Economic and Social Commission for Asia and the Pacific
High-level Intergovernmental Meeting on the Midpoint Review of the

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Item 3 of the provisional agenda

Review of progress in implementing the Incheon Strategy to
“Make the Right Real” for Persons with Disabilities in Asia
and the Pacific

Midpoint review of the implementation of the Incheon
Strategy to “Make the Right Real” for Persons with
Disabilities in Asia and the Pacific: the value of a multi-
stakeholder approach

Note by the secretariat

Summary

The present document contains a review of progress of the implementation of
the Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia
and the Pacific, focusing on the value of multi-stakeholder engagement in disability-
inclusive development. It contains a summary of findings of surveys conducted by the
Economic and Social Commission for Asia and the Pacific of civil society
organizations, international organizations and development agencies working in Asia
and the Pacific, and supplements the findings of the government survey conducted
concurrently.

In the review, gaps are identified in the implementation of the Incheon
Strategy’s goals and targets, areas are identified that require further efforts by
governments, civil society organizations, international organizations and development
agencies in the remaining five years of the Asian and Pacific Decade of Persons with
Disabilities, 2013-2022. Moreover, the specific strengths of civil society organizations,
international organizations and development agencies across all sectors of disability-
inclusive development are highlighted, and the way in which these strengths can be
leveraged to enhance a multi-stakeholder approach to implementing the Incheon
Strategy and achieving its 10 interrelated goals by 2022 is demonstrated.
I. Introduction: the importance of a multi-stakeholder approach to disability-inclusive development

1. In the Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2013-2022, and the Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific, a multi-stakeholder approach to disability-inclusive development is called for, and the importance of actors such as civil society organizations, international organizations and development agencies in this endeavour is noted. Taking such an approach involves establishing and maintaining robust partnerships among all parties, along with a comprehensive implementation strategy that leverages the strengths, resources and insights of each to ensure the full and effective participation of persons with disabilities in development and in society.

2. The 2030 Agenda for Sustainable Development and its Sustainable Development Goals solidify this idea. Goal 17 includes a target on the development of multi-stakeholder partnerships that share knowledge, expertise, technology and financial resources to achieve sustainable development globally.

3. In this connection, civil society organizations – in particular disabled people’s organizations – provide on-the-ground insight into the issues faced by the diverse and sometimes segmented communities of persons with disabilities, and bring them into the decision-making process. Similarly, international organizations and development agencies expedite the implementation of international agreements and mandates through collaborative endeavours, including funding projects and initiatives, building human resources capacity, and developing policy frameworks.

4. The present document contains a review and analysis of responses from civil society organizations, international organizations and development agencies to the survey conducted by ESCAP on the midpoint review of the Asian and Pacific Decade of Persons with Disabilities, 2013-2022, supplementing the findings from responses submitted by governments. The discussion serves to highlight the value and potential of a multi-stakeholder approach for accelerating the implementation of the Incheon Strategy over the remaining five years of the Decade by leveraging strengths, resources and insights identified in the responses submitted by civil society organizations, international organizations and development agencies.

5. The contribution of stakeholders, such as civil society organizations, is mentioned in the review of the Biwako Millennium Framework for Action towards an Inclusive, Barrier-Free and Rights-Based Society for Persons with Disabilities in Asia and the Pacific and Biwako Plus Five towards an Inclusive, Barrier-Free and Rights-Based Society for Persons with Disabilities in Asia and the Pacific, which constitute the guiding framework for the Asian and

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1 Resolution 69/13 of the Economic and Social Commission for Asia and the Pacific (ESCAP).
2 In this review, the term “civil society organization” refers to non-governmental organizations, disabled people’s organizations, academia and other not-for-profit actors. Private sector actors and international organizations are not covered by the term, and the latter are addressed separately in this document.
3 General Assembly resolution 70/1.
4 See E/ESCAP/APDDP(4)/1.
Pacific Decade of Disabled Persons, 2003-2012. The present review, however, contains a comprehensive assessment of the value of a multi-stakeholder approach to disability-inclusive development, including quantitative analysis of efforts and resources allocated by civil society organizations, international organizations and development agencies across thematic areas covered by the Incheon Strategy, and qualitative analysis focusing on the value of existing activities and guiding frameworks such as mandates and action plans in achieving the Incheon Strategy goals. It also contains specific recommendations for strengthening government policy to better address disability issues across a variety of sectors.

6. The findings presented in this document are intended to inform the proposed Beijing declaration and action plan to accelerate the implementation of the Incheon Strategy, which will be considered by the High-level Intergovernmental Meeting on the Midpoint Review of the Asian and Pacific Decade of Persons with Disabilities, 2013-2022.

II. Background to the survey

A. Survey process

7. The Working Group on the Asian and Pacific Decade of Persons with Disabilities, 2013-2022, decided at its third session in March 2016 that ESCAP would develop and conduct midpoint review surveys targeting governments and civil society organizations. The secretariat later decided to include international organizations and development agencies. The surveys are based upon the Incheon Strategy’s goals and targets. Respondents were requested to submit one response on behalf of their organization.

8. Civil society organization focal points in 36 ESCAP members and associate members were identified with the assistance of the Working Group and desk research done by the secretariat, to support the distribution of the survey of civil society organizations among the wider disability community within each country or area. The survey was available to civil society organizations in an accessible online format on the website of the Make the Right Real initiative, from November 2016 to January 2017.

