

Building Disability-Inclusive Societies in Asia and the Pacific

ASSESSING PROGRESS OF THE
INCHEON STRATEGY

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Building Disability-Inclusive Societies in Asia and the Pacific: Assessing Progress of the Incheon Strategy is the first comprehensive report to draw on a regional database and analyze the participation of persons with disabilities in development opportunities. Using the midpoint data, it reviews the progress on different dimensions of the third Asian and Pacific Decade of Persons with Disabilities and offers analysis of the implementation of the Incheon Strategy to date. Our ambition is for these findings to shape measures ensuring persons with disabilities are fully empowered across all dimensions of sustainable development.

The Asia-Pacific region is home to an estimated 690 million persons with disabilities who face numerous barriers to their full participation in society. Access to education, employment, social protection and political participation can all be a challenge, and this directly affects their well-being, autonomy and dignity.

This publication identifies the following priority areas where action is particularly important.

Addressing the disproportionate rate of poverty of persons with disabilities is critical. Across the region, larger proportions of persons with disabilities live in poverty than persons without disabilities. Data are scarce, but income-based poverty among persons with disabilities appears to be more severe in higher-income economies. In the countries for which data is available, differences in poverty rates between persons with disabilities and the overall population range from 3.9 per cent to 20.6 per cent. Concerted measures are required to develop and implement comprehensive poverty reduction policy and measures for persons with disabilities, taking into consideration the multiple dimensions of poverty and social protection measures.

Greater efforts must be undertaken to provide persons with disabilities of all ages with educational and economic opportunities. In the Asia-Pacific region, at least one third of children with disabilities do not receive any early intervention services. The number of children with disabilities attending secondary education drops by over 50 per cent across the region, compared to those enrolled in primary education. As persons with disabilities transition into the labour market, they encounter significant difficulties in securing employment, especially decent jobs. Persons with disabilities are on average two to six times less likely to be employed. As the region endures changing demographic structures and a contracting working-age population, increasing the economic participation of persons with disabilities and ensuring equal pay for persons with disabilities could augment gross domestic product by up to 7 per cent.

A crucial step towards disability-inclusive development is to enable the full and effective participation of persons with disabilities in the political process and in decision-making processes. Persons with disabilities are extremely underrepresented in political structures and decision-making processes. Only 0.4 per cent of national parliamentarians in the region are persons with disabilities. Policy measures to increase the meaningful representation of persons with disabilities in parliaments, political parties, national gender equality mechanisms, decision-making processes and governance at all levels are needed.

Women and girls with disabilities must be empowered to overcome the additional barriers they face in accessing development opportunities. Women and girls with disabilities in the region experience multiple and intersecting forms of discrimination. For instance, women with disabilities have two to three times lower access to reproductive health services than women without disabilities. They account for a mere 0.1 per cent of national parliamentarians across the 17 countries and areas considered. Policymakers should consider the intersectional nature of discrimination, while designing policies for women and children with disabilities.

The rights and concerns of persons with disabilities should be well reflected in laws, policies and programmes, with due consideration given to accessibility needs. Accessible environments, information, communications and technologies for persons with diverse disabilities are a precondition for their participation in society. However, accessibility standards are typically confined to issues faced by persons with mobility impairments. Social policy coverage for persons with disabilities is as low as 28 per cent in some countries, while only eight governments in the region reported that disability perspectives are incorporated into their disaster risk reduction plans. Harmonization of national legislation with the Convention on the Rights of Persons with Disabilities is another necessary step to uphold the rights of persons with disabilities.

There must be a focus on collecting reliable and comparable disability data to design, implement and evaluate the effectiveness of disability-related policies and programmes. Disability prevalence reported by 57 countries and areas in the region varies significantly, from 1.1 to 24 per cent, revealing that differing definitions and data collection methods on disability greatly influence the measurement of participation and inclusion of persons with disabilities. There is an urgent need in the region to generate consensus on the definitions and methods of collecting disability statistics and thereby enhancing the reliability and comparability of such data.

In our quest for inclusive growth, we must respond to the call of the 2030 Agenda to leave no one behind. Supporting and including persons with disabilities will be fundamental to translating this ambitious agenda into reality. I hope this report can support future action to tackle disability concerns and advance the sustainable development agenda across Asia and the Pacific.



Shamshad Akhtar

Under-Secretary-General of the United Nations and
Executive Secretary of ESCAP

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EXECUTIVE SUMMARY

As one of the most vulnerable and marginalized social groups, persons with disabilities — at around 690 million persons in Asia and the Pacific — continue to be at risk of exclusion from the benefits and outcomes of social, economic and environmental development in their country. Persons with disabilities face barriers to full and effective participation across all sectors of society, including employment, political participation, education and social protection.

The Convention on the Rights of Persons with Disabilities lays out the fundamental freedoms and human rights of persons with disabilities and empowers them to live a life with respect for their inherent dignity. The Convention underpins the Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific, which is the guiding framework for disability-inclusive development in the region. Its 10 goals employ a rights-based approach to the social, economic and political inclusion of persons with disabilities, with the intent of breaking down the barriers to their full participation in society.

Because 2017 marks the midpoint of the current Asian and Pacific Decade of Persons with Disabilities, 2013–2022 and the implementation of the Incheon Strategy, this publication provides policymakers in the region with comprehensive data that can enhance their evidence-based policymaking for the remaining five years of the Decade. As an outcome of a survey of governments, civil society organizations and international organizations and development agencies conducted by the Economic and Social Commission for Asia and the Pacific (ESCAP), this publication presents baseline data on the indicators of the Incheon Strategy. It also provides a measure of the progress made thus far in upholding the rights of persons with disabilities in development efforts across the region. The analysis therefore identifies areas in which persons with disabilities remain excluded. The intent of this work is to accelerate efforts to ensure their full participation in society by 2022 while building a resilient, sustainable and inclusive world for all.

Key findings of the midpoint review of the Asian and Pacific Decade of Persons with Disabilities reveal the following:

- **Persons with disabilities continue to face extreme poverty.** In seven countries and areas in which statistics are available, a larger proportion of persons with disabilities live in poverty than persons without disabilities. Differences in poverty rates between persons with disabilities and the overall population range from 3.9 per cent to 20.6 per cent.
- **Persons with disabilities face barriers to employment.** Employment rates of persons with disabilities tend to be lower than for persons without disabilities—persons with disabilities are on average two to six times less likely to be employed. Evidence from the region illustrates that persons with disabilities dominate in welfare-based work with low wages, corporate social responsibility projects, self-employment or in the private sector as an expendable workforce.
- **Representation and participation of persons with disabilities in decision-making remain low.** Available data show that there are only 18 parliamentarians with disabilities among a total of 4,960 parliamentarians (or the equivalent) in upper and lower houses across 17 countries and areas. The accessibility of most polling stations across the region limits the ability of persons with disabilities to vote and to vote privately.
- **Standards of accessibility vary across the region and are often not comprehensive in responding to the barriers to diverse disabilities.** Although some countries and areas report high levels of accessibility of government buildings and international airports, in many cases the concept of accessibility is confined to issues faced by persons with mobility impairments, such as wheelchair users. These buildings remain largely difficult for persons with other disabilities to navigate. The transfer of knowledge and information is also limited by inaccessible technologies and means of communication.

- **Social protection measures do not adequately cover the needs of persons with disabilities.** In some countries, coverage in government-funded health care and disability benefit programmes are as low as 30 per cent and 28 per cent, respectively.
- **Children with disabilities require additional attention.** At least one third of children with disabilities are likely to not receive any early intervention services. Children with disabilities experience barriers to participation in education that result in a 52.7 per cent drop in enrolment rate between primary school and secondary school.
- **Women and girls with disabilities experience additional barriers to participation across numerous sectors of society.** In many countries and areas, a smaller proportion of women with disabilities are employed than men with disabilities. They are also at a relative disadvantage in accessing reproductive health services, compared with their peers without disabilities, due, in part, to the absence of information concerning health care and related services in formats and language that are accessible. Even though representation of persons with disabilities in national parliaments (or equivalent) is already low, at 18 persons across the region, only five of them are women.
- **Inclusion of disability perspectives in disaster risk reduction planning and management remains low.** Only eight countries and areas in the region report having disaster risk reduction plans and strategies which reflect disability perspectives. Only nine countries and areas report that emergency shelters and disaster relief sites are designed in line with accessibility standards, with slightly more than half of this number providing data on the number of accessible shelters.
- **The availability and comparability of disability data remain a challenge.** Differing concepts of disability as well as differing approaches and methods to collecting disability data result in a lack of comparability within and between countries and areas. It also means there is a general lack of reliable data from which policy can be made. As a result, persons with disabilities and the issues that limit their full participation in society are often underrepresented and unaddressed in policymaking.
- **Upholding the rights of persons with disabilities in line with international instruments requires further work.** While 43 countries in the region are States parties to the Convention on the Rights of Persons with Disabilities, only 12 governments have enacted anti-discrimination legislation.

The outcomes of the 2030 Agenda for Sustainable Development can be enhanced through the disability-specific approaches of the Incheon Strategy. The 2030 Agenda's focus on building a resilient, sustainable and inclusive world for all relies on empowering persons at risk of being left furthest behind in the development process. Its Sustainable Development Goals (SDGs), which seek to ensure that no one is left behind in social, economic and environmental development efforts, provide a comprehensive basis for guiding global development work in the coming years. The Incheon Strategy's cross-sectoral, rights-based approach to development can be a tool for ensuring that persons with disabilities are actively engaged and included in the implementation of the SDGs.

Targeting the barriers to the full and effective participation of persons with disabilities in the development process, and in society, serve to bolster the impact of the 2030 Agenda and its 17 goals by empowering persons with disabilities—one of the groups most vulnerable to exclusion from the benefits of social, economic and environmental development. Governments may want to leverage the synergies between the Incheon Strategy and the 2030 Agenda by:

- Committing to disability-inclusive SDG implementation, which could include aligning implementation plans for the Incheon Strategy and the SDGs and establishing a mechanism for the engagement of representative organizations of persons with disabilities to participate in policymaking related to both agendas.
- Exploring the potential of the Incheon Strategy indicators to inform the progress of the SDGs, as well as reflecting disability perspectives in voluntary national review papers on implementation of the SDGs.

To ensure that the rights of persons with disabilities are upheld through both the Incheon Strategy and the SDGs, governments could:

- Ensure that a strong national coordination mechanism on disability guides and reviews policy actions while also building political will and commitment to upholding the rights of persons with disabilities in other government entities, and promoting good governance, multi-ministerial cooperation and enhanced capacity to fulfil disability-inclusive development.
- Adopt and implement comprehensive measures that target the poverty, employment, education, political participation and representation, accessibility and universal design, and gender equality issues that negatively affect persons with disabilities.

A multi-stakeholder approach to reviewing the progress of the Incheon Strategy that includes government, civil society, international organization and development agency representation is needed to leverage the expertise and insights of each sector. This could include:

- Coordinating between disability focal points, national coordination mechanisms on disability and national statistical offices to enhance the availability and quality of disability data, which could include a coordinated inter-ministerial plan to collect and report disability data for the final review of the Asian and Pacific Decade of Persons with Disabilities, 2013–2022.
- Reaching out to ESCAP and other international organizations for technical cooperation and capacity building support on the collection and generation of comparable and reliable disability statistics, as well as exploring different available sources of data that fit national contexts.

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Chapter 1

Introduction

I. BACKGROUND

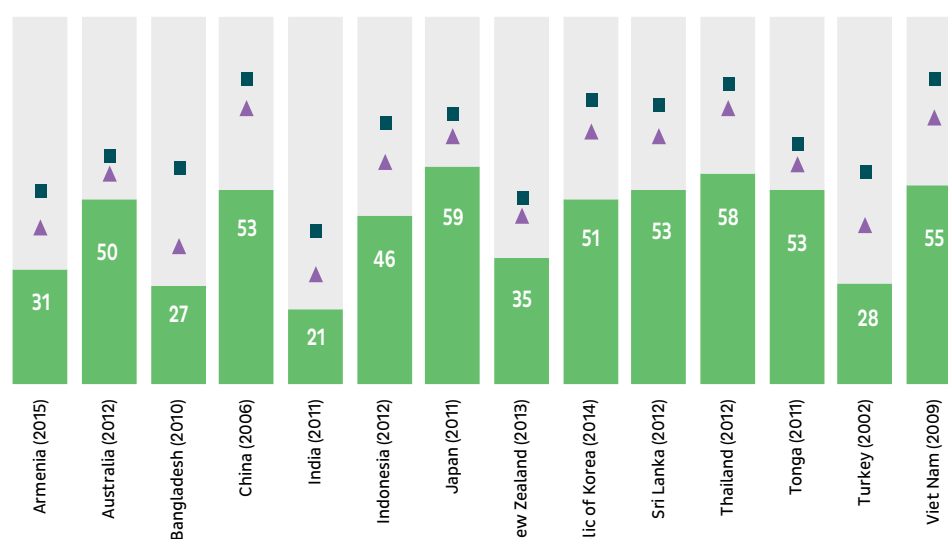
Addressing the issues faced by persons with disabilities in development, also known as disability-inclusive development, is necessary to fulfil the pledge of the 2030 Agenda for Sustainable Development to “leave no one behind”. Realizing this premise has not been easy. The issues faced by persons with disabilities are cross-cutting and complex.

Historically, persons with disabilities have been largely regarded as recipients of charity. This has led to a similar approach to the philosophy and design of social protection policies towards them and of policies and programmes on how they can gain access to the physical environment, information and, at a wider scale, social, economic, cultural and political opportunities. The image of a child with a disability was once popularly used to symbolize innocent victims of the cruellest whims of life and health and to elicit pity rather than develop sound policies and programmes to support them.¹

Although the modern approach to disability moves away from charity to focus on a rights-based approach to empowerment, persons with disabilities continue to experience discrimination. Collections of personal testimonies and available evidence show that, across the Asia-Pacific region and regardless of the economic status of countries and areas, persons with disabilities have been denied access to public facilities, such as a restaurant or public transportation, both in their neighbourhoods and their broader surroundings—let alone being able to enrol in school, get a job in a company, pursue a professional career and, most importantly, make their own decisions in life.

Another issue is that the means to identify disability differs between and within countries and areas owing to differing conceptualizations of disability and the operationalization of the definition. The prevalence of disability generated by member States and associate members in the region ranges from 1.1 per cent to 24 per cent. The World Health Organization (WHO) estimates that across the world, 15.3 per cent of the population has a disability. While this ratio translated to 650 million people in the Asian and Pacific context in 2012, an estimated 40 million people have been added between 2012 and 2017, making the total number of persons with disabilities in the region 690 million by the end of 2017.

FIGURE 1: PROPORTION OF OLDER PERSONS WITH DISABILITIES IN THE OBSERVED YEAR AND ITS PROJECTION TO 2030 AND 2050, BY SELECTED COUNTRIES



SOURCE: ESCAP CALCULATIONS BASED ON UNDESA, 2017 AND DISABILITY DATA FROM ESCAP, 2016C.

¹ Shapiro, 1994.

Various factors can increase the prevalence of impairments, including population ageing, non-communicable diseases, road traffic accidents, humanitarian emergencies, natural disasters and environmental degradation. The current demographic trends toward longer lives could similarly increase the likelihood of the onset of impairments in a person's lifespan. This is particularly pertinent in the Asia-Pacific region, which is facing unprecedented population ageing alongside lower fertility rates.² Body functions often decline with age, and in many Asian and Pacific countries, more than half of all persons with disabilities are older than 60 years. The number of older persons with disabilities in the region is expected to increase over the coming decades as a combined effect of population ageing and higher prevalence of disability among older persons (figure 1).

The United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) has been the regional engine to push forward respect for the rights of persons with disabilities and disability-inclusive development through innovative region-specific initiatives. First, to translate the spirit and the content of the United Nations Decade of Disabled Persons, 1983–1992 into the regional context, ESCAP established the first region-specific disability initiative: the Asian and Pacific Decade of Disabled Persons, 1993–2002.³ While many countries in the region were developing and rebuilding, the Decade aimed at raising awareness on creating legislation, policies and programmes that address the issues faced by persons with disabilities. The highlights of the Decade were the ESCAP technical cooperation projects that improved the accessibility of roads and transportation in such capital cities as Beijing, Seoul and New Delhi.⁴

The second Asian and Pacific Decade of Disabled Persons, 2003–2012 emphasized the need for a paradigm shift from a charity-based approach to a rights-based approach to disability in policies and programmes.⁵ During the second Asian and Pacific Decade, ESCAP actively participated in the drafting of the Convention on the Rights of Persons with Disabilities, beginning with its submission of the Bangkok Draft to the Ad Hoc Committee on the Convention.⁶ The Bangkok Draft, formulated in 2003 by an ESCAP-organized group of experts on disability and representative organizations of persons with disabilities, had 57 articles that were used in the drafting of the Convention. The Convention was adopted in 2006 and entered into force in 2008.⁷

For the second Asian and Pacific Decade, 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 the Biwako Plus Five, both of which are inter-governmentally agreed disability-specific instruments, were instrumental in motivating governments to adopt rights-based policies and programmes at the national and subregional levels. For example, the Pacific Islands Forum was the first subregional organization that integrated disability issues into its action plan and created a disability coordinator position during the second Asian and Pacific Decade. The two regional initiatives benefited from the vibrancy of the activities of representative organizations of and for persons with disabilities because they articulated often-overlooked policy needs and provided the region with globally progressive standards and practices on disability rights and disability-inclusive development.

II. INCHEON STRATEGY TO “MAKE THE RIGHT REAL” FOR PERSONS WITH DISABILITIES IN ASIA AND THE PACIFIC

Building on the achievements of and lessons learned from the previous two Decades, the third Asian and Pacific Decade of Persons with Disabilities, 2013–2022 underscores the importance of generating reliable and comparable data to measure the extent of participation of persons with disabilities in various development opportunities within and across borders and analysing the data to improve policy and its implementation. The *Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific* guides the third Decade activities with 10 interrelated development goals, 27 aligned targets and 62 corresponding indicators.⁸ The Incheon Strategy goals and targets are highlighted in table 1, while the indicators are presented in Chapters 2 and 3.

2 E/ESCAP/APDDP(4)/1.

3 General Assembly resolution 37/53.

4 ESCAP, 2007.

5 E/ESCAP/APDDP/4/Rev.1; E/ESCAP/APDDP(2)/2.*

6 ESCAP, 2003.

7 United Nations, 2006.

8 ESCAP resolution 69/13.

TABLE 1: INCHEON STRATEGY GOALS AND TARGETS

GOAL 1	REDUCE POVERTY AND ENHANCE WORK AND EMPLOYMENT PROSPECTS
Target 1.A	Eliminate extreme poverty among persons with disabilities
Target 1.B	Increase work and employment for persons of working age with disabilities who can and want to work
Target 1.C	Increase the participation of persons with disabilities in vocational training and other employment-support programmes funded by governments
GOAL 2	PROMOTE PARTICIPATION IN POLITICAL PROCESSES AND IN DECISION-MAKING
Target 2.A	Ensure that persons with disabilities are represented in government decision-making bodies
Target 2.B	Provide reasonable accommodation to enhance the participation of persons with disabilities in the political process
GOAL 3	ENHANCE ACCESS TO THE PHYSICAL ENVIRONMENT, PUBLIC TRANSPORTATION, KNOWLEDGE, INFORMATION AND COMMUNICATION
Target 3.A	Increase the accessibility of the physical environment in the national capital that is open to the public
Target 3.B	Enhance the accessibility and usability of public transportation
Target 3.C	Enhance the accessibility and usability of information and communications services
Target 3.D	Halve the proportion of persons with disabilities who need but do not have appropriate assistive devices or products
GOAL 4	STRENGTHEN SOCIAL PROTECTION
Target 4.A	Increase access to all health services, including rehabilitation, for all persons with disabilities
Target 4.B	Increase coverage of persons with disabilities within social protection programmes
Target 4.C	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
GOAL 5	EXPAND EARLY INTERVENTION AND EDUCATION OF CHILDREN WITH DISABILITIES
Target 5.A	Enhance measures for early detection of and intervention for children with disabilities, from birth to pre-school age
Target 5.B	Halve the gap between children with disabilities and children without disabilities in enrolment rates for primary and secondary education
GOAL 6	ENSURE GENDER EQUALITY AND WOMEN'S EMPOWERMENT
Target 6.A	Enable girls and women with disabilities to have equitable access to mainstream development opportunities
Target 6.B	Ensure representation of women with disabilities in government decision-making bodies
Target 6.C	Ensure that all girls and women with disabilities have access to sexual and reproductive health services on an equitable basis with girls and women without disabilities
Target 6.D	Increase measures to protect girls and women with disabilities from all forms of violence and abuse
GOAL 7	ENSURE DISABILITY-INCLUSIVE DISASTER RISK REDUCTION AND MANAGEMENT
Target 7.A	Strengthen disability-inclusive disaster risk reduction planning
Target 7.B	Strengthen implementation of measures on providing timely and appropriate support to persons with disabilities in responding to disasters
GOAL 8	IMPROVE THE RELIABILITY AND COMPARABILITY OF DISABILITY DATA
Target 8.A	Produce and disseminate reliable and internationally comparable disability statistics in formats that are accessible by persons with disabilities
Target 8.B	Establish reliable disability statistics by the midpoint of the Decade, 2017, as the source for tracking progress towards the achievement of the goals and targets in the Incheon Strategy
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
Target 9.A	By the midpoint of the Decade (2017), 10 more Asia-Pacific Governments will have ratified or acceded to the Convention on the Rights of Persons with Disabilities, and by the end of the Decade (2022) another 10 Asia-Pacific Governments will have ratified or acceded to the Convention
Target 9.B	Enact national laws which include anti-discrimination provisions, technical standards and other measures to uphold and protect the rights of persons with disabilities and amend or nullify national laws that directly or indirectly discriminate against persons with disabilities, with a view to harmonizing national legislation with the Convention
GOAL 10	ADVANCE SUBREGIONAL, REGIONAL AND INTERREGIONAL COOPERATION
Target 10.A	Contribute to the Asia-Pacific Multi-donor Trust Fund managed by ESCAP as well as initiatives and programmes to support the implementation of the Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2013–2022 and the Incheon Strategy
Target 10.B	Development cooperation agencies in the Asia-Pacific region strengthen the disability-inclusiveness of their policies and programmes
Target 10.C	United Nations regional commissions strengthen interregional exchange of experiences and good practices concerning disability issues and the implementation of the Convention on the Rights of Persons with Disabilities

The Incheon Strategy goals cover poverty reduction, employment generation, political participation, ensuring accessibility in comprehensive terms, social protection, early intervention, education and disability-inclusive disaster risk reduction. Improving disability statistics, increasing ratification of the Convention on the Rights of Persons with Disabilities, and improving harmonization of the Convention with the domestic laws are also contained in the Incheon Strategy goals. The Incheon Strategy requires governments in the region to submit data and other information on the indicators at the midpoint of the Decade (in 2017) and in the final year (2022). This data will provide a basis for the region and the world to understand, assess and analyse in quantitative terms the progress of rights-based disability-inclusive development in Asia and the Pacific.

III. GLOBAL MANDATES IN SUPPORT OF DISABILITY-INCLUSIVE DEVELOPMENT

Many instruments support disability-inclusive development globally. The 2030 Agenda for Sustainable Development and its 17 Sustainable Development Goals (SDGs) are disability-inclusive in their efforts to promote and create a resilient and sustainable world for all persons. Disability is referenced in seven targets across five goals (SDGs 4, 8, 10, 11 and 17; targets 4.a, 4.5, 8.5, 10.2, 11.2, 11.7, 17.18). Another six goals (SDGs 1, 3, 5, 9, 13 and 16) have targets linked to disability-inclusive development through such terminology as “inclusion”, “for all”, “accessibility” and “universal access” and through their efforts to support the most vulnerable groups.

The 2030 Agenda’s pledge of leaving no one behind seeks to embrace diversity within society and support individuals in such a way as to enable their available opportunities and to unlock their potential. A society that can support the rights and dignity of persons with diverse disabilities is an epitome of a society that is truly inclusive.

The Incheon Strategy provides a basis for ensuring that persons with disabilities are included in the sustainable development process. The Incheon Strategy goals, targets and indicators can be leveraged to strengthen the outcomes of the 2030 Agenda, as demonstrated in figure 2.

In addition to the 2030 Agenda for Sustainable Development, the Sendai Framework for Disaster Risk Reduction,⁹ the Madrid International Plan of Action on Ageing¹⁰ and the Beijing Declaration and Platform for Action¹¹ all recognize persons with disabilities as key stakeholders in a country’s development and encourage governments to include them in relevant policymaking and to create accessible communities.

IV. METHOD AND DATA AVAILABILITY

The third Asian and Pacific Decade of Persons with Disabilities ushers in opportunity to enhance data collection aimed at generating comparable disability statistics over time and across borders. Incheon Strategy goal 8 requires member States of Asia and the Pacific to strengthen disability data collection to produce high-quality and timely statistics on persons with disabilities. To enable evidence-based tracking towards the achievement of the Incheon Strategy goals and targets, it is also crucial that baseline data are made available on the Incheon Strategy indicators by 2017 (target 8.B).

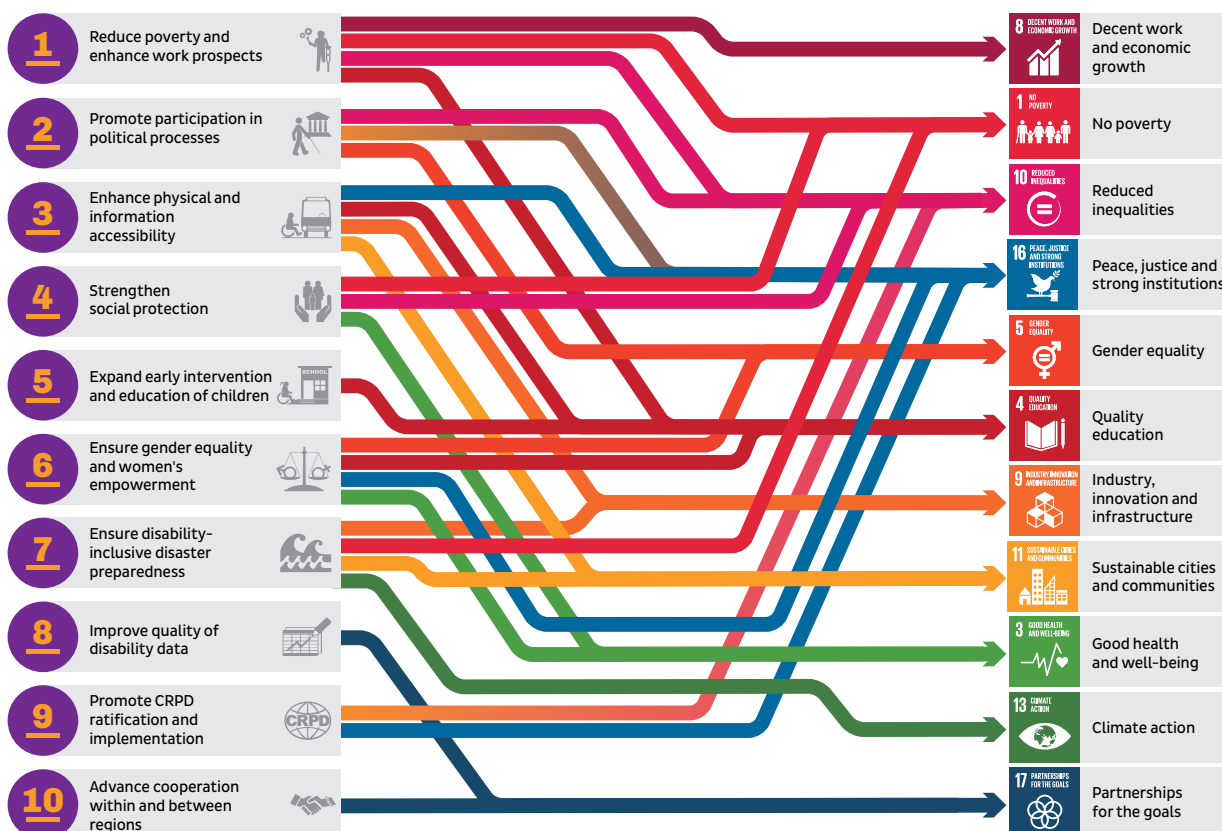
This section provides an overview of the methodology of analysis, and information on the availability of data. Unless otherwise stated, all data presented in the publication are drawn from government responses to the ESCAP survey on the midpoint review.¹²

⁹ UNISDR, 2015.

¹⁰ United Nations, 2002.

¹¹ United Nations, 1995.

¹² More information on the ESCAP survey on the midpoint review can be found at www.maketherightreal.net/midpoint-review.

FIGURE 2: INCHEON STRATEGY STRENGTHENS THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT

Rank of ESCAP member States according to the availability of baseline information

The ESCAP secretariat ranked the 35 governments that responded to the midpoint review survey, depending on the availability of baseline data for each government. The scope of this exercise was limited to 30 indicators calling for direct government action, covering 23 outcome indicators and 7 policy indicators among the 41 core indicators in the Incheon Strategy. Other core indicators that fall under the responsibility of ESCAP are excluded (table 2).

When a government submitted the data for a specific outcome indicator, it was considered as having a baseline measure for the indicator, regardless of the data quality. When a government cited measures taken relating to a specific policy indicator, it was also considered as having a baseline measure for the indicator.

Although no government reported a full dataset on the 30 core indicators, six countries and area — Georgia; Hong Kong, China; Mongolia; Nauru; Republic of Korea; and Thailand — provided data for more than 20 indicators. More than a third of responding governments have a baseline measure on at least half of the indicators (figure 3).

For outcome indicators, governments reported most frequently on indicators 5.2 and 5.3 and least frequently on indicator 6.3 (figure 4). When looking at the goals, goal 5 received the highest response rate, followed by goal 4.

TABLE 2: INCHEON STRATEGY CORE INDICATORS CALLING FOR GOVERNMENT ACTION

BY TYPE OR RELEVANCE	INDICATORS BY GOAL
Outcome indicators (total: 23)	Goal 1: 1.1 (1.4), 1.2, 1.3
	Goal 2: 2.1, 2.2, 2.3, 2.4
	Goal 3: 3.1, 3.2, 3.3, 3.4, 3.5
	Goal 4: 4.1, 4.2
	Goal 5: 5.1, 5.2, 5.3
	Goal 6: 6.2, 6.3
	Goal 7: 7.2, 7.3
	Goal 8: 8.1
	Goal 10: 10.9
Policy indicators (total: 7)	Goal 4: 4.3
	Goal 6: 6.1, 6.4, 6.5
	Goal 7: 7.1
	Goal 9: 9.1, 9.2

FIGURE 3: AVAILABILITY OF BASELINE DATA FOR THE CORE INDICATORS, BY COUNTRY OR AREA

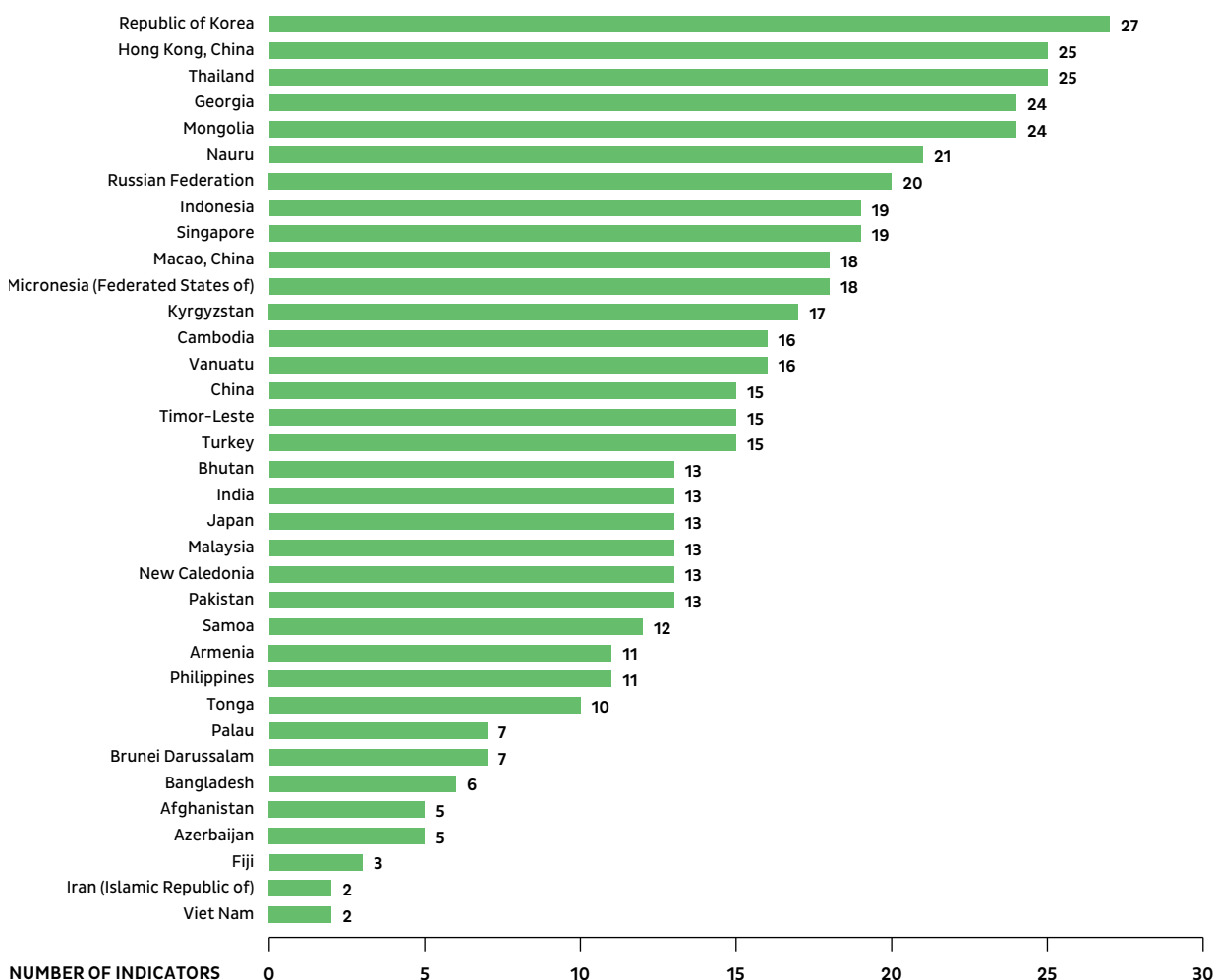
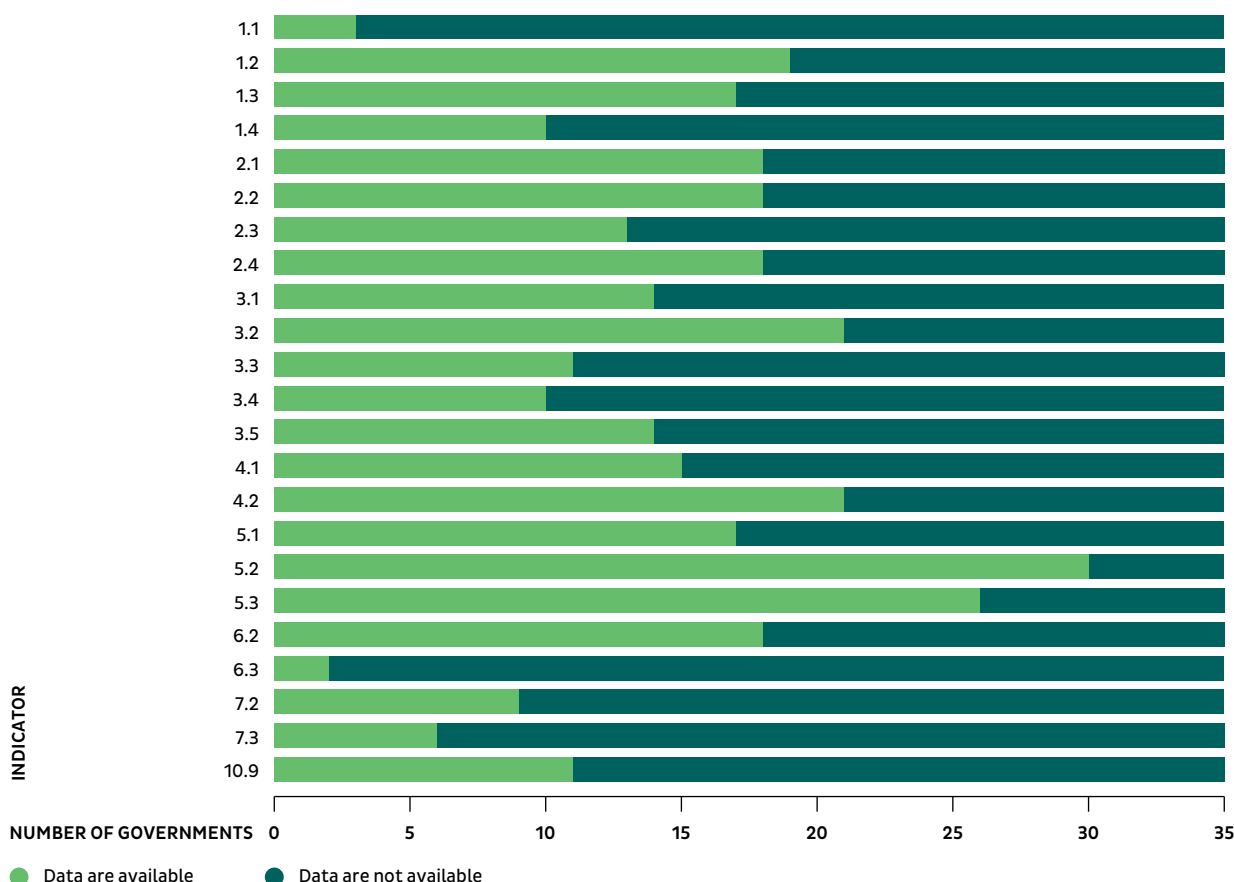


