
\(^{125}\) Incheon Strategy, Target 3.D.
\(^{126}\) Incheon Strategy, Target 4.C.
\(^{127}\) CRPD Art 19 (b). Note, at a policy level it is sufficient to make a commitment to provide inclusive community-based services and support. The details of how that is funded and developed could be articulated at the level of implementing legislation, strategies and/or action plans, and will necessarily vary depending on the standard practices of every state.
\(^{128}\) CRPD Committee (2014), General Comment 2 notes that accessibility is “usually better in bigger cities than in remote, less developed rural areas.” (para 16). States should budget accordingly to ensure services are fully accessible in rural areas.
The CRPD highlights the need to make available and affordable assistive devices (including technologies) and personalized support services by referencing it in nine articles. The numerous references reflect the challenge, namely to designate a body that coordinates across sectors to ensure effective and efficient provision of these supports to persons with disabilities. That provision needs to be structured at the community level in a way to facilitate living independently and to support their choices regarding whether, when and how to participate in local activities.

The Special Rapporteur has recommended adherence to coordination and local provision, noting that these supports facilitate the autonomy, independence and inclusion of persons with disabilities and ensure they “benefit from all policies and programmes on an equal basis with others.”¹²⁹ Access to those supports “constitutes a precondition for the respect of their inherent dignity and the full and equal enjoyment of all human rights and fundamental freedoms.”¹³⁰

In terms of the approach to making available assistive devices and services, states’ plans should bear in mind the following requirements: affordability, acceptability, timely provision, and appropriate and sufficient quality (durability). The end goal of all supports and services should be to facilitate full participation by persons with disabilities and their inclusion in the community.

Professionally staffed and well-functioning and funded referral systems are needed. In addition, guidelines on the production, distribution and provision of support are needed, and this system needs to be “structured in a way that promotes the empowerment and choices of persons with disabilities.”¹³¹ These guidelines should be developed in close consultation with persons with disabilities.¹³²

**Box 19: South Africa on community-based services**

<table>
<thead>
<tr>
<th>The Government of South Africa’s White Paper on the Rights of Persons with Disabilities (which functions as a policy document) identified community-based services as a priority area:</th>
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<tbody>
<tr>
<td>Persons with disabilities must be able to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement. Persons with disabilities must have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community. Persons with disabilities living in rural and impoverished settlements, and on farms and traditional communities, in particular, are less likely to access basic and social services, including early identification of disability, health, rehabilitation and habilitation and access to justice services, as well as education and training. Community services and facilities for the general population must be accessible on an equal basis to persons with disabilities and must be responsive to their needs.¹³³</td>
</tr>
</tbody>
</table>

¹²⁹ A/71/314, para 18.
¹³⁰ A/71/314, para 43.
¹³¹ A/71/314, para 46.
¹³² A/71/314, para 49.
¹³³ South Africa, Ministry of Social Development (2016), page 77.
The White Paper articulated the following directive: “Develop a sustainable community-based system for personal assistance to support independent living within the community for persons with disabilities.”

The White Paper described the following requirements of the system: 1) to be person-centred and self-directed; 2) to maximize opportunities for independent living and participation in economic, social and cultural life; 3) be responsive to the specific needs and conditions of persons with disabilities; 4) ensure persons who use personal assistance have choices about where and with whom they live; 5) access to community and home-based services; and 6) be subsidized.

**Establish inclusive data collection standards and tools**

One major challenge that governments face is the lack of quality data on disability prevalence and conditions for persons with disabilities. The lack of accurate data can lead governments to underestimate the number of people with disabilities in the country, and that presents challenges in terms of preparing budgets, planning programmes and services, and ensuring persons with disabilities have access to assistive devices and supports.

A national disability policy will need to identify as an objective the undertaking of efforts to include questions on health and disability in censuses, housing surveys, and other data collection efforts. Fortunately, the United Nations has taken an interest in the development of standards and tools and can be consulted. The Incheon Strategy Goal 8 calls on governments in the region to improve on data collection efforts, specifically with regard to the reliability of data collected, and in ensuring that data is comparable per recognized international standards.

**Box 20: The Washington Group on disability statistics**

The Washington Group on Statistics was established in 2001 to address the dearth of data on disability, especially in low and middle-income countries. The Washington Group focuses on providing tools that allow for the collection of information that is comparable throughout the world. In addition to creating survey tools for censuses and household surveys, the Washington Group also provides technical support to national statistics offices.

Since 2001 the Washington Group has worked on the standardization of definitions, concepts and methodologies for collecting statistical information about persons with disabilities. They have endorsed the CRPD’s definition of persons with disabilities and have developed sets of questions aligned with the World Health Organization’s International Classification of Functioning, Disability and Health.

They have developed several sets of questions as part of their methodology: a short set on functioning (with six questions), an extended set, a child functioning module (in partnership with UNICEF), and a labour force module (in partnership with the International Labour Organization).


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2.1.6 Define assumptions and principles to guide implementation of disability strategy

Governments can use their disability policy as an opportunity to present assumptions and principles that will guide the implementation of their disability strategy. Those assumptions and principles can be derived from precedents in other laws and policies, consultations with OPDs, or informed by situational analyses to better understand conditions for persons with disabilities.

Stating assumptions explicitly will help the general public to understand the rationale for developing a disability strategy (for example, “inclusion benefits everyone” and “women with disabilities experience multiple discrimination”). It will also help the public to understand how the social, environmental, and political context (for example, regarding economic growth, governmental capacity, revenue streams, and political stability) affects persons with disabilities. The process of forming and getting consensus on assumptions will help governments to set and focus attention on the process of selecting priorities and objectives, and plan the actions needed to realize them.

The CRPD contains eight core principles that serve to guide how states should approach supporting and ensuring the rights of persons with disabilities. It will be important for states that have ratified the Convention to show their understanding of how those principles have informed their disability policy. In some cases, states have copied verbatim the eight principles without further explanation, while in other cases states have decided to emphasize certain principles to fit their specific context.