9. The survey for international organizations and development agencies focused on information related to the level and nature of responding organizations’ efforts to support disability-inclusive development. A total of 39 organizations and agencies were invited to participate in the survey, identified on the basis of their work in the region related to persons with disabilities, and each of them was asked to submit one response. The survey was available from October 2016 to January 2017.

B. Methodology of analysis and consideration related to data quality

10. The methodologies of analysis were decided post hoc, based on the sample size, quality of responses, and representation from across the region. Most findings are presented in a form that aggregates the individual responses.

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5 See E/ESCAP/APDDP(3)/1.
7 www.maketherightreal.net.
Inferences are made regarding implementation priorities and gaps based on these aggregate findings.

11. In some cases, responses to questions that were posed on a five-point scale were condensed for analysis purposes to a three-point scale based on their categorical similarity. Thus, responses of “low” and “lowest” are reflected in the present document as “low”, and “high” and “highest” are reflected as “high”.

12. The sample of civil society organizations is not representative of all of civil society at any national, subregional or regional level. However, the diversity of respondents in terms of size, composition, mandates and focus has led to diversity of responses on efforts to promote disability-inclusive development. As such, the analysis and conclusions highlight trends in successes and challenges faced by civil society organizations across the region.

13. The interpretation of findings from international organizations and development agencies should take into consideration the relatively small sample size of respondents, which may not be reflective of all relevant international organizations and development agencies in Asia and the Pacific. Nonetheless, the results provide a snapshot of the work undertaken by these actors in the region.

III. Key messages derived from survey findings

Strong potential for collaboration with governments

14. Over three quarters of civil society organization respondents report collaboration with their national government on disability-inclusive development initiatives, and 39.3 per cent note collaboration specifically on implementation of the Incheon Strategy.

Clear priority areas

15. Findings both from civil society organizations and from international organizations and development agencies demonstrate their prioritization of reducing poverty and enhancing work and employment prospects (goal 1 of the Incheon Strategy). Civil society organizations allocate 17.4 per cent of their resources toward these efforts, the highest among the 10 goals. As well, targets 1.A and 1.B are among the five most highly prioritized targets. International organizations and development agencies note that the majority (13) of their initiatives and projects are aligned with goal 1.

16. Nonetheless, all Incheon Strategy goals are covered by the resources, programmes, activities or initiatives of responding civil society organizations and international organizations. All targets are given an average or high level of priority by more than half of responding civil society organizations, with a variety of capacity-building, advocacy and direct service initiatives listed across all goals. Similarly, international organizations and development agencies overall report at least one initiative, project or guiding policy covering each of the goals.

Existing implementation gaps

17. More than nine tenths of the reported financial resources of international organizations and development agencies are allocated to reducing poverty (goal 1), enhancing accessibility (goal 3), strengthening social protection (goal 4), expanding early intervention and education (goal 5) and
advancing subregional, regional and interregional cooperation (goal 10), with the majority of programmes and initiatives reported covering the same five goals.

18. Promotion of participation in political processes and decision-making (goal 2), in particular, is less implemented relative to the other goals. Civil society organizations report target 2.B among the least prioritized, and it is the only target with no civil society organizations reporting a high impact of their government’s work to achieve it. Similarly, international organizations and development agencies report the fewest initiatives and projects toward goal 2 (one project or initiative), as well as the lowest relative proportion of financial contributions compared with the other goals (0.6 per cent).

19. Regarding improving the reliability and comparability of disability data (goal 8), international organizations and development agencies report fewer than five statisticians trained in the collection of disability data across the region. Furthermore, civil society organizations note that the lack of such data poses challenges in promoting disability-inclusive development.

20. In addition to implementation, civil society organizations identify the need for all stakeholders, including government officials, civil society organizations and various other sectors of society, to be made aware of the Incheon Strategy and its importance in achieving disability-inclusive development outcomes.

**Notable strengths of stakeholders**

21. Civil society organizations outline their ability to actively support and complement governments’ implementation of all goals through various delivery modalities:

   (a) Advocacy, information dissemination and network-building, including building of public awareness, government lobbying and participation in national, subregional and regional forums on disability, which all contribute to building understanding of why disability-inclusive development is important;

   (b) Capacity-building initiatives, including providing technical advice to policymakers, training service providers and relevant professionals and contributing to research on disability, which demonstrate the resourcefulness and skillfulness of civil society organizations in translating the needs of persons with disabilities into technical standards and policy measures that have strong and concrete impacts when put into practice;

   (c) Direct engagement of persons with disabilities as service providers by providing financial support and training and skill-building opportunities, and delivering diverse support services to persons with disabilities, their families and communities, which addresses the issues faced by persons with disabilities on a daily basis and demonstrates that civil society organizations, rather than being at the fringes of service delivery, represent a means of delivering core services to ensure the survival and participation in society of persons with disabilities.

22. Civil society organizations also convey comments and recommendations on government policy, including but not limited to:

   (a) Increasing engagement of various stakeholders, including civil society organizations and persons with disabilities, in the policymaking and policy implementation processes;
(b) Mainstreaming disability issues in laws and ensuring harmonization with the Convention on the Rights of Persons with Disabilities;

(c) Examining the effects of policy on the lives of persons with disabilities;

(d) Widening coverage and expanding eligibility criteria of policies and support measures to include all persons with disabilities, regardless of age, urban or rural location or other factors; in particular, increasing coverage and representation of women with disabilities, persons with invisible disabilities and persons with mild disabilities;

(e) Enhancing accessibility as a precondition of support across all areas, including making policy information available in accessible formats to ensure that it can be understood by all;

(f) Recognizing the need for evidence-based policymaking that is informed by reliable and comparable disability data and supported by strong enforcement mechanisms and sustainable funding;

(g) Establishing a cross-ministerial approach to policy development and implementation that involves local government and authorities to ensure on-the-ground results;

(h) Sharing successful policy initiatives with other governments to bolster disability-inclusive policymaking across the region.