FIGURE 4: NUMBER OF GOVERNMENTS WITH AN ESTABLISHED BASELINE MEASURE, BY INDICATOR

Data quality

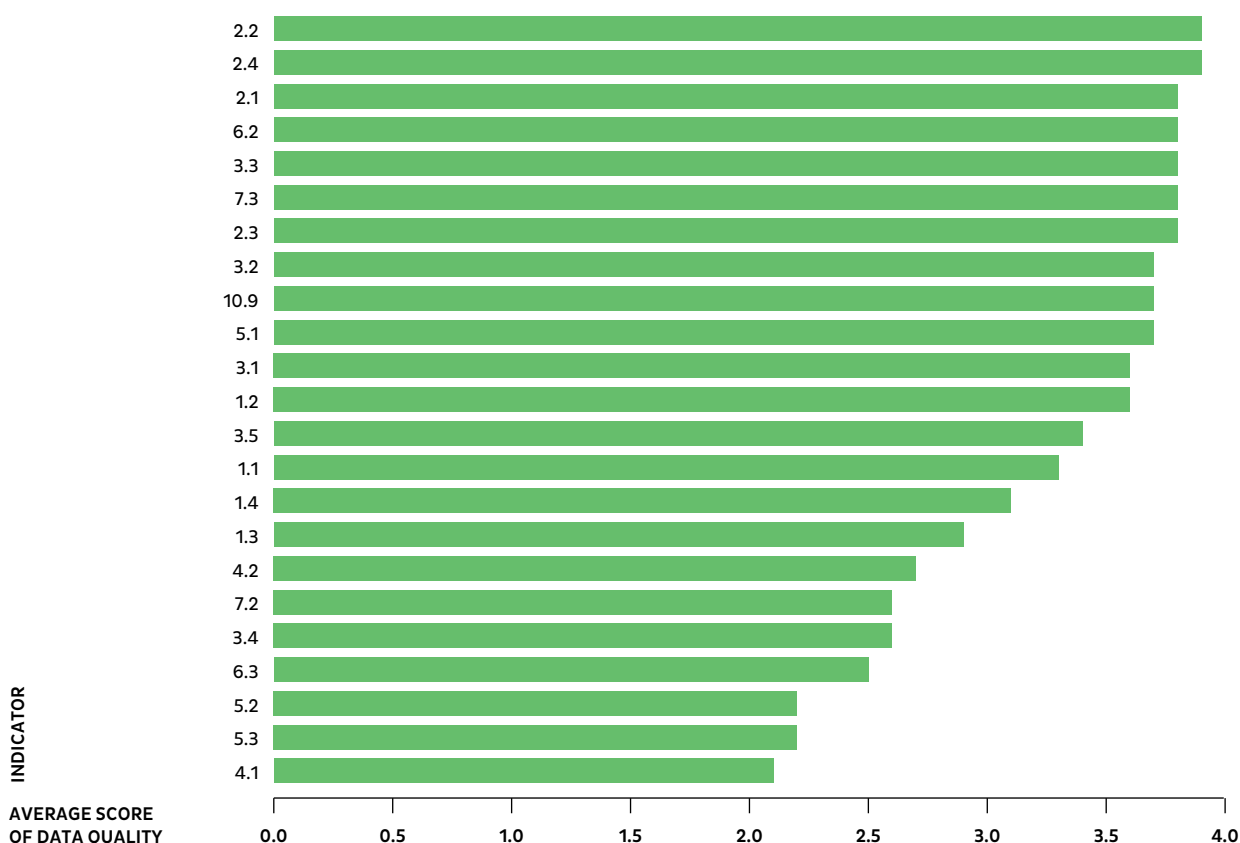
In addition to considering whether a government has data available for a specific indicator, it is equally important to consider whether the submitted data fully align with the definition and method of computation, among other aspects of the indicator. Whether the data are disaggregated by sex was another dimension of this evaluation. ESCAP made a qualitative evaluation of data submissions by indicator for all responding governments, following the method described in the ESCAP Guide on Disability Indicators for the Incheon Strategy.¹³

The quality of data reported by governments for the outcome indicators was evaluated against a five-point scale (0–4). If the information was provided in a satisfactory fashion as per the requirement of the indicator, a maximum score of “4” was given. In case of no response to a specific indicator, the score of “0” was given. The lower the quality of data, the lower the score attributed to it.

Figure 5 shows that all indicators under consideration received an average score greater than 2. Indicators relating to political participation (2.2, 2.4, 2.1 and 6.2) have the highest scores. It is noteworthy that indicator 6.3, which had the least frequent response, is among the data with the lowest quality, along with indicators 5.2 and 5.3, which had the highest response rates.

¹³ ESCAP, 2014.

FIGURE 5: AVERAGE SCORE OF DATA QUALITY, BY INDICATOR (SCALE 0–4)



Reliability of baseline data

A natural precondition for the establishment of reliable baseline data on persons with disabilities is the generation of high-quality data on the prevalence of disability. Whether the disability measurement relies on comparable standards of definitions, concepts and data collection methods and techniques determines the quality of prevalence data.

Although there have been significant efforts to improve the quality of disability statistics, disability prevalence in the Asia-Pacific region as reported by governments still varies dramatically between 1.1 and 24 per cent, in contrast to the WHO-estimated global average of 15.3 per cent.¹⁴ The variation in national estimates of disability prevalence is shaped by the different ways that governments define disability and collect data and the purposes for which governments collect the data. For example, a government may collect data on the number of potential recipients of a service. Data may be collected to address issues faced by people in a broader context. This could include surveying the difficulties people experience in navigating their surrounding environments, with a view to designing better infrastructure. Comparability of disability prevalence will be improved when national data collection meets internationally recognized standards, such as the International Classification of Functioning, Disability and Health.

The challenges that accompany comparisons of disability prevalence may be further complicated when additional factors, such as education and employment are introduced. In addition to the challenges associated with generating reliable and comparable disability data, governments should similarly follow international approaches to data collection across sectors, including education, employment and social protection, among others. Divergence in following common practices in data collection could impact the quality and comparability of baseline information.

¹⁴ WHO and World Bank, 2011.

V. ORGANIZATION OF THE REPORT

This introductory chapter gives an historical backdrop of issues faced by persons with disabilities in terms of inclusion in the development process along with an overview of ESCAP efforts to address these issues since 1993. It then outlines the Incheon Strategy and its links to global development agenda, including the 2030 Agenda for Sustainable Development. That is followed by an overview of data submitted by 35 governments to the midpoint review of the Incheon Strategy's implementation, in terms of its availability, quality and reliability. The chapter highlights the capacities of governments to generate reliable and comparable disability data and presents opportunities for cooperation and assistance to enhance data collection in the region.

Chapter 2 presents regional trends in baseline data for the indicators of the first seven Incheon Strategy goals, setting a benchmark from which progress to ensure the Incheon Strategy goals can be measured. The chapter discusses trends in outcomes and policy inputs on disability-inclusive development across the sectors covered by the Incheon Strategy goals and targets. Progress at the regional level, with national examples, is featured where relevant.

Chapter 3 presents baseline data for the indicators of the last three Incheon Strategy goals, which focus on the means of implementation of the Incheon Strategy.

In the context of the 2030 Agenda, this publication further demonstrates the synergies of the Incheon Strategy and the SDGs, outlining how accomplishing Incheon Strategy goals and targets directly supports achieving the SDGs. Links are pointed out between each Incheon Strategy goal and the SDGs in terms of their aligned thematic coverage in implementation and the potential for using the Incheon Strategy indicators to report on progress of disability-specific SDG targets. The synergies extend to a significantly wider range of SDG targets, but detailing all of them is beyond the scope of this publication.¹⁵

Chapter 4 presents conclusions on progress made to implement the Incheon Strategy over the previous five years, followed by recommendations to enhance implementation and data collection for the remainder of the third Decade.

The baseline findings for each member State and associate member respondent to the ESCAP survey for the midpoint review of the third Asian and Pacific Decade of Persons with Disabilities are presented by indicator in the Annex.

For governments and other stakeholders in Asia and the Pacific working to build inclusive societies, the Incheon Strategy is an important tool through which the social, political and economic inclusion of persons with disabilities can be achieved. This publication presents both a measure of progress of implementation of the Incheon Strategy since 2013 and a guide for policymakers to promote disability-inclusive sustainable development that is in line with the 2030 Agenda for Sustainable Development.

¹⁵ E/ESCAP/APDDP(4)/INF1.

Chapter 2

Assessing progress of the Incheon Strategy

This chapter presents regional trends in the progress of implementation of the seven thematically focused Incheon Strategy goals, based on their indicators. The indicators provide both a snapshot of the efforts to promote disability-inclusive development in Asia and the Pacific over the past five years and a baseline measure from which progress can be tracked for the remainder of the third Asian and Pacific Decade of Persons with Disabilities. The trends are informed by the national data reported by governments, which are included in the Annex.

GOAL

1

Reduce poverty and enhance work and employment prospects

Persons with disabilities experience significant labour market disadvantages, have less economic participation and hence are disproportionately poorer than persons without disabilities. Having a decent job and the necessary education, training and support to keep that job is one of the best means of overcoming poverty. Persons who can and want to work must therefore be better supported, protected and equipped to do so. This requires more accommodating labour markets. Lifting persons with disabilities and their families out of poverty would contribute to the achievement of inclusive growth and sustainable development.

TARGET

1.A

Eliminate extreme poverty among persons with disabilities

1.B

Increase work and employment for persons of working age with disabilities who can and want to work

1.C

Increase the participation of persons with disabilities in vocational training and other employment-support programmes funded by governments

CORE INDICATOR

1.1

Proportion of persons with disabilities living below the US\$1.25 (PPP) per day international poverty line, as updated by the World Bank and compared to the overall population

1.2

Ratio of persons with disabilities in employment to the general population in employment

1.3

Proportion of persons with disabilities who participate in government-funded vocational training and other employment-support programmes as a proportion of all people trained

1.4

Proportion of persons with disabilities living below the national poverty line

CURRENT STATUS

Poverty is both a cause and effect of the inequality of opportunity experienced by persons with disabilities. Impoverished groups often lack adequate access to basic support services, including health care, education and social protection.¹⁶ The marginalization of persons with disabilities caused by this inhibits their equal participation in society and perpetuates their poverty.

More persons with disabilities than persons without disabilities experience extreme poverty (indicators 1.1 and 1.4).

Between 2000 and 2013, the proportion of people in the Asia-Pacific region living in extreme poverty — on less than US\$1.90 a day — fell from 29.7 per cent to 10.3 per cent. Nevertheless, some 400 million people were still living in extreme poverty by 2013.¹⁷

Until recently, poverty, assessed using both international and national poverty lines, had continued to decline in most countries of the region (table 3).

TABLE 3: TRENDS IN POVERTY REDUCTIONS IN ASIAN COUNTRIES WITH DATA, 2012–2015

COUNTRY NAME	PROPORTION OF POPULATION LIVING IN POVERTY			
	BASED ON US\$1.90 A DAY POVERTY LINE (2011 PPP)		BASED ON NATIONAL POVERTY LINES	
	VALUE IN 2012 (%)	CHANGE BETWEEN 2012 AND 2014 (%) (i)	VALUE IN 2012 (%)	CHANGE BETWEEN 2012 AND 2015 (%) (i)
Armenia	1.74	32.8	32.4	-7.4 (ii)
China	6.47	-71.4 (ii)	..	..
Georgia	15.49	-36.9	14.8	..
Indonesia	11.76	-29.8	12.0	-5.8 (ii)
Kazakhstan	0.06	-33.3 (ii)	3.8	-28.9
Kyrgyzstan	2.91	-55.7	38.0	-15.5
Malaysia	..	..	1.7	-64.7 (ii)
Mongolia	0.38	-42.1	27.4	-21.2 (ii)
Russian Federation	0.04	..	10.7	24.3
Tajikistan	24.47	-20.3	34.3	-8.7 (ii)
Thailand	0.06	-33.3 (ii)	12.6	-16.7 (ii)
Turkey	0.26	26.9 (ii)	2.3	-30.4 (ii)
Uzbekistan	..	..	15.0	-6.0 (ii)
Viet Nam	3.20	-5.3	17.2	-21.5 (ii)

SOURCE: ESCAP, BASED ON WORLD BANK OPEN DATA. AVAILABLE FROM [HTTP://DATA.WORLDBANK.ORG/](http://data.worldbank.org/) (ACCESSED 17 JULY 2017).

NOTE: (i) REFERS TO THE PERCENTAGE CHANGE IN THE PROPORTIONS OF POPULATION LIVING IN POVERTY BETWEEN THE TWO POINTS IN TIME. NEGATIVE CHANGE INDICATES A DECREASE IN THE POPULATION LIVING IN POVERTY. (ii) WHEN DATA ARE NOT AVAILABLE FOR THE INDICATED LAST YEAR, IT REFERS TO ANY NEAREST YEAR.

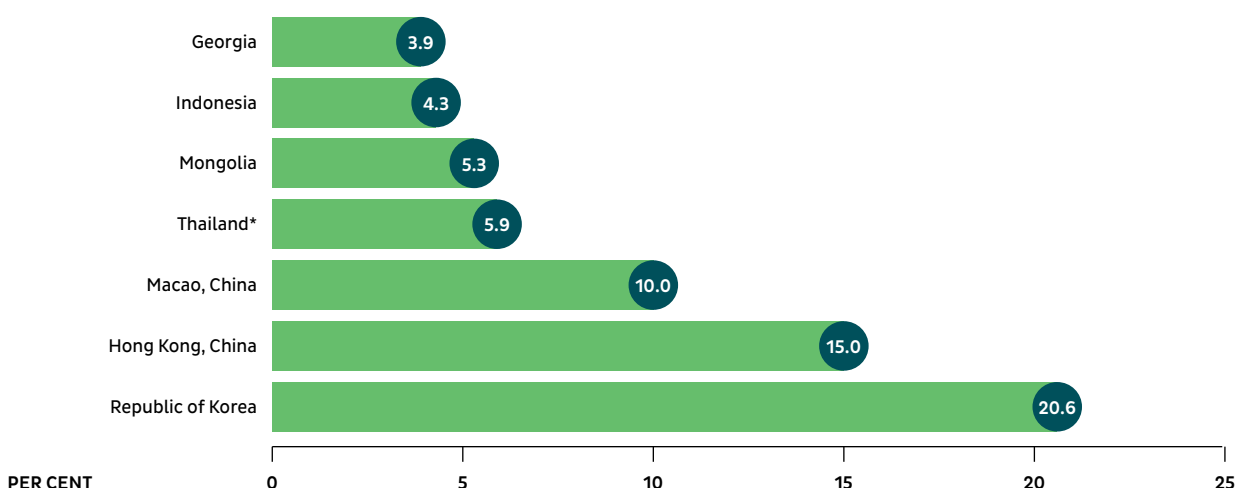
Despite the optimistic trend for government-reported data on Incheon Strategy poverty-related indicators — 1.1 and 1.4, for example — the data indicate that special attention must be paid to persons with disabilities and their families in national poverty eradication strategies.

In seven countries and areas for which poverty statistics by disability status are available,¹⁸ larger proportions of persons with disabilities live in poverty than persons without disabilities. Differences in poverty rates between persons with disabilities and the overall population range from 3.9 to 20.6 per cent (figure 6). Although the reason is not well documented, this income-based poverty among persons with disabilities seems to be more severe in higher-income economies.

¹⁶ ESCAP, 2012.

¹⁷ ESCAP, 2017c.

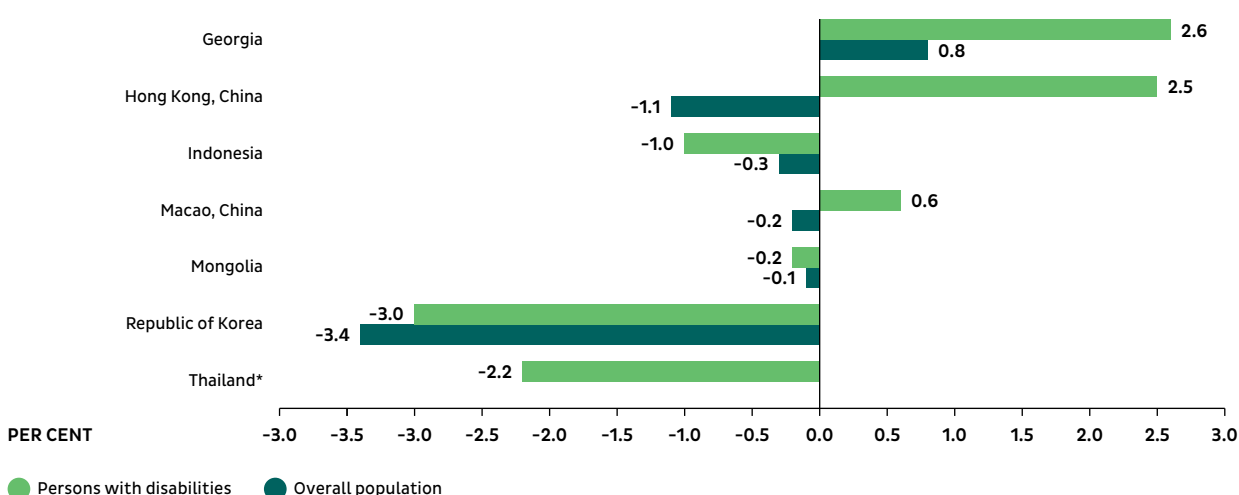
¹⁸ Based on national poverty lines.

FIGURE 6: DIFFERENCES IN POVERTY RATES BETWEEN PERSONS WITH DISABILITIES AND THE OVERALL POPULATION

NOTE: * THAILAND'S POVERTY DATA FOR THE OVERALL POPULATION ARE TAKEN FROM WORLD BANK OPEN DATA. AVAILABLE FROM [HTTP://DATA.WORLDBANK.ORG/](http://data.worldbank.org/) (ACCESSED 17 JULY 2017).

Multi-country evidence from across the world shows that women are more likely to be poor than men.¹⁹ The notion of the “feminization of poverty”, despite the many criticisms levelled against it, draws attention to the different ways in which women experience poverty in relation to men.²⁰ When disability intersects with this scenario, the vulnerability of women exacerbates.

Evidence collected from seven countries and areas in the Asia-Pacific region illustrates the different ways in which gender, socioeconomic status and disability intersect. Figure 7 shows the differences in male and female poverty rates among people with disabilities and the differences in male and female poverty rates among the overall population. The vertical line at 0 indicates that there is no difference in the poverty rates between men and women. Data points to the right indicate that there are more poor men with and without disability than women, while the data points to the left indicate that there are more poor women with and without disability than men.

FIGURE 7: DIFFERENCES IN MALE AND FEMALE POVERTY RATES

NOTE: * THAILAND'S POVERTY DATA FOR THE OVERALL POPULATION ARE NOT AVAILABLE BY SEX.

¹⁹ Rogan, 2014; Gornick and Boeri, 2016.

²⁰ UNIFEM, 2005.

In Indonesia, Mongolia and Republic of Korea there are more poor women with disabilities than poor men with disabilities. In these countries, this trend is also reflected in the overall population. In Georgia, Hong Kong, China and Macao, China, there are more poor men with disabilities than poor women with disabilities. In the overall population, this trend is only reflected in Georgia.

One of the key reasons for the gender-based differential in poverty has been found to be women's restrained access to the labour market. Gender norms that tie women to caregiving tasks reduce their access to the labour market. Even when women foray into the labour market, gender norms work against them, as reflected in discriminatory pay packages.²¹ Complementing this analysis with an examination of sex-disaggregated access to the labour market gives insights into the extent of discrimination that occurs when gender, poverty and disability intersect.

Persons with disabilities are significantly less likely to be employed and participate in the labour force, compared with persons without disabilities (indicator 1.2).

Even though reliable statistics on employment by disability status are scarce, the data collected in the survey suggest that persons with disabilities are at a disadvantage in the labour market in many Asian and Pacific countries. Except for a few countries — Micronesia (Federated States of), Timor-Leste and Tonga — employment rates of the working-age population with disabilities are lower than for persons without disabilities (figure 8).²²

In countries and areas in which disability-based disparities exist in the labour market, the difference in employment rates of persons with disabilities and the overall population ranges from 8.1 per cent (Samoa) to 56.6 per cent (Palau). On average, persons with disabilities are two to six times less likely to be employed than persons without disabilities.

Inequality of employment, expressed as the ratio of the employment rate of persons with disabilities to the overall population, varies from 0.18 to 0.87 and averages 0.5. This inequality tends to be greater among women. In all but four countries — Kyrgyzstan, Mongolia, Samoa and Turkey — greater inequality between women with disabilities and the overall female population were reported (figure 9).

The ratio of (the number of) persons with disabilities in employment to the general population in employment (indicator 1.2) considers how many persons with disabilities are employed for every 100 employed persons. As seen in figure 10, the ratio ranges from 0.7 (Palau and Russian Federation) to 13.1 per cent (Micronesia, Federated States of).

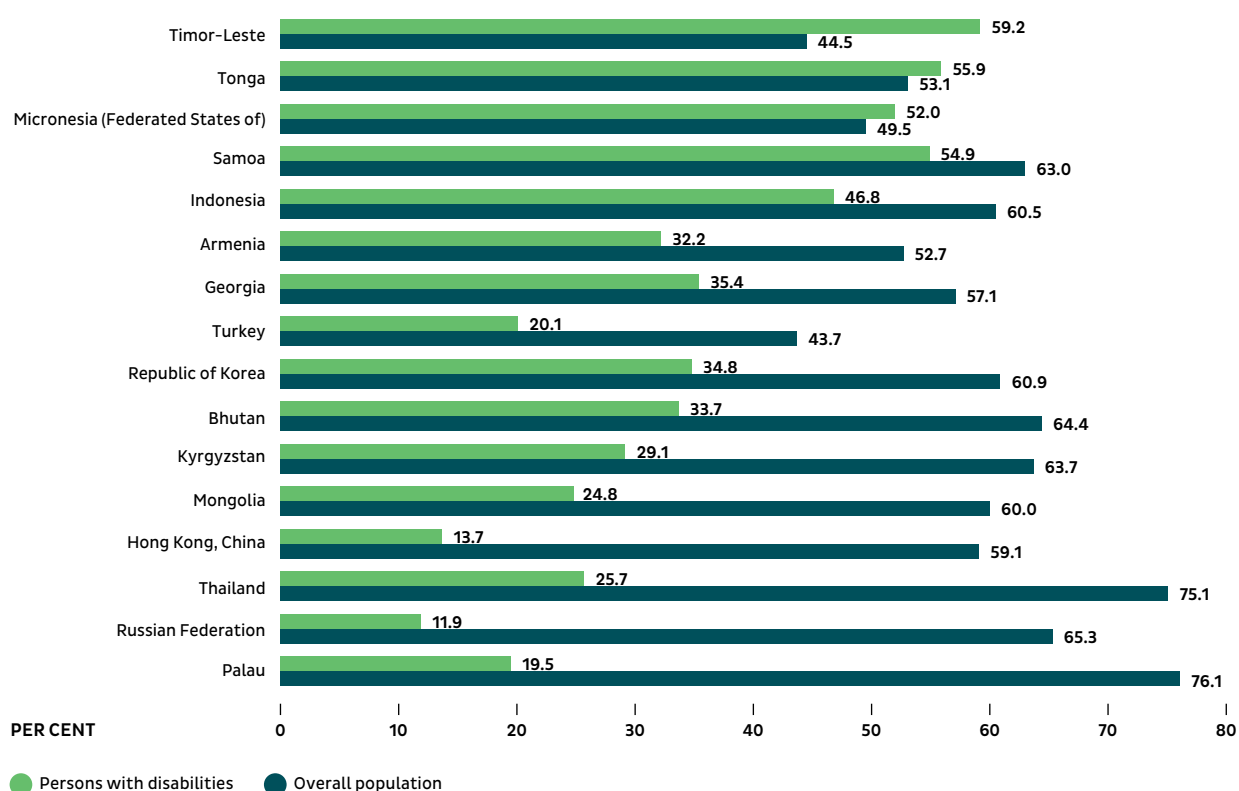
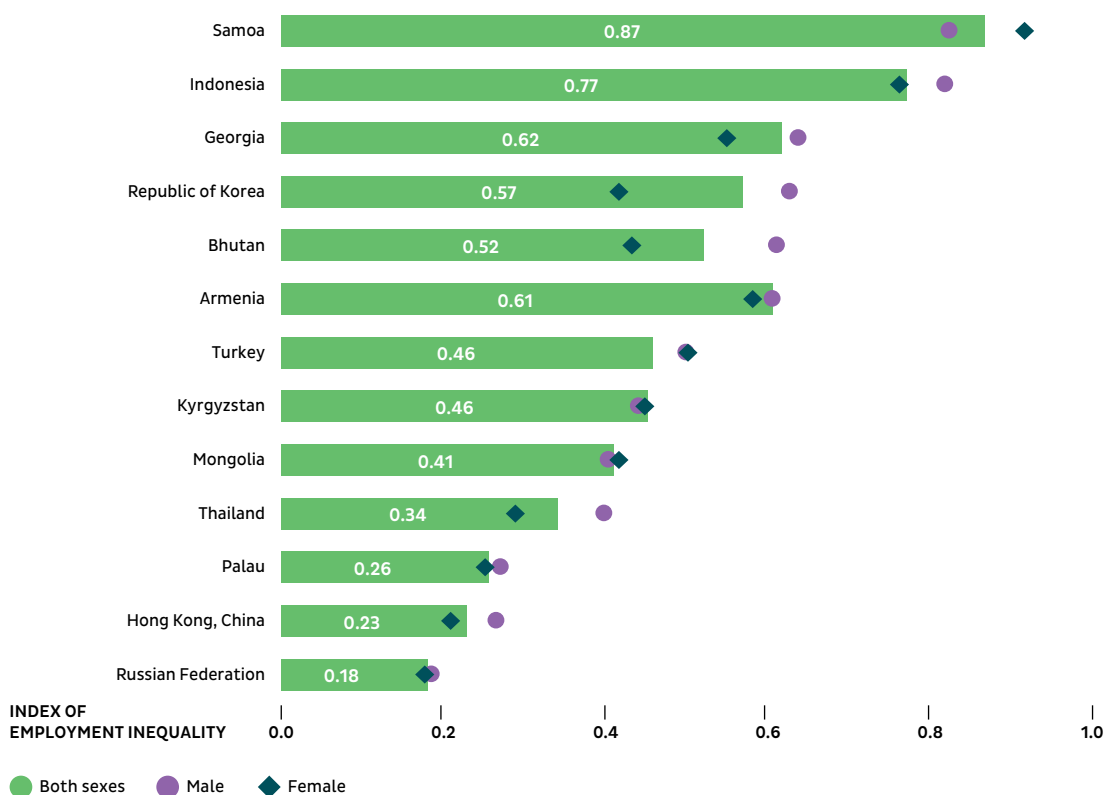
Combined with the previously discussed ratio of employment rate of persons with disabilities to the overall population, this indicator may help policymakers understand where their country stands in relation to other countries in promoting disability-inclusive employment. Women with disabilities face dual discrimination in the labour market due to their sex and disability: in all but four countries — Indonesia, Palau, Tonga and Turkey — smaller proportions of women with disabilities are employed than men with disabilities.

The labour force participation rate is another indicator that is central to the study of the labour market behaviour. For instance, disability and barriers in the workplace may affect a person's capacity and will to work.²³

²¹ Gornick and Boeri, 2016.

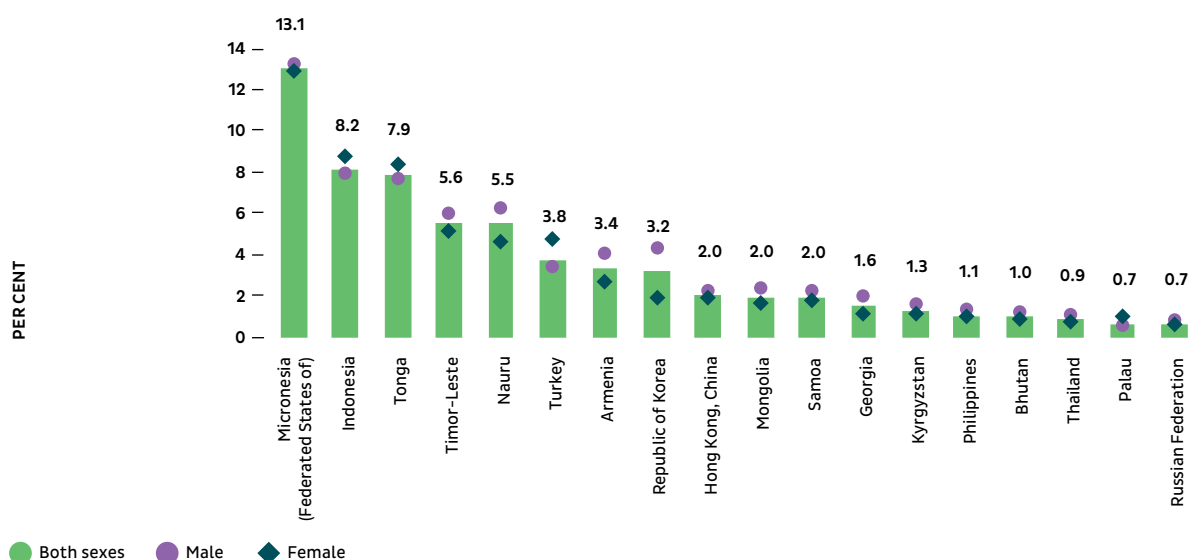
²² The employment rate, also called the employment-to-population ratio, is calculated as the ratio of the employed to the total working-age population.

²³ ILO, 2016.

FIGURE 8: EMPLOYMENT RATES OF PERSONS WITH DISABILITIES AND THE OVERALL POPULATION**FIGURE 9: EMPLOYMENT INEQUALITY BETWEEN PERSONS WITH DISABILITIES AND THE OVERALL POPULATION, BY SEX**

NOTE: 0=PERFECT INEQUALITY AND 1=PERFECT EQUALITY.

FIGURE 10: RATIO OF THE NUMBER OF PERSONS WITH DISABILITIES IN EMPLOYMENT TO THE GENERAL POPULATION IN EMPLOYMENT, BY SEX



Such barriers can be found in the built environment, which can prevent persons with disabilities from accessing places of work or even going to work if public transport is inaccessible. Barriers to effectively interacting with the information, communications and technologies used in work environments further discourage persons with disabilities from looking for work. And attitudinal barriers, such as discriminatory attitudes of others towards their abilities, may prevent persons with disabilities from full participation in the workforce.

As seen in figure 11, except for Micronesia (Federated States of), Samoa, Timor-Leste and Tonga, the labour force participation rate of persons with disabilities in Asian and Pacific countries and areas is two to five times lower than persons without disabilities.

In countries with a relatively higher labour force participation rate for persons with disabilities, the employment rate of persons with disabilities tends to be higher (figure 10). Likewise, in countries with lower labour force participation rates of persons with disabilities, the employment rate of persons with disabilities tends to be disproportionately lower.

Based on the available evidence, figure 12 illustrates a positive correlation between the labour force participation rate and the employment rate for persons with disabilities. Although country case studies may be required to further investigate the reasons for such correlation, the graph indicates that in places where efforts are made to create an inclusive and accessible working environment, more persons with disabilities desire to participate in economic activities and more persons with disabilities are employed.

Persons with disabilities are often confined to certain types of employment (indicator 1.2).