**Box 21: Policy principles to guide implementation**

**Finland**: The Government of Finland identified four overarching principles: equality, participation, accessibility, necessary services and support. A newly published action plan describes the principles that guided its preparation: these include the promotion of a socially responsible welfare state in which people take “responsibility for each other and our common future; there is equality between people, and this is felt to be fair and just. A high standard of health and social services produce wellbeing – and a sense of trust that we will all be looked after when we are not able to do this ourselves.”

**Mauritius**: The Vision is underpinned by “four main Principles of: Rights, Choice, Independence and Inclusion which will sustain better life chances for people with disabilities.”

**South Africa**: The government’s key principles and considerations are: “Respect for inherent human dignity and individual autonomy; Non-discrimination; Full and effective participation and inclusion in society; Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity; Equalization of opportunities; Equal opportunity for men and women; Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.”

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136 CRPD Article 3. The eight principles are: 1. Respect for inherent dignity, individual autonomy including the freedom to make one’s own choices, and independence of persons; 2. Non-discrimination; 3. Full and effective participation and inclusion in society; 4. Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity; 5. Equality of opportunity; 6. Accessibility; 7. Equality between men and women; 8. Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

137 Finnish Institute for Health and Welfare (undated), Handbook on Disability Services: principles of disability policy.

138 Finland, Ministry of Social Affairs and Health (2021), p.17.

139 Mauritius (2018), page 40.
Accessibility; Equality between men and women; and Respect for the evolving capacities of children with disabilities and for their right to preserve their identities.”

**Kiribati**: adopted the eight principles as in the CRPD, and added a ninth, respect for the cultural values of Kiribati.

As part of a national disability policy, governments may want to explain how these principles can give direction to the development of a strategy – both in terms of content as well as process. One way to ensure the principles inform the development of national disability strategies could be to restate them as commitments. For example, the “principle of equality between men and women” could be restated as:

“the disability strategy needs to ensure equality between women and men. Therefore, the government commits to actions to understand and reduce socio-economic disparities between men and women, to develop strategic objectives in consultation with and led by women with disabilities, and to ensure access to services for all women with disabilities, etc.”

The CRPD expresses concern about conditions for persons who may experience multiple discrimination. For example, Article 6 (women with disabilities) and Article 3 (general principles) clarify the need for ensuring equality between men and women. Thus, it will be important for any statement of principles contained in national disability policies to affirm that persons who experience multiple discrimination are often placed in conditions of risk and vulnerability. Governmental entities responsible for developing strategies will want to ensure people who experience multiple discrimination are afforded the protection and supports they need to exercise their rights on an equal basis with others.

### 2.2 Elements of good national disability strategies

National public policies indicate what states would like to achieve, why that work should be done, and provide broad objectives that inspire and direct the public’s attention to particular issues. National strategies complement policies and are the detailed maps that indicate who is responsible for the work, explain how it will get done and with what resources, and how progress will be measured. In terms of content, strategies should contain the following four elements.

**Box 22: Overview of strategy elements**

<table>
<thead>
<tr>
<th>1. Include a situational analysis and identification of priorities</th>
<th>3. Specify capacity building outcomes and objectives</th>
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<tbody>
<tr>
<td>2. Articulate the state’s obligations</td>
<td>- Strengthening legislative framework</td>
</tr>
<tr>
<td>- Consult and engage with persons with</td>
<td>- Strengthening the executive branch and administration</td>
</tr>
<tr>
<td></td>
<td>- Strengthening the judicial branch</td>
</tr>
</tbody>
</table>

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[140](#) South Africa (2016), pages 52-53.
[141](#) Kiribati (2018), page 8.
[142](#) CRPD, Preamble (p).
[143](#) CRPD, Preamble (p) and Article 6 (1).
2.2.1 Include a situational analysis and identification of priorities

States will want to base a strategy on a situational analysis that they carry out or commission to a third party. A summary of the situational analysis, presented within the strategy, should contain:

- basic data on persons with disabilities in the country and that data should be disaggregated by gender, age, impairment type, race or ethnicity, and other demographic data as available and applicable
- methodology for how the situational analysis was developed and the extent to which OPDs were consulted in the design and collection of information
- legal overview, including information on the definition(s) of disability in major legislation
- an overview of programs and services that support persons with disabilities, both those within mainstream services, as well as those targeting persons with disabilities specifically
- A barrier analysis (see box below for more on barriers)

Box 23: Types of barriers

National disability strategies should present a summary of a situational analysis on the conditions in-country for persons with disabilities (further details could be included in annual workplans when budgets are allocated). The information gleaned from the situational analysis can be used to raise public awareness, educate staff, and help the entities designated as focal point to select priorities and objectives for the disability strategy.

Given that persons with disabilities experience barriers that prevent or limit their ability to exercise their rights, national disability strategies should seek to identify and understand the root causes of those barriers.

As they move away from more traditional views on disability and toward a human rights approach, states may want to turn their attention to the barriers that have created unequal conditions for persons with disabilities. There are four main types of barriers: 1) legislative; 2) attitudinal; 3) institutional; and 4) environmental.
**Legislative:** laws and regulations that contain language that directly or indirectly discriminate against persons with disabilities.\textsuperscript{144}

**Attitudinal:** indifference, negative stereotypes or prejudice toward persons with disabilities that can be used to justify differential and discriminatory behaviour, and can cause persons to experience shame, stigma and exclusion.

**Institutional:** structures and standard practices of the public sector and private sector that disadvantage persons with disabilities and prevent them from accessing resources, services and opportunities on an equal basis. This can include recruitment and hiring practices, the provision of information and forms of communication.

**Environmental:** obstacles in the built and virtual environment, can include physical structures, locations where people reside (and exposure to environmental risks including climate change), as well as the support structures (including family and friends), services that people rely on, and means of communication.