23. International organizations and development agencies report contributions of more than $88 million towards disability-inclusive development. Their work in the region is guided by numerous mandates, policies, action plans and international development frameworks. Just over half of the respondents report having a mandate, policy, action plan and/or focal point person on disability in the region.

IV. Feedback from civil society

A. Profile of respondents

24. A total of 109 civil society organizations responded to the survey, though not all responded to each question. Respondents are from 19 countries or areas: American Samoa; Australia; Bangladesh; Bhutan; Brunei Darussalam; Cambodia; China; Fiji; Georgia; India; Indonesia; Japan; Macao, China; Malaysia; Maldives; Nepal; Pakistan; Republic of Korea; and Singapore. These countries and areas represent all five ESCAP subregions, as reflected in figure I.9

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9 All three responses from North and Central Asia were from civil society organizations in Georgia.
25. The number of respondent organizations varies per country or area. In Fiji, only one organization responded, and in Australia, 14 organizations responded. On average, 5.7 organizations responded per country or area.

26. Although civil society organizations from less than half the countries or areas in the region are represented, the distribution of respondents across the five subregions allows for certain regional trends to be identified.

27. A total of 40 respondents report that their organizations support all types of disability, including visual, hearing, deafblind, mobility, intellectual, and psychosocial disabilities. A total of 38 respondents report working on a single type of disability, further noting autism and physical disabilities as areas of focus. Several respondents report supporting between two and five types of disability and some identify their support for persons with specific chronic conditions, including HIV/AIDS, cancer and epilepsy, as well as landmine victims.

28. A total of 87.3 per cent of respondents report employing 50 or fewer full-time staff members (two part-time staff members were recorded as equivalent to one full-time staff member), as indicated in figure II.

Figure II
Full-time equivalent staff members in civil society organizations
29. A total of 51.9 per cent of respondents self-identify as disabled people’s organizations, which refers to organizations that have a majority of persons with disabilities at board or membership levels. Given this, the findings in the present document are reflective of both organizations working on disability issues and, to a certain extent, the views of persons with disabilities themselves.

B. Awareness of the Incheon Strategy and the Road Map for its implementation

30. Respondents were asked to rate how they perceived the level of awareness of the Incheon Strategy among diverse groups. As demonstrated in figure III, respondents say that persons with disabilities and their organizations are more aware of the Incheon Strategy than other groups. There are no clear trends among the other groups, though it can be noted that aside from organizations for persons with disabilities, all are more frequently reported as unaware or slightly/moderately aware than well/extremely aware. This demonstrates relatively low awareness among most of the general population, including crucial stakeholders such as government officials and persons with disabilities.

Figure III
Level of perceived awareness of the Incheon Strategy, by group
(Percentage of respondents)

<table>
<thead>
<tr>
<th>Group</th>
<th>Well/extremely aware</th>
<th>Slightly/moderately aware</th>
<th>Unaware</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizations for persons with disabilities</td>
<td>37.6</td>
<td>28.9</td>
<td>22.6</td>
</tr>
<tr>
<td>Persons with disabilities</td>
<td>16.7</td>
<td>28.9</td>
<td>54.4</td>
</tr>
<tr>
<td>Government officials</td>
<td>16.9</td>
<td>28.1</td>
<td>55.1</td>
</tr>
<tr>
<td>Social workers</td>
<td>13.5</td>
<td>28.1</td>
<td>58.4</td>
</tr>
<tr>
<td>Media community</td>
<td>9.1</td>
<td>26.1</td>
<td>64.8</td>
</tr>
<tr>
<td>Health-care/medical workers</td>
<td>10.1</td>
<td>19.1</td>
<td>70.8</td>
</tr>
<tr>
<td>Legislators</td>
<td>10.2</td>
<td>15.9</td>
<td>73.9</td>
</tr>
<tr>
<td>School teachers</td>
<td>6.8</td>
<td>15.9</td>
<td>77.3</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>1.4</td>
<td>17.2</td>
<td>79.3</td>
</tr>
<tr>
<td>Business entrepreneurs</td>
<td>1.4</td>
<td>12.5</td>
<td>85.2</td>
</tr>
</tbody>
</table>

31. Concerning their own awareness of the Road Map for the Implementation of the Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific, a per cent of respondents self-identify as unaware, 66.3 per cent as slightly/moderately aware and 26.3 per cent as well/extremely aware. The skew toward slight/moderate awareness of the Road Map, which contains an outline of overarching national, subregional and regional actions to be taken from 2013 to 2017 to ensure the...

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timely implementation of the Incheon Strategy, may indicate a gap in understanding of how to operationalize the goals and targets.

32. Regarding the perceived impact of governments in raising awareness of the Incheon Strategy across ministries, 63.4 per cent of respondents note low impact, 28 per cent note average impact and 8.6 per cent note high impact. Particularly as civil society organizations’ engagement with governments may vary across ministries (for example, civil society organizations that work on disability-inclusive disaster risk reduction may collaborate most often with the ministry in charge of disaster planning), this low level of impact could have a direct impact on the success of civil society organizations’ work across various sectors.