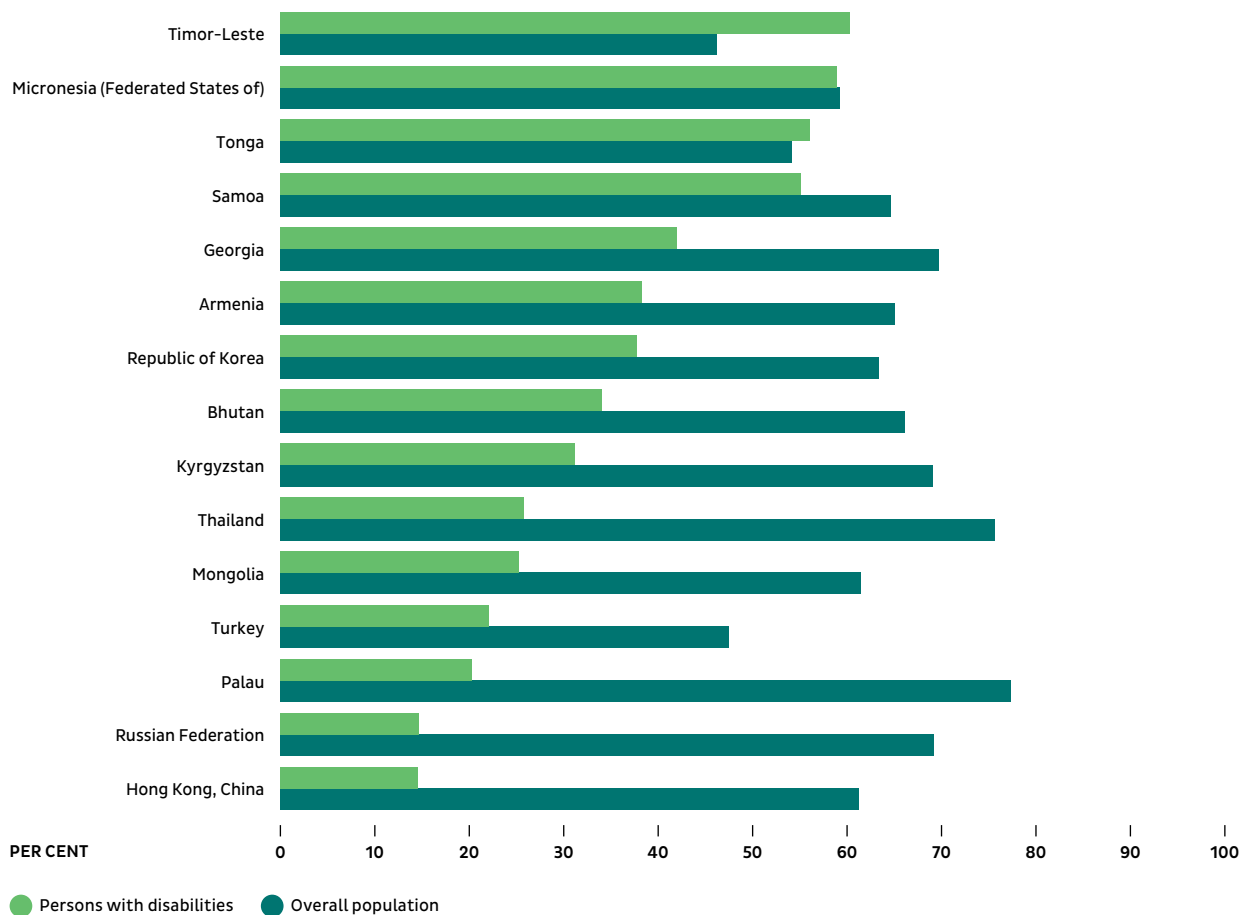
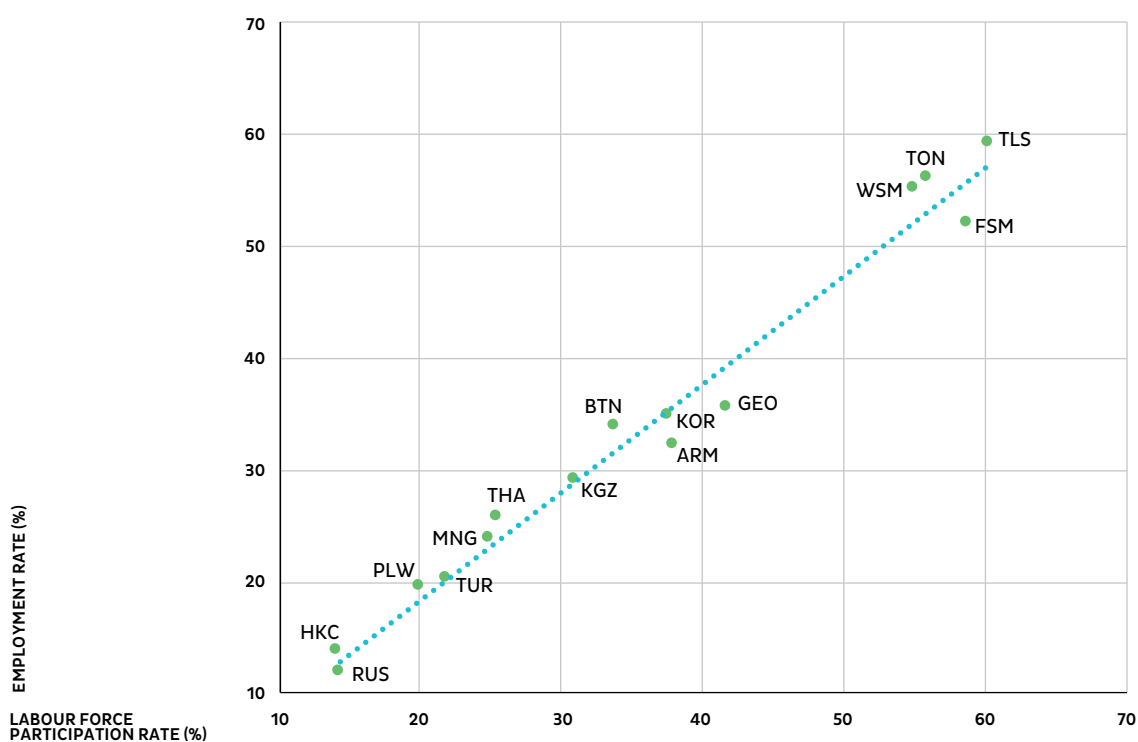
Separate from participating in the labour market or being employed, the types of employment for persons with disabilities impacts their well-being.²⁴

Persons with disabilities are more likely to be employed in the private sector than in the public sector, and they are two times less likely to be employed in the public sector than persons without disabilities.

Multiple factors might lead to these gaps, including cumulative negative effects of reduced access to education. Traditionally, persons with disabilities have been relegated to welfare-based work with low wages, corporate social responsibility projects or self-employment. Even in the private sector, they are treated as an expendable workforce and given insufficient social protection coverage.²⁵

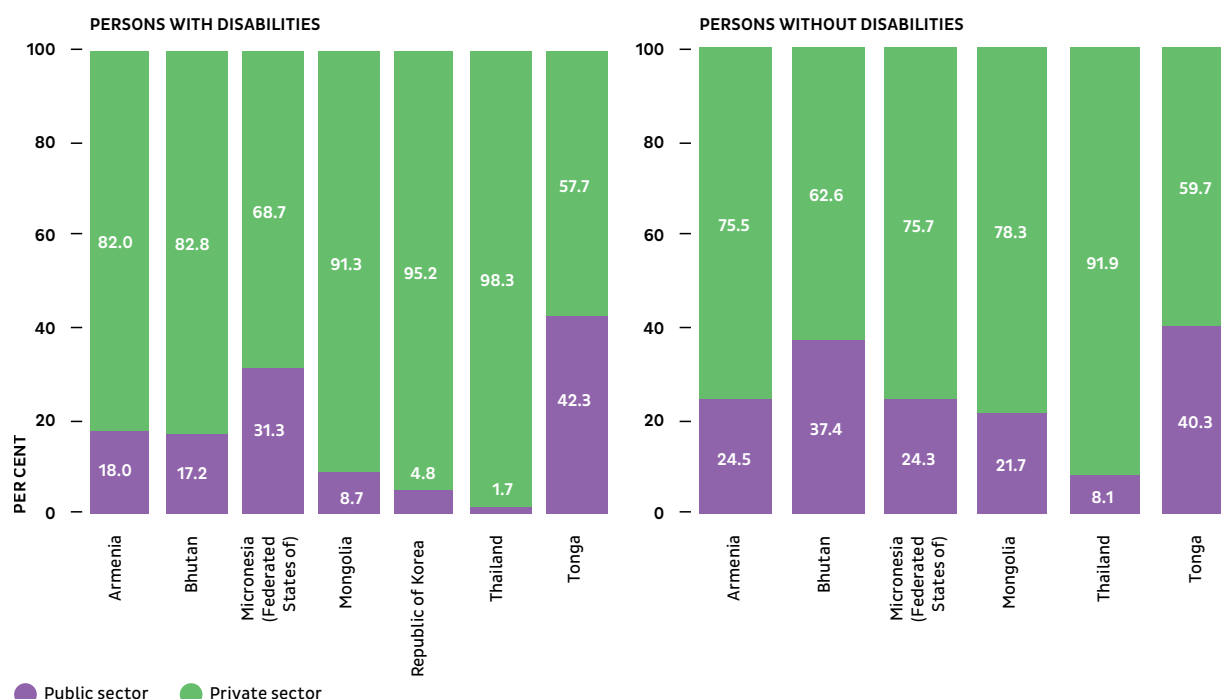
²⁴ Cazes, Hijzen and Saint Martin, 2015.

²⁵ ESCAP, 2016c.

FIGURE 11: LABOUR FORCE PARTICIPATION RATES OF PERSONS WITH DISABILITIES AND THE OVERALL POPULATION**FIGURE 12: CORRELATION BETWEEN EMPLOYMENT AND LABOUR FORCE PARTICIPATION RATES OF PERSONS WITH DISABILITIES**

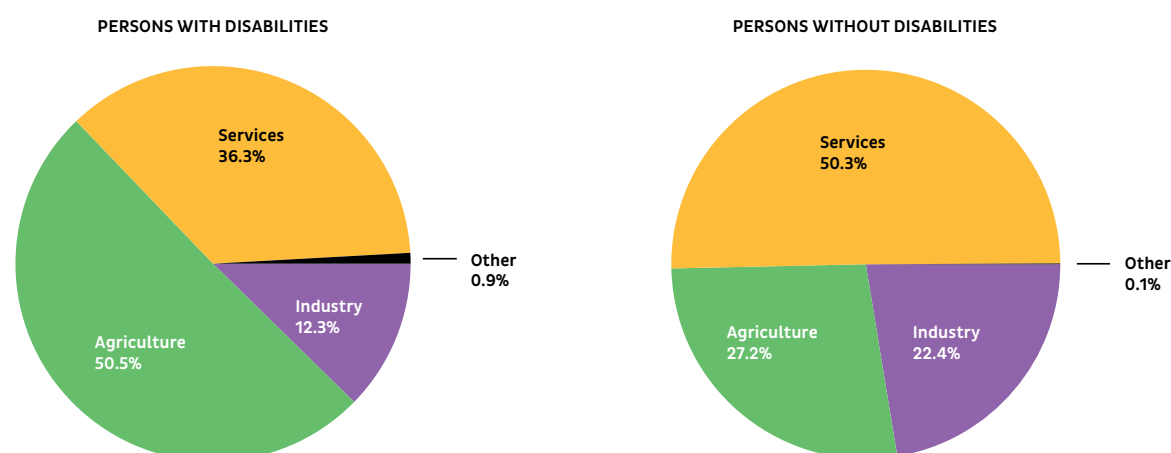
The share of persons with disabilities employed in the public sector in Asian and Pacific countries with available data ranges from 1.7 per cent (Thailand) to 42.3 per cent (Tonga), averaging 4.5 per cent — compared with the equivalent average share of 9 per cent for persons without disabilities. In all countries except Micronesia (Federated States of) and Tonga, the share of persons with disabilities employed in the private sector exceeds that of persons without disabilities (figure 13).

FIGURE 13: SHARE OF PERSONS EMPLOYED IN THE PUBLIC AND PRIVATE SECTORS, BY DISABILITY STATUS



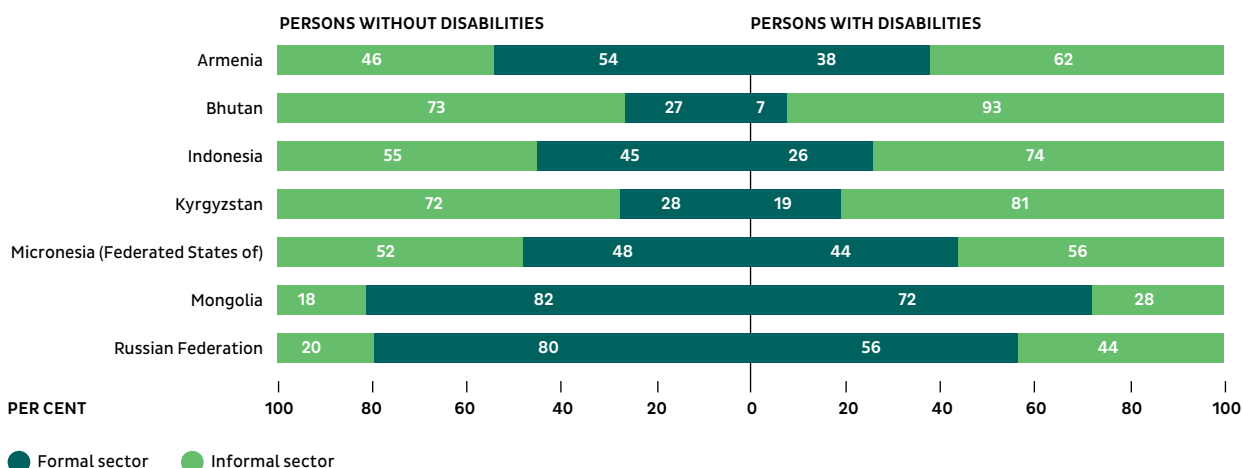
The available data further indicate that more than half of all persons with disabilities are agricultural workers, while only a quarter of persons without disabilities work in the agriculture sector. The larger share of persons with disabilities in the agriculture sector is offset by their reduced share in other sectors requiring special skills. In both the industry and service sectors, persons with disabilities have less chance to be employed than persons without disabilities (figure 14).

FIGURE 14: SHARE OF EMPLOYED PERSONS, BY AGGREGATE SECTOR AND DISABILITY STATUS



Persons with disabilities are also more likely to work in the informal sector. The share of persons with disabilities in the informal sector varies between 28.3 per cent (Mongolia) and 92.6 per cent (Bhutan). In all countries with available data, larger proportions of persons with disabilities work in the informal sector than persons without disabilities. On average, up to three-quarters of the working-age population with disabilities in Asia and the Pacific are employed in the informal sector (figure 15).

FIGURE 15: SHARE OF EMPLOYED PERSONS IN THE FORMAL AND INFORMAL SECTORS, BY DISABILITY STATUS

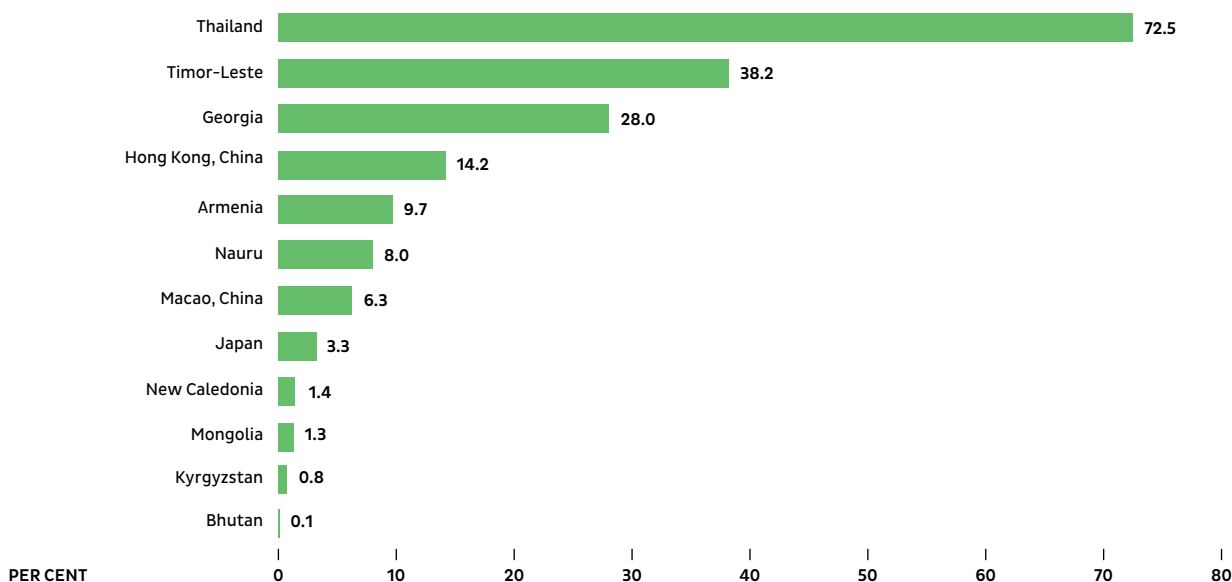


Persons with disabilities have limited access to vocational training opportunities (indicator 1.3).

One of the main reasons for lower employment of persons with disabilities is their limited access to education and vocational training opportunities. According to the survey, the average proportion of participants with disabilities in government-funded vocational training is as low as 3.4 per cent of all persons trained. This estimate is drawn from 11 governments reporting data that vary from 0.1 per cent (Bhutan) to 72.5 per cent (Thailand) (figure 16).

Caution should be exercised when comparing national data because coverage of mainstream and disability-specific vocational training programmes may not be equally reflected between proportions of participants reported across different countries and areas.

FIGURE 16: PROPORTION OF PARTICIPANTS WITH DISABILITIES IN GOVERNMENT-FUNDED VOCATIONAL TRAINING



LINKS TO THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT

Thematic links



Poverty is an underpinning and recurring barrier to inclusion of marginalized groups in all aspects of society. Addressing the disproportionately high level of poverty experienced by persons with disabilities is an important step toward ending poverty in all its forms everywhere, as set out in SDG 1. Incheon Strategy target 1.A seeks to eliminate extreme poverty among persons with disabilities, which supports the SDG 1 efforts to eradicate extreme poverty for all people everywhere (measured by living on less than US\$1.25 a day) and reduce the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions (targets 1.1 and 1.2).

As a driver of poverty, deficient access to education and employment opportunities is a recurring challenge faced by persons with disabilities in Asia and the Pacific. To counteract this, the Incheon Strategy targets 1.B and 1.C aim to increase work and employment opportunities for persons with disabilities who can and want to work, as well as increase their participation in vocational training and other employment-support programmes. Efforts in this regard will help achieve objectives of the SDGs related to promoting inclusive education and lifelong learning, which seek to increase the number of youth and adults with relevant technical and vocational skills for employment opportunities (target 4.4) and ensuring equal access to all levels of education and vocational training for all, including persons with disabilities (target 4.5). This contributes to achieving full and productive employment with equal pay for work of equal value for all, including persons with disabilities (target 8.5), and reducing the proportion of youth not in employment, education or training (target 8.6). Successful implementation of the Incheon Strategy and SDG targets supports the empowerment and economic inclusion of persons with disabilities, as specified in SDG target 10.2

Progress-tracking links

In addition to supporting the achievement of the 2030 Agenda, the Incheon Strategy indicators provide a basis for measuring progress of implementation of the SDGs. Incheon Strategy indicators 1.1, 1.2 and 1.3 can inform the measuring of progress of SDG targets 4.5, 8.5 and 10.2. They also have the potential to inform the progress of inclusion of persons with disabilities across numerous other targets.

SDG target 4.5 aims to eliminate gender disparities in education and ensure equal access to all levels of education and vocational training, including for persons with disabilities, among other groups. To help measure progress of this, Incheon Strategy indicator 1.3 provides the disability-disaggregated and overall population participation numbers of persons in government-funded vocational training and other employment support programmes.

SDG target 8.5 aims to achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value. The ratio of persons with disabilities in employment to the general population in employment, as indicated by Incheon Strategy indicator 1.2, provides both the number of persons with disabilities of working age as well as the number of working-age people overall in employment.

SDG target 10.2 on empowering and promoting the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status. The proportion of persons with disabilities living below the international poverty line, as provided by Incheon Strategy indicators 1.1, provides a measure of the economic inclusion of persons with disabilities. This is further supplemented by the number of persons with disabilities, as well as the general population, who are of working age and in employment, as conveyed in Incheon Strategy indicator 1.2. This information provides the numerators for measuring employment rates of persons with disabilities and the general population. Another metric of economic inclusion is that of participation in vocational training, for which the disability-disaggregated and overall population participation numbers of those in government-funded vocational training and other employment support programmes are collected through Incheon Strategy indicator 1.3.

GOAL

2

Promote participation in political processes and in decision-making

The participation of persons with disabilities in the political and decision-making processes is the cornerstone for the realization of the rights of persons with disabilities. Ability to exercise the right to vote and the right to be elected is intrinsic to this goal. Greater and more widespread progress in the participation of diverse groups of persons with disabilities, including women and youth with disabilities, in political and decision-making processes at all levels should be achieved. Additionally, technological improvements should be harnessed to enable persons with disabilities to participate in public decision-making processes and to exercise their rights and fulfil their responsibilities as members of society. The improvements include the provision of an enabling environment for persons with disabilities to have equitable access to appointments in the judicial, executive and legislative branches of government, including those of the supreme court, ministries and the national legislative body.

TARGET

2.A

Ensure that persons with disabilities are represented in government decision-making bodies

2.B

Provide reasonable accommodation to enhance the participation of persons with disabilities in the political process

CORE INDICATOR

2.1

Proportion of seats held by persons with disabilities in the parliament or equivalent national legislative body

2.4

Proportion of polling stations in the national capital that are accessible, with processes in place that ensure confidentiality of voters with disabilities

2.2

Proportion of members of the national coordination mechanism on disability who represent diverse disability groups

2.3

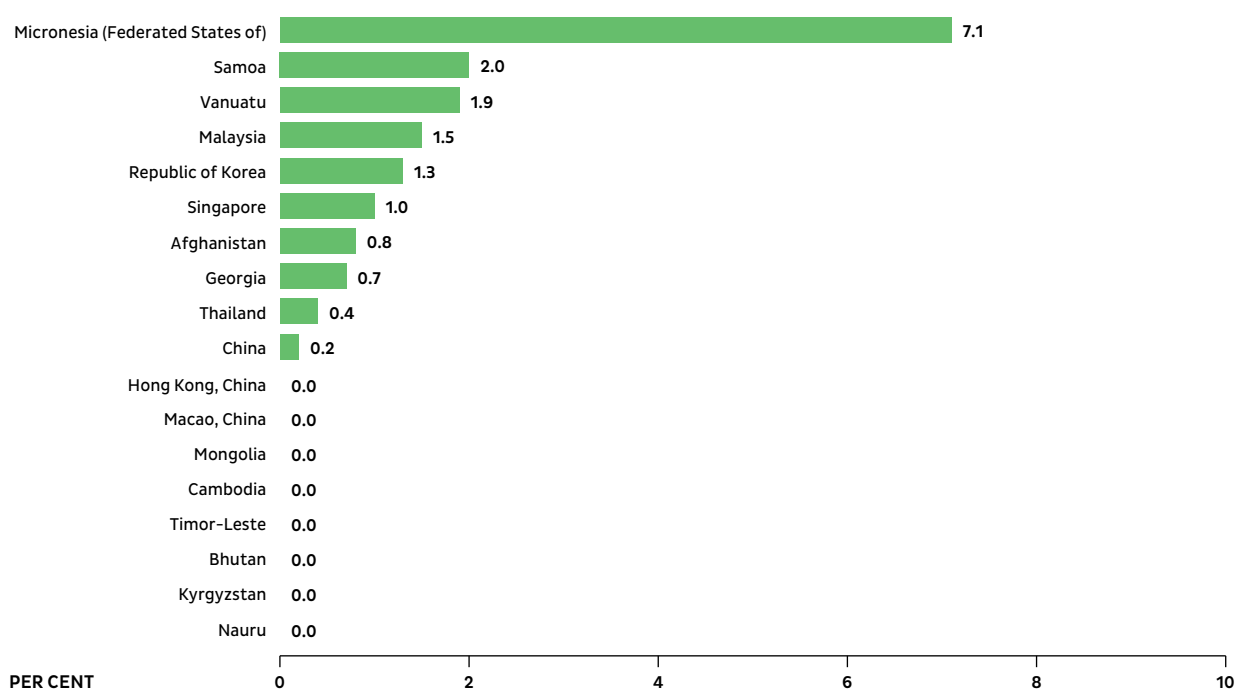
Proportion of [representatives] in the national machinery for gender equality and women's empowerment who are persons with disabilities

CURRENT STATUS

Persons with disabilities are nearly invisible in national legislative bodies (indicator 2.1).

The political participation of persons with disabilities is crucial for their empowerment and giving them equal opportunities to influence decision-making processes at various levels of the legislative, executive and judiciary functions. In Asia and the Pacific, the representation level of persons with disabilities in national legislative bodies is very low. Out of a total of 4,960 national parliamentarians (or equivalent) in 17 reporting countries and areas, only 18 parliamentarians had some type of disability, amounting to 0.4 per cent. The representation of persons with disabilities in national parliaments ranges from 0 to 7.1 per cent (Micronesia, Federated States of). In eight countries and areas, persons with disabilities had no seat within parliament (figure 17).

FIGURE 17: PROPORTION OF PARLIAMENTARIANS (OR EQUIVALENT) WITH DISABILITIES



Persons with disabilities in the national parliaments were identified mainly by administrative records (Cambodia; China; Georgia; Macao, China; Republic of Korea; Singapore; and Thailand). Some governments reported they do not inquire on disability status in the administrative form for parliamentarians.

Disability organizations are an integral part of national coordination mechanisms on disability matters (indicator 2.2).

Although two governments reported having no representation of any disability group in their national coordination mechanism on disability matters, the level of representation by civil society organizations of and for persons with disabilities in other countries and area is fairly high. It ranges from 0 to 85.7 per cent (Georgia), with a regional average of 25 per cent. Among them, three governments — Georgia, Japan and Micronesia (Federated States of) — reported a representation of more than 50 per cent (figure 18).

There is a low representation of persons with disabilities in the national machineries for gender equality (indicator 2.3).

The Beijing Platform for Action of the Fourth World Conference on Women calls for “institutional mechanisms for the advancement of women”, such as the national machinery for gender equality, and the mandate to “design, promote the implementation of, execute, monitor, evaluate, advocate and mobilize support for policies that promote the advancement of women”.²⁶ The national machineries in a majority of the countries in Asia and the Pacific have the status of a ministry, which covers gender as well as other issues.²⁷

The representation of persons with disabilities in the national machinery for gender equality and women’s empowerment is low, with a regional average rate of 2.7 per cent. This low average is driven by reporting from some countries—China; Hong Kong, China; Nauru; Philippines; Samoa; and Thailand—that ranges between 2.6 per cent and 20 per cent, averaging at 4.5 per cent, while six other governments reported no representation (figure 19).

The data derive mainly from administrative records (China; Hong Kong, China; Georgia; Macao, China; Republic of Korea and Thailand), self-identification (Japan), medical testing results (Nauru) and interview-cum-observation (Micronesia, Federated States of).

Accessibility of polling stations ranges greatly across countries and areas, which employ different standards of accessibility (indicator 2.4).

To enhance political participation of persons with disabilities, many governments in Asia and the Pacific have worked to improve the accessibility of polling stations. Such polling stations should provide easy access for persons with physical disabilities with flat entrance and exit areas or appropriate ramps, easy-to-understand instructions on the voting process, which may include the use of large font and simplified language and other means for those with visual impairment and intellectual disabilities. If video is used for this purpose, captioning and/or sign language interpretation should be included. Information on candidates and the ballot should be available in accessible formats, such as Braille, or an electronic ballot, which can be translated using text-to-speech software. Staff at a polling stations should be trained in advance on how to appropriately assist persons with disabilities in voting while respecting their privacy throughout the process.

A total of 59.8 per cent of polling stations in the national capital of responding governments have been made accessible. In seven countries and areas — Macao, China; Mongolia; Nauru; New Caledonia; Republic of Korea; Singapore; and Thailand — polling stations in the national capital cities were made fully accessible according to the national standards (figure 20).

However, caution should be exercised when comparing the data across countries. Some governments, including those without formal accessibility standards, reported meeting only limited and minimum accessibility requirements of persons with disabilities at polling stations, such as physical access for wheelchair users. This means that the effort for improving accessibility is an ongoing process and should continue until polling stations are accessible by persons with diverse forms of disabilities.

The information on accessible polling stations was collected through accessibility audits for eight governments — Bhutan; Georgia; Indonesia; Macao, China; Micronesia (Federated States of); Singapore; Thailand; and Turkey. And 12 governments reported having national accessibility standards applied to polling stations. The scope and level of accessibility addressed by national standards for polling stations vary across countries or territories, which inhibits comparability of accessibility data.

Some governments, including Georgia, now provide adapted websites, tactile ballot guides, magnifying sheets, mobile ballot boxes and physical space upgrades to enhance accessibility.

²⁶ See United Nations, 1995, para.196.

²⁷ Jahan, 2010.

FIGURE 18: PROPORTION OF REPRESENTATIVES OF DIVERSE DISABILITY GROUPS IN NATIONAL DISABILITY COORDINATION MECHANISMS

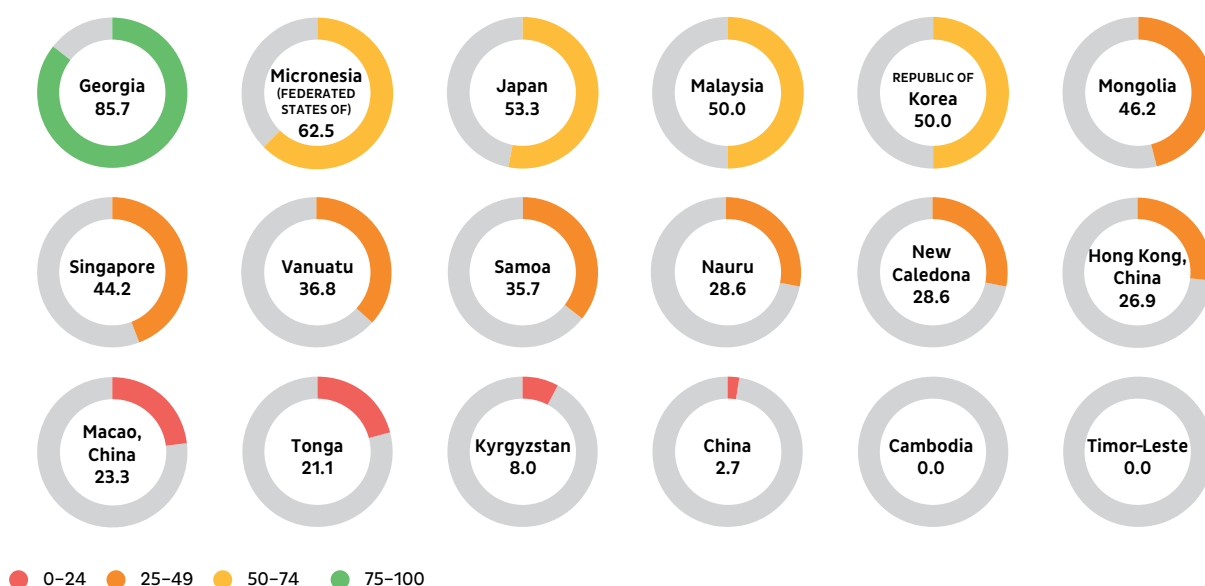


FIGURE 19: PROPORTION OF PERSONS WITH DISABILITIES IN THE NATIONAL MACHINERY FOR GENDER EQUALITY

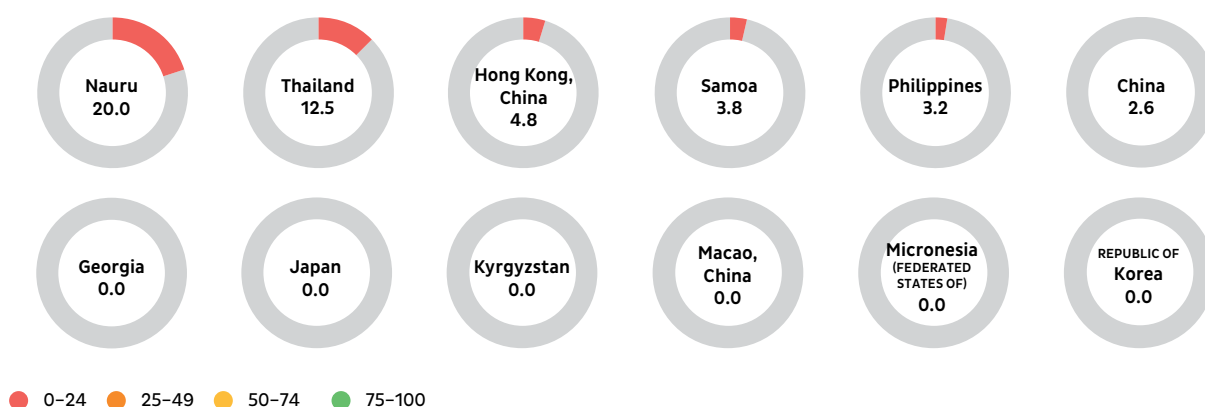
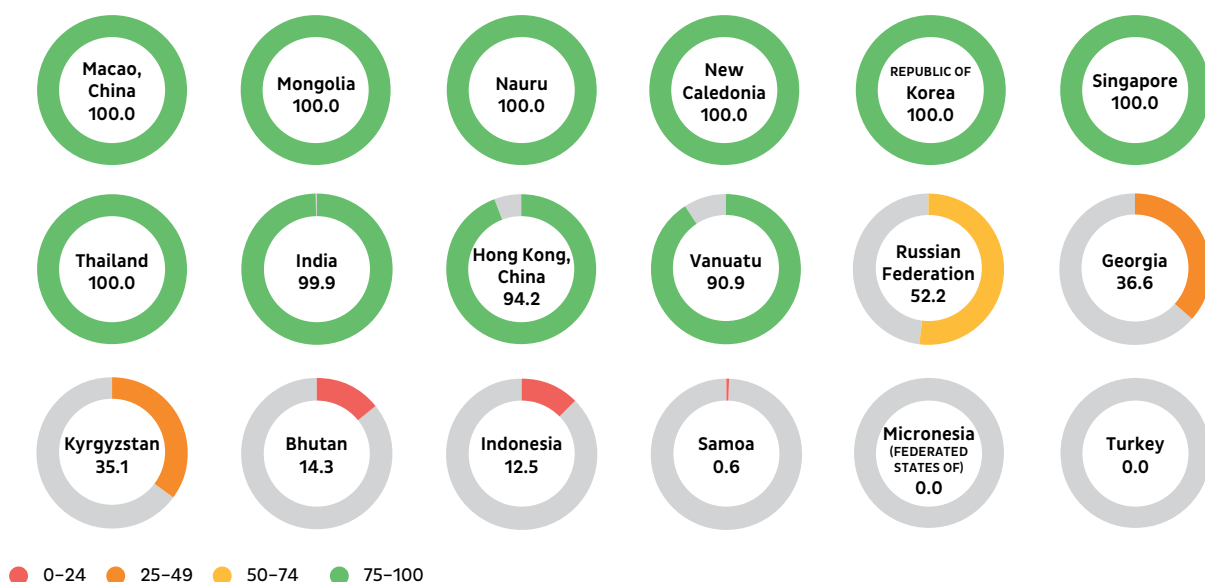


FIGURE 20: PROPORTION OF ACCESSIBLE POLLING STATIONS IN THE NATIONAL CAPITAL



LINKS TO THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT

Thematic links



Political exclusion of persons with disabilities results in low representation and reflection of their views in decision-making bodies and processes. Incheon Strategy goal 2 promotes participation in political and decision-making processes by ensuring that persons with disabilities are represented in decision-making bodies (target 2.A) and enhancing the participation of persons with disabilities in the political process through the provision of reasonable accommodation (target 2.B).

Reasonable accommodation is a rights-based concept in which a duty-bearer provides accessibility support to rights-holders based on their individual needs.²⁸ In the context of participation in political processes, this could be exemplified by the election authority having products and services on hand that support the needs of persons with diverse disabilities in casting their vote.

Achievement of targets under Incheon Strategy goal 2 corresponds to achieving three of the SDGs and their targets, which aim to ensure participation of women — including those with disabilities — in decision-making at all levels (target 5.5), promote political inclusion of persons with disabilities and other groups (target 10.2) and ensure responsive, inclusive, participatory and representative decision-making at all levels (target 16.7).

Progress-tracking links

Government achievement of the goals and targets related to promoting participation of persons with disabilities in political and decision-making processes further provide a metric for measuring progress of SDG target 10.2.

This target seeks to empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status. Regarding political inclusion of persons with disabilities, Incheon Strategy indicators 2.1, 2.2, 2.3 and 2.4 provide measures of representation in decision-making bodies.

The proportion of persons with disabilities who are members in the national legislative body and who are represented in national machinery for gender equality and women's empowerment are provided by Incheon Strategy indicators 2.1 and 2.3, 2.5. Additionally, indicator 2.2 measures the proportion of members of the national coordination mechanism on disabilities who represent diverse disability groups.