While the types of barriers are described as discrete headings, in reality, they are interconnected. A legislative barrier (such as taking away the right to vote for persons with cognitive disabilities) can influence, for example, how members of the community view persons with disabilities. As such, the decision to work on removing a legislative barrier can have positive spill-over effects and lead to reshaping or reducing attitudinal, environmental or institutional barriers. Likewise, working on promoting the participation of persons with disabilities can change attitudes, inform the drafting of legislation and policies, and support the removal of various institutional and environmental barriers.

**New Zealand’s** strategy recognizes the need to identify and remove barriers: “Despite what we have learnt and the progress that has been made since 2001, many disabled children and adults still face some barriers that prevent them from reaching their full potential. If these barriers are not dismantled and removed, then all of us miss out.”\textsuperscript{145}

The governmental focal point bears the responsibility for commissioning a situational analysis. The analysis provides a baseline for the government and other stakeholders on conditions for persons with disabilities and can be used not only to inform the formulation of a national disability strategy, but also to guide follow-up and sector-specific strategies.

Once the situational analysis has been drafted it will be necessary for the government focal point to outline a process for identifying top priorities for a time-bound national disability strategy, knowing that it is impossible to address each and every issue that the situational analysis has surfaced. As part of the process, it will be necessary for the government to consult closely with and actively engage persons with disabilities through their representative organizations.

A summary of the main points from the situational analysis can be presented in the national disability strategy, especially as it will provide an evidence base for the outcomes and objectives that the strategy wants to achieve.

\textsuperscript{144} Direct discrimination refers to laws and policies that intend to treat persons with disabilities as unequal, for example, the denial of the legal capacity of persons with disabilities. Indirect discrimination refers to laws and policies that, though not intended, adversely impact or disadvantage persons with disabilities.

\textsuperscript{145} New Zealand (2016), page 4.
2.2.2 Articulate the state’s obligations

Governments will want to state their commitments as part of the strategy. This should be seen as a means to instruct government employees as well as to communicate to the general public about the nature of the work to be undertaken. States may want to consider the CRPD’s general obligations (article 4), which are a good starting point for understanding the obligations that come with ratification.

While the CRPD brings obligations, other treaties and regional initiatives may bind states as well. In their new strategy the European Commission noted its expectation that all members adhere to the obligations contained in the CRPD as well as those aligned with the rules of the EU:

“It remains the primary responsibility of Member States to design their national disability policies in line with their obligations to implement the UN CRPD and in line with applicable EU rules. This Strategy will also ensure that the Commission leads by example in its implementation of the UN CRPD and that it intensifies its work with the other EU institutions to that end.”

As a practical matter, states don’t always list out all their obligations or commitments in one part of their strategy. Australia’s disability strategy, for example, refers to their obligations in several places. In one section they explain how the strategy fits with other actions the government has already taken:

“This Strategy builds on the significant work undertaken to date by all governments. The National Disability Agreement, signed by Commonwealth, State and Territory governments in 2008, was an important first step towards a new, cooperative approach by Australian governments to supporting Australians with disability. By ratifying in 2008 the United Nations Convention on the Rights of Persons with Disabilities, Australia joined other countries in a global effort to promote the equal and active participation of all people with disability. The National Disability Strategy will complement these and other actions, looking beyond the specialist disability sector and Australia’s international obligations. It will focus our efforts towards achieving a society that is inclusive and enabling, providing equality and the opportunity for each person to fulfil their potential.”

In a second section, the Australian Government uses the strategy to explain what additional obligations, in terms of national and territorial laws and regulations, will be adhered to during implementation:

“Implementing the Strategy will assist governments in meeting their obligations under the following:

- United Nations Convention on Rights of Persons with Disabilities
- National Disability Agreement
- Disability Discrimination Act 1992 (Cwlth) and related disability standards
- Disability Services Act 1986 (Cwlth) and complementary legislation
- Equal Employment Opportunity legislation

146 European Commission (2021), page 5.
147 Australia (2011), page 3.
• Other State/Territory legislation including the Australian Capital Territory and Victorian Charters of human rights
• Public Service Acts” 148

The following represent a baseline set of obligations for disability strategies:

**Consult with and actively engage persons with disabilities through their representative organizations** 149

Governments have an obligation to include persons with disabilities and their representative organizations in national implementation. It remains important for governments to ensure that policy level obligation is carried over as part of disability strategies, as strategies dictate how the policy is realized.

At the level of defining strategy, the UN Human Rights Council has noted that “effective and meaningful participation” should be considered the intended outcome of any disability-focused intervention or activity. 150 They noted further that such participation “is a fundamental component of representation and a precursor for individuals to act as agents of change.” 151

In their strategy, states will want to state a commitment to consult with and actively engage persons with disabilities as partners in implementing the strategy.

The CRPD Committee has noted the obligation to ensure full and equal participation of diverse groups of persons with disabilities includes the obligation to provide appropriate support and reasonable accommodation to facilitate that participation. 152

**Box 24: Participation by persons with disabilities in New Zealand’s strategy**

In New Zealand, the Government went to great lengths to ensure persons with disabilities were consulted in the development of the priorities of the government’s disability strategy. The Government convened a Disability Strategy Reference Group, comprised of representatives of OPDs and three members of government, who were there in an advisory capacity. The reference group authored the strategy.

During the drafting process there were times when the reference group members asked the government members to leave so the group of persons with disabilities could discuss sensitive topics. 153 The strategy emphasizes the important role the Reference Group played:

““The development of this Strategy was supported by the New Zealand Disability Strategy Revision Reference Group, of whom the majority of members identify as disabled people. It is also based on what disabled people said was most important to them during public consultation in 2016.””

149 CRPD Article 4.3.
152 CRPD/C/ARM/CO/1, para 6.(a).
153 Interview with Brian Coffey, Director of the Office for Disability Issues, 8 March 2021.
In order to remain true to the vision and priorities of the people at the centre of this Strategy, the Who we are, Principles and Approaches and Outcomes sections have been written from the perspective of disabled people.”