C. Coordination with national governments

33. A total of 78.6 per cent of respondents report collaboration with their government on disability-inclusive development initiatives, with over two thirds of these reporting yearly or quarterly communication. However, only 39.3 per cent report collaboration related to the implementation of the Incheon Strategy. In addition, 25 per cent report collaboration regarding collecting data or establishing baseline data for the Incheon Strategy indicators. Overall, respondents most often report cooperation on a yearly or quarterly basis and least often on a daily or weekly basis (figure IV).

Figure IV
Cooperation of civil society organizations with governments, by area of cooperation
(Number of civil society organizations)
D. **Resources contribution**

34. Respondents allocate their resources (including staff, time and financial resources) most often to reducing poverty and enhancing work and employment prospects (goal 1) relative to other areas (figure V), followed by enhancing access to the physical environment, public transportation, knowledge, information and communication (goal 3). The lowest relative allocation of resources goes towards improving the reliability and comparability of disability data (goal 8).

Figure V
*Aggregated relative allocation of resources by civil society organizations to each Incheon Strategy goal* (Percentage)

E. **Priority accorded to Incheon Strategy implementation**

35. As agents of implementation, respondents assessed the level of priority that each target in the Incheon Strategy is given in their work, as presented in figure VI. The distribution of responses between high, average and low priorities across all targets indicates that the respondents engage in a wide variety of disability-inclusive development activities, with some areas receiving greater focus than others.

36. Both targets 9.A and 9.B are most frequently listed as being given a high level of priority, followed by 1.B, 4.A, 1.A, 3.A, 4.C, 4.B and 10.C, which are high priority for at least 50 per cent of the respondents. This prioritization may be explained by the alignment of the thematic areas of these targets with disability, including ratifying and implementing the Convention on the Rights of Persons with Disabilities; reducing poverty and enhancing work and employment; promoting accessibility of the physical environment, public transportation, knowledge, information and communication; strengthening social protection, including access to health services and coverage; and promoting cooperation to achieve these targets.
The targets that are given high priority by less than a third of respondents are targets 6.C, 6.B and 2.B, covering the areas of gender equality and women’s empowerment, and participation in the political process and in decision-making.

Figure VI
Aggregated level of priority allocated by civil society organizations to Incheon Strategy targets
(Percentage of respondents)

F. Perceived impacts of government policies to implement the Incheon Strategy

As beneficiaries of government-led implementation of the Incheon Strategy, respondents assessed the level of impact of their governments’ policies in support of each target of the Incheon Strategy, as demonstrated in figure VII.
39. In contrast to the level of priority accorded to each by civil society organizations, at least half of the respondents report their perception of government impact as average or low across all targets. Of note were target 9.A, which received the greatest number of high impact responses, and target 2.B, which received average and low impact responses only. The findings demonstrate that respondents see room for improvement in governments’ implementation across all the Incheon Strategy targets.

Figure VII
Aggregated impact of government policies on achieving Incheon Strategy targets as perceived by civil society organizations
(Percentage of respondents)

Incheon Strategy targets

- High
- Average
- Low
G. Activities undertaken by civil society and comments on government policies

40. Noting the role of civil society organizations as agents of implementation of the Incheon Strategy, respondents reported their activities to achieve each target, which are summarized and categorized by modality:\footnote{Although the modalities are not mutually exclusive, the activities have been categorized into the most relevant modality for presenting trends across the region.}

   (a) Capacity-building: provision of technical advice and input to policymakers and creation of standards, training of service providers and relevant professionals, and contribution to research on disability;

   (b) Advocacy: information dissemination and network-building including public-awareness building; government lobbying; and participation in national, subregional and regional forums on disability;

   (c) Direct service: engagement with persons with disabilities as service providers, such as provision of financial support, training and skill-building opportunities, and delivery of diverse support services to persons with disabilities and their families and communities.

41. These activities are presented in the order of frequency of reporting within each goal. For goals with fewer findings, the activities are presented together.

42. Respondents also provided comments on their governments’ policies to achieve each of the Incheon Strategy goals, which are summarized below into policy recommendations. They provide a community-level perspective of how governments can improve their work, with tangible examples of how existing policy can be strengthened to enhance delivery and close gaps in coverage.

43. Although different policy environments, institutional set-ups, socioeconomic contexts and other factors may restrict the direct applicability of a response beyond the country or area in question, the trends in successes and challenges faced, as demonstrated through the recurring activities and comments on government policies, can be considered across the region as areas for consideration.

Goal 1: Reduce poverty and enhance work and employment prospects

Direct service

44. Respondents focus on education and skill-building of persons with disabilities though workshops, training sessions and vocational programmes, as well as employment preparation and placement programmes. These programmes cover agriculture, business and entrepreneurship, government, culture, service, hospitality and education sectors, involving youth and adults, and urban and rural populations. In addition, respondents provide welfare, income and financial support to persons with disabilities.

Capacity-building and advocacy

45. Respondents further work to address anti-discrimination, accessibility support and general poverty alleviation by training relevant stakeholders in the labour market, conducting research, providing technical input on policy development, lobbying policymakers and engaging in advocacy campaigns.
Policy recommendations

46. While acknowledging existing policies to promote the employment of persons with disabilities, respondents note a need for specific enabling mechanisms such as training to enter the workforce and engagement of employers in creating sustainable employment opportunities.

47. Respondents recommend that quota policies should include monitoring and evaluation mechanisms to ensure the quality of jobs and work environments and to address gaps in employment of groups such as women with disabilities. They further note that quotas alone do not adequately break down attitudinal barriers faced in the workplace.

