

Brazilian Health Ministry and the São Paulo State Government / WHO /  
World Bank / PAHO / IDA / RIADIS

## **Regional Consultation on Disability and Development**

*“The way forward: a disability-inclusive development agenda towards 2015 and beyond”*

**held by the Brazilian Health Ministry and the Sao Paulo State  
Government in Sao Paulo, Brazil, on April 11<sup>th</sup> and 12<sup>th</sup>, 2013.**

## **Consultation Guidelines Report**

The Brazilian Health Ministry and the São Paulo State Government have held, with support from the World Health Organization, the World Bank, the Pan American Health Organization, the International Disability Alliance and the Latin American Network of Non-Governmental Organizations of Persons with Disability and their Families, the **Regional Consultation on Disability and Development**

*“The way forward: a disability-inclusive development agenda towards 2015 and beyond”*

in São Paulo, Brazil, on April 11<sup>th</sup> to 12<sup>th</sup>, 2013

### Consultation Guidelines Report

#### INTRODUCTION:

1. The Brazilian Health Ministry and the São Paulo State Government have held, with support from the World Health Organization (WHO), the World Bank, the Pan American Health Organization (PAHO), the International Disability Alliance (IDA), and the Latin American Network of Non-Governmental Organizations of Persons with Disability and their Families (RIADIS), the Regional Consultation on Disability and Development, the Regional Consultation on Disability and Development under the theme *“The way forward: a disability-inclusive development agenda towards 2015 and beyond”* on April 11<sup>th</sup> to 12<sup>th</sup>, 2013. The Consultation was held at the Sheraton World Trade Center Hotel in São Paulo, Brazil, and had the following Agenda:

#### **Day One: April 11<sup>th</sup>, 2013**

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| 8:00 a.m.  | Registration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 09:00 a.m. | <b>Opening: Setting the stage for a disability-inclusive development agenda towards 2015 and beyond</b><br><b>&amp; Launch of the CBR Guidelines in Portuguese</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 09:30 a.m. | <b>Agenda and aims of the meeting</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 10:00 a.m. | Break                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 10:30 a.m. | <b>Panel 1 – Overview of the situation for people with disabilities and the main challenges to achieving the aspirations of the CRPD and achievement of other international development goals for people with disabilities.</b><br><i>For discussion:</i> <ul style="list-style-type: none"><li>– Clarity around the situation for people with disability globally and the impact on poverty reduction and achievement of development goals.</li><li>– What does the evidence tell us about the major barriers and challenges to access and inclusion for people with disabilities?</li></ul> |
| 12:00 p.m. | End of the Open Session and Lunch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

01:30 p.m. **Panel 2 – What progress has been made and what works in achieving disability-inclusive development?**

*For discussion:*

- What progress has been made in mainstreaming disability in national/regional development agendas?
- Where are we seeing strong progress towards inclusive development and what are the critical success factors driving that change?
- What are good practice examples from different settings?
- How is the DPO community evolving and how are they influencing development efforts?

3:00 p.m. Break

3:30 p.m. **Panel 3 – What are the desired outcomes of the High-level Meeting of the United Nations General Assembly on Disability and Development in September 2013?**

*For discussion:*

- What are possible concrete actions that can be agreed on when Heads of State and Government meet in September 2013, with a particular focus on the developmental challenges faced by low- and middle-income countries?

5:00 p.m. **Preliminary conclusions: "What have we heard today?"**

5:30 p.m. **Meeting adjourns (first day)**

**Day two: April 12<sup>th</sup>, 2013**

9:00 a.m. **Panel 4 – What are the priorities for action and the key messages?**

*For discussion:*

- How can the HLM identify key priorities for action that would make a significant difference to the maximum number of people with disability?
- What key messages should be delivered to the High-level Meeting of the UN General Assembly on Disability and Development (September 2013) and next steps to be taken in the Americas?

10:30 a.m. Break

11:00 a.m. **Panel 5 – What are the roles of relevant stakeholders?**

*For discussion:*

- How governments, civil society, organizations of persons with disabilities, international organizations, development agencies, Academia, and the private sector can foster disability-inclusive development?
- How can they support mainstreaming disability into development efforts?