**Enforce non-discrimination and equality provisions**\(^{155}\)

A non-discrimination framework is foundational to protecting the rights of persons with disabilities and it ensures equal access to resources, participation on an equal basis with others and equality of opportunity. This obligation takes as its basis the inherent worth of persons with disabilities and recognizes that involving persons with disabilities as equals benefits all in society, not just persons with disabilities.\(^{156}\)

States are directed to take “all appropriate measures to eliminate discrimination on the basis of disability by any person, organization or private enterprise.”\(^{157}\) Such measures should include actions for combatting stigma and negative stereotypes about persons with disabilities, which go to the core of the attitudinal barriers experienced by many persons with disabilities.

Moreover, the CRPD permits the use of affirmative action or “specific measures...to accelerate or achieve de facto equality” and notes that such measures should not be considered as discrimination.\(^{158}\)

Governments have adopted various approaches to reinforce the principles and practices of non-discrimination and inclusion.

**Box 25: Practices to reinforce non-discrimination and inclusion**

Australia’s Disability Strategy 2010-2020 offers the following seven approaches to reinforce non-discrimination, inclusion and the CRPD principles:

**Involvement of people with disability** — the views of people with disability are central to the design, funding, delivery and evaluation of policies, programs and services which impact them, with appropriate support and adjustment for participation.

**Community engagement** — a whole-of-community change effort is required to remove barriers and support the inclusion of people with disability in the life of their communities.

**Universal approach** — products, services, environments and communities are accessible and usable by all people to the greatest extent possible without the need for specialised modification.

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\(^{154}\) New Zealand (2016), page 10.

\(^{155}\) CRPD Articles 2, 5, and 12.

\(^{156}\) Studies have shown that the exclusion of persons with disabilities has mitigated economic growth. See: Sebastian Buckup (2009), The price of exclusion: the economic consequences of excluding people with disabilities from the world of work (Employment working paper; no.43), International Labour Office, Employment Sector, Skills and Employability Department. - Geneva: ILO. (https://www.ilo.org/wcmsp5/groups/public/---edemp/---ifspskills/documents/publication/wcms119305.pdf)

\(^{157}\) CRPD, 4.1.e

\(^{158}\) CRPD Article 5 (4).
**Life-course approach** — takes into account a person’s likely needs and aspirations over their lifetime, paying particular attention to milestones and times of transition.

**Person-centred** — policies, programs and services for people with disability are designed to respond to the needs and wishes of each individual.

**Independent living** — the provision of services and equipment that facilitate the greatest level of independence and the enjoyment of a lifestyle that reflects the choices of people with disability.

**Interconnectivity** — governments work together to ensure the interconnectivity of policies and programs.159

**Prioritize the protection of persons in more vulnerable conditions**

Targeted and line-ministry specific approaches will be needed to ensure non-discrimination and equal access to resources, services and opportunities for persons with disabilities who may be in more vulnerable conditions due to various factors such as gender, ethnicity and other characteristics. Disability strategies can use consultations to collect information on those groups in their country.

**Box 26: Priority attention to persons in vulnerable conditions**

The EU’s new disability strategy states the following about groups who need priority attention:

“This Strategy takes account of the diversity of disability, resulting from the interaction between long-term physical, mental, intellectual or sensory impairments, which are often invisible, with barriers in the environment, as well as the increased prevalence of disabilities with age, with almost half of persons aged above 65 reporting some form of disability. It promotes an intersectional perspective, addressing specific barriers faced by persons with disabilities who are at the intersection of identities (gender, racial, ethnic, sexual, religious), or in a difficult socioeconomic or other vulnerable situation. Among persons with disabilities, women, children, older persons, homeless persons, refugees, migrants, Roma and other ethnic minorities need particular attention.”160

Likewise, South Africa’s Disability Framework for Local Government identified groups who may need additional support:

“In the application of the policy framework, it should always be borne in mind that in some instances special or additional measures/interventions might be necessary to address the needs of categories of people who are most vulnerable. This includes women with disabilities, children with disabilities and people with disabilities living in rural areas.”161

**Protect and empower women and girls with disabilities**162

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159 Australia (2011), page 23.
161 South Africa, Department Provincial and Local Government (2009), page 10.
162 CRPD Articles 2,3,4, 6, 16, 23, 25 and 28 call specific attention to the ways in which women and girls with disabilities are subjected to multiple discrimination.
Women and girls with disabilities experience discrimination based on their gender and on their disability status. This double disadvantage is recognized not only by the CRPD but also by the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of the Child (CRC). As a result, women and girls with disabilities are afforded less access to resources and opportunities and are often placed in conditions that leave them vulnerable to violence, abuse and harassment.

In light of this, it is important for disability strategies to take on as an obligation the duty to provide remedy and to factor in the obligation to protect and promote the rights of women and girls as a cross-cutting issue in all its work in every sector.

**Provide resources to facilitate the realization of rights**

Human, technical, and financial resources are needed to implement strategies (see policy element three for more on “resources”). It is important to note that civil and political rights are subject to immediate obligation. This includes, for example, ensuring non-discrimination. Efforts to advance economic, social and cultural rights can be progressively realized. In terms of decisions on funding amounts, the CRPD obliges governments to commit “the maximum of its available resources” to achieve “progressively the full realization” of those rights. The CRPD Committee has emphasized that resources need to be available at urban and rural levels for the implementation of plans, programmes and services.

The term “resources” can refer to human resources, informational resources and technical capacity, and/or financial resources. Strategies will want to consider pathways for developing the capacity of staff to work on disability inclusion through a combination of training programmes and the provision of technical assistance. Strategies will also want to earmark the funds needed to cover expenditures associated with the actions identified to meet policy and strategy objectives.

Many services and programmes are implemented at the provincial and local levels. Given that it is important for resources to be allocated at all levels. National disability strategies and plans of action should clarify the roles and responsibilities of different ministries and departments at the sub-national level, and identify, ideally, the sources and amount of funding for inclusive programmes and service delivery in various sectors (health, education, social protection, welfare, etc.).