48. Respondents note that eligibility criteria for social welfare and income support should not be limited by the severity of disability. Furthermore, coordination between welfare and employment policies is necessary to prevent gaps in eligibility and coverage gaps that exclude certain persons with disabilities.

Goal 2: Promote participation in political processes and in decision-making

Advocacy and direct service

49. Respondents train persons with disabilities on their rights, and work to address the underrepresentation of disability concerns in decision-making.

Capacity-building

50. Respondents promote and provide accessibility support in election processes and polling stations, support individuals with disabilities to occupy seats in decision-making bodies, and work to align national legislation and policy with the Convention on the Rights of Persons with Disabilities.

Policy recommendations

51. Underrepresentation of persons with disabilities in decision-making bodies and of disability issues in policy outcomes are ongoing challenges. Respondents recommend appointing persons with disabilities to government bodies to build awareness of the importance and potential of their political participation. Furthermore, respondents comment that issues faced by persons with invisible disabilities such as intellectual/learning disabilities, psychosocial disabilities and autism are not sufficiently addressed in policy development and the electoral process.

52. Bureaucratic and attitudinal barriers remain inhibitors to participation in politics, with a need to ensure accessibility support in electoral processes (including for candidates with disabilities), in media coverage of politics and in meetings and decision-making bodies.

53. Discrepancies between national and local policies on disability cause challenges for the political participation of persons with disabilities. A mechanism should be established to assess political participation of persons with disabilities, particularly with regard to accessibility of political processes.
Goal 3: Enhance access to the physical environment, public transportation, knowledge, information and communication

Capacity-building

54. Respondents develop and provide input on building codes, transportation codes and information and communications technology (ICT) development; conduct audits and create technical tools to navigate public spaces; and integrate ICT to facilitate wayfinding in public transport. Notable examples of their outputs include standards for guide dogs in public and on public transport, guidelines for accessible travel and tourism, the development of accessible court facilities and documents, and the promotion of public recognition of sign language and written communication formats.

55. Many respondents train duty-bearers on considerations of accessibility, including public and government authorities, private sector actors, educators, and public transport operators. They also train sign-language interpreters and other professional support persons, and provide sensitization training on positive behaviours and means of communication to individuals who frequently interact with persons with disabilities.

Advocacy

56. Respondents promote accessibility to persons with disabilities in the built environment across areas including medical services, public toilets, banking infrastructure, mainstream public transport (including access at a reduced fee and/or free of charge) and private vehicle ownership. An example of their work on ICT accessibility is the promotion of sign-language interpretation in television broadcasts and relay services on personal devices.

Direct service

57. Respondents work to make a range of assistive devices available at affordable prices, including audio support devices such as hearing aids and cochlear implants; mobility devices such as manual, electric and customized wheelchairs; accessible reading software; and safety devices. Provision of these is often free or at affordable rates secured by fundraising, donation and collective lending or rental schemes. Respondents conduct research and survey needs for such devices and train individuals on their use. They also advocate the coverage of assistive devices by health insurance and build public awareness of their importance.

Policy recommendations

58. Respondents acknowledge the role of dynamic government policies to promote accessibility, commenting on the positive impact of public advocacy and consultations with various stakeholders in their development, and the strength of policies that progress alongside the development of accessibility products and services. Taking note of challenging environmental contexts in certain areas, respondents note a gap in practical implementation of these policies. Suggestions on ways to close the gap include ensuring stronger enforcement, setting clear time frames for implementation, addressing gaps of implementation between urban and rural settings, and setting higher benchmarks for accessibility to ensure that the policies support all persons. In particular, the impact of ICT accessibility policies could be improved by subsidizing the wages of accessibility service providers including sign-language interpreters and real-time captioners. One respondent also described the value of making the policy documents themselves accessible.
Regarding assistive devices, respondents note that policies could be more impactful if they trained persons with disabilities and their support persons on how to use the devices and took into consideration the varied incomes of persons with disabilities relative to the high cost of assistive devices when developing provision schemes. As well, they note that sharing of good practices, new technologies and resources between civil society organizations and countries or areas enhances ICT accessibility and access to assistive devices for all.

**Goal 4: Strengthen social protection**

*Capacity-building*

Respondents lend their technical expertise to governments to strengthen policies and programmes on rehabilitation and health care; increase and expand health insurance, social security coverage and the provision of mental health support services; and promote alignment of domestic policy and legal measures with the Convention on the Rights of Persons with Disabilities. They contribute to building social protection infrastructure such as support groups and group homes to promote healthy and independent living. They also conduct research on enhancing social support for persons with disabilities, as well as drafting resources such as a guidebook for medical check-ups of persons with hearing disabilities.

*Advocacy*

Respondents promote the health rights of persons with disabilities by lobbying the government on the importance of independent living, promoting access to quality health care and nursing care, promoting community-based rehabilitation and promoting access to pensions and welfare.

*Direct service*

Respondents train persons with disabilities on independent living skills, self-care and financial, leadership and vocational skills; provide diversion programmes, disaster emergency relief and follow-up support, and support to families of persons with disabilities; and facilitate recreation, education and social activities for persons with disabilities. A number of respondents also provide mainstream disability-specific health-care support services. Mainstream services include access to breast-cancer screening, sexual and reproductive health services, and dental and general medical check-ups. Disability-specific support includes home care, provision of assistive devices, early identification and diagnosis, mental health education and support, rehabilitation and drug management, community-based rehabilitation, therapy, counselling and peer support.