²⁸ ESCAP, 2016a.

GOAL

3

Enhance access to the physical environment, public transportation, knowledge, information and communication

Access to the physical environment, public transportation, knowledge, information and communication is a precondition for persons with disabilities to fulfil their rights in an inclusive society. The accessibility of urban, rural and remote areas based on universal design increases safety and ease of use not only for persons with disabilities but for all other members of society. Access audits are an important means of ensuring accessibility and must cover all stages of the planning, design, construction, maintenance and monitoring and evaluation processes. Access to assistive devices and related support services is also a precondition for persons with disabilities to optimize their level of independence in daily life and to live in dignity. Ensuring the availability of assistive devices for persons living in low-resource settings involves encouraging efforts regarding research, development, production, distribution and maintenance.

TARGET

3.A

Increase the accessibility of the physical environment in the national capital that is open to the public

3.B

Enhance the accessibility and usability of public transportation

3.C

Enhance the accessibility and usability of information and communications services

3.D

Halve the proportion of persons with disabilities who need but do not have appropriate assistive devices or products

CORE INDICATOR

3.1

Proportion of accessible government buildings in the national capital

3.2

Proportion of accessible international airports

3.3

Proportion of daily captioning and sign-language interpretation of public television news programmes

3.5

Proportion of persons with disabilities who need assistive devices or products and have them

3.4

Proportion of accessible and usable public documents and websites that meet internationally recognized accessibility standards

CURRENT STATUS

The concept of accessibility is a precondition to support the realization of the rights of all, especially persons with disabilities who face barriers to inclusion. These barriers have far-reaching effects, which include exclusion from attending school and working alongside their peers; exclusion from social support and health care services; exclusion from participating in political processes; and being put at an elevated risk of injury and death in disaster situations.

Accessibility standards in the built environment vary between countries and areas and are often confined to addressing the issues experienced by persons with mobility impairments, such as wheelchair users (indicators 3.1 and 3.2).

Promoting accessibility of the built environment seeks to ensure that all individuals can navigate and interact with their surrounding environment. Such environments can include public transportation, parks, schools, museums and libraries. The concept of universal design, which promotes creating spaces that are usable by all persons on an equal basis, is an underpinning element of accessibility.²⁹

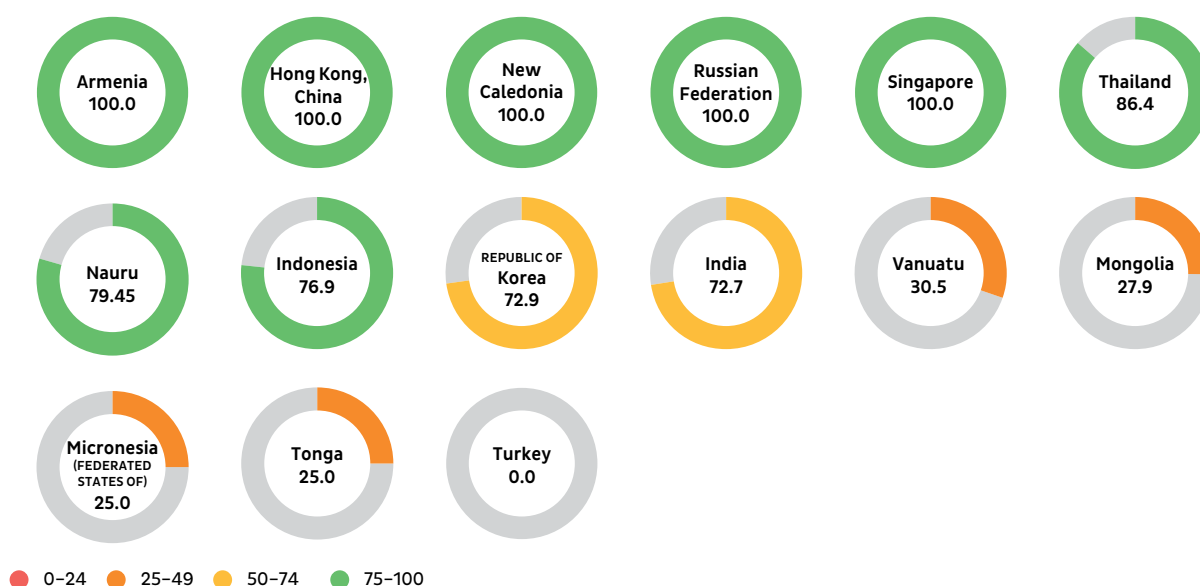
A total of 66.5 per cent of government buildings and 70.6 per cent of international airports across the region are considered accessible, with individual responses ranging from 0 to 100 per cent (figures 21 and 22).

Accessibility audits on government buildings and international airports were carried out by 8 and 12 governments, respectively. For government buildings: Indonesia; Micronesia (Federated States of); Mongolia; Republic of Korea; Russian Federation; Singapore; Thailand; and Turkey; for international airports: Bhutan; Georgia; Macao, China; Malaysia; Micronesia (Federated States of); Mongolia; Philippines; Republic of Korea; Russian Federation; Singapore; Thailand and Turkey.

The accessibility standards applicable both to government buildings and international airports for most countries tend to only focus on the built environment and only address the needs of persons with mobility impairments, including wheelchair users.

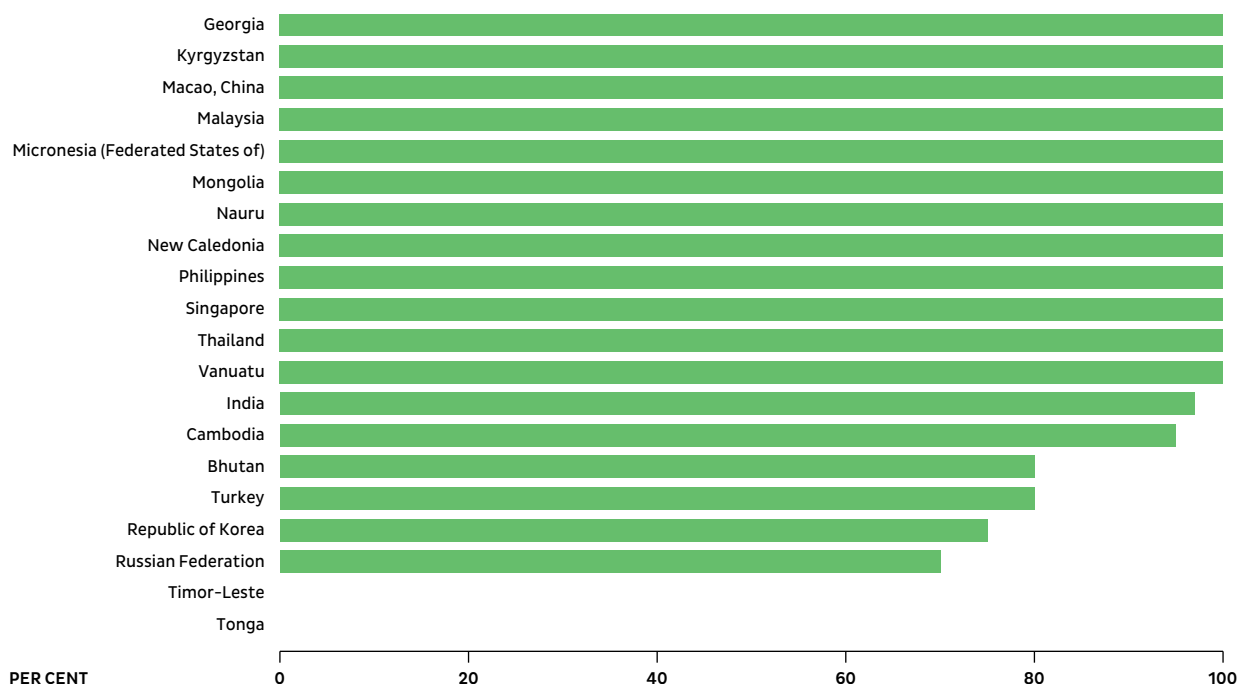
While data collection needs to be strengthened by engaging persons with diverse disabilities in the audits process, a review of national standards is also required to keep up with the new requirements of international accessibility standards.

FIGURE 21: PROPORTION OF ACCESSIBLE GOVERNMENT BUILDINGS



²⁹ ESCAP, 2016a.

FIGURE 22: PROPORTION OF ACCESSIBLE INTERNATIONAL AIRPORTS



Accessibility of knowledge, information and communications technology and associated services should be addressed more explicitly and comprehensively in policies and programmes (indicators 3.3 and 3.4).

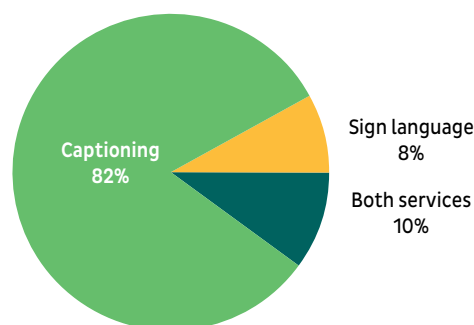
With information and communications technologies (ICT) increasingly important in all aspects of life, ensuring accessibility of ICT products and services is essential to ensuring the full participation of all persons in society. Computers, mobile devices, documents, websites and other media are all examples of ICT products and services for which accessibility is an important precursor to access for persons with disabilities.³⁰

The digital divide continues to greatly impact persons with disabilities. Deficient access to written materials is one of the factors that excludes persons with disabilities from education and economic opportunities. For instance, an estimated 0.5 per cent of books in developing countries are available in the accessible formats required for persons with visual, intellectual and learning disabilities.³¹

The midpoint review of the third Asian and Pacific Decade of Persons with Disabilities identified the enhancement of the accessibility of knowledge, information and communication (target 3.C) as one of the areas in the Incheon Strategy requiring increased policy intervention. However, few governments informed the survey on indicators 3.3 and 3.4 to track progress towards the achievement of the target, with response rates lower than 30 per cent.

While the daily duration of television news programmes broadcast per country varies greatly, an average of 41 per cent of news programmes are accessible in Asia and the Pacific. The captioning, accounting for 82 per cent of total accessible news

FIGURE 23: DISTRIBUTION OF ACCESSIBLE NEWS PROGRAMMES IN ASIA AND THE PACIFIC, BY TYPE OF ACCESSIBILITY SERVICE



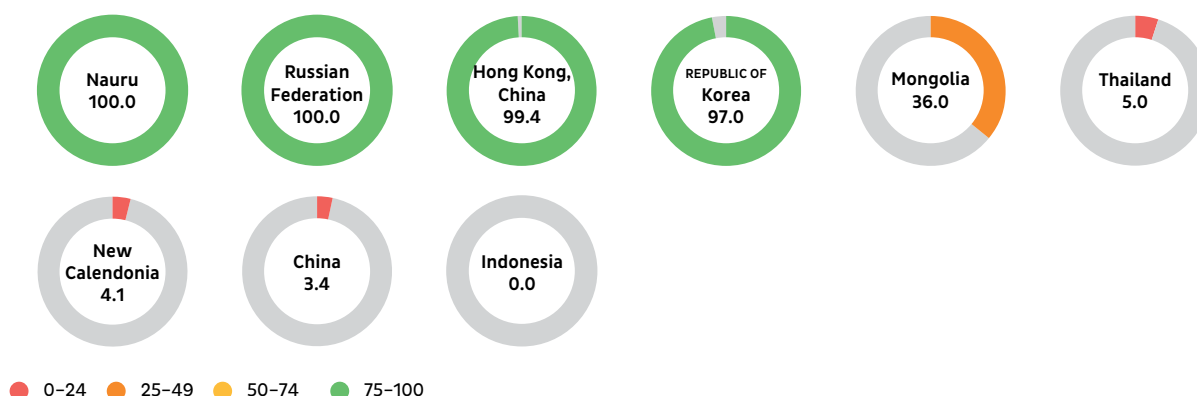
³⁰ ESCAP, 2016a.

³¹ UNESCO, 2013.

time, seems a predominant means of accessibility provision in most countries. Sign language service is the least frequently used, at only 8 per cent (figure 23).

While many governments reported on the existence of public websites created for self-promotion purposes, only a total of 40 per cent were reported as accessible in the region. The national accessibility rates vary between 3.4 per cent and 100 per cent (figure 24). Some governments, including China, India, Republic of Korea and Thailand, conducted accessibility audits on public websites based on pre-established technical guidelines that meet international accessibility standards, such as the Web Content Accessibility Guidelines 2.0.³²

FIGURE 24: PROPORTION OF ACCESSIBLE PUBLIC WEBSITES



Persons with disabilities have limited access to assistive devices in their daily life (indicator 3.5).

Among the 14 governments that provided information on persons with disabilities using assistive devices, more than one third of the total population of persons with disabilities, at around 7.5 million persons, was reported as having no access to the required assistive devices. This finding breaks down in a wide range, between 17.6 per cent and 100 per cent, in the use of assistive devices among persons with disabilities across countries.

This information was collected via disability-specific or socioeconomic surveys in Indonesia, Republic of Korea, Russian Federation and Thailand and from the administrative records of health authorities in some other countries, where only the number of persons with disabilities under specific support schemes was recorded, thus making it impossible to estimate the proportion due to the lack of data on persons without access to assistive devices.

LINKS TO THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT

Thematic links

INCHEON STRATEGY GOAL



TARGETS
3.A, 3.B, 3.C, 3.D

SUSTAINABLE DEVELOPMENT GOALS



TARGETS
4.A



TARGETS
9.1, 9.C



TARGETS
11.1, 11.2, 11.7



TARGET
16.10

³² Web Content Accessibility Guidelines standards seek to ensure websites are perceivable, operable, understandable and robust and that their structure, text, images and sounds are presented in ways that are accessible to users with different disabilities. See W3C, 2012 for more information.

In enhancing access to the physical environment, public transportation, knowledge, information and communication, Incheon Strategy goal 3 serves as a basis for persons with disabilities and the general population to be fully included in mainstream development processes and outcomes across a variety of sectors.

The Incheon Strategy's efforts to increase accessibility of the physical environment in the national capital that is open to the public (target 3.A) and to enhance the accessibility and usability of public transportation (target 3.B) are crucial for ensuring that all persons can access their surrounding built environments.

Efforts to implement these Incheon Strategy targets support the achievement of the SDGs on inclusive and equitable quality education in the aim to build and upgrade inclusive learning environments (target 4.a). They also contribute to promoting inclusive sustainable industrialization by building quality, reliable, sustainable and resilient infrastructure (target 9.1) and making cities and human settlements inclusive, safe, resilient and sustainable by ensuring access to safe and affordable housing, transport systems and inclusive public spaces for all, including persons with disabilities (targets 11.1, 11.2 and 11.7).

Enhancing the accessibility and usability of information and communication services (Incheon Strategy target 3.C) positively impacts achieving the SDG targets that seek to increase access to ICT (target 9.c) and on public access to information and the protection of fundamental freedoms (target 16.10).

Progress-tracking links

Efforts to build and upgrade education facilities that are child, disability and gender sensitive and that provide safe, non-violent, inclusive and effective learning environments for all persons, as described in SDG target 4.a, can be measured from the disabilities perspective with the support of Incheon Strategy indicator 3.1. The indicator stipulates the proportion of government buildings in the national capital that are accessible to persons with diverse disabilities, which can be a measure in cases in which education facilities are government-owned or managed.

SDG target 10.2 aims to empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status. Underpinning this is the principle of accessibility, which seeks to ensure that built environments, transportation, information, communications and technologies provide the basis for inclusion across these areas. Measuring accessibility of buildings is an important indication of progress in ensuring inclusion of persons with disabilities.

The proportion of government buildings in the national capital and international airports that are accessible, measured in Incheon Strategy indicators 3.1 and 3.2, respectively, provide a measure of the accessibility of the built environment. Indicators 3.3 and 3.4 complement this by asking for data on accessibility of information, communications, technologies and services. These measure the availability of accessible public television news programmes, which include provision of sign language interpretation and/or captioning, as well as accessible websites and public documents.

Another possible measure of accessibility in relation to social protection as a means to measure the social inclusion of persons with disabilities is provided by Incheon Strategy indicator 3.5 on the need for and access to assistive devices for persons with disabilities.

SDG target 11.2 seeks to provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of persons in vulnerable situations, women, children, persons with disabilities and older persons. The Incheon Strategy measures the proportion of accessible airports through indicator 3.2. Accessible airports provide a basis for enhancing the accessibility of various forms of transportation, given the varied infrastructure and services that passengers interact with at an airport. Conducting audits to evaluate the accessibility of airports has the potential to inform similar accessibility audit techniques for various other transportation facilities.

SDG target 11.7 is related to target 11.2, in that it seeks to provide universal access to safe, inclusive and accessible green public spaces, especially for women and children, older persons and persons with disabilities. In line with the concept of seamless connectivity, transportation is only accessible if the surrounding environments are similarly accessible, enabling persons with disabilities to navigate them independently. Incheon Strategy indicators 3.1 and 3.2 can support quantifying the progress in achieving this target because they ask for the proportion of government buildings in the national capital and international airports that are accessible.

GOAL

4

Strengthen social protection

Social protection coverage in the developing countries of Asia and the Pacific is often limited to social insurance programmes and only available to those with regular employment contracts in the formal sector, leaving the vast majority of the population, especially persons with disabilities, without sufficient coverage. It is therefore crucial to ensure that persons with disabilities have access to social protection on an equal basis with others and to promote the social protection floor, with a focus on health care and basic income protection for all. There is a lack of affordable services, however, including personal assistance and peer counselling services, that enable persons with disabilities to live independently in the community. For many persons with disabilities, these services are requisites for their participation in society.

TARGET

4.A

Increase access to all health services, including rehabilitation, for all persons with disabilities

4.B

Increase coverage of persons with disabilities within social protection programmes

4.C

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

CORE INDICATOR

4.1

Proportion of persons with disabilities who use government-supported health-care programmes, as compared to the general population

4.2

Coverage of persons with disabilities within social protection programmes, including social insurance and social assistance programmes

4.3

Availability of government-funded services and programmes, including for personal assistance and peer counselling, that enable persons with disabilities to live independently in the community

CURRENT STATUS

Because the coverage of social protection, including health care and income security, is often limited to individuals in formal employment, many persons with disabilities are left without sufficient social protection. The provision of adequate social protection measures to persons with disabilities is fundamental for lifting them out of poverty and ensuring their healthier participation in society.

Goal 4 established two outcome-based indicators to track progress in expanding access of persons with disabilities to government-supported health care, cash transfer or other benefit programmes.

Social protection measures do not adequately cover the needs of persons with disabilities (indicators 4.1 and 4.2).

Available baseline data highlight the lack of appropriate statistics on the coverage of social protection for persons with disabilities. The information on the coverage of government health care programmes among persons with disabilities was available for only five countries, whereas the information on the coverage of government-funded disability benefit programmes was available for nine countries and areas. One reason is that some governments only want to check how many persons with disabilities have registered in a specific programme and are not keen to monitor how many of them are left outside of the programmes. When governments define narrow criteria of eligibility for a programme, and if the programme is contributory based, many persons with disabilities are likely to remain out of coverage.

In some countries for which data were available, the analysis shows that only a small portion of persons with disabilities are covered by the programmes. Individual coverage rates for government-funded health care and disability benefit programmes range, respectively, from 38 per cent to 100 per cent (figure 25) and from 28 per cent to 100 per cent (figure 26).

Caution also should be exercised when national estimates of the proportion of persons with disabilities covered by the government programmes are compared across countries. Whether a country accounts for the wide pool of the population of persons with disabilities who are left out of the coverage of a programme regardless of their eligibility may affect the quality of the estimated figure.

FIGURE 25: PROPORTION OF PERSONS WITH DISABILITIES USING GOVERNMENT-SUPPORTED HEALTH CARE PROGRAMMES

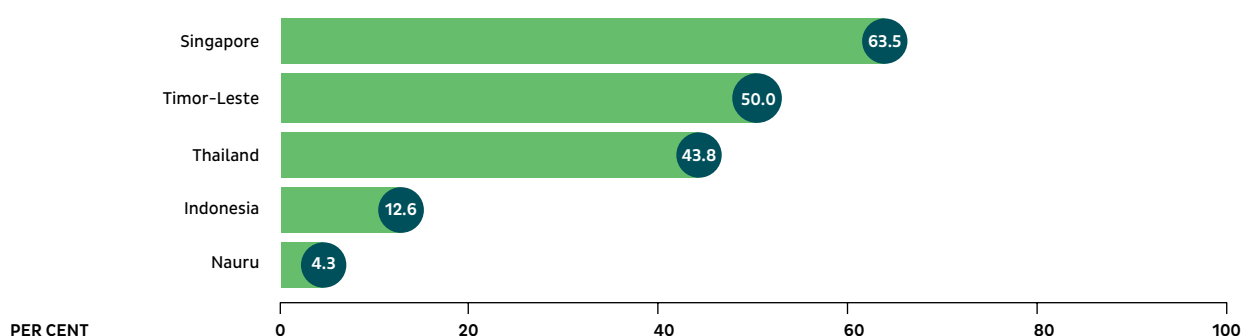
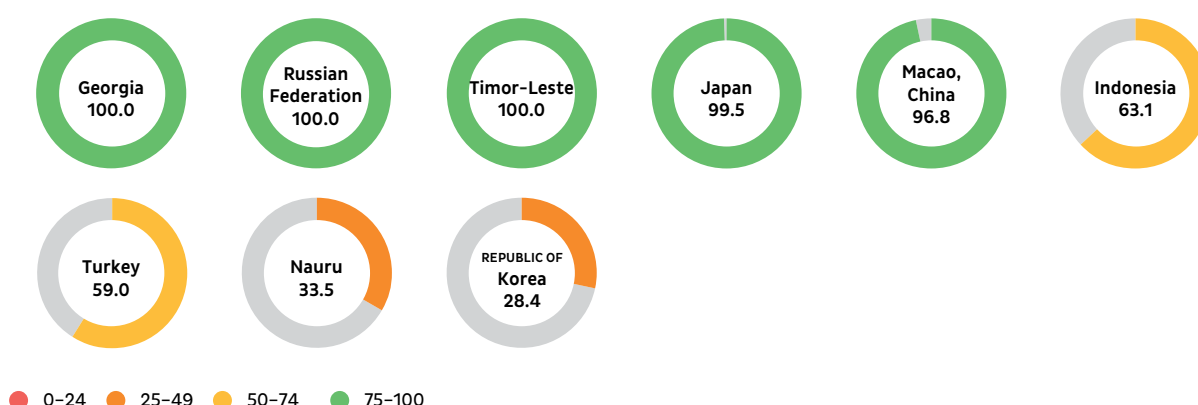


FIGURE 26: PROPORTION OF PERSONS WITH DISABILITIES RECEIVING GOVERNMENT-FUNDED DISABILITY BENEFITS



Statistics on the health care programme coverage were drawn mainly from the administrative records of health, labour or social services authorities. In Georgia and Thailand, the information was collected from nationwide disability or socioeconomic surveys. The administrative source may present some limitations in that it may provide the information on persons with disabilities who are registered for a specific programme only. A demographic health survey may be a better tool to overcome such limitation.

The data on disability benefit programme coverage were also based on the administrative records of labour or social welfare authorities in all responding countries, except Indonesia, that collected information from a socioeconomic survey.

Governments are working towards making programmes and services available to support the independent living of persons with disabilities (indicator 4.3).

Two-thirds of the responding governments reported on their programmes and services made available to enable persons with disabilities to live independently in the community, including personal assistance and peer counselling. While the number of reported programmes varies between 1 and 16 per government, it is noteworthy that many of them were established after the third Asian and Pacific Decade kicked off. They aim to provide a variety of support, including financial and personal assistance as well as community-based rehabilitation services.

LINKS TO THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT

Thematic links

INCHEON STRATEGY GOAL



TARGETS
4.A, 4.B, 4.C

SUSTAINABLE
DEVELOPMENT GOALS



TARGET
1.3



TARGETS
3.7, 3.8



TARGET
10.4

Strengthening social protection measures for persons with disabilities is a crucial step towards reducing poverty and ensuring their full participation in society. The Incheon Strategy seeks to do this by enhancing access and availability of health services, including rehabilitation, for all persons with disabilities (target 4.A), increasing coverage of persons with disabilities within social protection programmes (target 4.B) and enhancing services and programmes, including for personal assistance and peer counselling, that support persons with disabilities to live independently in the community (target 4.C).

This supports the achievement of the SDGs and targets to implement appropriate national social protection systems for people who are poor and vulnerable (target 1.3), the promotion of access to universal health coverage and health-care services (targets 3.7 and 3.8) and the adoption of social protection policies aimed at reducing inequalities (target 10.4).

Progress-tracking links

SDG target 10.2, which seeks to empower and promote the social, economic and political inclusion of all persons, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status, can be measured using the Incheon Strategy goal 4 indicators.

Incheon Strategy indicator 4.1 asks for the number of persons with disabilities as well as persons without who use government-supported health care programmes, which can inform the well-being of persons with disabilities in relation to the general population regarding access to social services. To complement this, indicator 4.2 measures the coverage of persons with disabilities under disability-focused government-funded social protection programmes, including social insurance and assistance, and thus asks for a look at the effect of disability-specific social protection.

Incheon Strategy indicator 4.3, which asks for the availability of government-funded services and programmes, including personal assistance and peer counselling, that help persons with disabilities to live independently in the community. It thus gives an indication of the impact of government efforts to support the rights of persons with disabilities to live their life autonomously.

GOAL

5

Expand early intervention and education of children with disabilities

In much of the Asia-Pacific region, a disproportionate number of children with disabilities do not have access to early intervention and education programmes. Early detection of delays in reaching developmental milestones is as important as regularly measuring the height and weight of infants and children. Following early detection of delay in reaching developmental milestones, it is necessary to provide prompt and appropriate responses to optimize their all-round development. Such early intervention responses cover, inter alia, stimulation, nurturing and care, and pre-school education. Investing in early childhood programmes yields higher returns than at subsequent levels of education and training. Government commitment to early childhood programmes would significantly improve their development outcomes. It is essential for governments to ensure that children with disabilities have access, on an equitable basis with others in the communities in which they live to quality primary and secondary education. This process includes engaging families as partners in providing more effective support for children with disabilities.

TARGET

5.A

Enhance measures for early detection of and intervention for children with disabilities from birth to pre-school age

5.B

Halve the gap between children with disabilities and children without disabilities in enrolment rates for primary and secondary education

CORE INDICATOR

5.1

Number of children with disabilities receiving early childhood intervention

5.2

Primary education enrolment rate of children with disabilities

5.3

Secondary education enrolment rate of children with disabilities

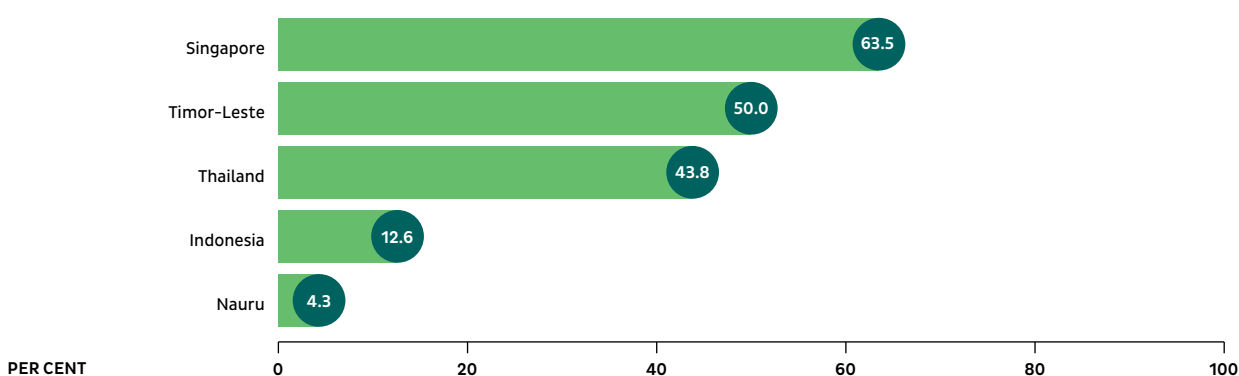
CURRENT STATUS

Early detection and intervention are crucial to support the rapid and effective development of children. This could be part of general primary health care; studies indicate that such practices can detect and diagnose a significant number of children with epilepsy, leading them to receive better and timely treatment. However, in low-income countries, systems for early detection and intervention are generally less available than in high-income countries.³³

At least one third of children with disabilities are likely to not receive any early intervention services (indicator 5.1).

Of the 17 governments that submitted data on children with disabilities receiving early childhood intervention, only five governments — Indonesia, Nauru, Singapore, Thailand and Timor-Leste — reported an estimated proportion of children with disabilities receiving early childhood intervention. In these countries, at least one third of children with disabilities are likely to not receive any early intervention services (figure 27).

FIGURE 27: PROPORTION OF CHILDREN WITH DISABILITIES WHO RECEIVE EARLY CHILDHOOD INTERVENTIONS



For other governments that did not provide statistics on the coverage of early childhood intervention services among children with disabilities, it was not possible to track how many children with disabilities in need of the services were left out because the information was collected from the service providers. Indonesia and Nauru reported that their data were collected from the population census or a survey.

Although information is scarce or incomplete on the number of children with disabilities receiving early intervention services, many governments reported on any available early childhood intervention services that they support. Such services mainly focus on the rehabilitation of children with disabilities, including physiotherapy, occupational therapy and speech and language support.

Although calculating enrolment rates of children with disabilities in primary and secondary education remains a challenge, it is evident that children with disabilities face barriers to completing their education (indicators 5.2 and 5.3)

The region has recorded many children with disabilities participating in school. However, due to the lack of statistics on out-of-school children with disabilities, countries face challenges in estimating the school enrolment rate among them.

As many as 25 governments provided data on the number of children with disabilities enrolled in primary and/or secondary education via mainstream and special schools. For many countries, the data were drawn from the administrative records of educational institutions, which accounted only for those children in school at the time of registration. In this context, the information was mainly submitted in absolute numbers, instead of providing information on the extent of the enrolment rate.

³³ UNICEF, 2013.

Still, there are a few observations to be made. First, when a direct comparison between the size of cohorts of children with disabilities who are enrolled in primary and secondary education in the same country is made, it exhibits a reduction, for most countries, in the absolute number of children in school when they make a transition from primary to secondary education.

Negative increments were noticed everywhere in Asia and the Pacific, except Macao, China; Republic of Korea; and Turkey. On average, the number of children with disabilities attending secondary education drops by 52.7 per cent across the region when compared with the number enrolled in primary education (figure 28).

Second, as more children with disabilities are enrolled in mainstream schools than in special schools — 82.5 per cent of all children with disabilities participating in school are enrolled in mainstream schools, the change in the number of students with disabilities enrolled in primary and secondary education is likely to be relatively higher for mainstream schools.

This is demonstrated by figure 29, which breaks down by type of school the percentage change in the number of students with disabilities during primary and secondary education. Except Malaysia, New Caledonia, Republic of Korea and Turkey, all countries reported a higher rate of negative change in the number of students with disabilities between mainstream schools and special schools.

FIGURE 28: PERCENTAGE CHANGE IN THE NUMBER OF STUDENTS WITH DISABILITIES ENROLLED IN PRIMARY AND SECONDARY EDUCATION

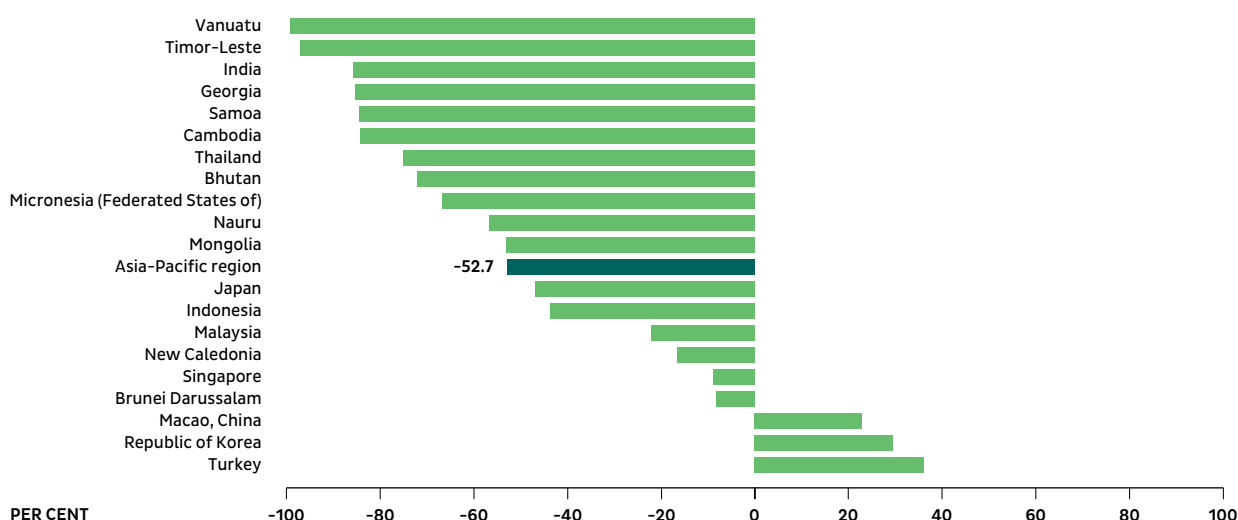
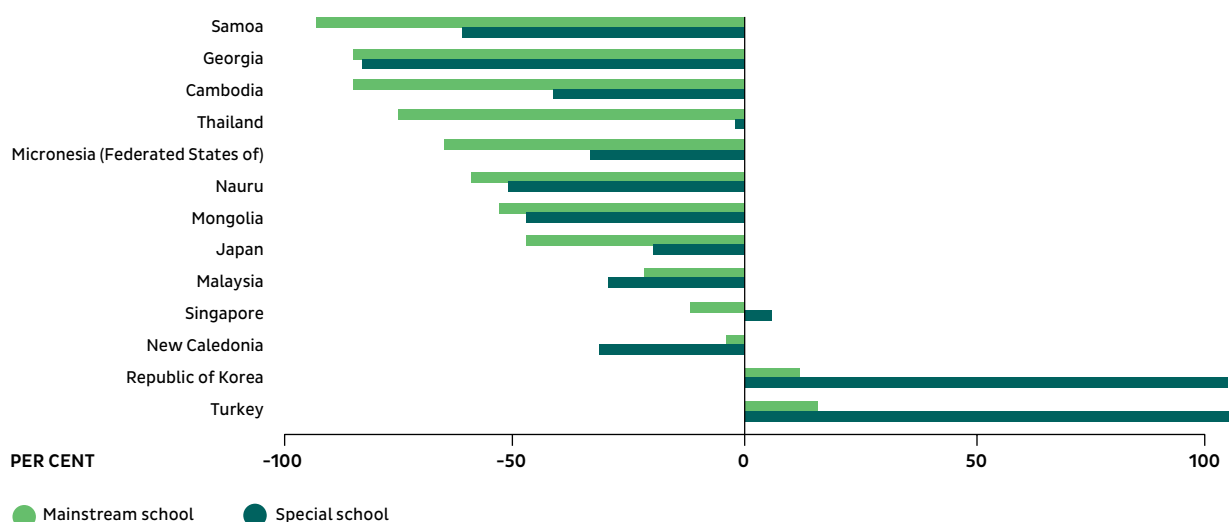


FIGURE 29: PERCENTAGE CHANGE IN THE NUMBER OF STUDENTS WITH DISABILITIES ENROLLED IN PRIMARY AND SECONDARY EDUCATION, BY TYPE OF SCHOOL



Education is the gateway to opportunity in life, fuelling ambition and providing pathways to success. However, access for persons with disabilities to primary and secondary education is hampered by multiple barriers, often resulting in negative effects on their self-esteem and motivation. Such barriers could be physical or informational, including the lack of provision of ramps and wide doors to classrooms for wheelchair users, the lack of accessible textbooks for blind students or the lack of assistive technologies and sign language interpretation for deaf students. Attitudinal barriers that diminish educational opportunities for students with disabilities include the lack of availability of teachers with expertise and experiences in educating students with disabilities, as well as the lower expectations of students with disabilities in some cases.³⁴

LINKS TO THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT

Thematic links



Deficient access to education and employment opportunities is a recurring challenge experienced by persons with disabilities in Asia and the Pacific. Incheon Strategy goal 5 and its targets aim to enhance measures for early detection and intervention for children with disabilities and to reduce the gap in enrolment rates in primary and secondary education between children with and without disabilities. This directly corresponds to achieving SDG 4 and its targets, which call for ensuring and enhancing access to inclusive and equitable quality education for all persons, including early childhood development, care and pre-primary education, and vocational training catering to vulnerable groups, including those with disabilities.