**Box 27: Allocating funds for disability inclusion**

States have very different methods and approaches for earmarking funds for governmental initiatives and programmes. As such there are many appropriate ways (beyond the scope of this study) to ensure the provision of resources:

In 2018 the Government of India, through Niti Aayog (Policy Commission), presented a broad development strategy, Strategy for India @75, which combined elements of policy and strategy across sectors and population groups. The section on persons with disabilities presented the policy objective of bolstering “the institutional architecture and policy framework” and included a commitment of “at least 5 per cent of the total budget of social sector ministries for schemes for Persons with Disabilities.”

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163 CRPD, Art 4(2).
164 CRPD/C/SLV/CO/2-3, para 7.
165 India (2018), page 158.
New Zealand’s Office for Disability Issues explains in their Disability Strategy 2006-2016 that plans, not strategies, will cover issues like funding and legislation.\footnote{New Zealand (2016), page 43.}

**Provide assistive devices and supports**

States have an obligation to support the development of inclusive community-based services and to make available and affordable assistive devices and technologies for persons with disabilities to facilitate their personal mobility.\footnote{CRPD Article 20 (a)-(b).} To fulfil this obligation states should encourage the production of aids, devices and technologies, and provide opportunities for persons with disabilities to be trained in mobility skills.\footnote{CRPD Article 20 (c)-(d).}

**2.2.3 Specify capacity building outcomes and objectives**

The strategy will need to specify outcomes that it wants to achieve, and the objectives and benchmarks that will provide the roadmap for how they will be achieved. In addition to thematic outcomes and objectives, such as achieving full and inclusive education for all children with disabilities or the elimination of poverty for persons with disabilities, states will also want to articulate outcomes and objectives that pertain to their capacity to do the work. This can be categorized as follows:

**Strengthen the legislative framework**

One of the general obligations of states parties (and a way to address legislative barriers) is to review legislation, policies and programmes to identify gaps in compliance with the CRPD.\footnote{CRPD Article 4.1.b.}

Given that obligation it is important to encourage states to include the legislative review as one objective of their national disability strategy.

Legislation, sector-specific policies and programmes may directly or indirectly discriminate against persons with disabilities, and thus a comprehensive review of all legislation (including family, criminal, mental health and tort and contractual law) and policies is essential.\footnote{A/HRC/37/56, para 65.}

Reviews will need to be carried out through an inclusive process and will need to conclude with recommended measures to revise legislation, policies and programmes to ensure accordance with the CRPD, as outlined below. It will be necessary to establish a mechanism for reviewing new legislation and policies in every domain or sector (not just limited to “traditional” views on disability) to ensure compliance with the CRPD, thereby reducing the likelihood of indirect or unintended discrimination.

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**Box 28: CRPD compliance review in Australia’s strategy**

The Government of Australia included as part of their strategy a summary statement regarding their assessment of CRPD compliance:

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\footnotesize{166 New Zealand (2016), page 43.}  
\footnotesize{167 CRPD Article 20 (a)-(b).}  
\footnotesize{168 CRPD Article 20 (c)-(d).}  
\footnotesize{169 CRPD Article 4.1.b.}  
\footnotesize{170 A/HRC/37/56, para 65.}
“The Commonwealth, States and Territories have assessed the extent to which their legislation, policies and programs comply with the obligations in the Convention. At a national level, the assessment identified a number of policies and programs common to most States and Territories, including: government disability action plans, disability advisory councils, public advocates, disability services standards, community or disability legal centres, funding of disability organisations and compliance with website accessibility guidelines.”

Having been informed by the consultations with persons with disabilities, the Australian Disability Strategy outlined five policy directions to achieve their outcome of having rights “promoted, upheld and protected.” Those directions include: 1) promoting “widespread awareness and acceptance of the rights of people with disability in practice”; 2) actions to identify and remove “societal barriers” that “stand in the way of people exercising their rights as citizens, including within the political and justice systems”; 3) appropriate strategies to facilitate effective access to justice and participation in all legal proceedings; 4) trainings for the judiciary, legal professionals and court staff on disability; and 5) recognition that persons with disabilities are vulnerable to violence, exploitation and neglect.

**Strengthen the executive and administrative capacity**

States will need to ensure that the relevant ministries and departments have the staff capacity to implement the strategy effectively. This implies one of the objectives of any disability strategy should be to ensure that staff have the knowledge, tools and resources to equip them to carry out the responsibilities as identified in the strategy. Since all new policies and programmes will need “to take into account the protection and promotion” of the rights of persons with disabilities, it will be necessary for the state to ensure staff have the know-how and motivation to design and implement actions accordingly.

First, as mentioned in the section on disability policy, mechanisms need to be in place per CRPD Article 33 (national implementation). This means the designation of one or more focal points, and a consideration of and decision on whether to establish a coordination mechanism to facilitate cooperation across sectors and at different levels of government.

The focal points and coordination mechanism can advance a twin-track approach, which facilitates disability mainstreaming (ensuring all programmes and services are inclusive) and targeted programmes specifically for persons with disabilities. The end goal of all targeted programmes has to be to facilitate living independently, being included in the community, with full realization of other rights that will enable persons with disabilities to maintain an adequate standard of living and have access to social protection and all other supports they need.

States will need to provide technical and financial support to the focal point to enable it to develop its own internal mechanism to track implementation of the strategy, collect data, and create feedback loops to ensure data is analysed and informs subsequent actions. Ideally data

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171 Australia (2011), page 40.
172 Australia (2011), page 37.
174 CRPD Article 4.1.c.
175 CRPD, Article 33.1.
on disability is collected by national statistics offices and are integrated into other data collection efforts (household surveys, censuses, and data related to SDG implementation) and are supplemented by targeted studies on conditions specifically for persons with disabilities.

The CRPD also requires the government to designate an independent framework “to promote, protect and monitor” implementation of the Convention. The independent monitoring framework needs to be well-resourced and should include any NHRIs that have been recognized as being in accordance with the Paris Principles. OPDs are expected to “be involved in and participate fully” in activities to monitor implementation.