12.30 a.m. Lunch

2:00 p.m. **Discussion on next steps to be taken in the region**

3:00 p.m. **Closing session and adoption of final document**

4:00 p.m. **Meeting adjourns**

2. The proposed methodology aimed at fostering discussion and debates among the invited participants and attending delegations. Discussions were filled with reports from local and regional experiences, enabling participants to expose their ideas and giving them the opportunity to elaborate recommendations on the realization of concrete actions that will result on real improvements for persons with disability. This has also permitted the creation of an agenda aligned with the Millennium Development Goals to be shared with the UN General Assembly High Level Meeting on Disability and Development to be held on September 23<sup>rd</sup>, 2013.
3. During the opening ceremony of the Regional Consultation on Disability and Development, the following authorities have addressed the audience: Dr. Linamara Rizzo Battistella, Sao Paulo State Secretary for the Rights of the Person with Disability; Dr. Giovanni Guido Cerri, Sao Paulo State Secretary for Health; Rodrigo Garcia, Sao Paulo State Secretary for Social Development; Célia Leão, Sao Paulo Congresswoman; Dr. Marianne Pinnoti, Sao Paulo City Secretary for the Person with Disability and Reduced Mobility; Rodrigo Tavares, Sao Paulo State Governor Special Advisor for International Affairs; and also the Paralympic medalist and Sao Paulo Team swimming athlete Daniel Dias ([danieldias.esp.br](http://danieldias.esp.br)), and the laureate actors with Down Syndrome Ariel Goldenberg, Rita Pook, and Breno Viola, and Marçal Souza, producer of the movie “Colegas” ([blogcolegasofilme.com](http://blogcolegasofilme.com)).
4. The following countries were represented at the Regional Consultation thorough government and civil society delegations, including national, regional and international organizations of persons with disability and their families: Argentina, Brazil, Chile, Colombia, Costa Rica, El Salvador, Ecuador, Guatemala, Honduras, Nicaragua, Paraguay, Dominican Republic, and Uruguay.
5. This report on the main conclusion of the Regional Consultation is a register of the discussions and consolidates significant references from Latin America, taking into account the diverse economic and development conditions of each of our countries. We are sure this information will be taken to other Regional Consultations worldwide and to the UN High Level Meeting and will guarantee advancements on this subject.

#### OPENING REMARKS

6. Countries representatives have brought to light important subjects as the fundamental role of the inclusion of persons with disability in every UN program; the significance of more and better statistics on persons with disability; awareness raising on the Convention on the Rights of Persons with Disabilities (CRPD) in every level, including the demand for actions for its implementation and monitoring; the establishment of policies to foster clinical and vocational rehabilitation; and, the respect to the rights of persons with disability in decision making and government procurement. Discussions were guided and focused on the assessment of international development objectives with regard to the promotion of the rights of persons with disability and disability perspective, and on showing how we can contribute to meet the Millennium Development Goals and to establish a new disability-inclusive development agenda for the future, after 2015. The following challenges were registered:

- a) Improved disability data and statistics;
- b) Participation in decision making processes;
- c) Capacity building;
- d) Promotion of international cooperation;
- e) Gender equality and disability;
- f) Strengthening of civil society organizations, specially DPOs;
- g) Disability-inclusive disaster preparedness and management;
- h) Early inclusive education for children with disabilities;
- i) Employment of persons with disabilities;
- j) Greater involvement of private sector;
- k) Greater attention to persons with disabilities faced with multiple and aggravated forms of discrimination; and,
- l) Promotion of awareness raising campaigns about the principles of inclusion based on the CRPD;

CONCLUSIONS TO BE DISCUSSED ON SEPTEMBER 23<sup>rd</sup>, 2013.