*Policy recommendations*

Respondents note the benefits of existing national insurance schemes that provide choice and control over the services provided. Successful social security policy measures include public housing, home subsidy loans, upgraded home care, transportation coverage and cash handouts. Respondents comment that insurance schemes and social assistance services work best in tandem and budget planning should allocate adequate funds to both. In line with this, they suggest that budget allocations for social assistance programmes should extend beyond service-provision activities only and assess the potential effects on quality of life of persons with disabilities to ensure that policy translates into impacts.
64. Respondents further note that strict criteria for coverage and assistance of persons with disabilities can often marginalize persons with mild impairments, psychosocial disabilities and mental health issues. Special consideration for the diversity of needs of persons with disabilities is a necessity: for example, persons with hearing disabilities may require additional support to access counselling services, and women with disabilities may face additional barriers to access social protection services.

65. Respondents also comment that beyond financial resource constraints, a lack of skilled professionals to provide support and assist persons with disabilities acts as a barrier to effective social protection.

**Goal 5: Expand early intervention and education of children with disabilities**

*Advocacy*

66. Respondents promote the right to education, the need for inclusive and integrated education systems, and the importance of barrier-free access to education. They lobby policymakers, relevant authorities and parents to increase the enrolment and attendance of children with disabilities in school. They also generate public awareness on the importance of early detection and intervention.

*Direct service*

67. Respondents provide counselling services for children, their families and community leaders; referral services; therapy and rehabilitation services, including occupational, speech and physiotherapy; and language training for children with disabilities. Innovative measures such as a deafness-gene screening programme are also referenced. To provide support for expanding education, respondents provide financial aid for children with disabilities to attend school, receive tutoring, access transport and obtain assistive devices to facilitate their learning.

*Capacity-building*

68. Respondents develop indicators to measure access to education, train teachers on inclusive education practices and institutionalize inclusive education principles. They also support parents by developing technical materials such as guidebooks, and highlight the importance of choice of interventions at the early childhood stage, for instance between cochlear implants and sign-language learning.

*Policy recommendations*

69. Respondents note a gap in the capacity of the health sector to detect disability among infants and children. They also recommend that policies include provisions on providing information to parents or guardians on the needs of diverse disabilities to ensure that children do not fall behind in education.

70. Respondents acknowledge the value of both disability-specific and mainstream education programmes, though some mention that emphasis on disability-specific education limits the development of children with disabilities in line with their peers. In addition to a lack of skilled teachers, ongoing barriers to the full and effective participation of children in the education system include discrimination and bullying among peers, and the
segregation of children with disabilities within mainstream education systems, which ultimately detracts from learning. Children with intellectual and psychosocial disabilities and girls with disabilities are noted as particularly susceptible to these barriers.

71. A recurring theme regarding early detection, intervention and education is that a comprehensive and cross-ministerial approach to addressing challenges in these sectors could maximize impacts.

Goal 6: Ensure gender equality and women’s empowerment

Advocacy

72. Respondents focus on promoting the political involvement of women with disabilities and their representation in decision-making bodies, as well as skill-building, employment, protection from abuse, and access to health and well-being of girls and women with disabilities. This includes lobbying policymakers, distributing information materials and sensitizing the public and relevant service providers on the issues faced by girls and women with disabilities.

Direct service

73. Respondents train women with disabilities on health rights and how to conduct self-assessment of health; provide education on reproductive health, counselling services and protection from violence and abuse; and support their enrolment in education and participation in decision-making processes.

Capacity-building

74. Respondents conduct research and develop resources to address domestic violence, prevent abuse and increase access to justice for girls and women with disabilities, and lead training programmes on access to justice. They also work to enhance the representation of women with disabilities in gender-equality promotion mechanisms.

Policy recommendations

75. Many respondents cite the strong existing policies and programmes to empower women and protect them from abuse, though note that many issues faced by girls and women with disabilities are often inadequately addressed by mainstream policies on gender equality, health and the prevention of violence. They advise that accessibility should be a core consideration, as shelters and hospitals that are inaccessible for girls and women with disabilities may further marginalize this group.

76. They also suggest that policy coverage should go beyond childbirth and the prevention of sexual abuse, to cover the needs of girls and women more broadly. Specific budget allocations with reference to these needs of girls and women with disabilities should be created to ensure the empowerment of girls and women with disabilities.

77. Respondents further remark that certain cultural barriers prevent women with disabilities from taking a more active leadership role in decision-making bodies, which contributes to their exclusion from full and effective participation in society.
Goal 7: Ensure disability-inclusive disaster risk reduction and management

*Capacity-building*

78. Respondents train various stakeholders on the issues faced by persons with disabilities in disaster situations, as well as publishing guidebooks and creating toolkits on how policymakers, communities and persons with disabilities can plan for, respond to and recover from disasters. Respondents further note their work to include provisions specific to persons with disabilities in legislation on disaster planning, and to extend their cooperation with authorities to develop disability-specific search and evacuation procedures.

*Direct service*

79. Respondents provide psychosocial support to those affected by disaster, as well as emergency kits including supplies and aid in post-disaster settings, materials to help persons with disabilities rebuild careers and income sources, and assistive devices. Respondents also cite work to ensure that news broadcasts provide sign-language interpretation to support early warning, and train persons with disabilities on evacuation and rescue procedures.

*Advocacy*

80. Respondents cooperate with international organizations and other stakeholders to promote disability-inclusive development, and develop promotional campaigns and raise awareness among the public and disaster risk reduction authorities on the importance of including persons with disabilities in disaster planning.