Second, measures should include setting up processes, budgets, and timelines for key stakeholders, including but not limited to ministries, for the development of sector-specific strategies and annual plans that prioritize actions for advancing the implementation of the Convention. This can be set in motion in a strategy or action plans.

Box 29: Priorities in strategies and action plans in New Zealand

The Government of New Zealand emphasizes the link between strategy and action plans and the formation of priorities by persons with disabilities:

The Action Plan has been designed this way to bring together important programmes of work that agencies have committed to that relate to the outcomes in the Disability Strategy. The Action Plan responds to the main issues identified by disabled people, the OPD Coalition and government agencies working together. We expect most of the work programmes in the Action Plan to continue beyond 2023. New work programmes may be added to the Action Plan over its timeframe. Most of the work programmes will be implemented within agency baselines, but some may require new resources. Where this is the case, agencies may develop budget bids to secure additional or new funding.

Third, there needs to be a concerted and cross-ministry strategy to address barriers in the physical and virtual environment. While a commitment needs to be made as part of the policy, as mentioned above, many of the details will need to be worked out at the level of strategy or action plans, often at a municipal or local level in the form of accessibility transition plans.

Strengthening the capacity of the judicial branch
States need to ensure that the judicial branch has the capacity to provide equal access to justice for persons with disabilities. The specific barriers will differ from state to state, but two broad issues need consideration: enforcing non-discrimination and building the capacity of employees including judges, court officials, police officers and support staff in the judicial branch.

Any disability strategy should consider the inclusion of an objective to ensure persons with disabilities are not discriminated against, directly or indirectly, in laws, court procedures, or facilities. In terms of laws, persons with disabilities may be denied equal standing before the law, for example, the denial of personhood and legal capacity, or subjected to different treatment as a result of their disability status, such as placement in an institution or non-consensual medical procedures.

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176 CRPD, Article 33.2.
177 CRPD, Article 33.3.
178 New Zealand (2019), page 3.
Persons with disabilities may also be subjected to discrimination as a result of inaccessible courtrooms and procedures, and the lack of availability of supports such as sign language interpretation. Thus, even with a non-discrimination framework in place, additional work is needed to facilitate access to justice. The Special Rapporteur identified other barriers, including lack of awareness of their rights, expenses associated with legal procedures, and the absence of procedural accommodation. A study commissioned by the Special Rapporteur noted six broad categories for ensuring access to justice: 1) accessibility, and access to accurate and accessible information; 2) access to legal advice and representation; 3) accessible civil and criminal complaints mechanisms; 4) equal participation in judicial procedures; 5) the right to effective remedies; and 6) the provision of training to relevant stakeholders on how to communicate with persons with different types of disabilities.

Judges and court administration will also need to have the knowledge and skills to apply the law and procedures in ways that do not discriminate against persons with disabilities, thus they may benefit from training on the obligations of the CRPD vis-à-vis their national laws.

**Box 30: Examples of commitments to strengthen judicial capacity**

In New Zealand’s Action Plan the Government identified the Ministry of Justice, in conjunction with other relevant agencies to take the following actions: “Improve justice services so that they are accessible and able to be understood by disabled people.”

In Costa Rica’s policy, the government made the following commitment to judicial and administrative decisions: “State institutions commit to base their actions from the Rights Approach. As a result, all judicial and administrative authorities must respect due process and the enshrined constitutional and special guarantees in favour of people with disabilities.”

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2.2.4 Ensure the national development is inclusive

As mentioned in the introduction, the SDGs include persons with disabilities in their targets and indicators. As they develop national development plans within the framework of the SDGs it is important for states to ensure that those plans recognize and aim to address disparities experienced by persons with disabilities.

One important feature of national disability strategies should be to link their efforts with the ministry or other governmental entity responsible for SDG implementation to ensure states give due attention to disability within the mechanisms that implement and report on the SDGs.

This will mean that disability focal points and any coordination mechanism need to be actively engaged with their governmental counterparts regarding the design and implementation of strategies and plans to realize the SDGs. As part of that effort, the focal points and coordination mechanisms will want to facilitate the participation of persons with disabilities through their representative organizations.

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179 A/71/314, para 28.
Several national disability strategies have made commitments to disability inclusion in their post-2015 national development plans. These strategies focus on different aspects of the importance of disability inclusion:

**As integral to sustainable national development**
Countries have made efforts to integrate disability strategies into their national development processes.

The mission of Cambodia’s National Disability Strategic Plan reads: “Promote participation of government institutions, private sector, civil society, and OPDs for disability inclusive social affairs to support sustainable development.”\(^{183}\)

The Government of South Africa has called attention to the need to ensure the inclusion of persons with disabilities, citing remarks attributed to the Special Rapporteur in their White Paper: “The inclusion of persons with disabilities in the Sustainable Development Goals is fundamental if we are to achieve sustainable development that is genuinely rights based.”\(^{184}\)

To support the integration of the White Paper’s policy directions, the Government of South Africa developed an implementation matrix that identified the lead responsible agency for developing community-based services, linked the White Paper’s policy directions with the Medium-Term Strategic Framework Outcome Areas, and identified specific sets of targets for 2015-2019 and 2020-2030.\(^{185}\)

The EU disability strategy states that its promotion of disability equality complements the work of other “equality strategies” and states, “this Strategy will help to achieve a Union of Equality and to strengthen Europe’s role as a global partner in combatting inequalities, achieving the UN Sustainable Development Goals and promoting human rights.”\(^{186}\)

**As an obligation to leave no one out (or behind)**
The Norwegian Government provided the following framework to link the CRPD, disability strategy and the SDGs together:

“Inclusion and equality of persons with disabilities are preconditions for a sustainable welfare society and for individuals to be able to live free and independent lives. In 2013, Norway ratified the UN Convention on the Rights of Persons with Disabilities (CRPD). It obligates Norway to work to ensure that the rights of persons with disabilities are protected in the same way as those of others. The sustainability goals apply until 2030, underpinning the government’s ambition that all persons should have opportunities for progress and development. No one should be left out of the implementation of the UN’s sustainability goals.”\(^{187}\)

The Norwegian government linked global commitments to national policy and the SDGs explicitly, stating their goal to “promote better living conditions and strengthened rights for persons with disabilities globally. Participation and cooperation in international forums are

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\(^{184}\) South Africa (2016), White Paper, page 93.