Progress-tracking links

The indicators for Incheon Strategy goal 5 can contribute to measuring progress in implementing SDG targets 4.5 and 10.2.

Efforts to achieve SDG target 4.5, which mentions persons with disabilities specifically, among other vulnerable groups, in its efforts to eliminate gender disparities in education and ensure equal access to all levels of education and vocational training, can be informed by Incheon Strategy indicators 5.1, 5.2 and 5.3.

Incheon Strategy indicator 5.1 defines early childhood interventions for children from newborn to age 5 years, covering the health, education and social welfare sectors. In counting the number of children with disabilities receiving early childhood interventions, the indicator supports ensuring that the education needs of children with disabilities are being addressed through efforts to promote equal access to education for all persons. Similarly, the primary and secondary education enrolment rates of children with disabilities, as measured by Incheon Strategy indicators 5.2 and 5.3, respectively, can support measuring equal access to education from the disability perspective.

As an important dimension of social inclusion, the Incheon Strategy indicators that measure progress in expanding the education of children with disabilities also support tracking their inclusion in efforts to achieve SDG target 10.2: empowering and promoting the social, economic and political inclusion of all persons, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status. Incheon Strategy indicator 5.2 on the primary education enrolment rate of children with disabilities and indicator 5.3 on the secondary education enrolment rate of children with disabilities support SDG target 10.2.

³⁴ UNICEF, 2013.

GOAL

6

Ensure gender equality and women's empowerment

Girls and women with disabilities experience multiple forms of discrimination and abuse. Isolation, compounded by dependency on caregivers, renders them extremely vulnerable to many forms of exploitation, violence and abuse, with attendant risks, including HIV infection, pregnancy and maternal and infant death. Girls and women with disabilities are largely invisible in mainstream gender equality programmes. Information concerning sexual and reproductive health, general health care and related services is seldom in formats and language that are accessible. Disability-inclusive development can be fully realized only when girls and women with disabilities are active participants in mainstream development.

TARGET

6.A

Enable girls and women with disabilities to have equitable access to mainstream development opportunities

6.B

Ensure representation of women with disabilities in government decision-making bodies

6.C

Ensure that all girls and women with disabilities have access to sexual and reproductive health services on an equitable basis with girls and women without disabilities

6.D

Increase measures to protect girls and women with disabilities from all forms of violence and abuse

CORE INDICATOR

6.1

Number of countries that include the promotion of the participation of women and girls with disabilities in their national action plans on gender equality and empowerment of women

6.2

Proportion of seats held by women with disabilities in the parliament or equivalent national legislative body

6.3

Proportion of girls and women with disabilities who access sexual and reproductive health services of government and civil society, compared to women and girls without disabilities

6.4

Number of programmes initiated by government and relevant agencies aimed at eliminating violence, including sexual abuse and exploitation, perpetrated against girls and women with disabilities

6.5

Number of programmes initiated by government and relevant agencies that provide care and support, including rehabilitation, for women and girls with disabilities who are victims of any form of violence and abuse

CURRENT STATUS

Women and girls with disabilities are recognized in mainstream gender equality efforts by Governments in some countries and areas in the region (indicator 6.1).

At least 12 governments in the region have action plans on gender equality and women’s empowerment that include the promotion of the participation of women and girls with disabilities. Recognition in such plans of the additional barriers faced by women and girls with disabilities to accessing mainstream development opportunities — compared with their counterparts without disabilities — is crucial to ensure their full participation in society.

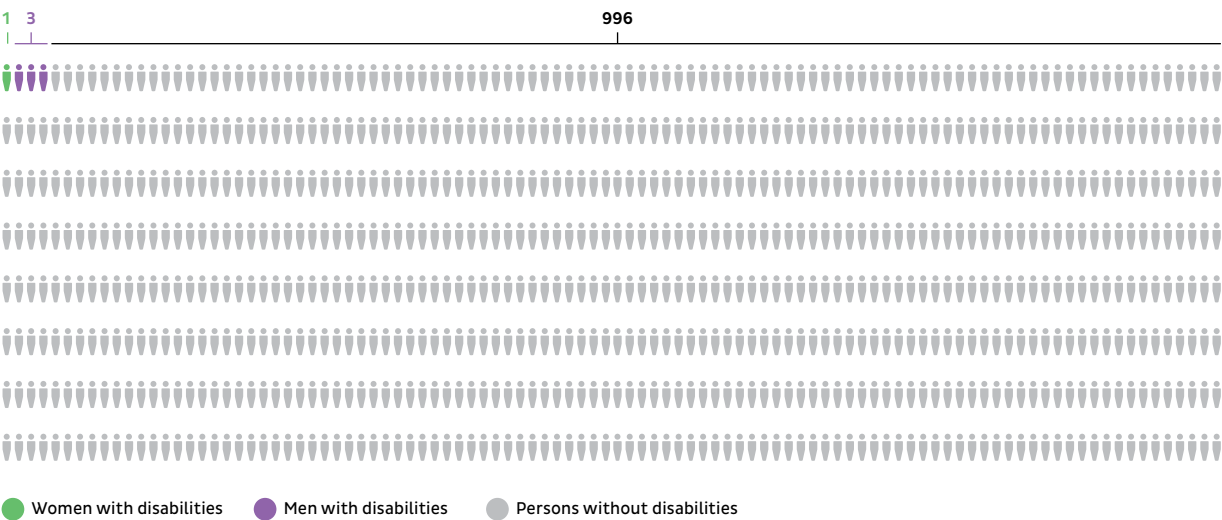
Women with disabilities are nearly invisible in national parliaments (indicator 6.2).

In the Asia-Pacific region, women’s representation in national parliaments (or equivalent) is well below the internationally agreed critical mass of 30 per cent.³⁵ While 23.6 per cent of parliamentarians across the globe are women, it is only 18 per cent in Asia and the Pacific.³⁶ For women with disabilities, the situation would be graver.

Out of a total of 4,960 national parliamentarians (in upper and lower houses) in 17 reporting countries and areas, 20 per cent are women. When disaggregated according to gender and disability, there are only five female national parliamentarians with disabilities, amounting to only 0.1 per cent. There are 13 male national parliamentarians, amounting to 0.2 per cent of the total parliamentarians reported.

Considering that the average representation of persons with disabilities in national parliaments is 0.4 per cent, as reported under indicator 2.1, this means that there is a parliamentarian with disability for every 250 parliamentarians and a woman parliamentarian with disability for every 1,000 parliamentarians. With the average size of single or lower houses of Asian and Pacific countries at 203 members,³⁷ the probability of a disabled person being represented in a national parliament seems very slim (figure 30).

FIGURE 30: REPRESENTATION OF WOMEN AND MEN WITH DISABILITIES AND THOSE WITHOUT DISABILITIES IN NATIONAL PARLIAMENTS



35 Inter-Parliamentary Union, 2015.
36 ESCAP, 2017a. Unless otherwise noted, data on national parliaments refers to representation in single or lower houses of parliaments, as tracked by the Inter-Parliamentary Union database.
37 China with the biggest parliament (with 3,000 members) was not included.

There are insufficient data on the access of women with disabilities to reproductive health services, however available statistics demonstrate their disadvantage when compared with peers without disabilities (indicator 6.3).

One of the Incheon Strategy indicators is the proportion of women accessing sexual and reproductive health services by disability status (indicator 6.3). This indicator measures progress towards achieving target 6.C, which aims to ensure that all girls and women with disabilities and their peers without disabilities alike have equitable access to reproductive health services. Despite its importance, the indicator received the fewest responses.

Indonesia and the Republic of Korea provided data related to this indicator, drawn respectively from the 2015 Intercensal Population Survey and an administrative source. The available evidence for both countries highlights that women and girls with disabilities are at disadvantage in accessing sexual and reproductive health services.

In Indonesia, a distinctly larger proportion of married women with disabilities have unmet needs for family planning, and their access to contraceptive methods is 12.6 per cent lower than for peers without disabilities (figure 31). In the Republic of Korea, the access of women with disabilities to reproductive health services at pregnancy, childbirth and puerperium is two to three times lower than for women without disabilities (figure 32).

FIGURE 31: PROPORTION OF MARRIED WOMEN ACCESSING SEXUAL AND REPRODUCTIVE HEALTH SERVICES IN INDONESIA, BY DISABILITY STATUS

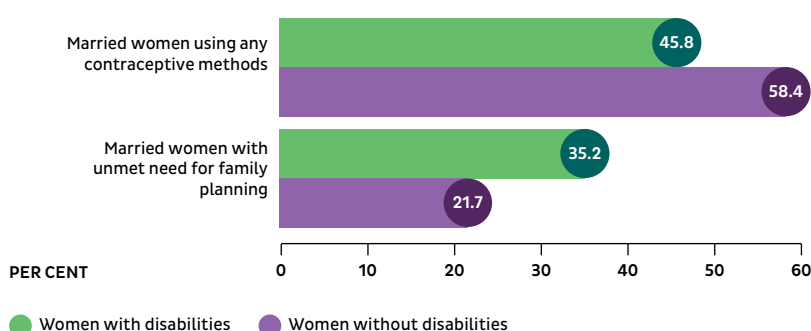
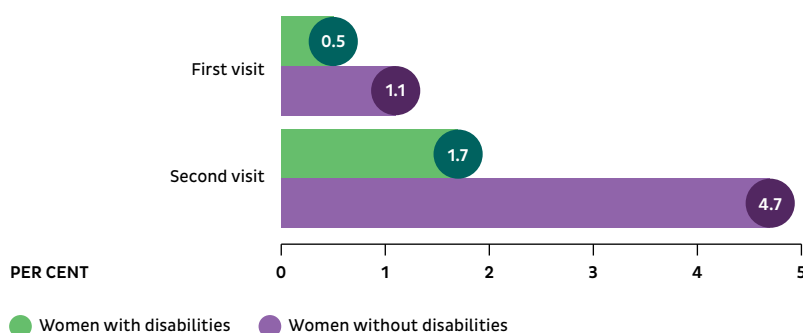


FIGURE 32: PROPORTION OF WOMEN ACCESSING REPRODUCTIVE HEALTH SERVICES DURING PREGNANCY, CHILDBIRTH AND PUERPERIUM IN THE REPUBLIC OF KOREA, BY DISABILITY STATUS



Coverage of women and girls with disabilities in programmes aimed at eliminating gender-based violence and providing care, support and rehabilitation services varies across the region (indicators 6.4 and 6.5).

While many governments have national programmes aimed at eliminating gender-based violence, including sexual abuse and exploitation, only some of these programmes explicitly mention women and girls with disabilities. These programmes include campaigns, legal education, training and other prevention efforts.

Many governments also have programmes that provide care, support and rehabilitation services to women and girls who are victims of any form of violence and abuse. Some address the issues faced by women and girls with disabilities when relief care and rehabilitation services are provided.

LINKS TO THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT

Thematic links



The barriers that persons with disabilities encounter are often even greater for women and girls with disabilities. For instance, women with disabilities may be only half as likely to find a job, compared with men with disabilities.³⁸

Gender equality is promoted by Incheon Strategy goal 6 and its targets, which aim to ensure that women and girls with disabilities have equal access to development opportunities, representation in government decision-making bodies, access to basic sexual and reproductive health services and are protected from violence and abuse. Ensuring gender equality in disability-inclusive development supports achieving the SDGs that advance gender equality and women's empowerment (SDG 5), ensure equal and universal access to health care services (SDG 3), promote equitable and inclusive education and learning opportunities for all persons (SDG 4) and significantly reduce all forms of violence (SDG 16).

Progress-tracking links

The gender dimension of SDG target 10.2, which aims to empower and promote the social, economic and political inclusion of all persons, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status, can be measured with the support of the Incheon Strategy indicators under goal 6. These indicators cover the inclusion of women with disabilities across various dimensions. Incheon Strategy indicator 6.1 measures the number of countries that include the promotion of the participation of women with disabilities in their national actions plans on gender equality and empowerment of women. Governments that report on this indicator have a basis for demonstrating the inclusion of women with disabilities in development planning, which asks for data on their empowerment and inclusion in social, economic and political processes. Similarly, the proportion of seats held by women with disabilities in the parliament or equivalent national legislative body, as measured by Incheon Strategy indicator 6.2, asks for data on the political inclusion of women with disabilities in decision-making processes.

Incheon Strategy indicator 6.3 asks for the proportion of girls and women with disabilities who access sexual and reproductive health services of government and civil society providers, compared with women and girls without disabilities. This has the potential to inform progress of SDG target 10.2, because such coverage is essential for ensuring the full participation of women and girls with disabilities across all sectors of society.

³⁸ ESCAP, 2016c.

GOAL

7

Ensure disability-inclusive disaster risk reduction and management

Globally, the Asia-Pacific region is the most adversely affected by disasters, including those caused by climate change. Persons with disabilities and other vulnerable groups are at greater risk of death, injury and additional impairments due to exclusion from disaster risk reduction policies, plans and programmes. Public service announcements are often issued in formats and language that are not accessible by persons with disabilities. In addition, emergency exits, shelters and facilities tend not to be barrier-free. Regular participation of persons with disabilities in emergency preparedness drills and other disaster risk reduction measures at the local and district levels could prevent or minimize risk and damage when disasters occur. Physical and information infrastructure that incorporates universal design principles would improve the chances of safety and survival.

TARGET

7.A

Strengthen disability-inclusive disaster risk reduction planning

7.B

Strengthen implementation of measures on providing timely and appropriate support to persons with disabilities in responding to disasters

CORE INDICATOR

7.1

Availability of disability-inclusive disaster risk reduction plans

7.2

Availability of disability-inclusive training for all relevant service personnel

7.3

Proportion of accessible emergency shelters and disaster relief sites

CURRENT STATUS

Disaster risk reduction is essential for ending poverty and fostering sustainable development, particularly in Asia and the Pacific, which is the most disaster-prone region in the world. Between 2011 and 2015, the region experienced 687 climate-related disasters, accounting for 45 per cent of all disasters globally.³⁹

Persons with disabilities are two to four times more likely to perish due to a disaster, compared with persons without disabilities.⁴⁰ Persons with disabilities in Asia and the Pacific are particularly at risk because the region has seven of the world's cities categorized as at extreme risk of disaster.⁴¹

The resulting higher death tolls or incidence of injury among persons with disabilities in a disaster and the lack of information about the condition of persons with disabilities who survived have reinforced the urgency of establishing disability-inclusive risk reduction programmes in the region. The Sendai Framework for Disaster Risk Reduction 2015–2030 requires disability to be mainstreamed in all policies and practices concerning disaster risk reduction and management.⁴²

Only eight Asian and Pacific governments reported having disaster risk reduction plans and strategies, with disability perspectives mainstreamed (indicator 7.1).

Disasters affect all sectors of society, across communities and borders. Governments in Asia and the Pacific reported positively on their accomplishment of the Hyogo Framework for Action (HFA) Priority-1, i.e., ensuring that disaster risk reduction is a national and local priority with a strong institutional basis for implementation.⁴³ This priority for action was scored highest among in the five HFA Priorities for Action, has an indicator that national policy and legal framework for disaster risk reduction exists with decentralized responsibilities and capacities at all levels. Disaster risk reduction and management perspectives have to be mainstreamed across all sectors of development.

The midpoint survey shows that only eight responding governments consider that their national disaster risk reduction plans and strategies have specific provisions to address the needs of persons with disabilities in the case of emergencies or disasters: Bhutan, Georgia, Japan, Pakistan, Republic of Korea, Russian Federation, Singapore and Thailand. This highlights the urgency of mainstreaming disability considerations into disaster risk reduction plans and strategies at national, sectoral and local levels.

Only around one quarter of Asian and Pacific governments provide disability-inclusive disaster risk management training (indicator 7.2).

Only 9 of the 35 governments reported that they had disaster risk management training programmes that integrated disability perspectives. However, only four countries and areas—Bhutan; Hong Kong, China; Mongolia; and Thailand—reported the number of disaster rescue workers trained in those programmes, including government disaster-related staff, public health personnel, disaster health care workers, fire and rescue workers, police and military.

Although some governments did not report data, they mentioned that disability awareness was part of their training for disaster rescue workers.

Ensuring accessibility of emergency shelters and disaster relief sites to persons with disabilities needs increased focus (indicator 7.3).

Only 10 of the 35 responding governments reported that they had national accessibility standards applied to emergency shelters and disaster relief sites. However, most of their standards only address the needs of persons with mobility impairments, including wheelchair users.

³⁹ ESCAP, 2017b.

⁴⁰ ESCAP, 2016b.

⁴¹ ADB, 2013.

⁴² This document was adopted at the Third UN World Conference in Sendai, Japan, on 18 March 2015 (UNISDR, 2015).

⁴³ UNISDR, 2013.

Only six governments—Georgia; Hong Kong, China; Macao, China; Micronesia (Federated States of); Republic of Korea and Singapore— provided statistics on accessible emergency shelters. The reported proportion of accessible emergency shelters in Asia and the Pacific averages 67 per cent, with individual proportions ranging from 0 to 100 per cent. The data was collected from accessibility audits (Macao, China; Singapore), survey findings (Republic of Korea) or an administrative source (Georgia).

LINKS TO THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT

Thematic links



Incheon Strategy goal 7 and its targets call for disability to be mainstreamed in all stages of disaster-risk reduction and management planning and for strengthened measures to provide timely and appropriate support to persons with disabilities when responding to disasters. Achieving these targets helps fulfil the SDGs and targets on building the resilience of people who are poor and in vulnerable situations (target 1.5), on developing quality, reliable, sustainable and resilient infrastructure that provides access to all (target 9.1), on making cities and human settlements inclusive, safe, resilient and sustainable (SDG 11) and on strengthening resilience and adaptive capacity, including education, awareness and early warning related to natural disasters, focusing on marginalized communities and groups (targets 13.1, 13.3, 13.b).

Progress-tracking links

Providing universal access to safe, inclusive and accessible green public spaces for women and children, older persons and persons with disabilities is the objective of SDG target 11.7. Although they may be used less often than some public spaces, emergency shelters and disaster relief sites are crucial elements of the environments that must be accessible for persons with disabilities and can mean the difference between life and death. Incheon Strategy indicator 7.3 measures the proportion of emergency shelters and disaster relief sites that are accessible; thus, it can be used as a measure of progress on implementing public spaces that are safe, inclusive and universally accessible.

Chapter 3

Implementing the Incheon Strategy

While the first seven goals of the Incheon Strategy each have a thematic focus, as featured in Chapter 2, the remaining three goals centre on implementation of the strategy to achieve all targets. This chapter thus looks at those three goals and the progress to date. They cover reliability and comparability of disability data, ratification of the Convention on the Rights of Persons with Disabilities and the subregional, regional and interregional cooperation in disability-inclusive development.

As in the previous chapter, the data presented demonstrate the efforts to promote disability-inclusive development in Asia and the Pacific over the past five years, along with a baseline measure from which progress can be tracked for the next five years.

GOAL

8

Improve the reliability and comparability of disability data

Persons with disabilities tend to be unseen, unheard and uncounted. Increasingly in recent years, when they have been counted, definitions of “disability” and “persons with disabilities” that are used for collecting disability data have varied widely in the Asia-Pacific region. Taken together, data comparisons across countries are frequently unreliable. The Asia-Pacific region needs more accurate statistics on the population of persons with diverse disabilities and on their socioeconomic status. The adequacy of disability statistics would enable policymaking to be evidence-based to support the realization of the rights of persons with disabilities. It is necessary to enhance data collection aimed at generating comparable disability statistics over time and across borders. It is crucial that baseline data for the Incheon Strategy indicators are made available to enable effective progress on tracking the achievement of goals and targets.

TARGET

8.A

Produce and disseminate reliable and internationally comparable disability statistics in formats that are accessible by persons with disabilities

8.B

Establish reliable disability statistics by the midpoint of the Decade (2017) as the source for tracking progress towards the achievement of the goals and targets in the Incheon Strategy

CORE INDICATOR

8.1

Disability prevalence based on the International Classification of Functioning, Disability and Health by age, sex, race and socioeconomic status

8.2

Number of governments in the Asia-Pacific region that have established, by 2017, baseline data for tracking progress towards achievement of the Incheon goals and targets

8.3

Availability of disaggregated data on women and girls with disabilities in mainstream development programmes and government services, including health and sexual and reproductive health and programmes

CURRENT STATUS

Differing concepts of disability and methods of data collection create a lack of reliable and comparable disability data in Asia and the Pacific. Quality data are essential for effective evidence-based policymaking. Incheon Strategy goal 8 focuses on improving reliability and comparability of disability data to ensure that all persons with disabilities are counted. It also seeks to make this data available in formats that are accessible to persons with diverse disabilities.

Comparability of disability prevalence data in the region is low due to differing concepts of disability as well as approaches and methods to data collection (indicator 8.1).

In 2012, disability prevalence in Asia and the Pacific provided a contrasting picture, ranging from 1 per cent in Lao People's Democratic Republic to 18.5 per cent in Australia. The regional overview of country-specific prevalence was based on government-reported data for the ESCAP publication *Disability at a Glance 2012: Strengthening the Evidence Base in Asia and the Pacific*.⁴⁴ The population-weighted prevalence for the Asia-Pacific region was 4.6 per cent, making a stark contrast to the global prevalence of 15.3 per cent, estimated by WHO.⁴⁵ This regional trend in disability prevalence has been updated by ESCAP with this publication. Government responses to the regional midpoint survey and official statistical reports published by non-responding governments informed the update (figure 33 and Annex table A21).

Figure 33 is a compilation of the disability prevalence for 57 countries and areas. Prevalence across the Asia-Pacific region ranges from 1.1 per cent in Brunei Darussalam to 24 per cent in New Zealand. The population-weighted average prevalence for the region is 5 per cent, moving upwards by a scale of 0.4 per cent from the 2012 regional prevalence.

As highlighted in the ESCAP publication *Disability at a Glance 2012*, variations in disability prevalence across countries stem from differences in the conceptualization and definition of disability as well as the purpose and method of data collection. In other words, different prevalence estimates may reflect different dimensions of disability captured using specific measurement tools and data collection methods.

Improving the comparability of disability prevalence by harmonizing national data collection with internationally recommended standards is a precondition for establishing a reliable knowledge base on persons with disabilities that supports policy-making.

LINKS TO THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT

Thematic links

INCHEON STRATEGY GOAL



TARGETS
8.A, 8.B

SUSTAINABLE
DEVELOPMENT GOALS



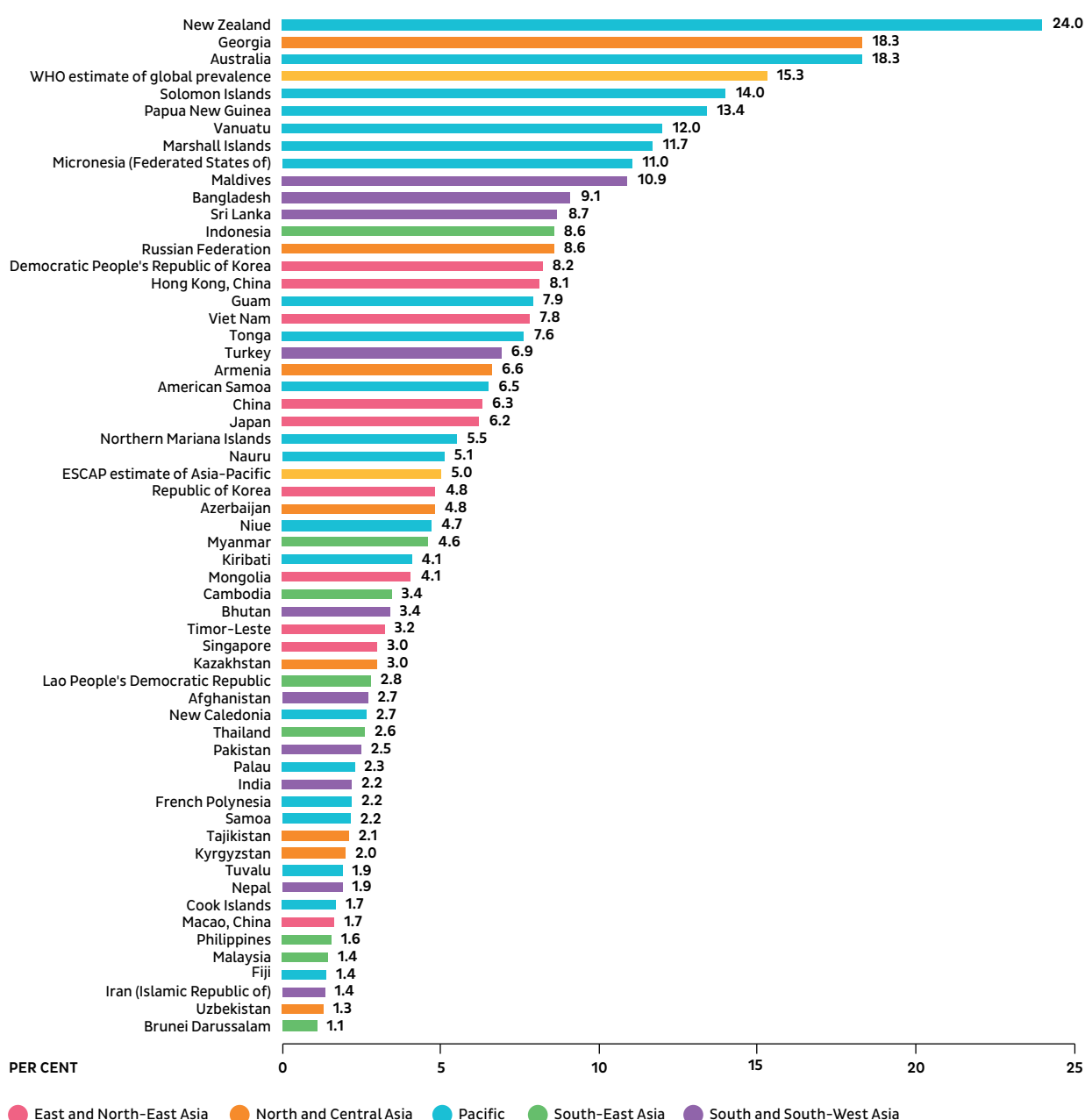
TARGETS
17.18, 17.19

Reliable and comparable disaggregated data are also a crucial component of the 2030 Agenda, as expressed in SDG 17, which calls for strengthening the means of implementation to revitalize the sustainable development partnership, with attention to data, monitoring and accountability. SDG targets 17.18 and 17.19 aim to significantly increase the availability of disability-disaggregated data and enhance statistical capacity building in developing countries to expand the availability of high-quality, timely and reliable data. Successful implementation of Incheon Strategy goal 8 will provide disability-disaggregated data to report on numerous SDGs, ensuring that the inclusion of persons with disabilities in sustainable development globally is measured — and that no one is left behind.

⁴⁴ ESCAP, 2012.

⁴⁵ WHO estimates are based on the results of the World Health Survey (2002–2004) and the Global Burden of Disease Study (2004 update) (WHO and World Bank, 2011).

FIGURE 33: PREVALENCE OF DISABILITY IN ASIA AND THE PACIFIC, AS OF 1 AUGUST 2017



Progress-tracking links

Noting the importance of comparable and reliable disaggregated data for effective evidence-based policymaking, SDG target 17.18 seeks to enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to significantly increase the availability of high-quality, timely and reliable data disaggregated by income, sex, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts.

Progress to achieve SDG target 17.18 is reflected through all the disability-disaggregated indicators of the Incheon Strategy. However, Incheon Strategy indicator 8.1 is an important basis for disability disaggregation across all dimensions. Given the continued challenges related to disability data within and between countries, Incheon Strategy indicator 8.1 measures the prevalence of disability based on the International Classification of Functioning, Disability and Health. This provides a comparable foundation of disability data from which progress can be reported, both in disability-inclusive development efforts as well as broader sustainable development as indicated in SDG target 17.18.

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

The Convention on the Rights of Persons with Disabilities is the first disability-specific, international legal instrument that provides a comprehensive approach to respecting, protecting and fulfilling the rights of persons with disabilities. The Convention explicitly empowers persons with disabilities as holders of rights – distinct from being treated as objects of charity. The ESCAP region had an instrumental and historic role in the initiation and drafting of the Convention.

TARGET

9.A

By the midpoint of the Decade (2017), 10 more Asia-Pacific Governments will have ratified or acceded to the Convention on the Rights of Persons with Disabilities, and by the end of the Decade (2022) another 10 Asia-Pacific Governments will have ratified or acceded to the Convention

9.B

Enact national laws which include anti-discrimination provisions, technical standards and other measures to uphold and protect the rights of persons with disabilities and amend or nullify national laws that directly or indirectly discriminate against persons with disabilities, with a view to harmonizing national legislation with the Convention

CORE INDICATOR

9.1

Number of Governments that have ratified or acceded to the Convention

9.2

Availability of national anti-discrimination legislation to uphold and protect the rights of persons with disabilities

CURRENT STATUS

Discrimination of persons with disabilities is an attitudinal barrier to their full participation in society. False preconceptions about ability limit the opportunities for persons with disabilities to participate equally alongside their peers without disabilities in education, employment, decision-making and countless other areas. The Convention on the Rights of Persons with Disabilities recognizes discrimination against any person based on disability as a violation of the inherent dignity and worth of the human person and includes non-discrimination as one its underlying principles.⁴⁶

⁴⁶ See the preamble (h) of the Convention on the Rights of Persons with Disabilities.

Ratification of the Convention on the Rights of Persons with Disabilities in the region is progressing (indicator 9.1).

The ratification of the Convention is not an end. It marks a good start of a government's journey to recognize and realize the rights of persons with disabilities. In 2012, the Asia-Pacific region recorded the lowest level of ratification of the Convention, at 54 per cent, compared with 71 per cent in Western Asia, 70 per cent in both Europe and Latin America and the Caribbean, and 64 per cent in Africa.

Between 2013 and 2017, the ratification of the Convention in the region progressed at a faster pace, to record a total of 43 States parties by August 2017 (table 4).

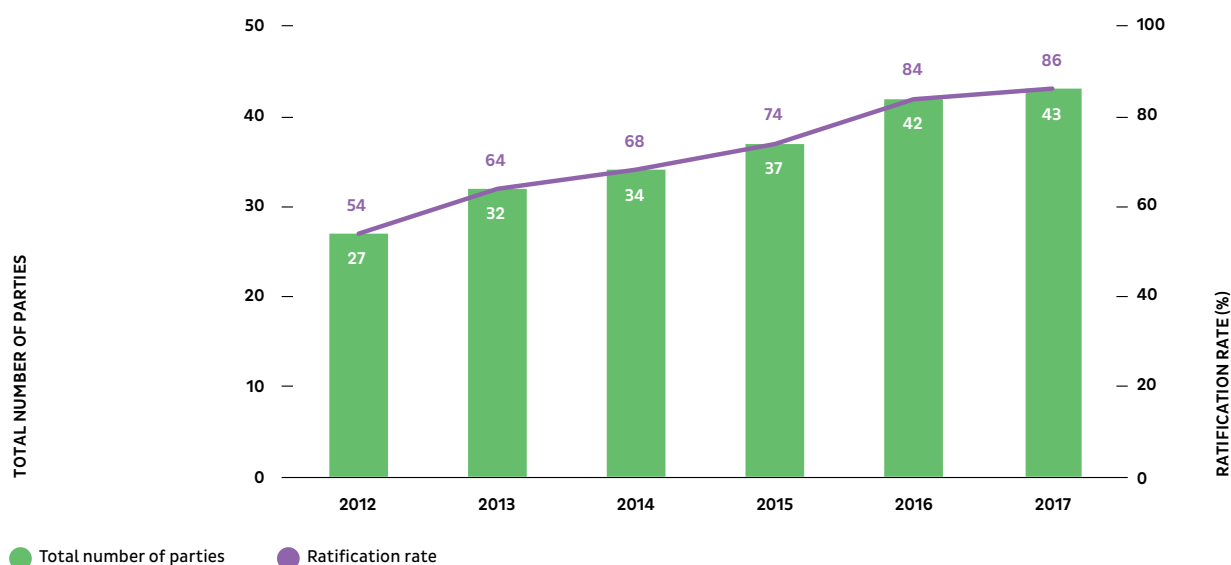
TABLE 4: STATES PARTY TO THE CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES, BY WORLD REGION, 2012 AND 2017

REGION	NUMBER OF STATES PARTIES*		RATE OF INCREASE, 2012–2017 (%)
	2012	2017	
Africa	34	46	35.3
Asia and the Pacific	27	43	59.3
Europe**	40	50	25.0
Latin America and the Caribbean	23	31	34.8
Western Asia	12	15	25.0
World total	127	174	37.3

NOTE: * SOME COUNTRIES THAT ARE MEMBERS OF TWO UNITED NATIONS REGIONAL COMMISSIONS ARE COUNTED TWICE IN THE RESPECTIVE REGIONS. ** INCLUDES THE EUROPEAN UNION, WHICH ALSO RATIFIED THE CONVENTION. SOURCE: CRPD DEPOSITARY WEBSITE. AVAILABLE FROM [HTTPS://TREATIES.UN.ORG/PAGES/VIEWDETAILS.ASPX?SRC=TREATY&MTDSG_NO=IV-15&CHAPTER=4&CLANG=_EN](https://treaties.un.org/pages/viewdetails.aspx?src=TREATY&MTDSG_NO=IV-15&CHAPTER=4&CLANG=_EN) (ACCESSED 24 AUG. 2017).

Ten Asia-Pacific governments ratified or acceded the Convention by 2015 — two years earlier than required by the interim assessment of target 9.A (figure 34).