*Policy recommendations*

81. Despite the inclusion of persons with disabilities in some disaster risk reduction policies, many respondents note that persons with disabilities remain at a disproportionately elevated risk in disaster situations. They recommend allocating sufficient funding to support persons with disabilities in disaster situations, including creating accessible evacuation routes, emergency shelters and temporary housing, as well as disseminating disaster warning and response information in accessible formats.

82. They further recommend that a robust system should be developed to identify persons with disabilities in disaster situations. For countries and areas with strong disaster action plans in place, testing these action plans is important as disaster response methods in practice may not translate seamlessly from policy. Disaster risk reduction and evacuation authorities, as well as governments, should engage with disabled persons’ organizations to ensure that policies, planning and response to disasters are fully disability-inclusive.

Goal 8: Improve the reliability and comparability of disability data

83. The ESCAP survey did not include questions on activities undertaken by civil society organizations for goal 8.

*Policy recommendations*

84. Although almost all governments have policies to improve disability data, respondents report a remaining gap in the collection of reliable and
comparable data. Some respondents note their governments’ use of existing disability data repositories for policymaking, and the high value of such data in developing their own programming.

85. Many respondents recommend including more detailed questions for identifying disability in surveys and censuses, as well as mainstreaming disaggregation by disability into various data-collection methods. Of note is a recommendation that governments should consider using survey methods that take account of persons with disabilities who are not citizens of the country or area in question but who still depend on social services.

Goal 9: Accelerate the ratification and implementation of the Convention on the Rights of Persons with Disabilities and the harmonization of national legislation with the Convention

Activities of civil society organizations

86. While disabled persons’ organizations cannot ratify or accede to the Convention on the Rights of Persons with Disabilities, respondents provide examples of how they support their governments in doing so, including advocating the Convention to policymakers and the public, presenting Convention articles and sensitizing stakeholders to their contents, and contributing to and promoting development of legislation and policy that are aligned with the Convention. They also note their involvement in drafting shadow reports to be submitted to the Committee on the Rights of Persons with Disabilities.

87. More generally, the role of disabled persons’ organizations in supporting ratification or accession can be seen through the various other activities undertaken across the Incheon Strategy goals and targets as outlined in this document, all of which support the fulfilment of the rights of persons with disabilities.

Policy recommendations

88. Although some legislation had been harmonized with the Convention on the Rights of Persons with Disabilities, many respondents note that there remain many gaps. They recommend giving consideration to legislation that predates the Convention, as well as looking beyond disability-specific laws to harmonize general legislation to ensure that mainstream development benefits persons with disabilities.

89. The engagement of multiple stakeholders, including disabled persons’ organizations, in the harmonization process is important, as is education of the public on the Convention to gain broader support. The comments by the Committee on the Right of Persons with Disabilities on reports submitted are an important resource to consider in ensuring harmonization and strong anti-discrimination legislation.

90. Respondents also recommend that governments should model principles of the Convention by hiring persons with disabilities and promoting positive attitudes toward persons with disabilities generally.
Goal 10: Advance subregional, regional and interregional cooperation

Activities of civil society organizations

91. Respondents host multi-stakeholder meetings and conferences and participate in training and subregional and regional forums on disability. Respondents also cooperate with various stakeholders in implementing and reporting on the Incheon Strategy and Sustainable Development Goals, as well as reporting to the Committee on the Rights of Persons with Disabilities. Respondents further note their advocacy of the mainstreaming of disability issues into the mandates of subregional and regional organizations, and the international cooperation policy of governments.

Policy recommendations

92. Respondents acknowledge their governments’ work to support regional organizations in developing and implementing disability policies, and their provision of financial and technical assistance for disability-inclusive development initiatives. They recommend that accessibility should continue to be promoted regionally and internationally, and that persons with disabilities who are active in disability-inclusive development should be trained and supported in sharing their expertise across the region. Governments with strong records of disability-inclusive policymaking should actively share good practices at the subregional and regional levels.

V. Feedback from international organizations and development agencies

A. Profile of respondents

93. A total of 13 organizations and agencies responded, among which eight were United Nations entities and five were non-United Nations entities (see table).

Responding organizations by type

<table>
<thead>
<tr>
<th>United Nations entities</th>
<th>Non-United Nations entities</th>
</tr>
</thead>
<tbody>
<tr>
<td>International Civil Aviation Organization</td>
<td>Asian Development Bank</td>
</tr>
<tr>
<td>International Labour Organization</td>
<td>Delegation of the European Union to Thailand</td>
</tr>
<tr>
<td>Regional Office for Asia and the Pacific</td>
<td>Japan International Cooperation Agency</td>
</tr>
<tr>
<td>International Telecommunication Union</td>
<td>Korea International Cooperation Agency</td>
</tr>
<tr>
<td>Regional Office for Asia and the Pacific</td>
<td>Ministry of Foreign Affairs and Trade, New Zealand</td>
</tr>
<tr>
<td>Food and Agriculture Organization of the United Nations</td>
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<tr>
<td>Regional Office for Asia and the Pacific</td>
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<tr>
<td>United Nations Regional Office for Asia and the Pacific</td>
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<tr>
<td>United Nations Children’s Fund East Asia and Pacific Regional Office</td>
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<tr>
<td>United Nations Development Programme Bangkok Regional Hub</td>
<td></td>
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<tr>
<td>Office of the United Nations High Commissioner for Refugees, Representation in Thailand</td>
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<tr>
<td>World Tourism Organization</td>
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</tbody>
</table>
B. Efforts to support disability-inclusive development

94. The respondents report 23 regional cooperation projects that support the implementation of the Ministerial Declaration and the Incheon Strategy, with five respondents engaging in multiple projects. Half of the projects have a global, regional or multinational focus, primarily among United Nations entities.