\(^{185}\) South Africa (2015), page 11.

\(^{186}\) European Commission (2021), page 6.

\(^{187}\) Norway, Ministry of Children and Equality (December 2018), (foreword – no page number).
also important in order to gather ideas for national policy development in the area of equality for persons with disabilities.” 188

As a commitment to legal and institutional reform
The Government of Cambodia, in their National Strategic Plan, noted they have “the will and commitment for institutional reform and approach to provide an enabling environment through the transfer of technologies, legal reform and financial encouragement towards sustainable development for persons with disabilities.” 189

Given that commitment, they are taking action to address “disability carefully through development and implementation of policies, strategies and action plans.” 190

The importance of data and monitoring to ensure disability inclusion
The monitoring framework for the EU disability strategy is to be set up to “provide input for the European Semester, the Social Scoreboard and the implementation of the Sustainable Development Goals.” 191

The Government of Vanuatu’s strategic priority areas recognize the importance of data for reporting on international, regional and national indicators. The strategic priority areas note the need for policies and programmes “to be informed by evidence. Likewise, the Government of Vanuatu requires data in order to report against indicators within the NSDP and the Sustainable Development Goals (SDGs), as well as to report against the CRPD and Incheon Strategy.” 192 Data is needed, the strategy says, to “understand the situation for persons with disabilities, and to compare this to the experiences of persons without disabilities. Disability is a multi-dimensional concept, involving impairment, function and barriers to participation; and as such its reliable measurement can be complex.” 193

3. Conclusion

National disability policies and strategies are important tools for ensuring that the rights of persons with disabilities are protected, and for addressing the various social and economic inequalities and challenges persons with disabilities experience in every-day life.

This paper has outlined six key elements for disability policies and four elements for disability strategies. The formulation of these elements is based on a global desk review of policies and strategies, a close reading of the CRPD, and guidance from the CRPD Committee, the Special Rapporteur, and other bodies mandated to support the implementation of international law.

The essential elements of a disability policy include a commitment to disability mainstreaming, intentionality around ensuring disability inclusion efforts are part and parcel

188 Ibid, page 23.
189 Cambodia (2014), page 10.
190 Ibid, page 11.
191 European Commission (2021), page 31. Notes: The European Semester provides a framework for the coordination of economic policies across the EU. The Social Scoreboard monitors the implementation of the European Pillar of Social Rights that are clustered along three dimensions: equal opportunities and access to the labour market; dynamic labour markets and fair working conditions; and public support / social protection and inclusion. More information at: https://composite-indicators.jrc.ec.europa.eu/social-scoreboard/
of the national development agendas, the allocation of adequate budgets, the establishment of robust implementation mechanisms, the articulation of implementable objectives, and guidance for disability strategies. The essential elements for disability strategies include the completion of a situational analysis and the identification of priorities, actions to put into practice the state’s obligations to implement the CRPD, the identification of intended outcomes and objectives, and finally the adaptation of national development mechanisms and plans so they are fully inclusive of persons with disabilities.

A final note of caution. The mere existence of disability policies and strategies is not a panacea. These documents need to be living – meaning that they are owned by the relevant ministries and institutions. Those bodies need to have adequate funding and solid working relationships with diverse OPDs in capitals as well as in other urban and rural settings. The CRPD emphasizes that states are obliged to provide OPDs with opportunities to be engaged in discussions to inform ministerial-level policies and programmes, and central and local-level action plans. Disability policies and strategies will be unsuccessful if states do not provide adequate funding and do not afford OPDs the opportunity to engage in the design and implementation of actions to fulfil the objectives of those policies and strategies.
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Annexes

Annex A: Regional frameworks on disability-inclusive development

ESCAP and the Asia-Pacific region have been leaders in global efforts toward disability inclusion. ESCAP has led three regional Disability Decades, starting in 1993. To guide the third decade, the Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific was launched in 2012. The Incheon Strategy builds on the rights-based approach of the CRPD and the Biwako Millennium Framework for Action and Biwako Plus Five towards an Inclusive, Barrier-free and Rights-based Society for Persons with Disabilities in Asia and the Pacific. The Incheon Strategy was the first set of 10 regionally agreed disability-specific development goals and included 27 targets and 62 indicators. These targets and indicators will support the region to track progress over the course of the decade.

In 2017, the Beijing Declaration and Action Plan to Accelerate the Implementation of the Incheon Strategy was adopted by member states of ESCAP at the High-level Intergovernmental Meeting on the Midpoint Review of the Asian and Pacific Decade of Persons with Disabilities, 2013–2022. The Beijing Declaration and Action Plan specifies policy actions that can be taken by Governments, civil society stakeholders and ESCAP to make progress toward the Incheon Strategy goals.

The Incheon Strategy and the Beijing Declaration and Action Plan have synergies with the 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SGDs). These regional frameworks are unique tools for the Asia-Pacific region that support member states in their progress toward the SDGs and disability-inclusive development.