FIGURE 34: TIME-SERIES DATA ON RATIFICATION OF THE CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES IN ASIA AND THE PACIFIC

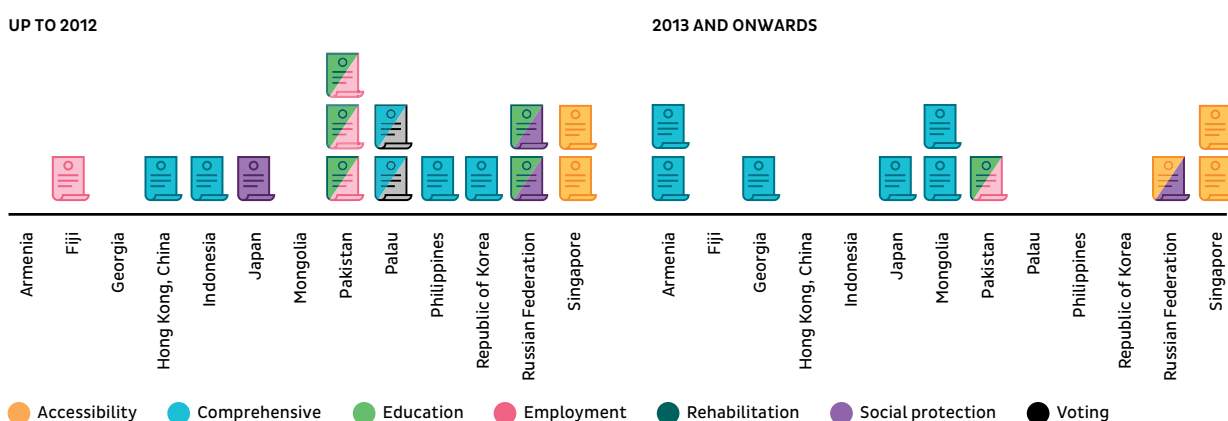


As for the Optional Protocol to the Convention, the Asia-Pacific region currently has 9 signatories and 12 States parties, compared with 9 and 8, respectively, in 2012.

Although national anti-discrimination legislation covers various sectors of society across the region, enactment of such legislation lags behind the rate of ratification and accession to the Convention on the Rights of Persons with Disabilities (indicator 9.2).

In addition, governments should harmonize their domestic legislation and policies with the principles of the Convention. The establishment of enforceable anti-discrimination laws on disability is an integral part of this process. A total of 13 governments reported having national anti-discrimination legislation to protect the rights of persons with disabilities. Out of them, seven enacted new legislation in 2013 and onwards (figure 35). While many reported laws are comprehensive in scope, some are very specific and cover such areas of national priorities as accessibility, education, employment, rehabilitation, social protection and voting.

FIGURE 35: ANTI-DISCRIMINATION LEGISLATION FOR PERSONS WITH DISABILITIES, BY COUNTRY AND YEAR OF ENACTMENT



LINKS TO THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT

Thematic links

INCHEON STRATEGY GOAL



TARGETS
9.A, 9.B

SUSTAINABLE
DEVELOPMENT GOALS



TARGETS
10.3



TARGETS
16.3, 16.B

Incheon Strategy goal 9 and its targets seek to accelerate the ratification and implementation of the Convention on the Rights of Persons with Disabilities and harmonization of national legislation with the Convention to ensure non-discrimination. Its promotion of equal opportunity and non-discrimination carries over to meeting the objectives of SDG 10 and SDG 16 to reduce inequality and promote inclusive societies and institutions, particularly through the targets 10.3, 16.3 and 16.b, which aim to ensure equal opportunity for all by abolishing discriminatory legislation, enacting non-discriminatory laws and policies and promoting rule of law and equal access to justice for all persons.

GOAL

10

Advance subregional, regional and interregional cooperation

The experience of the two previous Asian and Pacific Decades underscores the value of cooperation at the subregional, regional and interregional levels for facilitating mutual support, including the sharing of lessons learned, good practices and innovative solutions.

TARGET

10.A

Contribute to the Asia-Pacific Multi-donor Trust Fund managed by ESCAP as well as initiatives and programmes to support the implementation of the Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2013–2022, and the Incheon Strategy

10.B

Development cooperation agencies in the Asia-Pacific region strengthen the disability-inclusiveness of their policies and programmes

10.C

United Nations regional commissions strengthen interregional exchange of experiences and good practices concerning disability issues and the implementation of the Convention on the Rights of Persons with Disabilities

CORE INDICATOR

10.1

Annual voluntary contributions by Governments and other donors to the Asia-Pacific Multi-donor Trust Fund to support the implementation of the Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2013–2022 and the Incheon Strategy

10.4

Number of United Nations entities that have regional cooperation programmes, including for South-South cooperation, that explicitly support the implementation of the Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2013–2022, and the Incheon Strategy

10.8

Number of joint activities among the five regional commissions of the United Nations to support the implementation of the Convention on the Rights of Persons with Disabilities

10.2

Number of donors contributing each year to the Asia-Pacific Multi-donor Trust Fund to support the implementation of the Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2013–2022 and the Incheon Strategy

10.5

Number of subregional intergovernmental bodies that have programmes, including for South-South cooperation, which support the implementation of the Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2013–2022, and the Incheon Strategy

10.9

Number of statisticians in the Asia-Pacific region trained in disability statistics, in particular on the International Classification of Functioning, Disability and Health approach, by ESCAP and other relevant agencies

CORE INDICATOR

10.3

Annual voluntary contributions by Governments or other donors to initiatives or programmes to support the implementation of the Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2013–2022 and the Incheon Strategy

10.6

Number of regional and subregional projects, including for South–South cooperation, in which organizations of and for persons with disabilities participate to support the implementation of the Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2013–2022 and the Incheon Strategy

10.10

Number of United Nations country- or regional-level development assistance frameworks that explicitly reference disability-inclusive development in line with the United Nations Development Group guidance note on including the rights of persons with disabilities in United Nations programming at the country level

10.7

Number of development cooperation agencies operating in Asia and the Pacific that have mandates, policies, action plans and dedicated and appropriately experienced focal points on disability-inclusive development, supportive of ratification and implementation of the Convention and review of follow-up action

CURRENT STATUS

The Multi-donor Trust Fund for the Asian and Pacific Decade of Persons with Disabilities has received contributions from only a few donors (indicators 10.1 and 10.2).

The Multi-donor Trust Fund for the Asian and Pacific Decade of Persons with Disabilities, established in 1993 and managed by ESCAP, supports the secretariat in implementing the third Asian and Pacific Decade of Persons with Disabilities, 2013–2022. It is intended to provide supplementary financial support to ESCAP disability work, including capacity-building, advocacy, research and technical advisory services, as well as for promoting full participation of persons with disabilities in ESCAP meetings.

Over the first half of the Asian and Pacific Decade, the Multi-donor Trust Fund received a limited amount of contributions from three governments — Australia, China and Republic of Korea — totalling US\$150,000 (table 5).

TABLE 5: CONTRIBUTIONS TO THE MULTI-DONOR TRUST FUND, BY YEAR AND DONOR, 2013–2017

YEAR	DONOR (AMOUNT OF CONTRIBUTION IN US DOLLARS)
2013	Australia (50,000), China (10,000), Republic of Korea (50,000)
2014	China (10,000)
2015	China (10,000)
2016	China (10,000)
2017	China (10,000)

ESCAP projects to support implementation of the Incheon Strategy were additionally financed by member States (indicator 10.3).

During the same period, three governments — China, Japan and Republic of Korea — and one Japanese entity (Nippon Foundation) financed four ESCAP projects to support member State implementation of the Incheon Strategy (table 6).

TABLE 6: CONTRIBUTIONS TO ESCAP DISABILITY PROJECTS, BY YEAR AND DONOR, 2013–2017

YEAR	DONOR (AMOUNT OF CONTRIBUTION IN US DOLLARS)	SCOPE OF ACTIVITY SUPPORTED
2013	Nippon Foundation (87,300)	Asia-Pacific Disability Inclusive Business Award
2014	China (250,000)	Accessibility workshops
	Japan (60,000)	Disability-inclusive disaster risk reduction and management
	Republic of Korea (248,600)	Disability data collection
	Republic of Korea (360,000)	Disability data collection
2015	Republic of Korea (360,000)	Disability data collection
2016	Japan (50,000)	Disability-inclusive disaster risk reduction and management
	Republic of Korea (346,116)	Disability data collection
2017	Republic of Korea (421,668)	Disability data collection

Many United Nations entities, subregional intergovernmental organizations and development cooperation agencies are actively engaged in supporting the implementation of the Incheon Strategy (indicators 10.4 to 10.7).

The survey found that eight international organizations and development agencies had ongoing disability initiatives or projects supporting the implementation of the Incheon Strategy in Asia and the Pacific. They are the Food and Agriculture Organization of the United Nations, the International Civil Aviation Organization, the International Labour Organization, the International Telecommunication Union, the United Nations Development Programme, the Office of the United Nations High Commissioner for Refugees, the United Nations Children's Fund and the World Tourism Organization. The scope of the initiatives includes global, regional and country-level work, including Bangladesh, China, Indonesia, Papua New Guinea and Viet Nam.

In addition, two subregional intergovernmental organizations, the Pacific Islands Forum and the Association of Southeast Asian Nations (ASEAN), reported on their efforts to support the implementation of the Incheon Strategy. The Pacific Islands Forum adopted the Pacific Framework for the Rights of Persons with Disabilities, 2016–2025, to build synergy within the subregion on disability-inclusive development. The ASEAN Intergovernmental Commission on Human Rights has been working on developing a plan to mainstream disability perspectives in all three pillars of ASEAN.

The following development cooperation agencies reported that they are undertaking projects in support of the Incheon Strategy in Asia and the Pacific: the Asian Development Bank, the Delegation of the European Union, the Japanese International Cooperation Agency, the Korea International Cooperation Agency and the New Zealand Ministry of Foreign Affairs and Trade. The scope of initiatives supported by these agencies include both regional and country-level work, including Bangladesh, Cook Islands, Fiji, India, Indonesia, Malaysia, Mongolia, Myanmar, Papua New Guinea, Philippines, Samoa, Solomon Islands and Thailand.

Few statisticians in Asia and the Pacific are trained in disability statistics (indicator 10.9).

Collecting disability data and generating comparable and reliable disability statistics requires training statisticians in appropriate methodologies. This step is vital for ensuring that policymakers have access to appropriate data that supports evidence-based policymaking. A total of 51 statisticians in at least ten countries and area in the region are trained in disability statistics (table 7).

TABLE 7: NUMBER OF STATISTICIANS IN THE ASIA-PACIFIC REGION TRAINED IN DISABILITY STATISTICS, BY COUNTRY

COUNTRY	NUMBER OF STATISTICIANS TRAINED
Azerbaijan	4
Hong Kong, China	15
Kyrgyzstan	3
Malaysia	3
Nauru	1
Samoa	11
Singapore	3
Thailand	2
Tonga	1
Vanuatu	8

LINKS TO THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT

Thematic links

INCHEON STRATEGY GOAL

TARGETS
10.A, 10.B, 10.CSUSTAINABLE
DEVELOPMENT GOALSTARGETS
17.9, 17.16, 17.19

In line with the concept of disability-inclusive development, the involvement of persons with disabilities as well as various other stakeholders in development provides greater impact by leveraging of shared resources, expertise and insights of diverse groups.⁴⁷ Incheon Strategy goal 10 and its targets strive to enhance subregional, regional and interregional cooperation between member States, civil society actors, international organizations, the United Nations system and other relevant actors. It calls for facilitating mutual support, including through financial contributions and sharing lessons learned, good practices and innovative solutions to strengthen disability-inclusive development in Asia and the Pacific. These efforts directly support the achievement of SDG 17 and targets 17.19, 17.16 and 17.19, which call for strengthening the means of implementation and enhancing global partnership for sustainable development through capacity building, multi-stakeholder partnerships, data collection and monitoring.

⁴⁷ E/ESCAP/APDDP(4)/2

Chapter 4

Conclusions and recommendations

This publication presents the first baseline collection of data on 30 Incheon Strategy indicators reported by 35 governments as well as a summary of trends. The data reveal persistent exclusion of persons with disabilities in different development areas across the region and numerous limitations in legal and policy measures that prevent their full participation across all sectors of society.

To support governments in Asia and the Pacific for the remainder of the third Asian and Pacific Decade of Persons with Disabilities (from 2018 to 2022) and to further promote disability-inclusive development, the following actions should be considered:

1 ADVANCING DISABILITY-INCLUSIVE IMPLEMENTATION OF THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT

Governments could capitalize on the synergies between the Incheon Strategy and the 2030 Agenda, particularly:

- a** Demonstrating their commitment to disability-inclusive development by adopting a policy, programme, decree and/or legislation on disability-inclusive SDG implementation.
- b** Aligning their implementation plans for the Incheon Strategy and the SDGs to ensure that persons with disabilities are included in all aspects of sustainable development and that resources are leveraged between both agendas.
- c** Establishing a formal mechanism through which representative organizations of persons with disabilities can contribute to planning and monitoring of the implementation of both the Incheon Strategy and the 2030 Agenda, building on the existing national coordination mechanism on disability, where relevant.
- d** Examining the potential of the Incheon Strategy's indicators in generating data for the SDG national indicators.
- e** Including disability perspectives in voluntary national review papers on the implementation of the SDGs.

2 STRENGTHENING NATIONAL EFFORTS TO UPHOLD THE RIGHTS OF PERSONS WITH DISABILITIES ACROSS ALL SECTORS OF SOCIETY

Governments should seek to ensure that policies and programmes help fulfil the rights of persons with disabilities and ensure their full participation in society, through all stages of the life cycle by:

- a** Establishing and/or strengthening a national coordination mechanism on disability, with the power to draft disability-specific and disability-inclusive policies and review their implementation, as well as strengthen multi-ministerial, intra-ministerial and multisectoral cooperation on disability inclusion and check whether principles of accessibility, universal design and non-discrimination are duly reflected in laws, policies and regulations.
- b** Adopting and implementing comprehensive poverty reduction measures for persons with disabilities, taking into consideration multiple dimensions of poverty and social protection measures.
- c** Adopting and strengthening the implementation of enabling schemes to promote employment, entrepreneurship or self-employment or increase livelihood opportunities for persons with disabilities in the labour market, particularly promoting the inclusion of persons with diverse disabilities and women with disabilities, keeping in mind the provision of reasonable accommodation.
- d** Reviewing mainstream education policies, schemes and approaches to make them disability-inclusive at the pre-primary, primary and secondary levels and promote a barrier-free learning environment and educational approach for every learner at all levels.

- e** Implementing policy measures, including affirmative action, to increase the meaningful representation of persons with disabilities in parliament or the equivalent body, political parties, national gender equality mechanism, decision-making processes and governance at all levels.
- f** Developing and adopting and implementing universal design-based technical standards on the accessibility of the built environment, including accessible toilets, transportation, information, communication and technologies that underpin multi-ministerial work on accessibility.
- g** Reflecting concerns of women with disabilities by integrating their concerns into disability policies and to other developmental policies and measures.
- h** Building political will and commitment by and leadership of government entities.
- i** Promoting good governance, multi-ministerial cooperation and the allocation of appropriate budget and sufficient human resources equipped with sufficient technical knowledge.

3 ENHANCING DISABILITY DATA AND STATISTICS

Governments should employ a multi-stakeholder approach to assess impacts and outcomes of national efforts to collect disability data and create a plan to improve disability statistics in the remaining five years of the Asian and Pacific Decade of Persons with Disabilities. This could be achieved through the following.

- a** Disability focal points, national coordination mechanisms on disability and national statistics offices should assess and contextualize their government's policy impact and outcomes on disability-inclusive development against the data presented in this publication.
- b** To enhance availability and quality of data for the Incheon Strategy indicators, disability focal points, national coordination mechanisms on disability and national statistics offices should collaborate to establish a coordinated inter-ministerial plan to improve the collection of disability data and the generation of disability statistics.
- c** Disability focal points, national coordination mechanisms on disability and national statistics offices should map the status of disability statistics across ministries and formulate a national action plan on improving the collection and use of disability data, in line with the requirements by the indicators of the SDGs and the International Classification on Functioning, Disability and Health.
- d** While the next data submission requested by ESCAP will be towards the final year of the Asian and Pacific Decade (in 2022), governments are encouraged to apply this evidence-based approach on tracking the progress of disability-inclusive development on a more frequent and regular basis within their national and/or subnational contexts.
- e** Although this baseline exercise concentrated on core indicators, governments are encouraged to formulate additional nationally applicable and relevant indicators by referencing the Incheon Strategy supplementary indicators.
- f** Governments should identify who in their population has degrees of difficulties and determine the range of those difficulties and what is needed to overcome them. Governments are encouraged to explore different available options of data collection methods that fit the national context.
- g** Governments can seek technical assistance from ESCAP and other international organizations to train more statisticians on the collection of comparable and reliable disability statistics.

For the remainder of the third Asian and Pacific Decade of Persons with Disabilities, ESCAP will continue to assist government agencies to enhance their technical knowledge and motivate them to further uphold the rights of persons with disabilities and to pursue disability-inclusive development. In comprehensively addressing the issues experienced by persons with disabilities, governments in Asia and the Pacific will find themselves on a path towards creating inclusive societies in a sustainable and resilient world.

ANNEX

Baseline data, by country¹

Indicator 1.1

TABLE A1: PROPORTION OF THE POPULATION LIVING IN EXTREME POVERTY, BY SEX AND DISABILITY STATUS**A. PROPORTION OF THE POPULATION LIVING ON LESS THAN THE US\$1.25 A DAY INTERNATIONAL POVERTY LINE (PERCENTAGE)**

COUNTRY OR AREA	PERSONS WITH DISABILITIES			PERSONS WITHOUT DISABILITIES			OVERALL POPULATION		
	MALE	FEMALE	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE	BOTH SEXES
Republic of Korea	0.6	1.2	0.8	0.5	0.5	0.5	0.5	0.5	0.5
Thailand	15.0	17.3	16.1	...	...	...	...	...	...
Vanuatu	1.2	1.2	1.2	...	...	...	...	...	...

B. PROPORTION OF THE POPULATION LIVING UNDER NATIONAL POVERTY LINE (PERCENTAGE)

COUNTRY OR AREA	PERSONS WITH DISABILITIES			PERSONS WITHOUT DISABILITIES			OVERALL POPULATION		
	MALE	FEMALE	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE	BOTH SEXES
Georgia	25.2	22.6	24.0	20.3	19.6	19.9	20.5	19.7	20.1
Hong Kong, China	30.9	28.4	29.5	...	...	...	14.0	15.0	14.5
Indonesia	18.4	19.4	18.9	14.3	14.6	14.5	14.4	14.7	14.6
Kyrgyzstan	...	...	...	...	...	...	32.7	31.5	32.1
Macao, China	11.5	10.9	11.2	0.9	1.1	1.0	1.1	1.3	1.2
Mongolia	26.8	27.0	26.9	21.3	21.4	21.4	21.5	21.6	21.6
Republic of Korea	33.2	36.2	34.5	11.0	14.8	12.9	12.2	15.6	13.9
Thailand	15.4	17.6	16.4	...	...	...	...	...	...

EXPLANATORY NOTES ON DATA SOURCES AND COLLECTION METHODS (AS REPORTED BY GOVERNMENTS): Georgia (Integrated Households Survey, 2015); Hong Kong, China (Survey on Persons with Disabilities and Chronic Diseases, 2013 and General Household Survey, 2013); Indonesia (Susenas, 2012); Macao, China (administrative data from the Social Welfare Bureau, 2016); Mongolia (Socioeconomic Household Survey, 2014); Republic of Korea (Survey of Household Finances and Living Conditions, 2015); Thailand (Registration System of the Department of Empowerment of Persons with Disabilities, 2017).

Indicator 1.2

TABLE A2: EMPLOYMENT-TO-POPULATION RATIO, BY SEX AND DISABILITY STATUS

COUNTRY OR AREA	EMPLOYMENT-TO-POPULATION RATIO (PERCENTAGE)								
	PERSONS WITH DISABILITIES			PERSONS WITHOUT DISABILITIES			OVERALL POPULATION		
	MALE	FEMALE	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE	BOTH SEXES
Armenia	36.8	26.6	32.2	62.9	46.7	53.9	61.2	45.7	52.7
Azerbaijan	...	...	...	...	...	...	78.1	65.0	71.1
Bhutan	44.2	24.6	33.7	73.3	57.7	65.0	72.7	57.0	64.4
Brunei Darussalam	...	...	...	...	...	...	71.2	56.7	64.2
Georgia	42.1	26.7	35.4	66.8	49.1	57.6	66.0	48.6	57.1
Hong Kong, China	17.3	11.0	13.7	...	...	...	66.5	52.9	59.1
Indonesia	64.9	31.7	46.8	81.3	42.7	62.2	79.7	41.5	60.5
Kyrgyzstan	33.2	23.1	29.1	77.3	51.8	64.7	75.8	51.2	63.7
Micronesia (Federated States of)	60.5	43.2	52.0	56.7	41.4	49.2	57.2	41.6	49.5
Mongolia	26.3	22.9	24.8	67.8	56.3	61.8	62.6	51.7	56.9
Palau	21.0	18.6	19.5	79.3	75.7	77.7	78.2	73.6	76.1
Republic of Korea	44.7	21.0	34.8	73.7	52.0	62.5	71.8	50.5	60.9
Russian Federation	13.0	10.5	11.9	73.7	61.8	67.4	71.1	60.1	65.3
Samoa	57.5	51.9	54.9	70.6	56.7	63.2	70.2	56.6	63.0
Singapore	...	...	...	...	...	...	73.9	58.0	65.7
Thailand	32.6	19.8	25.7	83.5	69.7	76.4	82.2	68.3	75.1
Timor-Leste	69.8	47.3	59.2	51.0	36.7	43.9	51.8	37.1	44.5
Tonga	64.6	47.6	55.9	63.1	43.0	52.9	63.2	43.3	53.1
Turkey	32.0	11.6	20.1	...	...	...	64.4	23.1	43.7

¹ In all tables, ... means data are not available; (est.) means figure is an ESCAP calculation based on reported data.

TABLE A3: UNEMPLOYMENT RATE, BY SEX AND DISABILITY STATUS

COUNTRY OR AREA	UNEMPLOYMENT RATE (PERCENTAGE)								
	PERSONS WITH DISABILITIES			PERSONS WITHOUT DISABILITIES			OVERALL POPULATION		
	MALE	FEMALE	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE	BOTH SEXES
Armenia	16.8	14.5	15.9	18.2	20.3	19.2	18.1	20.1	19.1
Azerbaijan	...	...	...	...	...	...	4.1	5.9	5.0
Bhutan	0.8	1.3	1.0	2.0	3.3	2.6	2.0	3.3	2.6
Brunei Darussalam	...	...	...	...	...	...	6.3	7.9	7.0
Georgia	13.8	19.0	15.6	15.2	21.7	18.2	15.2	21.6	18.1
Hong Kong, China	7.1	4.9	5.9	...	...	...	3.8	3.0	3.4
Kyrgyzstan	6.8	6.2	6.6	6.6	9.4	7.8	6.6	9.4	7.7
Micronesia (Federated States of)	11.1	12.7	11.7	16.4	18.0	17.0	15.7	17.3	16.4
Mongolia	5.9	6.4	6.1	8.2	6.7	7.5	8.2	6.7	7.5
Palau	3.3	4.3	3.9	1.8	1.5	1.6	1.8	1.5	1.7
Republic of Korea	8.1	7.1	7.9	3.5	3.8	3.6	3.7	3.8	3.8
Russian Federation	21.1	16.1	19.0	5.7	5.2	5.5	5.8	5.3	5.6
Samoa	0.5	0.1	0.3	3.2	1.7	2.5	3.2	1.7	2.5
Singapore	...	...	...	...	...	...	...	...	3.8
Thailand	0.3	0.3	0.3	0.8	0.8	0.8	0.8	0.8	0.8
Timor-Leste	1.9	1.9	1.9	4.3	3.1	3.9	4.2	3.1	3.7
Tonga	0.2	0.4	0.3	1.6	2.5	2.0	1.5	2.4	1.9
Turkey	9.5	7.3	8.8	...	...	...	7.0	10.6	7.9

TABLE A4: LABOUR FORCE PARTICIPATION RATE, BY SEX AND DISABILITY STATUS

COUNTRY OR AREA	LABOUR FORCE PARTICIPATION RATE (PERCENTAGE)								
	PERSONS WITH DISABILITIES			PERSONS WITHOUT DISABILITIES			OVERALL POPULATION		
	MALE	FEMALE	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE	BOTH SEXES
Armenia	44.2	31.2	38.2	76.9	58.5	66.7	74.7	57.3	65.1
Azerbaijan	...	...	...	...	...	...	81.4	69.1	74.9
Bhutan	44.6	24.9	34.1	74.8	59.6	66.7	74.2	59.0	66.1
Brunei Darussalam	...	...	...	...	...	...	76.0	61.6	69.0
Georgia	48.8	33.0	41.9	78.8	62.7	70.5	77.9	62.0	69.7
Hong Kong, China	18.6	11.5	14.5	...	...	...	69.1	54.5	61.2
Kyrgyzstan	35.6	24.6	31.1	82.8	57.2	70.2	81.2	56.5	69.0
Micronesia (Federated States of)	68.0	49.4	58.9	67.8	50.5	59.3	67.8	50.3	59.3
Mongolia	26.7	23.4	25.3	70.7	56.8	63.3	68.1	55.4	61.5
Palau	21.7	19.4	20.3	80.7	76.9	79.0	79.7	74.7	77.4
Republic of Korea	48.7	22.6	37.7	76.4	54.0	64.9	74.5	52.6	63.3
Russian Federation	16.5	12.6	14.7	78.2	65.2	71.3	75.5	63.4	69.1
Samoa	57.8	51.9	55.1	73.0	57.7	64.8	72.6	57.6	64.6
Singapore	...	...	...	...	...	...	76.7	60.4	68.3
Thailand	32.7	19.9	25.8	84.1	70.3	77.0	82.9	68.9	75.7
Timor-Leste	71.2	48.2	60.3	53.3	37.9	45.6	54.1	38.3	46.3
Tonga	64.7	47.8	56.1	64.1	44.1	54.0	64.2	44.4	54.1
Turkey	35.4	12.5	22.1	...	...	...	69.2	25.9	47.5

TABLE A5: RATIO OF PERSONS WITH DISABILITIES IN EMPLOYMENT TO THE GENERAL POPULATION IN EMPLOYMENT, BY SEX

COUNTRY OR AREA	RATIO OF THE NUMBER OF PERSONS WITH DISABILITIES IN EMPLOYMENT TO THAT OF THE GENERAL POPULATION IN EMPLOYMENT (PERCENTAGE)			RATIO OF EMPLOYMENT RATES OF PERSONS WITH DISABILITIES TO THAT OF THE GENERAL POPULATION		
	MALE	FEMALE	BOTH SEXES	MALE	FEMALE	BOTH SEXES
Armenia	4.0	2.7	3.4	0.6	0.6	0.6
Bhutan	1.2	0.9	1.0	0.6	0.4	0.5
Georgia	1.9	1.2	1.6	0.6	0.5	0.6
Hong Kong, China	2.1	2.0	2.0	0.3	0.2	0.2
Indonesia	7.8	8.8	8.2	0.8	0.8	0.8
Kyrgyzstan	1.5	1.1	1.3	0.4	0.5	0.5
Micronesia (Federated States of)	13.1	12.9	13.1	1.1	1.0	1.0
Mongolia	2.3	1.7	2.0	0.4	0.4	0.4
Nauru	6.1	4.6	5.5	...	...	...
Palau	0.5	1.0	0.7	0.3	0.3	0.3
Philippines	1.2	1.0	1.1	...	...	...
Republic of Korea	4.2	1.9	3.2	0.6	0.4	0.6
Russian Federation	0.8	0.6	0.7	0.2	0.2	0.2
Samoa	2.2	1.8	2.0	0.8	0.9	0.9
Thailand	1.0	0.8	0.9	0.4	0.3	0.3
Timor-Leste	6.0	5.1	5.6	1.3	1.3	1.3
Tonga	7.6	8.4	7.9	1.0	1.1	1.1
Turkey	3.4	4.8	3.8	0.5	0.5	0.5

EXPLANATORY NOTES ON DATA SOURCES AND COLLECTION METHODS (AS REPORTED BY GOVERNMENTS): Armenia (quarterly and yearly information by National Statistical Service); Bhutan (based on Labour Force Survey and administrative data from Ministry of Labour and Human Resources); Georgia (population census, 2014); Hong Kong, China (survey on persons with disabilities and chronic diseases, 2013); Indonesia (Intercensal Population Survey, 2015); Kyrgyzstan (source unspecified); Micronesia, Federated States of (population census, 2015); Mongolia (Labour Force Survey, 2015); Palau (ESCAP estimates based on population census, 2015); Republic of Korea (Survey on the Economic Activity Status of Disabled Persons, 2015); Russian Federation (analysis of the labour force by ROSTAT in 2015); Samoa (population census, 2011); Thailand (Disability Survey, 2012); Timor-Leste (population census, 2015); Tonga (source unspecified); Turkey (population census, 2011).

Indicator 1.3

TABLE A6: PARTICIPATION OF PERSONS WITH DISABILITIES IN GOVERNMENT-FUNDED VOCATIONAL TRAINING PROGRAMMES, BY SEX

COUNTRY OR AREA	VOCATIONAL TRAINING PARTICIPANTS WITH DISABILITIES			AS PERCENTAGE OF ALL PARTICIPANTS (%)		
	MALE	FEMALE	BOTH SEXES	MALE	FEMALE	BOTH SEXES
Armenia	...	...	105	...	...	9.7
Bhutan	8	19	27	0.1	0.2	0.1
Brunei Darussalam	...	...	286	...	...	...
Georgia	453	331	794	42.9	18.7	28.0
Hong Kong, China	9 442	8 321	17 763	30.4	8.9	14.2
Indonesia	547	1 490	2 037	...	...	...
Japan	...	...	193 892	...	...	3.3
Kyrgyzstan	33	25	58	1.0	0.6	0.8
Macao, China	...	...	190	...	...	6.3
Mongolia	571	535	1 106	1.1	1.5	1.3
Nauru	...	...	4	...	...	8.0
New Caledonia	8	2	10	2.0	0.6	1.4
Pakistan	...	...	26 954	...	...	...
Russian Federation	...	...	201 462	...	...	...
Singapore	...	...	650	...	...	...
Thailand	...	...	10 619	...	...	72.5
Timor-Leste	211	166	377	34.5	44.3	38.2

EXPLANATORY NOTES ON DATA SOURCES AND COLLECTION METHODS (AS REPORTED BY GOVERNMENTS): Armenia (quarterly and yearly information by State Employment Agency); Bhutan (Government-funded programmes by Ministry of Labour and Human Resources); Georgia (administrative databases of Ministry of Education and Science, Ministry of Labour, Health and Social Affairs and Social Service Agency, 2013–2016); Hong Kong, China (administrative data from Social Welfare Department, Labour Department, Employees Retraining Board and Vocational Training Council; cumulative figures for 2015–2017); Indonesia (administrative data from Ministry of Social Affairs, 2016); Japan (annual statistics reports by Ministry of Health, Labour and Welfare, 2013 and 2015); Kyrgyzstan (source unspecified); Macao, China (vocational training courses of Macau Productivity and Technology Transfer Centre, 2013–2016; vocational training courses of the Labour Affairs Bureau, 2014–2016; job counselling service of the Labour Affairs Bureau, 2014–2016); Mongolia (statistics collected from vocational and educational training centres, Ministry of Labour, 2015–2016); Nauru (disability monograph on 2011 Nauru Population and Housing Census, by Nauru Government Bureau of Statistics); New Caledonia (Direction de la formation professionnelle continue, Jan. 2017); Pakistan (Directorate General of Special Education and Special Education Department, Government of Punjab, Social Welfare and Special Education Department by Khyber Pakhtunkhwa, Jan. 2017); Republic of Korea (data are not disaggregated by disability. From 2016 State of Vocational Skills Development Programmes report by Ministry of Employment and Labour; participation in career guidance programme operated by Job Center, managed by Ministry of Employment and Labour); Russian Federation (19 April 1991 . . . 1032–1, 2012–2016, Ministry of Labour); Singapore (Open Door Programme, 2014–2016); Thailand (administrative data by Department of Empowerment of Persons with Disabilities and Social Security Office, Dec. 2016); Timor-Leste (Francisco Tilman, SEPFOPE, 2016).

Indicator 2.1

TABLE A7: SEATS HELD BY PERSONS WITH DISABILITIES IN NATIONAL LEGISLATIVE BODY, BY SEX

COUNTRY OR AREA	NAME OF CHAMBER	PARLIAMENTARIANS WITH DISABILITIES					
		NUMBER			AS PERCENTAGE OF ALL PARLIAMENTARIANS (%)		
		MALE	FEMALE	BOTH SEXES	MALE	FEMALE	BOTH SEXES
Afghanistan	House of the People	1	1	2	0.5	1.7	0.8
	House of Elders	...	...	...	...	...	...
Bhutan	National Assembly	0	0	0	0.0	0.0	0.0
	National Council	0	0	0	0.0	0.0	0.0
Cambodia	National Assembly	0	0	0	0.0	0.0	0.0
	Senate	0	0	0	0.0	0.0	0.0
China	National People's Congress	3	2	5	0.1	0.3	0.2
Georgia	Parliament	1	0	1	0.8	0.0	0.7
Hong Kong, China		0	0	0	0.0	0.0	0.0
Kyrgyzstan	Supreme Council	0	0	0	0.0	0.0	0.0
Macao, China		0	0	0	0.0	0.0	0.0
Malaysia	House of Representatives	0	0	0	0.0	0.0	0.0
	Senate	0	1	1	0.0	6.3	1.4
Micronesia (Federated States of)	Congress	1	0	1	7.1	0.0	7.1
Mongolia	State Great Hural	0	0	0	0.0	0.0	0.0
Nauru	Parliament	0	0	0	0.0	0.0	0.0
Republic of Korea	National Assembly	4	0	4	1.6	0.0	1.3
Samoa	Legislative Assembly	1	0	1	2.2	0.0	2.0
Singapore	Parliament	0	1	1	0.0	4.2	1.0
Thailand	National Legislative Assembly	1	0	1	0.4	0.0	0.4
Timor-Leste	National Parliament	0	0	0	0.0	0.0	0.0
Vanuatu	Parliament	1	0	1	1.9	0.0	1.9

EXPLANATORY NOTES ON DATA SOURCES AND COLLECTION METHODS (AS REPORTED BY GOVERNMENTS): Afghanistan (self-identification); Bhutan (observation); Cambodia (administrative records); China (administrative records); Georgia (administrative records); Hong Kong, China (administrative records); Kyrgyzstan (method unidentified); Macao, China (administrative records); Malaysia (method unidentified); Micronesia, Federated States of (phone call survey); Mongolia (observation); Nauru (observation); Republic of Korea (administrative records); Samoa (observation); Singapore (administrative records); Thailand (administrative records); Timor-Leste (method unidentified); Vanuatu (method unidentified).