95. In contrast, most projects by non-United Nations entities focus on specific countries or areas, including Bangladesh, China, India, Indonesia, Malaysia, Mongolia, Myanmar, Papua New Guinea, the Philippines and Thailand.

96. All the Incheon Strategy goals are addressed through the reported initiatives and projects, with some covering multiple goals (figure VIII). Projects and initiatives predominantly focus on poverty reduction and employment (goal 1) and social protection (goal 4), while there is lower emphasis on the promotion of political participation (goal 2) and disability-inclusive disaster risk reduction (goal 7). Specific topics covered across the reported projects include rehabilitation services, agriculture and the capacity-building of teachers.

Figure VIII
Initiatives or projects by international organizations and development agencies, by Incheon Strategy goal
(Number of initiatives or projects)

![Bar chart showing initiatives or projects by goal](chart)

*Note: Some initiatives and projects have been counted across various Incheon Strategy goals.*

C. Resource contribution

97. Respondents report close to $88 million in contributions towards disability-inclusive development, distributed unevenly across the Incheon Strategy goals. Respondents allot greater financial contributions for national, subregional and regional work to address issues of social protection (goal 4), children with disabilities (goal 5), poverty reduction and employment (goal 1), accessibility (goal 3) and international cooperation (goal 10), amounting to 93.4 per cent of reported financial resources. In contrast, the remaining goals
goals 2, 6, 7, 8 and 9 – receive proportionally far less in financial resources, at only 6.6 per cent of those reported by respondents (see figure IX).

98. This discrepancy in resource allocation could be explained by the thematic focus of the goals. For instance, the high resource allocation toward goals 1 and 10 may be reflective of their close alignment with global development agendas such as the 2030 Agenda for Sustainable Development. Likewise, goal 3, on accessibility, is an underlying principle of the Convention on the Rights of Persons with Disabilities and a recurring focus of disability issues.

Figure IX
Relative proportions of financial contributions by international organizations and development agencies, by Incheon Strategy goal (Percentage)

A total of 12 respondents report the number of staff working on disability-related issues, ranging from zero to ten dedicated staff members, totalling to 28 staff members across all respondents.

100. Only the United Nations Children’s Fund East Asia and Pacific Regional Office reports having statisticians trained in disability statistics according to the International Classification of Functioning, Disability and Health, estimating five in the organization.

D. Mandates, policies, action plans and focal points

101. Overall, seven respondents identify a total of seven mandates, five policies, eight action plans and seven focal point persons within their organizations (figure X), operating at the national, multinational, regional and global levels.

102. Their focus varies, with six organizational mandates featuring goal 3 and only two mandates featuring goals 4, 5, 9 and 10. The number of organizational policies ranges from one for goals 1 and 9, to four relevant to goals 3 and 4. With respect to organizational action plans, there are six and five action plans reported for goals 4 and 8 respectively. Lastly, the respondents collectively identify at least three focal point persons for each goal.
E. Guiding frameworks

103. Respondents reference a variety of international frameworks that guide their work on disability-inclusive development, including: the European Commission’s European Disability Strategy 2010-2020; the work of the International Telecommunication Union on digital inclusion for people with specific needs; the Pacific Regional Conference on Disability; the General Assembly; and the Incheon Strategy and the High-level Intergovernmental Meeting on the Midpoint Review of the Asian and Pacific Decade of Persons with Disabilities, 2013-2022.

VI. Conclusion

104. The findings described in the present document demonstrate the value and potential of a multi-stakeholder approach in efforts to achieve the Incheon Strategy goals. Civil society organizations, international organizations and development agencies are stakeholders whose strengths can be leveraged by governments to achieve the Incheon Strategy goals over the remaining five years of the Decade, and make progress on the 2030 Agenda.\(^\text{12}\)

105. In this regard, the following action could be considered to ensure an effective multi-stakeholder approach:

(a) Governments could formalize multi-stakeholder partnerships among all relevant stakeholders, including civil society organizations, international organizations and development agencies, to coordinate efforts in planning, implementing and evaluating policies, programmes and project activities, leveraging the strengths of all stakeholders and ensuring that the views of persons with disabilities are represented at all stages of the development process, and improving fragmented provision of services; the national coordination mechanism on disability could take the task of partnership building, and cover all Incheon Strategy thematic areas;

\(^{12}\) For further information, see E/ESCAP/APDDP(4)/INF/1.
(b) Governments could tap into technical advice, standards development expertise and service delivery strengths of civil society across various sectors, as well as the insight of civil society organizations as community-level implementers of disability-inclusive development initiatives on how government policy translates into practice, to prevent coverage gaps and fully address the needs of all persons with disabilities;

(c) Civil society organizations could seek avenues of cooperation with governments, international organizations and development agencies that utilize their strengths with respect to advocacy work, capacity-building and direct service provision;

(d) International organizations and development agencies could focus their notable contributions to disability-inclusive development – including their financial contributions, technical support and disability-inclusive development projects at the regional and national levels – to support government and civil society endeavours to achieve the Incheon Strategy goals and foster subregional and regional cooperation.

106. The proposed Beijing ministerial declaration and action plan to accelerate the implementation of the Incheon Strategy would provide guidance for establishing and operationalizing plans that engage relevant stakeholders in efforts to implement the Incheon Strategy, building upon the existing strengths of all stakeholders and addressing areas of need as identified in the present document.