The full Incheon Strategy and Beijing Declaration and Action Plan can be found on the ESCAP website here: https://www.unescap.org/resources/incheon-strategy-make-right-real-persons-disabilities-asia-and-pacific-and-beijing
## Annex B: List of CRPD Concluding Observations by date for ESCAP Region

<table>
<thead>
<tr>
<th>Country</th>
<th>Other languages</th>
<th>Date Adopted</th>
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<tbody>
<tr>
<td>Australia</td>
<td>A C R S</td>
<td>(Adopted in October 2019)</td>
</tr>
<tr>
<td>India</td>
<td>C R S</td>
<td>(Adopted in October 2019)</td>
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<tr>
<td>Myanmar</td>
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<tr>
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<td>C R S</td>
<td>(Adopted in March 2019)</td>
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<td>C R S</td>
<td>(Adopted in March 2019)</td>
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<td>Philippines</td>
<td>A C F R S</td>
<td>(Adopted in September 2018)</td>
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<tr>
<td>Russian Federation</td>
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<td>(Adopted in March 2018)</td>
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<tr>
<td>Nepal</td>
<td>A C F R S</td>
<td>(Adopted in March 2018)</td>
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<tr>
<td>China</td>
<td>A C (and Add.1) F R S</td>
<td>(Adopted in September 2012)</td>
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(Cook Islands is an associate member, all others are ESCAP members states)
Annex C: Global efforts to support disability policies and strategies

**UN Disability Strategy (2018)**

The Secretary-General established an Executive Committee to identify ways for the UN to improve its performance with respect to disability inclusion in the 2030 Agenda for Sustainable Development. An institutional review was undertaken, and that review concluded in December 2018 that “there was wide consensus on: (a) the need of the United Nations pillars to mainstream disability inclusion into everything they do; and (b) the need to thoroughly address the review’s findings through the system-wide approach to the policy, action plan and accountability framework.”  

The UN Disability Inclusion Strategy (UNDIS) emerged from that review, and aims to provide “a foundation for sustainable and transformative change towards disability inclusion.”  

There are four main elements of UNDIS: 1) leadership, strategic planning and management; 2) inclusiveness; 3) programming; and 4) organizational culture. With respect to the first element, the UNDIS notes the importance of planning, implementing and reporting on disability inclusion “in relation to the full implementation of the Sustainable Development Goals, including at country level.”

More information can be found at: https://www.un.org/en/content/disabilitystrategy/

**Global Disability Summit**

The Global Disability Summit had four principal objectives: 1) to raise global attention on disability; 2) to broaden engagement; 3) to mobilize global and national commitments on disability inclusion; and 4) to share good practices and evidence on disability inclusion.

Summit participants drafted a “Charter for Change” that articulated ten commitments. Notably, the Charter committed signees to “catalyse political will and leadership to turn our promises into change in long term plans”, “eliminate stigma and discrimination through legislation and policies”, to “leave no one behind and put the furthest behind first”, “gather and use better data and evidence” and to “hold ourselves and others to account for the promises we have made here today.”

More information can be found at: https://www.globaldisabilitysummit.org/

**Global Action on Disability Network**

The Global Action on Disability Network (GLAD), established in 2015 counts forty bilateral and multilateral donors and agencies, and the private sector and foundations as members, all of whom work on disability inclusion in international development and humanitarian action. The network’s goals are founded on provisions in CRPD Article 32 (international development), with the aim to strengthen, expand, and diversify partnerships and funding for disability inclusion.

More information can be found at: www.gladnetwork.net

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194 CEB/2019/1/Add.6, para 4.
195 CEB/2019/1/Add.6, para 7.
196 CEB/2019/1/Add.6, para 26 (a).
Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) Disability Marker

The Organisation for Economic Cooperation and Development (OECD) developed a disability-specific marker for tracking development finance in support of persons with disabilities. OECD members can now use the Disability Marker on a voluntary basis.

More information can be found at:

Financing for Disability Inclusive Development

The Third International Conference on Financing for Development, held in Addis Ababa in 2015, focused on negotiating agreements on contributions by states to support the implementation of the SDGs (2030 development agenda). The Outcome Document from the conference calls for the inclusion of persons with disabilities with regard to social protection (SDG 1.3), employment and decent work (SDG 8.5), inclusive education (SDGs 4.1-4.3, 4.5, and 4.a), the provision of accessible technologies (no direct SDG, but connected to several CRPD articles), and for improving data collection and disaggregation (SDG 17.18).

More information can be found at:

OHCHR package to bridge the CRPD and SDGs

The Office of the High Commissioner on Human Rights (OHCHR) has created a series of web pages to showcase their development of a set of resources related to disability-inclusive development. The front page provides a set of policy guides, training materials and videos aimed at showcasing the links between the SDGs and the CRPD. This includes sets of indicators for each of the CRPD Articles and explains how those correspond with the seventeen SDGs. It also provides background information on data sources that have informed the development of those indicators.

More information can be found at:

References are, respectively in paras 12, 16, 78, 114, and 126 of the Outcome Document.
Annex D: United Nations flagship report

In 2018 the United Nations published their Flagship Report on Disability. That report noted the need for programmes to prioritize four actions to meet the SDG targets:

1. To address barriers that cause persons with disabilities to be excluded;
2. To mainstream disability in the implementation of the SDGs;
3. To invest in monitoring and evaluating progress specifically regarding persons with disabilities;
4. To strengthen the means of implementation of the SDGs, including through finance.

The Flagship Report describes four sets of barriers: 1) in policies and laws; 2) in the physical and virtual environments; 3) a lack of measures to support independent living; and 4) in negative attitudes, stereotypes and prejudice.

In terms of mainstreaming the Flagship Report highlights “areas of particular importance” including social protection (SDG 1.3), education (SDG 4), employment (SDG 8) and basic services, including healthcare services (SDG 3), water and sanitation (SDG 6), energy (SDG 7) and accessible infrastructural development in urban and rural environments, public spaces and facilities (SDG11). With regard to monitoring and evaluation, the report emphasizes the lack of data and research. It notes:

“Countries should focus on establishing indicators to be collected and disseminated regularly to assess the situation of persons with disabilities and the challenges they face (such as lack of accessibility), including disability-specific indicators to capture progress in implementing policies and programmes aimed at their inclusion. Studies on the impact of policies and programmes will also be needed to guide the implementation of the 2030 Agenda for persons with disabilities, in particular to help policymakers in designing new policies and in deciding to scale up, refine or discontinue existing policies.

With respect to finance, the report notes “adequate resources should be allocated to support (i) the enforcement of laws protecting the rights of persons with disabilities; (ii) the implementation of national disability policies and plans and (iii) the delivery of essential services to persons with disabilities.”

More information can be found at:

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