Indicator 2.2

TABLE A8: DISABILITY GROUP REPRESENTATIVES AS MEMBERS IN NATIONAL COORDINATION MECHANISM ON DISABILITY MATTERS, BY SEX

COUNTRY OR AREA	NUMBER OF MEMBERS REPRESENTING DISABILITY GROUPS			OTHER NON-DISABILITY GROUPS			PROPORTION OF MEMBERS REPRESENTING DISABILITY GROUPS (PERCENTAGE)		
	MALE	FEMALE	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE	BOTH SEXES
Cambodia	0	0	0	118	74	192	0.0	0.0	0.0
China	0	1	1	33	3	36	0.0	25.0	2.7
Georgia	16	2	18	0	3	3	100.0	40.0	85.7
Hong Kong, China	3	4	7	11	8	19	21.4	33.3	26.9
Japan	10	6	16	11	3	14	47.6	66.7	53.3
Kyrgyzstan	0	2	2	10	13	23	0.0	13.3	8.0
Macao, China	2	5	7	15	8	23	11.8	38.5	23.3
Malaysia	6	4	10	...	...	10	...	...	50.0
Micronesia (Federated States of)	5	0	5	2	1	3	71.4	0.0	62.5
Mongolia	8	4	12	10	4	14	44.4	50.0	46.2
Nauru	0	2	2	3	2	5	0.0	50.0	28.6
New Caledonia	5	3	8	9	11	20	35.7	21.4	28.6
Republic of Korea	10	5	15	14	1	15	41.7	83.3	50.0
Samoa	2	3	5	6	3	9	25.0	50.0	35.7
Singapore	31	19	50	28	35	63	52.5	35.2	44.2
Timor-Leste	0	0	0	14	5	19	0.0	0.0	0.0
Tonga	8	8	16	31	29	60	20.5	21.6	21.1
Vanuatu	5	2	7	9	3	12	35.7	40.0	36.8

EXPLANATORY NOTES ON DATA SOURCES AND COLLECTION METHODS (AS REPORTED BY GOVERNMENTS): Cambodia (administrative records on the Disability Action Council); China (administrative records on the State Council Working Committee on Disability); Georgia (administrative records on the Coordination Council working on the issues of persons with disabilities); Hong Kong, China (administrative records on the Rehabilitation Division, Labour and Welfare Bureau); Japan (source and method unspecified); Kyrgyzstan (source and method unspecified); Macao, China (administrative records on the Interdepartmental Directive Group on the 10-Year Rehabilitation Programme Plan); Malaysia (source and method unspecified); Micronesia, Federated States of (face-to-face interview and observation with members of

the National Disability Programme); Mongolia (medical tests of members of the National Council on ensuring the rights of persons with disabilities); Nauru (the Nauru survey indicated there was no disability coordination mechanism; the data may refer to the disability focal office, Nauru Education Department; based on medical tests); New Caledonia (self-identification by members of the Conseil du Handicap et de la Dépendance); Republic of Korea (administrative records on the Policy Coordination Committee for Disabled Persons); Samoa (self-identification by members of the National Disability Taskforce Committee); Singapore (administrative records on the Standing Committee of Disability, the Enabling Masterplan Steering Committee and the Enabling Masterplan Implementation Committee); Timor-Leste (administrative records on the Inter-ministerial Disability Coordination Committee); Tonga (administrative records on the National Disability Taskforce); Vanuatu (administrative records on the National Disability Committee).

Indicator 2.3

TABLE A9: MEMBERS WITHIN THE NATIONAL MACHINERY FOR GENDER EQUALITY, BY SEX AND DISABILITY STATUS

COUNTRY OR AREA	NUMBER OF MEMBERS IN THE NATIONAL MACHINERY ON GENDER EQUALITY						PROPORTION OF MEMBERS WITH DISABILITIES (PERCENTAGE)		
	WITH DISABILITIES			WITHOUT DISABILITIES					
	MALE	FEMALE	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE	BOTH SEXES
China	1	0	1	27	10	37	3.6	0.0	2.6
Georgia	0	0	0	3	13	16	0.0	0.0	0.0
Hong Kong, China	0	1	1	2	18	20	0.0	5.3	4.8
Indonesia	...	2	...	...	...	...	...	...	...
Japan	0	0	0	17	8	25	0.0	0.0	0.0
Kyrgyzstan	0	0	0	17	8	25	0.0	0.0	0.0
Macao, China	0	0	0	8	20	28	0.0	0.0	0.0
Micronesia (Federated States of)	0	0	0	0	1	1	0.0	0.0	0.0
Nauru	0	2	2	4	4	8	0.0	33.3	20.0
Philippines	1	2	3	23	69	92	4.2	2.8	3.2
Republic of Korea	0	0	0	16	8	24	0.0	0.0	0.0
Samoa	0	1	1	8	17	25	0.0	5.6	3.8
Thailand	0	1	1	3	4	7	0.0	20.0	12.5

EXPLANATORY NOTES ON DATA SOURCES AND COLLECTION METHODS (AS REPORTED BY GOVERNMENTS): Bhutan (no machinery on gender equality); Cambodia (National Council for Women has 27 members; data were not provided); China (membership in the National Working Committee on Children and Women under the State Council; based on administrative records); Georgia (membership in the Gender Equality Council of Parliament; based on administrative records); Hong Kong, China (membership of Women's Commission); Indonesia (membership in the Gender Mainstreaming Programme under Ministry of Women Empowerment; based on medical tests and administrative records); Japan (membership in the Council for Gender Equality; based on self-identification); Macao, China (membership of the Women and Children Affairs Committee; based on administrative records); Micronesia, Federated States of (Gender Development Programme; based on interview and observation); Nauru (membership in the Domestic Violence Committee; based on medical tests); New Caledonia (a gender mechanism is being created); Pakistan (data were not provided on the National Commission on the Status of Women); Philippines (membership in the Commission on Women); Republic of Korea (membership in the Gender Equality Committee; based on administrative records of the Ministry of Gender Equality and Family); Samoa (source and method unspecified); Singapore (the Inter-Ministry Committee on the Convention on the Elimination of All Forms of Discrimination Against Women comprises representatives from 14 public sector agencies, no tracking of their disability status); Thailand (membership in the Committee on Unfair Gender Discrimination Complaints; based on administrative records of the Department of Women's Affairs and Family Development); Timor-Leste (no machinery on gender equality); Turkey (General Directorate on the Status of Women; no data provided).

Indicator 2.4

TABLE A10: POLLING STATIONS IN THE NATIONAL CAPITAL CITY, BY ACCESSIBILITY STATUS

COUNTRY OR AREA	NUMBER OF POLLING STATIONS IN THE NATIONAL CAPITAL		PROPORTION OF ACCESSIBLE POLLING STATIONS (PERCENTAGE)
	ACCESSIBLE	NOT ACCESSIBLE	
Bhutan	1	6	14.3
Georgia	271	469	36.6
Hong Kong, China	538	33	94.2
India	13 150	16	99.9
Indonesia	...	...	12.5 (est.)
Kyrgyzstan	71	131	35.1
Macao, China	31	0	100
Micronesia (Federated States of)	0	240	0.0
Mongolia	398	0	100
Nauru	8	0	100
New Caledonia	263	0	100
Republic of Korea	2 248	0	100
Russian Federation	49 924	45 739	52.2
Samoa	2	358	0.6
Singapore	832	0	100
Thailand	2 771	0	100
Turkey	...	...	0.0 (est.)
Vanuatu	10	1	90.9

EXPLANATORY NOTES ON DATA SOURCES AND COLLECTION METHODS (AS REPORTED BY GOVERNMENTS): Bhutan (data refer to seven polling stations in Thimphu Thormde); Georgia (administrative records of the Central Election Commission); India (administrative records of the Election Commission); Indonesia (data were not available; estimate was made based on the government assumption that one in eight polling stations at regent and city levels is accessible); Kyrgyzstan (data refer

to polling stations in four districts of the capital: Leninsky, Oktyabsky, Pervomaysky and Sverdlovsky; source and method unspecified); Macao, China (data based on site visits of selected polling stations in 2013; Electoral Affairs Commission for the Legislative Assembly Election); Micronesia, Federated States of (FSM Election Office; based on accessibility audits with focus on mobility); Mongolia (data refer to polling stations in nine districts of the capital; source and method unspecified); Nauru (data refer to eight districts; based on Electoral Act 2016, Section 77 on Assisted Voting and Section 79 on method of voting for mobile polling stations); New Caledonia (accessibility covers physical dimension only; source and method unspecified); Republic of Korea (administrative records of the National Election Commission for the 20th general election in 2016; polling stations with well-equipped convenience facilities are regarded as accessible); Russian Federation (administrative records of the Central Committee on Elections); Samoa (Office of Electoral Commission; a total of 360 polling booths were conveniently allocated throughout the islands of Samoa for the 2016 general election; all polling booths were open to voters with disabilities, with two extra booths in Savaii and in Upolu specifically allocated for them); Singapore (based on accessibility checks conducted by election officials before polling days; other measures to facilitate older voters and voters with disabilities at polling stations are in place); Thailand (based on accessibility audits implemented by the Office of the Election Commission according to the Act of Election); Turkey (accessibility audits were carried out on 26 of 1,196 polling stations in the capital in accordance with the Regulation on Accessibility Monitoring and Auditing, 2014–2015, by Ankara Provincial Directorate of Ministry of Family and Social Policy and found that none was accessible); Vanuatu (based on audits implemented in accordance of National Building Code).

Indicators 3.1, 3.2, 3.3 and 3.4

TABLE A11: PROPORTION OF ACCESSIBLE GOVERNMENT BUILDINGS IN THE NATIONAL CAPITAL, INTERNATIONAL AIRPORTS, PUBLIC TELEVISION NEWS PROGRAMMES, PUBLIC DOCUMENTS AND WEBSITES

A. PHYSICAL ENVIRONMENT

COUNTRY OR AREA	GOVERNMENT BUILDINGS IN THE NATIONAL CAPITAL	PROPORTION OF ACCESSIBLE BUILDINGS (PERCENTAGE)	INTERNATIONAL AIRPORTS	
	TOTAL NUMBER OF BUILDINGS		TOTAL NUMBER OF AIRPORTS	PROPORTION OF ACCESSIBLE AIRPORTS (PERCENTAGE)
Armenia	2	100.0	...	...
Bhutan	...	...	1	80.0
Cambodia	...	...	3	95.0
Georgia	...	...	3	100.0
Hong Kong, China	45	100.0	1	100.0
India	42	72.7 (est.)	32	96.9
Indonesia	13	76.9 (est.)	...	...
Kyrgyzstan	258	...	4	100.0
Macao, China	...	...	1	100.0
Malaysia	...	...	6	100.0
Micronesia (Federated States of)	16	25.0	4	100.0
Mongolia	86	27.9	1	100.0
Nauru	44	79.5	1	100.0
New Caledonia	3	100.0	1	100.0
Philippines	...	...	10	100.0
Republic of Korea	2 797	72.9 (est.)	9	75.3
Russian Federation	13	100.0	74	30–100
Singapore	15	100.0	2	100.0
Thailand	22	86.4	9	100.0
Timor-Leste	...	...	1	0.0
Tonga	32	25.0	1	0.0
Turkey	141	0.0	37	80.0
Vanuatu	154	30.5	3	100.0

B. INFORMATION AND COMMUNICATION SERVICES

COUNTRY OR AREA	PUBLIC TV NEWS PROGRAMMES	PROPORTION OF ACCESSIBLE PROGRAMMES (PERCENTAGE)	PUBLIC DOCUMENTS		PUBLIC WEBSITES	
	TOTAL DURATION (MINUTES)		TOTAL NUMBER OF DOCUMENTS	PROPORTION OF ACCESSIBLE DOCUMENTS (PERCENTAGE)	TOTAL NUMBER OF WEBSITES	PROPORTION OF ACCESSIBLE WEBSITES (PERCENTAGE)
China	60	100.0	...	...	118	3.4
Hong Kong, China	54	100.0	...	...	528	99.4
India	1 440	1.4	...	...	71	...
Indonesia	120	12.5	...	...	2	0.0
Kyrgyzstan	1 440	16.7	...	...	...	...
Macao, China	390	69.2	...	...	...	...
Mongolia	70	64.3	...	...	100	36.0
Nauru	720	0.0	...	...	2	100.0
New Caledonia	720	100.0	...	...	49	4.1
Philippines	...	...	...	...	510	...
Republic of Korea	570	100.0	...	...	47	97.0
Russian Federation	1 310	66.8	...	100.0	...	100.0
Thailand	...	...	3	100.0	20	5.0

EXPLANATORY NOTES ON DATA SOURCES AND COLLECTION METHODS (AS REPORTED BY GOVERNMENTS)

GOVERNMENT BUILDINGS: Armenia (only two government buildings); Bhutan (public buildings in Thimphu are not designed to suit the needs of persons with disabilities); India (source and method unspecified; the figure is an average of proportions as follows: A total of 23 building were 100 per cent accessible, six buildings were “not accessible” and the accessibility for other buildings ranged from 22 per cent to 88 per cent); Indonesia (data refer to six ministries only); Kyrgyzstan (audit not

implemented; refer to government and public institutions); Micronesia, Federated States of (based on audits for Incheon Strategy Survey, Feb. 2017, by FSM Department of Transportation, Communication and Infrastructure); Mongolia (based on audits implemented jointly by the National Human Rights Commission, Ministry of Labor and Social Welfare, Rehabilitation and Development, National Center of Mongolian National Wheelchair Association, Mongolian National Association for the Blind, the National Association of Mongolian Deaf People in 2014); Nauru (data refer to 13 government offices; no information about audits; physical accessibility is a major concern); New Caledonia (data refer to three government offices; no information about audits; physical accessibility is a major concern); Republic of Korea (from Complete Enumeration Survey on Installation of Convenience Facilities for Persons with Disabilities in 2013 by Ministry of Health and Welfare; accessibility of a building is measured by the proportion of appropriate installation of convenience facilities, expressed in percentage in relation to the total number of convenience facilities that should be mandatorily installed in the building; appropriate installation means the installation of a convenience facility in full compliance with legal accessibility standards; the total number of government buildings in the national capital is 2,797; consideration was made for (i) external facilities, including accessible pathway to the main entrance and accessible parking space, (ii) for internal facilities, including accessible main door, accessible hallway and accessible elevator, and (iii) sanitary facilities, including accessible bathroom stall, accessible shower room and accessible locker room; guidance facilities are raised block, accessible guidance system and accessible alert and evacuation guidance system); Russian Federation (data refer to 13 ministries and public offices; evaluation of accessibility of high-priority objects and creation of accessibility database for vulnerable groups of population, 2015–2016 by Federal Executive Bodies, Regional Executive bodies and local executive bodies); Samoa (no data provided; National Construction Code is under preparation); Singapore (data refer to 15 government ministry buildings; based on site inspection before issuance of occupancy permits, made against the requirements of the Code on Accessibility in the Built Environment; by Building and Construction Authority); Thailand (data refer to cabinet offices, including 19 ministries, Bangkok metropolitan administration and Royal Thai Police; based on audits for the Memorandum on Accessibility 2013; Department of Empowerment of Persons with Disabilities; National Accessibility Standard is available); Tonga (no audit implemented, but data provided.); Turkey (as a result of audits all 141 buildings were found inaccessible, and 74 received accessibility guidance: accessibility audits carried out in accordance with Regulation on Accessibility Monitoring and Auditing in 2014–2016; by Ankara Provincial Directorate of Ministry of Family and Social Policy); Vanuatu (no information about audits; National Building Code is available).

INTERNATIONAL AIRPORTS: Bhutan (data refer to Paro International airport; consideration is made for wheelchair, airport personal assistance, airfare concession and installation of railing for easy access); Cambodia (data refer to Phnom Penh International Airport, Siem Reap International Airport, and Sihanouk Vile International Airport); Georgia (based on evaluation records of the three international airports—Tbilisi International Airport, Kutaisi International Airport, Batumi International Airport by the Georgian Civil Aviation Agency); India (data refer to 32 airports of which 31 are considered accessible, and one is partially accessible; by Airport Authority of India; used Accessible India Campaign standards); Indonesia (data refer to two airports: Soekarno–Hatta International Airport in Jakarta and Ngurah Rai International Airport in Denpasar); Kyrgyzstan (data refer to four international airports—Manas, Osh, Karakol and Issyk-Kul Tamychi); Macao, China (data refer to Macao International Airport; inspection by Civil Aviation Authority in 1995); Malaysia (data refer to six international airports – Langkawi, Kota Kinabalu, Kuching, Pulau Pinang, Senai and Kuala Lumpur International Airport; audits on Kuala Lumpur International Airport made on 20 January 2014 by Ministry of Transport); Micronesia, Federated States of (Incheon Strategy Survey audit made in February 2017 by FSM Department of Transportation, Communication and Infrastructure; data refer to four airports: Chuuk, Kosrae, Pohnpei and Yap); Mongolia (data refer to Chinggis Khaan International Airport; based on accessibility assessments made in 2016 by the National Human Right Commission, Ministry of Population Development and Social Protection, National Rehabilitation and Development Center); Nauru (data refer to Nauru International Airport, the only airport in the country; consideration is made of physical accessibility); New Caledonia (data refer to La Tontouta International Airport; consideration is made of physical accessibility); Philippines (data refer to 10 international airports: -Laoag, Puerto Prinsesa, Ilo-ilo, Kalibo, Davao, General Santos, Zamboanga, Manila, Mactan, and Clark; accessibility audits made with five minimum requirements in 2013–2014 by Department of Transportation); Republic of Korea (data refer to proportion of appropriately installed mobility convenience facilities in percentage for nine international airports and six domestic airports in the country; Survey on the Transportation Convenience of Mobility Disadvantaged Persons, 2015; Ministry of Land, Infrastructure and Transport, Transport Safety and Welfare Division; used same accessibility approach as for government buildings); Russian Federation (data refer to (i) share of airports ready for use in July 2016, where persons with disabilities are served fully according to accessibility standards, (ii) share of objects where persons with sight disability can get audio and visual information in Braille script, of total number of objects where persons with disabilities are served and (iii) share of objects with which persons with hearing disabilities can access information through alternative means of information, such as signs, text phones and other graphic information, and total number of objects with which persons with disabilities are served; Ministry of Transport; Russia has 74 International Airports in total. All airports are subject to the programme of increase of accessibility for passengers with disabilities); Singapore (data refer to two international airports—Singapore Changi Airport, Seletar Airport; survey conducted in 2012 for compliance with Code of Accessibility in the Built Environment, for Terminals 1, 2 and 3, in 2015 for Terminal 4; based on Universal Design Mark; by Building and Construction Authority); Thailand (data refer to nine international airports—Suvannabhumi, Don Mueang, Chiang Mai, Mae Fah Luang, Chiang Rai, Phuket, Hat Yai, Krabi, Surat Thani and Udon Thani; by Department of Civil Aviation and Airports of Thailand Public Company Limited; based on National Accessibility Standards); Timor-Leste (data refer to Nicolau Lobato International Airport; source and method unspecified); Tonga (Fua'amotu International Airport has ramps installed for wheelchairs but does not have elevators); Turkey (in accordance with Regulation on Accessibility Monitoring and Auditing put into effect in 2013, Accessibility Monitoring and Audit Commissions have been established in all provinces; audits started in 2014 and accessibility status of 5 of 37 international airports completed; four of them—Elazığ, Erzurum, Izmir and Trabzon provinces—were accessible: audits under provision of Regulation on Accessibility Monitoring and Auditing, 2014–2015; Provincial Units of Ministry of Family and Social Policy); Vanuatu (data refer to three airports—(i) Bauer field and Port Vila at Pekoa Airport, (ii) Santo and White Grass and (iii) Tanna; no information about audits and methods).

TV NEWS PROGRAMMES: China (data refer to China Central Television (CCTV) 13; annual statistics of China Disabled Persons' Federation, in March every year; Information Center of China Disabled Persons' Federation); India (data refer to DD News for Independence Day on 15 August and Republic Day on 26 Jan.; the Duration of Programmes with Sign Language Interpretation along with captioning reaches two and half hours; Doordarshan Ministry of Information and Broadcasting); Indonesia (data refer to TVR1, TV NEWS programme; sometimes at special events, such as debate for candidate of general election, TV stations provide interpreter sign language); Kyrgyzstan (source and method unspecified); Macao, China (data refer to two TV channels—Teledifusão de Macau Canais Chinese channel and Teledifusão de Macau Canal Macau channel; audits to TV news programmes made in Dec. 2016; Teledifusão de Macau, S. A.); Mongolia (data refer to MNB "time " information programme); Nauru (data refer to Naur Television); New Caledonia (data refer to eight channels for which all new programmes benefit from daily captioning, sign language 1.5 hours a day); Republic of Korea (data refer to duration of accessibility services in daily news programmes for KBS1 TV and KBS2 TV as of Dec. 2016; administrative data of KBS); Russian Federation (based on accessibility of information for persons with disabilities, including News channels of Central Television; Ministry of Communications); Singapore (data were not provided; however, Info-communications Media Development Authority of Singapore works with Mediacorp to provide subtitles for the English, Chinese, Malay and Tamil news bulletin on its free-to-air TV channels—Channel 5, Channel 8, Suria and Vasantham, respectively; there is live captioning during national events such as National Day celebrations, national day rally outlining the directions for Singapore by the prime minister); Thailand (data were not provided; report on sign language interpretation, closed captioning and audio description is in progress; Office of National Broadcasting and Telecommunications Commission); Turkey (data were not provided; audits being made in accordance with Additional Clause 1 titled, Access of Persons with Disabilities to Broadcasting Services of Regulation on Methods and Principles of Broadcasting Services, 2014–2015; Radio and Television Supreme Council).

PUBLIC DOCUMENTS AND WEBSITES: China (based on 2014 Accessibility Evaluation on Government websites in Nov. 2014; China Software Evaluation Center; Standards: Technical Requirement on Accessible Website Design); India (Website Quality Evaluation Projects Phase 1 & II; 2015–2017; e-Governance Division, MeITy, STQC and NIC; Guideline for Indian Government Websites); Indonesia (data refer only to websites of the Ministry of Social Affairs and National Telecommunication Agency which are accessible for persons with visual, hearing and speech impairments); Malaysia (data refer to public documents and websites together; source and method unspecified); New Caledonia (source unspecified); Philippines (development of standards is ongoing); Republic of Korea (Web Accessibility Survey, 2016; Ministry of Interior, Information Resource Policy Division; two groups of experts made assessments on 10 core web pages from each website; the accessibility of websites is not measured by a dichotomous notion, "accessible" or "non-accessible"; it is measured by the degree to which the website meets each of 22 evaluation indices based on Korean Web Contents Accessibility Guideline 2.1, with the maximum score of 100); Russian Federation (official websites of the Federal Executive Bodies as well as local governments are accessible for persons with sight disabilities; these institutions are free to choose design of their websites, however the switch button for persons with sight disabilities should be made in easy-to-read contrast font; Ministry of Communications); Thailand (Web Content Accessibility Guidelines and Thai Web Content Accessibility Guidelines 2010 are available as standards; Ministry of Digital Economy and Society); Tonga (accessibility measures will be established soon).

Indicator 3.5

TABLE A12: ACCESS STATUS TO ASSISTIVE DEVICES, BY PERSONS WITH DISABILITIES AND BY SEX

COUNTRY OR AREA	NUMBER OF PERSONS WITH DISABILITIES WHO HAVE ACCESS TO ASSISTIVE DEVICES			NUMBER OF PERSONS WITH DISABILITIES WHO NEED ANY ASSISTIVE DEVICE BUT DO NOT HAVE ACCESS TO THEM ALL			PROPORTION OF PERSONS WITH DISABILITIES WHO HAVE ACCESS TO ASSISTIVE DEVICES (PERCENTAGE)		
	MALE	FEMALE	BOTH	MALE	FEMALE	BOTH	MALE	FEMALE	BOTH
Armenia	5 278	4 589	9 867	...	...	...	...	...	...
Bhutan	48	42	1 088	698	330	1 028	6.4	11.3	51.4
Cambodia	22 773	7 476	30 249	...	...	...	...	...	...
Georgia	2 100	1 537	3 637	1 078	789	1 867	66.1	66.1	66.1
Hong Kong, China	95	82	177	18	26	44	84.1	75.9	80.1
India	259 432	106 021	365 502	...	...	...	...	...	...
Indonesia	539 232	517 234	1 056 467	2 371 956	2 580 219	4 952 175	18.5	16.7	17.6
Malaysia	...	...	9 598	...	...	889	...	...	91.5
Mongolia	...	...	12 459	...	...	...	...	...	...
	...	...	17 800	...	...	...	...	...	...
	...	...	17 641	...	...	...	...	...	...
Republic of Korea	371 090	290 503	661 593	346 357	372 881	719 238	51.7	43.8	47.9
Russian Federation	4 552 346	6 034 505	10 586 851	704 405	933 746	1 638 151	86.6	86.6	86.6
Samoa	405	383	788	0	0	0	100.0	100.0	100.0
Thailand	187 289	236 251	423 541	106 056	128 202	234 257	63.8	64.8	64.4
Timor-Leste	1 124	853	1 977	0	0	0	100.0	100.0	100.0
Vanuatu	104	70	174	225	131	356	31.6	34.8	32.8

EXPLANATORY NOTES ON DATA SOURCES AND COLLECTION METHODS (AS REPORTED BY GOVERNMENTS): Armenia (by Agency of Medical and Social Expertise under the Ministry of Labor and Social Affairs; types of disability covered: mobility, hearing, visual and speech); Bhutan (by Ministry of Health and hospitals, 2016; counted mobility and hearing, by sex); Georgia (administrative records of the Ministry of Labour, Health and Social Affairs and Social Service Agency); India (source and method unspecified); Indonesia (Susenas, 2012 Module Social Cultural and Education, by BPS); Malaysia (source and method unspecified; some do not get assistive devices for following reasons: (i) they are not eligible because their income is above the poverty line, (ii) some applicants could not be traced due to wrong address given in the form, (iii) some applicants were referred to other agencies); Mongolia (annual data for 2013, 2014 and 2015; sum of the number of persons using any assistive device; Report of General Office for Labor and Social Welfare Services, 2016); Republic of Korea (2014 National Survey on Persons with Disabilities; Ministry of Health and Welfare, Korea Institute for Health and Social Affairs); Russian Federation (data refer to provision of technical means of rehabilitation to persons with disabilities and veterans with prosthetic devices, Ministry of Labour, Agency of Social Insurance); Samoa (from WS SIMDES 2016_Q3 Report 2016; National Health Service); Singapore (data were not provided; data collection is ongoing by SG Enable on the Assistive Technology Fund measures to help persons with disabilities get assistive devices at discounted rates); Thailand (Disability Survey, 2012, and administrative records provided by Ministry of Digital Economy and Society, Department of Empowerment of Persons with Disabilities; Social Security Office and Ministry of Public Health in 2016–2017); Timor-Leste (source and method unspecified; disaggregated by types of disability: mobility, speech and multiple); Vanuatu (source and method unspecified).

Indicator 4.1

TABLE A13: ACCESS TO GOVERNMENT-SUPPORTED HEALTH CARE PROGRAMMES, BY SEX AND DISABILITY STATUS

COUNTRY OR AREA	NUMBER OF PERSONS USING GOVERNMENT-SUPPORTED HEALTH CARE PROGRAMMES						PROPORTION OF PERSONS USING GOVERNMENT-SUPPORTED HEALTH CARE PROGRAMMES (PERCENTAGE)					
	PERSONS WITH DISABILITIES			PERSONS WITHOUT DISABILITIES			PERSONS WITH DISABILITIES			PERSONS WITHOUT DISABILITIES		
	MALE	FEMALE	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE	BOTH SEXES
Armenia	30 542	32 128	62 670	...	...	259 313	...	...	...	...	...	...
Bangladesh	...	...	820 000	...	...	...	...	...	...	...	...	...
Cambodia	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Georgia	...	...	82 777	...	...	3 637 623	...	...	100.0	...	...	100.0
Indonesia	873 373	1 107 258	1 980 631	8 130 362	8 822 157	16 952 520	37.7	38.5	38.1	28.1	30.3	29.2
Mongolia	52 444	47 730	100 174	...	...	...	...	...	...	...	...	...
	53 472	47 524	100 996	...	...	...	...	...	...	...	...	...
New Caledonia	...	...	3 910	...	...	52 940	...	...	67.0	...	...	17.2
Republic of Korea	1 257 995	822 638	2 080 633	24 119 950	24 289 574	48 409 524	...	...	...	...	...	...
	244 129	195 947	440 076	443 541	660 650	1 104 191	...	...	...	...	...	...
Russian Federation	...	...	2 507 000	...	...	...	...	...	...	...	...	...
Thailand	679 248	775 795	1 455 043	...	...	...	98.5	98.3	98.4	...	...	...

EXPLANATORY NOTES ON DATA SOURCES AND COLLECTION METHODS (AS REPORTED BY GOVERNMENTS): Armenia (data refer to vulnerable groups I, II, III and persons with disabilities aged up to 18 years who are eligible for health care programmes; Ministry of Health); Bangladesh (data refer to recipients of social safety net programme, allowance for the insolvent Persons with Disabilities and Education Stipend Programme for students with disabilities); Cambodia (Employment Injury Insurance Benefit, Feb. 2017, by Policy Division and Benefit Division of National Social Security Fund; Noted by ESCAP: The Government submitted the data on persons with and without disabilities who do not participate in the programme); Georgia (Administrative record of the Ministry of Labour, Health and Social Affairs); India (data were not provided; however the Government indicated there exists some national health programmes focusing on prevention and control of diseases for all people regardless of disability status); Indonesia (data refer to the number of households receiving government-health insurance by urban and rural and disability status; from National Socio-Economic Survey Module Social Cultural and Education Susenas, MSBP, 2012); Mongolia (from health statistics in 2014 and 2015; Health Development

Center, Ministry of Health); New Caledonia (CAFAT, 2016); Pakistan (data were not available; the Government indicated that it runs different financial assistance schemes for families with member with disability); Republic of Korea (data refer to National Health Insurance [a social insurance programme] and Medical Care Assistance [a social assistance programme], supported by the Government; data as of Dec. 2015; Department of Statistics); the National Health Insurance is a universal health care programme; the Medical Care Assistance is related to recipients of the National Basic Living Security benefits who need support for sickness, injury or childbirth); Russian Federation (data refer to the most popular government-supported social programmes for persons with disabilities, "medical and social expertise" and "rehabilitation; the medical and social expertise of citizens is conducted through evaluation of their disabilities); Thailand (2012 Disability Survey; National Statistical Office); Tonga (data were not available; there are health programmes run by Ministry of Health); Turkey (data were not available; the Government provides home health care services covering all medical examination, workup, medical analysis, treatment, medical care, follow-up and rehabilitation, including social and psychological support); Vanuatu (data were not available; the Government has health services programmes, but no distinction of disability is made).

Indicator 4.2

TABLE A14: ACCESS OF PERSONS WITH DISABILITIES TO GOVERNMENT-FUNDED DISABILITY BENEFITS

COUNTRY OR AREA	NUMBER OF PERSONS WITH DISABILITIES RECEIVING GOVERNMENT-FUNDED DISABILITY BENEFITS			PROPORTION OF PERSONS WITH DISABILITIES RECEIVING GOVERNMENT-FUNDED DISABILITY BENEFITS (PERCENTAGE)		
	MALE	FEMALE	BOTH SEXES	MALE	FEMALE	BOTH SEXES
Armenia	88 976	90 576	179 552	...	...	...
Cambodia	307	241	548	...	...	...
	1 782	835	2 617	...	...	...
	188	30	218	...	...	...
China	...	...	7 150 000	...	...	...
	...	...	8 410 000	...	...	...
	...	...	8 660 000	...	...	...
	...	...	8 870 000	...	...	...
	...	...	93 000	...	...	...
Georgia	75 054	50 161	125 215	100.0	100.0	100.0
Hong Kong, China	122 635	132 930	255 565	...	...	97.9
Indonesia	1 219 751	2 058 798	3 278 549	52.7	71.6	63.1
Japan	979 906	847 259	1 827 165	99.6	99.5	99.5
Kyrgyzstan	17 183	17 242	34 425	...	...	...
	92 829	81 864	174 693	...	...	...
Macao, China	5 263	5 049	10 312	96.5	97.1	96.8
Malaysia	...	...	180 573	...	...	...
Micronesia (Federated States of)	302	119	421	...	...	...
Mongolia	...	...	12 459	...	...	...
	...	...	17 800	...	...	...
	...	...	17 641	...	...	...
	...	...	10 675	...	...	...
Nauru	...	...	171	...	...	33.5
New Caledonia	...	...	4 139	...	...	...
Republic of Korea	373 630	333 469	707 099	25.8	32.0	28.4
Russian Federation	5 329 240	7 208 937	12 538 177	100.0	100.0	100.0
Thailand	1 074	250	1 324	...	...	...
	...	...	1 673 333	...	...	...
Timor-Leste	3 999	3 693	7 692	100.0	100.0	100.0
Tonga	363	380	743	...	...	...
Turkey	593 966	498 009	1 091 975	55.1	64.4	59.0

EXPLANATORY NOTES ON DATA SOURCES AND COLLECTION METHODS (AS REPORTED BY GOVERNMENTS): Armenia (Ministry of Labor and Social Affairs); Cambodia (data refer to recipients of three programmes: (i) Worker disability benefit, (ii) National Social Security Fund for civil Servants and (iii) Welfare for Persons with Disabilities' Department of Ministry of Social Affairs, Veterans and Youth Rehabilitation); China (data refer to recipients of five programmes: (i) Urban and rural social endowment insurance (until 2016), (ii) Subsistence allowance (poverty), (iii) Nursing allowances (severe disabilities), (iv) Families of persons with disabilities subsistence allowance and (v) Government education funds for children with disabilities and their families (in 2016); Fiji (data were not available; there is a Poverty Benefit Scheme run by the Ministry of Women, Children and Poverty Alleviation); Georgia (administrative records of the Ministry of Labour, Health and Social Affairs and Social Service Agency); Indonesia (data refer to households with member with disability who receive raskin (rice for the poor) in 2012; Susenas, 2012, Module Social Cultural and Education); Japan (aggregation from two data sources: (i) Report on Social Welfare Administration and Services and (ii) annual report by Pension Bureau, Ministry of Health, Labour and Welfare); Kyrgyzstan (source and methods unspecified); Macao, China (data refer to recipients of disability subsidies as of 31 Dec. 2016; Social Welfare Bureau); Malaysia (source and methods unspecified; data refer to people receiving artificial aids and disability allowances); Micronesia, Federated States of (FSM Social Security; 1 Jan. 2017; Office of Social Security); Mongolia (annual data from 2013 to 2016; General Office for Labor and Social Welfare services and General Authority for Health and Social Insurance; Ministry of Labor and Social Protection); Nauru (source and methods unspecified); New Caledonia (data refer to children and adults receiving disability allowances in 2015; Conseil du Handicap et de la Dépendance); Republic of Korea (data refer to recipients of Government-funded disability benefits, including disability allowances, pensions and allowance for children with disabilities; administrative data from Ministry of Health and Welfare, as of Oct. 2016); Russian Federation (data refer to registered persons who are eligible for receiving State Social Assistance as of Jan. 2016; Pension Fund of the Russian Federation); Singapore (data were not provided; the Government indicated that disability-specific benefits are administered and disbursed through schemes and programmes with specific objectives, such as employment, education, tapping on technology and training); Thailand (data refer to (i) the number of persons who received benefits for work injuries in 2016; coverage of persons with disabilities within social insurance programmes; Social Security Office; and (ii) the number of persons who, as disability ID card holders, receive benefits; database of Department for Empowerment of Persons with Disabilities); Timor-Leste (from Leoneto V. F. C. Pereira, National Director, National Directorate for Non-Contributive/MSS; 10 Jan. 2017); Tonga (Division of Social Protection and Disability); Turkey (Integrated Social Assistance Information System, Management Information System; 29 Nov. 2016; Ministry of Family and Social Policy, General Directorate of Social Assistance).

Indicator 5.1

TABLE A15: CHILDREN WITH DISABILITIES RECEIVING EARLY CHILDHOOD INTERVENTION, BY SEX

COUNTRY OR AREA	NUMBER OF CHILDREN WITH DISABILITIES RECEIVING EARLY CHILDHOOD INTERVENTION			PROPORTION OF CHILDREN WITH DISABILITIES RECEIVING EARLY CHILDHOOD INTERVENTION (PERCENTAGE)		
	MALE	FEMALE	BOTH SEXES	MALE	FEMALE	BOTH SEXES
Armenia	...	...	277	...	...	...
Cambodia	0	0	0	0	0	0
China	...	...	318 622	...	...	...
Georgia	...	...	776	...	...	...
Hong Kong, China	...	...	12 810	...	...	73.3
Indonesia	10 724	3 430	14 155	16.6	7.2	12.6
Japan	...	...	78 758	...	...	...
Macao, China	376	127	503	...	...	...
Malaysia	...	...	248	...	...	...
Micronesia (Federated States of)	57	25	82	...	...	...
Mongolia	1 058	1 018	2 076	...	...	...
	1 055	897	1 952	...	...	...
Nauru	0	1	1	...	...	4.3
Palau	4	3	7	...	...	...
Singapore	1 629	560	2 189	63.7	62.9	63.5
Thailand	9 576	6 384	15 960	...	...	...
	...	...	11 774	...	...	43.8
Timor-Leste	5	0	5	50	0	50
Turkey	1 568	841	2 409	...	...	...
Vanuatu	37	33	70	...	...	...

EXPLANATORY NOTES ON DATA SOURCES AND COLLECTION METHODS (AS REPORTED BY GOVERNMENTS): Armenia (data refer to early intervention for children with disabilities, launched in 2007, by Salvation NGO); Cambodia (data refer to students with disabilities at Early Childhood Education Level, 2015–2016; Early Childhood Education Department); China (administrative records of China Disabled Persons' Federation, 2013–2015); Georgia (administrative records of the Ministry of Labour, Health and Social Affairs, and Social Service Agency); Indonesia (data refer to children with disabilities aged 0–6 years attending pre-school in 2012; Susenas, 2012, Module Social Cultural and Education); Japan (from Federation of National Health Insurance Organizations; Aug. 2016; Ministry of Health, Labour and Welfare); Macao, China (aggregation was made from three sources: (i) Service statistics by Education and Youth Affairs Bureau, (ii) Service user statistics of early intervention service organizations by Social Welfare Bureau and (iii) Service statistics of Health Bureau, as of Dec. 2016); Malaysia (Special Education Service Center Student Data; 31 Oct. 2016; Ministry of Education); Micronesia, Federated States of (National Special Education; 1993–2017; FSM Department of Education); Mongolia (Report of National Agency for Family, Children, Youth Development, 2015 and 2017); Nauru (Disability Monograph; Analysis of the 2011 Nauru Population and Housing Census; Government Bureau of Statistics); Pakistan (data were not available; the Government provides early detection and intervention facilities to a limited number of children); Palau (Special Education Programme recipients; 2015 Census of Population, Housing and Agriculture); Republic of Korea (data were not available; early childhood intervention services are provided by local governments; in the process of collection by Ministry of Health and Welfare); Singapore (administrative data by Ministry of Social and Family Development); Thailand (data refer to (i) children with disabilities receiving early childhood intervention from Oct. 2013 to Sep. 2016, by Ministry of Public Health and (ii) children with disabilities receiving early childhood intervention as of Dec. 2016, by Bureau of Special Education, Ministry of Education); Timor-Leste (Inclusive Education Department, Ministry of Education; 2016); Turkey (data refer to total number of children in nursery classes in special education schools and inclusive schools; National Education Statistics, Formal Education, 2015–2016; Ministry of National Education, General Directorate of Special Education, Guidance and Counselling Services); Vanuatu (data refer only to Port Vila; 2011–2016; Vanuatu Society for People with Disabilities).

Indicator 5.2

TABLE A16: ATTENDANCE OF CHILDREN WITH DISABILITIES IN PRIMARY EDUCATION, BY SEX AND TYPE OF SCHOOL

COUNTRY OR AREA	NUMBER OF CHILDREN WITH DISABILITIES ATTENDING PRIMARY SCHOOLS (INCLUDING KINDERGARTEN)								
	MAINSTREAM SCHOOLS			SPECIAL SCHOOLS			TOTAL		
	MALE	FEMALE	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE	BOTH SEXES
Azerbaijan	...	...	...	1 895	1 075	2 970	...	...	...
Bangladesh	...	...	...	...	...	12 653	...	...	...
Bhutan	...	...	153	...	...	115	...	...	268
Brunei Darussalam	...	...	1 136	...	...	...	...	...	1 136
Cambodia	11 996	7 883	19 879	278	175	453	12 274	8 058	20 332
China	158 400	81 200	239 600	120 500	72 100	192 600	278 900	153 300	432 200
Georgia	3 318	1 908	5 226	303	180	483	3 621	2 088	5 709
Hong Kong, China	15 856	6 000	21 856	2 091	968	3 059	17 947	6 968	24 915
India	...	...	...	...	...	...	886 471	633 245	1 519 716
Indonesia	263 833	229 272	493 105	...	...	...	263 833	229 272	493 105
Japan	3 347 296	3 195 808	6 543 104	25 671	13 174	38 845	3 372 967	3 208 982	6 581 949
Kyrgyzstan	...	...	171	3 345	2 059	5 404	3 345	2 059	5 575
Macao, China	626	200	826	0	0	0	626	200	826
Malaysia	28 227	13 232	41 459	759	583	1 342	28 986	13 815	42 801
Micronesia (Federated States of)	941	503	1 444	4	5	9	945	508	1 453
Mongolia	8 109	8 088	16 197	1 188	687	1 875	9 297	8 775	18 072
	5 682	5 390	11 072	...	...	1 505	...	...	12 577
	4 755	4 388	9 143	...	...	1 574	...	...	10 717
	4 434	3 928	8 362	...	...	1 621	...	...	9 983
Nauru	...	...	30	16	7	23	...	...	53
New Caledonia	...	...	366	...	...	257	...	...	623
Pakistan	16 249	8 995	25 244	...	...	...	...	...	...
Palau	36	22	58	...	...	...	...	...	...
Philippines	...	...	43 977	...	...	1 242	...	...	45 219
Republic of Korea	18 352	8 833	27 185	4 408	2 177	6 585	22 760	11 010	33 770
Russian Federation	36 546	23 922	60 468	...	...	...	...	...	...
Samoa	102	51	153	35	23	58	137	74	211
Singapore	7 809	3 165	10 974	...	...	2 722	...	...	13 696
Thailand	326 487	327 957	654 444	134	91	225	326 621	328 048	654 669
	222 795	88 221	311 016	3 957	2 397	6 354	226 752	90 618	317 370
Timor-Leste	130	161	291	0	0	0	130	161	291
Tonga	8	8	16	...	...	...	...	...	...
Turkey	52 415	31 482	83 897	16 062	9 483	25 545	68 477	40 965	109 442
Vanuatu	...	...	196	...	...	0	...	...	196

EXPLANATORY NOTES ON DATA SOURCES AND COLLECTION METHODS (AS REPORTED BY GOVERNMENTS): Azerbaijan (from Sep. 2015 to May 2016); Bangladesh (based on welfare and development programmes to persons with disabilities listing beneficiaries of nine special school programmes); Bhutan (data refer to the total number of children with special educational need enrolled in different grades, by type of school); Cambodia (from Statistics of Students with Disabilities at Primary Education Level, 2015–2016; Special Education Office, Primary Education Department); China (from 2015 National Education Development Statistics Bulletin, by Ministry of Education in October 2016); Fiji (data were not provided; Special Inclusive Education Programme exists under Ministry of Education); Georgia (from Education Management Information System); India (Elementary State Report Cards, 2015–2016; National University of Educational Planning and Administration, New Delhi); Indonesia (data refer to primary school attendance for mainstream schools in 2015; Intercensal Population Survey SUPAS, 2015); Japan (School Basic Survey, as of May 2015; Ministry of Education, Culture, Sports, Science and Technology); Kyrgyzstan (source and methods unspecified); Macao, China (school data and statistics, 2016; Education and Youth Affairs Bureau); Malaysia (Malaysia Special Education Student Data; 31 Oct. 2016; Ministry of Education); Micronesia, Federated States of (data refer to primary school attendance, including kindergarten, of children with disabilities; FSM Department of Education); Mongolia (annual data from 2013 to 2016; compilation of educational sector statistics, Ministry of Education, Culture, Science and Sports); Nauru (Disability Monograph; Analysis of the 2011 Nauru Population and Housing Census; Government Bureau of Statistics); New Caledonia (Bilan d'activité de la Commission des enfants et des jeunes en situation de handicap, 2015; CHD); Pakistan (data refer to the number of students enrolled in Special Education Centres; Institution of Directorate General of Special Education); Palau (data refer to Special Education Programme that provides training to school teachers on sign language for social communication and on access of learning; Census of Population, Housing and Agriculture, 2015); Philippines (source unspecified. Note: 5-year-old learners are included here because they were already in the kindergarten level). Republic of Korea (administrative statistics of the Ministry of Education, as of 1 April 2016); Russian Federation (statistical information on children with disabilities attending pre-school educational institutions in 2015; RosStat; the information on the number of children with disabilities visiting organizations that carry out educational activities on educational programmes for pre-school education, supervision and care of children in 2015 is given); Samoa (Ministry of Education, Sports and Culture, Division for Research Policy Planning; 1 March 2016; the data from special schools are only from one special school; data submission from other special schools is pending); Singapore (data refer to all students in publicly funded special education schools aged 7–12; Ministry of Education; Nov. 2016. Note: Based on the number of reported cases of students with sensory impairment, physical impairment, autism spectrum disorder, intellectual disability and also students with special educational needs); Thailand (administrative data from Department for Empowerment of Persons with Disabilities and Bureau of Special Education, Ministry of Education; Jan. 2010–Dec. 2016); Timor-Leste (from Disability Focal Point, Inclusive Education, Ministry of Education, 2016); Tonga (data refer only to students in inclusive education classroom at primary school at Ngeleia GPS); Turkey (National Education Statistics, Formal Education, 2015–2016; Ministry of National Education, General Directorate of Special Education, Guidance and Counselling Services); Vanuatu (source and method unspecified).

Indicator 5.3

TABLE A17: ATTENDANCE OF CHILDREN WITH DISABILITIES IN SECONDARY EDUCATION, BY SEX AND TYPE OF SCHOOL

COUNTRY OR AREA	NUMBER OF CHILDREN WITH DISABILITIES ATTENDING SECONDARY SCHOOL								
	MAINSTREAM SCHOOLS			SPECIAL SCHOOLS			TOTAL		
	MALE	FEMALE	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE	BOTH SEXES
Azerbaijan	...	...	...	1 575	910	2 485	...	...	...
Bhutan	...	...	75	...	...	...	...	...	75
Brunei Darussalam	...	...	1 043	...	...	...	...	...	1 043
Cambodia	2 053	913	2 966	185	77	262	2 238	990	3 228
Georgia	472	290	762	53	29	82	525	319	844
Hong Kong, China	15 325	5 709	21 034	2 480	1 257	3 737	17 805	6 966	24 771
India	...	...	...	...	...	...	121 355	97 100	218 455
Indonesia	139 160	138 796	277 956	...	...	...	139 160	138 796	277 956
Japan	1 772 818	1 692 397	3 465 215	20 139	10 949	31 088	1 792 957	1 703 346	3 496 303
Kyrgyzstan	...	...	171	3 345	2 059	5 404	3 345	2 059	5 575
Macao, China	214	94	308	465	242	707	679	336	1 015
Malaysia	21 361	11 077	32 438	513	414	927	21 874	11 491	33 365
Micronesia (Federated States of)	323	157	480	3	3	6	326	160	486
Mongolia	3 875	3 284	7 159	470	319	789	4 345	3 603	7 948
	2 962	2 300	5 262	506	324	830	3 468	2 624	6 092
	2 474	1 917	4 391	511	336	847	2 985	2 253	5 238
	2 208	1 649	3 857	511	336	847	2 719	1 985	4 704
Nauru	...	...	12	5	6	11	...	...	23
New Caledonia	...	...	346	...	...	174	...	...	520
Pakistan	3 694	2 162	...	...	...	...	...	...	...
Palau	16	9	25	...	...	...	...	...	...
Republic of Korea	19 426	10 915	30 341	8 780	4 615	13 395	28 206	15 530	43 736
Russian Federation	...	...	260 972	...	...	...	...	...	...
Samoa	6	5	11	11	11	22	17	16	33
Singapore	7 088	2 521	9 609	...	...	2 883	...	...	12 492
Thailand	49 609	23 361	72 970	...	...	...	...	...	...
	56 726	16 384	73 110	3 913	2 371	6 284	60 639	18 755	79 394
Timor-Leste	4	5	9	0	0	0	4	5	9
Turkey	59 140	37 248	96 388	33 158	19 362	52 520	92 298	56 610	148 908
Vanuatu	...	...	2	...	...	0	...	...	2

EXPLANATORY NOTES ON DATA SOURCES AND COLLECTION METHODS (AS REPORTED BY GOVERNMENTS): Bhutan (data were not available for secondary school attendance because children with disabilities are either enrolled into higher-level mainstream schools and colleges or transited to vocational institutes); Cambodia (statistics of secondary school students with disabilities, 2015–2016; Special Education Office, General Secondary Education Department); Georgia (Education Management Information System); India (Secondary State Report Cards, Secondary Education Flash Statistics, 2015–2016; National University of Educational Planning, New Delhi); Indonesia (Intercensal Population Survey SUPAS, 2015); Japan (School Basic Survey, as of 1 May 2015; Ministry of Education, Culture, Sports, Science and Technology); Kyrgyzstan (source and methods unspecified); Macao, China (school data and statistics, 26 Nov. 2016; Education and Youth Affairs Bureau); Malaysia (Malaysia Special Education Student Data, 31 Oct. 2016; Special Education Division, Ministry of Education); Micronesia, Federated States of (secondary school attendance, including high school, of children with disabilities; Sept. 2015–May 2016; National Special Education Office); Mongolia (annual data from 2013 to 2016; Ministry of Education, Culture, Science and Sports); Nauru (Disability Monograph; Analysis of the 2011 Nauru Population and Housing Census; Government Bureau of Statistics); New Caledonia (Bilan d'activité de la commission des enfants et des jeunes en situation de handicap, 2015; CHD); Pakistan (source unspecified); Palau (data refer to Special Education Programme, which provides training to schoolteachers on sign language for social communication and on access of learning; Census of Population, Housing and Agriculture, 2015); Republic of Korea (administrative data of the Ministry of Education, as of 1 April 2016. Note: Only the number of middle school and high school students with special educational needs is provided). Russian Federation (2015/2016 school year; Ministry of Education and Science; data refer to the number of students with disabilities in general education organizations and the number of children with disabilities receiving education in professional educational organizations and higher education organizations); Samoa (Ministry of Education, Sports and Culture, Division for Research Policy and Planning, 1 March 2016); Singapore (data refer to students with special educational needs in inclusive secondary schools, junior colleges and centralized institutes and students in publicly funded special education schools, aged 13–21; Ministry of Education; Nov. 2016); Thailand (data refer to (i) Registration System of Department of Empowerment of Persons with Disabilities, Jan. 2010–Dec. 2016, (ii) administrative data of Bureau of Special Education, Ministry of Education, Jan.–Dec. 2016); Timor-Leste (from Disability Focal Point, Inclusive Education Department, Ministry of Education, 2016); Turkey (National Education Statistics, Formal Education, 2015–2016; Ministry of National Education, General Directorate of Special Education, Guidance and Counselling Services); Vanuatu (source and methods unspecified).

Indicator 6.3

TABLE A18: GIRLS AND WOMEN AGED 15–49, BY DISABILITY, MARITAL STATUS AND ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES

COUNTRY OR AREA	NUMBER OF WOMEN AGED 15–49 BY MARITAL AND DISABILITY STATUS				BIRTHS ATTENDED BY SKILLED HEALTH STAFF (AS PERCENTAGE OF TOTAL DELIVERIES)			MARRIED WOMEN USING ANY CONTRACEPTIVE METHODS (AS PERCENTAGE OF MARRIED WOMEN AGED 15–49)			MARRIED WOMEN WITH UNMET NEED FOR FAMILY PLANNING (AS PERCENTAGE OF MARRIED WOMEN AGED 15–49)		
	MARRIED		NEVER MARRIED		WOMEN WITH DISABILITIES	WOMEN WITHOUT DISABILITIES	ALL WOMEN	WOMEN WITH DISABILITIES	WOMEN WITHOUT DISABILITIES	ALL WOMEN	WOMEN WITH DISABILITIES	WOMEN WITHOUT DISABILITIES	ALL WOMEN
	WOMEN WITH DISABILITIES	WOMEN WITHOUT DISABILITIES	WOMEN WITH DISABILITIES	WOMEN WITHOUT DISABILITIES									
Georgia	...	...	...	...	...	...	99.8	...	...	53.6	...	...	12.0
Indonesia	2 184 053	48 736 671	506 787	17 206 426	...	...	...	45.8	58.4	57.9	35.2	21.7	22.3
Republic of Korea	...	...	...	...	0.5	1.1	1.1	...	...	...	...	...	...
Russian Federation	...	...	...	...	1.7	4.7	4.7	...	...	...	...	...	...
Thailand	11 541	...	181 706	...	...	...	99.7	...	...	...	...	...	...

EXPLANATORY NOTES ON DATA SOURCES AND COLLECTION METHODS (AS REPORTED BY GOVERNMENTS): Georgia (Reproductive Health Survey, 2010; not disaggregated by disability); Indonesia (data refer to access to sexual and reproductive health services by girls and women, aged 15–49 in 2015; Intercensal Population Survey SUPAS, 2015); Republic of Korea (administrative data of the National Health Insurance Service; data refer to access of girls and women with and without disabilities, aged 15–49, to health services relating to pregnancy, childbirth and puerperium, first visit and second visit, from Jan. 2017 to Oct. 2016. Note: Almost every health care service, including sexual and reproductive health services, is provided through the National Health Insurance system). Russian Federation (data cover girls and women aged 16–49 in 2010; All-Russia Population Census); Thailand (Registration System of Department of Empowerment of Persons with Disabilities, Jan. 2017).

Indicator 7.2

TABLE A19: DISABILITY-INCLUSIVE TRAINING FOR DISASTER RISK REDUCTION SERVICE PERSONNEL, BY TYPE OF WORK

COUNTRY OR AREA	NUMBER OF WORKERS TRAINED IN DISABILITY-INCLUSIVE DISASTER RESPONSE TRAINING							
	GOVERNMENT DISASTER-RELATED STAFF	PUBLIC HEALTH PERSONNEL	DISASTER HEALTH CARE WORKERS	FIRE AND RESCUE WORKERS	POLICE	MILITARY	OTHERS	TOTAL
Bhutan	652	0	0	0	0	0	0	652
Hong Kong, China	240	0	0	0	0	0	0	240
Mongolia	9	0	0	4	0	0	600	613
	11	41	1	4	0	0	810	867
	4	0	0	6	0	0	1 230	1 240
	8	0	0	6	0	0	1 320	1 334
Thailand	180	10	30	0	10	20	80	330

EXPLANATORY NOTES ON DATA SOURCES AND COLLECTION METHODS (AS REPORTED BY GOVERNMENTS): Bhutan (data from Community-Based Disaster Risk Management Training for 20 dzongkhags and Safe School Initiative Training Programme for all the schools in the country; data on disaster preparedness for health personnel from Education Management System are pending); Mongolia (annual data from 2013 to 2016 by region; source and method unspecified); Pakistan (data were not available; following the National Policy Guidelines on vulnerable groups in disasters recommending training for the rescue teams according to the needs of persons with disabilities; trainings are being arranged by the National and Provincial Disaster Management Authorities); Philippines (data were not available; only records of training are available, with no data on staff trained); Republic of Korea (data were not available; disability-inclusive disaster response training is occasionally implemented in forms of monthly civil defence drills by local governments; fire drills are regularly self-administered by the residential facilities for persons with disabilities); Russian Federation (data were not available; training of emergency rescue teams is conducted according to the federal laws on civil protection); Thailand (data refer to training organized in four cities—Chiang Rai, Phungnga, Nakornnayok, Ayuthaya); Turkey (data were not available; disability awareness training programmes started in April 2016 and are expected to be finished by March 2017 in all provincial directorates under the overall guidance of Disaster and Emergency Management Presidency, the main institution responsible for disaster risk reduction, with the aim of providing trainings to all relevant personnel, especially the search and rescue teams, on disability awareness with the purpose of increasing the quality of the services for persons with disabilities).

Indicator 7.3

TABLE A20: ACCESSIBLE EMERGENCY SHELTERS AND DISASTER RELIEF SITES

COUNTRY OR AREA	EMERGENCY SHELTERS AND DISASTER RELIEF SITES	
	TOTAL NUMBER	% OF ACCESSIBLE SHELTERS AND DISASTER RELIEF SITES
Georgia	105	0.0
Hong Kong, China	57	42.1
Macao, China	2	100.0
Micronesia (Federated States of)	32	25.0
Mongolia	387	...
Republic of Korea	1 536	52–66
Singapore	580	100.0

EXPLANATORY NOTES ON DATA SOURCES AND COLLECTION METHODS (AS REPORTED BY GOVERNMENTS): Georgia (data refer to the numbers of usable emergency shelters of Legal Entity of Public Law Emergency Management Agency under the Ministry of Internal Affairs); Macao, China (based on two site visits of the Centre of Refuge for Victims of Disaster at Ilha Verde, and Taipa and Coloane Social Service Centre; Nov. 2016; Social Welfare Bureau); Micronesia, Federated States of (source and method unspecified); Mongolia (National Emergency Management Agency, Disaster Research Institute. Note: Currently, it is not possible to evaluate the accessibility of shelter houses during the disaster; therefore, this issue needs to be further studied); Republic of Korea (data refer to designated nationwide earthquake relief sites in Dec. 2016; Policy Data Center's online site under the Ministry of Public Safety and Security; Complete Enumeration Survey on Installation of Convenience Facilities for Persons with Disabilities, 2013 by Ministry of Health and Welfare. Note: Estimated proportions of appropriately installed convenience facilities in percentage for all sites covering education or research facilities, including school and gymnasium, facilities for older persons (including senior citizen centres and community welfare centres), religious facility and first-type neighbourhood living facilities, including community service centres, public buildings, including school and community service centres, which

are designated as emergency shelters or disaster relief sites; although the data on the accessibility of emergency shelters or disaster relief sites were not available, the accessibility of all public buildings, including those designated as emergency shelters or disaster relief sites, is assessed by the Survey on the Installation of Convenience Facilities for Disabled Persons). Singapore (data refer to shelters in various locations, including schools, community clubs, subways, housing and development board. Note: Singapore Civil Defence Force conducts audits on the overall operational readiness of Singapore's emergency public shelters on such components as ensuring fire safety escape routes are unobstructed). Turkey (data were not available; in accordance with Construction Zoning Law and other relevant codes, shelters should be compatible, among others, with conditions and needs of persons with disabilities; accessibility audits, assigned to Disaster and Emergency Management Presidency, have not been implemented yet).

Indicator 8.1

TABLE A21: NUMBER OF PERSONS WITH DISABILITIES AND PREVALENCE OF DISABILITY, BY SEX

COUNTRY OR AREA	NUMBER OF PERSONS WITH DISABILITIES			PREVALENCE OF DISABILITY (PERCENTAGE)		
	MALE	FEMALE	BOTH	MALE	FEMALE	BOTH
Afghanistan	510 722	356 378	867 100	3.1	2.3	2.7
American Samoa	1 906	1 702	3 608	6.8	6.2	6.5
Armenia	104 381	98 458	202 839	7.2	6.0	6.6
Australia	2 047 500	2 186 200	4 234 200	18.0	19.0	18.5
Azerbaijan	214 143	186 444	400 587	5.2	4.4	4.8
Bangladesh	5 338 620	6 752 838	12 091 458	8.1	10.0	9.1
Bhutan	11 888	10 006	21 894	3.6	3.3	3.4
Brunei Darussalam	2 555	1 593	4 148	1.2	0.9	1.1
Cambodia	244 784	279 054	523 838	3.3	3.6	3.4
China	42 770 000	40 190 000	82 960 000	6.3	6.3	6.3
Cook Islands	167	127	294	1.9	1.4	1.7
Democratic People's Republic of Korea	...	...	1 962 480	...	...	8.2
Fiji	6 180	5 222	11 402	1.4	1.3	1.4
French Polynesia	3 376	2 159	5 535	2.6	1.7	2.2
Georgia	274 353	405 662	680 015	15.5	20.9	18.3
Guam	5 994	6 093	12 087	7.8	7.9	7.9
Hong Kong, China	250 200	328 400	578 600	7.5	8.5	8.1
India	14 988 593	11 826 401	26 814 994	2.4	2.0	2.2
Indonesia	9 719 845	11 387 730	21 107 575	7.8	9.3	8.6
Iran (Islamic Republic of)	637 357	380 302	1 017 659	1.7	1.0	1.4
Japan	3 894 000	4 501 000	8 602 000	...	...	6.2
Kazakhstan	...	...	560 000	...	...	3.0
Kiribati	2 122	1 718	3 840	4.7	3.7	4.1
Kyrgyzstan	90 222	78 457	168 679	2.3	1.8	2.0
Lao People's Democratic Republic	80 766	80 115	160 881	2.8	2.8	2.8
Macao, China	5 453	5 199	10 652	1.8	1.5	1.7
Malaysia	263 851	145 403	409 254	1.8	1.1	1.4
Maldives	...	...	37 224	...	...	10.9
Marshall Islands	3 078	3 132	6 210	...	...	11.7
Micronesia (Federated States of)	5 660	5 703	11 363	10.8	11.3	11.0
Mongolia	59 662	48 409	108 071	4.5	3.6	4.1
Myanmar	1 056 755	1 254 495	2 311 250	4.4	4.8	4.6
Nauru	...	...	535	...	...	5.6
Nepal	280 086	233 235	513 321	2.2	1.7	1.9
New Caledonia	...	...	7 144	...	...	2.7
New Zealand	516 000	545 000	1 062 000	24.0	24.0	24.0
Niue	32	37	69	4.4	5.0	4.7
Northern Mariana Islands	1 469	1 480	2 949	5.3	5.7	5.5
Pakistan	1 918 705	1 374 450	3 293 155	2.8	2.2	2.5
Palau	152	250	402	1.6	3.0	2.3
Papua New Guinea	377 815	413 277	791 092	12.6	14.2	13.4
Philippines	733 779	708 807	1 442 586	1.6	1.6	1.6
Republic of Korea	1 446 943	1 043 463	2 490 406	5.6	4.0	4.8
Russian Federation	5 329 240	7 208 937	12 538 177	7.8	9.2	8.6
Samoa	2 182	1 879	4 061	2.2	2.1	2.2
Singapore	...	...	...	...	...	5.0; 3.4; 13.3
Solomon Islands	36 389	36 078	72 467	13.8	14.4	14.0
Sri Lanka	690 822	927 102	1 617 924	7.7	9.6	8.7
Tajikistan	...	...	161 341	...	...	2.1
Thailand	911 652	810 615	1 722 267	2.8	2.4	2.6
Timor-Leste	20 140	17 978	38 118	3.4	3.1	3.2
Tonga	3 722	4 131	7 853	7.2	8.1	7.6
Turkey	2 088 000	2 795 000	4 883 000	5.9	7.9	6.9
Turkmenistan	...	...	12 082	...	...	...
Tuvalu	119	87	206	2.3	1.6	1.9
Uzbekistan	190 103	137 096	327 199	1.5	1.1	1.3
Vanuatu	14 053	14 711	28 083	11.8	12.8	12.0
Viet Nam	2 716 393	3 358 150	6 074 543	7.0	8.4	7.8

EXPLANATORY NOTES ON DATA SOURCES AND COLLECTION METHODS (AS REPORTED BY GOVERNMENTS): Afghanistan (National Disability Survey, 2005; Afghanistan recently collected disability information by state, no national figure is available yet); American Samoa (population census, 2010); Armenia (Registers of the Agency of Medical and Social Expertise; prevalence is drawn from ESCAP Disability at a Glance, 2015; Australia (Survey of Disability, Ageing and Carers, 2012); Azerbaijan (estimated by the Ministry of Labour and Social Protection of Population, 2011); Bangladesh (Household Income and Expenditure Survey, 2010); Bhutan (population census, 2005); Brunei Darussalam (derived from population census, 2011, the early intervention medical report and the walk-in welfare and disability registration); Cambodia

(Cambodia Socioeconomic Survey, 2014); China (Second National Survey on Disability, 2006); Cook Islands (government update of the Disability Survey, 2012); Democratic People's Republic of Korea (population census, 2008); Fiji (National Baseline Survey, 2010); French Polynesia (Ministry of Health, 2005); Georgia (population census, 2014); Guam (population census, 2010); Hong Kong, China (Survey on Persons with Disabilities and Chronic Diseases, 2013); India (population census, 2011); Indonesia (Intercensal Population Survey, 2015); Iran, Islamic Republic of (population census, 2011); Japan (derived from Survey on Persons with Difficulties in Daily Living, 2013, Patient Survey, 2014 and Survey of Social Welfare Institutions, 2011; prevalence is drawn from ESCAP Disability at a Glance, 2015); Kazakhstan (Registers of the Ministry of Labor and Social Protection of the Population, 2011); Kiribati (derived from 2004–2005 National Disability Survey and Ministry of Health data); Kyrgyzstan (State Statistical Report of Ministry of Social Development and National Statistical Committee, 2014); Lao People's Democratic Republic (population census, 2015); Macao, China (Disability Assessment and Registration System by Social Welfare Bureau); Malaysia (population census, 2010); Maldives (Demographic and Health Survey, 2009); Marshall Islands (population census, 2011); Micronesia, Federated States of (population census, 2010); Mongolia (revised data of population census, 2010); Myanmar (population census, 2014); Nauru (population census, 2011); Nepal (population census, 2011); New Caledonia (Study on Persons with Disabilities, 2013); New Zealand (Household Disability Survey, 2013); Niue (population census, 2011); Northern Mariana Islands (population census, 2010); Pakistan (population census, 1998); Palau (population census, 2015); Papua New Guinea (Household Income and Expenditure Survey, 2009–2010); Philippines (population census, 2010); Republic of Korea (derived from Registered Persons with Disabilities, Ministry of Health and Welfare, 2015 and population statistics based on Resident Registration, Ministry of Interior, 2015); Russian Federation (Pension Fund registers); Samoa (population census, 2011); Singapore (Ministry of Education report; data refer to (i) student population, (ii) resident population aged 18–29 and (iii) resident population aged 50 or older); Solomon Islands (population census, 2009); Sri Lanka (population census, 2012); Tajikistan (State Statistical Agency estimates, 2011); Thailand (database of the Department of Empowerment of Persons with Disabilities, 2016); Timor-Leste (population census, 2015); Tonga (Housing and Income Expenditure Survey, 2016); Turkey (Population Survey, 2011); Turkmenistan (State Statistics Committee Report, 2005 and Ministry of Labour and Social Protection Population Report, 2012; data refer to the number of children with disabilities aged 16 or younger receiving disability allowances; prevalence estimates were not available); Tuvalu (Report on the Elderly, Disabled and Employment); Uzbekistan (Country Profile on Disability, 2002); Vanuatu (population census, 2009); and Viet Nam (population census, 2009).

Indicator 9.1

TABLE A22: SIGNATURE AND RATIFICATION OF THE CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES AND ITS OPTIONAL PROTOCOL IN ASIA AND THE PACIFIC

COUNTRY OR AREA*	CONVENTION SIGNATURE	CONVENTION RATIFICATION OR ACCESSION (A)	PROTOCOL SIGNATURE	PROTOCOL RATIFICATION OR ACCESSION (A)
Afghanistan	--	18 September 2012 (a)	--	18 September 2012 (a)
Armenia	30 March 2007	22 September 2010	30 March 2007	--
Australia	30 March 2007	17 July 2008	--	21 August 2009 (a)
Azerbaijan	9 January 2008	28 January 2009	9 January 2008	28 January 2009
Bangladesh	9 May 07	30 November 2007	--	12 May 2008 (a)
Bhutan	21 September 2010	--	--	--
Brunei Darussalam	18 December 2007	11 April 2016	--	--
Cambodia	1 October 2007	20 December 2012	1 October 2007	--
China	30 March 2007	1 August 2008	--	--
Cook Islands	--	8 May 2009 (a)	--	8 May 2009 (a)
Democratic People's Republic of Korea	3 July 2013	6 December 2016	--	--
Fiji	2 June 2010	--	2 June 2010	--
Georgia	10 July 2009	13 March 2014	10 July 2009	--
India	30 March 2007	1 October 2007	--	--
Indonesia	30 March 2007	30 November 2011	--	--
Iran (Islamic Republic of)	--	23 October 2009 (a)	--	--
Japan	28 September 2007	20 January 2014	--	--
Kazakhstan	11 December 2008	21 April 2015	11 December 2008	--
Kiribati	--	27 September 2013 (a)	--	--
Kyrgyzstan	21 September 2011	--	--	--
Lao People's Democratic Republic	15 January 2008	25 September 2009	--	--
Malaysia	8 April 2008	19 July 2010	--	--
Maldives	2 October 2007	5 April 2010	--	--
Marshall Islands	--	17 March 2015 (a)	--	--
Micronesia (Federated States of)	23 September 2011	7 December 2016	--	--
Mongolia	--	13 May 2009 (a)	--	13 May 2009 (a)
Myanmar	--	7 December 2011 (a)	--	--
Nauru	--	27 June 2012 (a)	--	--
Nepal	3 January 2008	7 May 2010	3 January 2008	7 May 2010
New Zealand	30 March 2007	25 September 2008	--	4 October 2016
Pakistan	25 September 2008	5 July 2011	--	--
Palau	20 September 2011	11 June 2013	--	11 June 2013 (a)
Papua New Guinea	2 June, 2011	26 September 2013	--	--
Philippines	25 September 2007	15 April 2008	--	--
Republic of Korea	30 March 2007	11 December 2008	--	--
Russian Federation	24 September 2008	25 September 2012	--	--
Samoa	24 September 2014	2 December 2016	--	--
Singapore	30 November 2012	18 July 2013	--	--
Solomon Islands	23 September 2008	--	24 September 2009	--
Sri Lanka	30 March 2007	8 February 2016	--	--
Tajikistan	--	--	--	--
Thailand	30 March 2007	29 July 2008	--	2 September 2016
Timor-Leste	--	--	--	--
Tonga	15 November 2007	--	--	--
Turkey	30 March 2007	28 September 2009	28 September 2009	26 March 2015
Turkmenistan	--	4 September 2008 (a)	--	10 November 2010 (a)
Tuvalu	--	18 December 2013 (a)	--	--
Uzbekistan	27 February 2009	--	--	--
Vanuatu	17 May 2007	23 October 2008	--	--
Viet Nam	22 October 2007	5 February 2015	--	--

-- No action taken

* Excludes associate members, except Cook Islands, to whom the present Convention is not open for signature in accordance with its article 42.

SOURCE: UNITED NATIONS TREATY COLLECTION, [HTTPS://TREATIES.UN.ORG/PAGES/VIEWDETAILS.ASPX?SRC=TREATY&MTDSG_NO=IV-15&CHAPTER=4&CLANG=_EN](https://treaties.un.org/pages/viewdetails.aspx?src=TREATY&MTDSG_NO=IV-15&CHAPTER=4&CLANG=_EN) AND [HTTPS://TREATIES.UN.ORG/PAGES/VIEWDETAILS.ASPX?SRC=TREATY&MTDSG_NO=IV-15-A&CHAPTER=4&CLANG=_EN](https://treaties.un.org/pages/viewdetails.aspx?src=TREATY&MTDSG_NO=IV-15-A&CHAPTER=4&CLANG=_EN).

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Building Disability-Inclusive Societies in Asia and the Pacific: Assessing Progress of the Incheon Strategy presents the first regional comprehensive progress report on participation of persons with disabilities in development opportunities at the midpoint of the implementation of the Incheon Strategy. The Incheon Strategy to “Make the Right Real!” for Persons with Disabilities in Asia and the Pacific sets out 10 goals, 27 targets and 62 indicators through which the social, political and economic inclusion of persons with disabilities could be tracked. This publication provides policymakers across different ministries, as well as civil society and persons with disabilities, with the chance to reflect on the status of disability-inclusive development in the region, and set forward a path ensuring that persons with disabilities are included and empowered across all dimensions of sustainable development.

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