#### GENERAL OVERVIEW

7. The experience of the United Nations Development Program (UNDP) heading the United Nations Partnership to Promote the Rights of Persons with Disabilities Multi-Donor Trust Fund (UNPRPD Fund) needs to be fostered and disseminated. We should create partnerships and programs to share experiences with universities, implementing strategies in more vulnerable places. To overcome these barriers, an aligned and organized civil society, with support from local governments and international organizations, should foster technology transfer and promote development.
8. In Argentina, it was created, in 2009, the unified certificate, an example of good practice for sustainable financing. It consists of a national register of persons with disability which has unified criteria, is useful for collecting specific information, and is a public document used as an instrument to access the Health System and benefits granted by the legislation.
9. Due to an initiative headed by RIADIS/IDA, the Latin American Observatory of the Rights of Persons with Disability was created in 2011 as a virtual platform already established and functioning, which is now in its second round for assessing indicators. The Observatory works to generate, disseminate, update and systematize information on the implementation of the CRPD through the compilation of data from various sources, gathering government and civil society representatives.
10. In Colombia, disability won a significant status on political agenda, contributing to the fact that Colombia has ratified OAS Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities and the CRPD. In Colombia, there is the National Disability System, a set of guidelines, standards, resources, programs, institutions and activities which enable the operation of public policies on disability in a coordinated manner among national, regional and local level government bodies, civil society organizations and organizations of persons with disability. The System is compounded by a head organization directed by the Health and Social Protection Ministry, the National

Council on Disability, and the Department, District, City and Local Disability Committees, as well as the Sectors Union Group, a technical body devoted to create, guide and coordinate interinstitutional plans, projects and programs of the National Council on Disability. The National Council on Disability encourages discussions, monitoring and assessment of the National Disability Policy and System. On the other hand, Colombia is now working on the establishment of a new Disability Policy, based on the enjoyment of their rights by persons with disability. The Law 1618/2013 was passed aiming at ensuring the rights of persons with disabilities by establishing a series of obligation for both the State and society for the effective inclusion of disability rights. Currently, this legislation is being compiled.

11. Ecuador is a leading actor on the promotion of a disability-inclusive development. The country has developed a lot its legal framework through a Constitution which guarantees the rights, inclusion of and accessibility for every primary attention group, including persons with disability. The Disability Act aims at ensuring disability prevention and early identification, habilitation and rehabilitation, and guaranteeing persons with disability the full enjoyment of their rights, as established by the Constitution. Moreover, the Act allows the National Council on Disability and Equality to advise, monitor, and assess public policies and control institutions through sanctions to be applied against those who do not comply with the Act or the Constitution. The Act demands public or private employers with more than 25 workers to employ a minimum of 4% of persons with disability.
12. There are actions taken in the field of education and a sound national awareness raising campaign. From the perspective that disability is an element for promoting diversity, Ecuador advances rapidly through partnerships with WHO, PAHO and the World Bank.
13. Since 1981, Brazil has been implementing social participation councils – known as State Councils on the Matter of Persons with Disabilities – which assist State Governments. In 1999, the National Council on the Rights of Persons with Disability was created. Brazil has a specific legislation for the inclusion of persons with disability, which includes the CRPD as an Amendment to the Constitution, quota systems for persons with disabilities on companies with more than 100 employees, and inclusive education standards, which guarantee access to mainstream education to everyone and to meet their demands, strengthening educational inclusion.
14. Since 2008, the Sao Paulo State Government, in Brazil, has incorporated Universal Design principles as a mandatory standard in its Social Interest Housing Program, including buildings and its surrounding areas. Rail transportation in the State of Sao Paulo is entirely accessible and there are discount mechanisms in place for persons with disabilities to buy vehicles. Still on 2008, the Sao Paulo State Government consolidated the State legislation on disability rights in compliance with the CRPD. Sao Paulo transformed an advanced rehabilitation network into part of the health system – the Lucy Montoro Rehabilitation Network – which relates clinical rehabilitation to the provision of assistive technology and vocational follow up.
15. **Promote the dialogue and integration between the disability rights agenda and the economic, social and environmental development agenda. What guides inclusive development is not profit or the market, but social justice and equality, in which the**

contribution provided by every human being to processes and strategies are needed and valued in order to widen opportunities and the enjoyment of their rights.

16. **Demand governments enforce legal standards that comply with the rights of persons with disability as an eligibility criterion for selecting products, services and suppliers and guiding government procurement.**
17. **Disseminate national and international concepts and legislation to public agents and managers in UN Member States.**
18. **Disseminate the International Classification of Functioning, Disability and Health (ICF) as a reference for establishing public policies and concepts on disability.**
19. **Attend to actions that contribute to mitigating regional and national inequalities and widen the process of inclusion and equalization of opportunities for groups whose rights are vulnerable and overlooked through structuring measures, refraining from a charity based approach.**
20. **Promote discussions and actions toward preventing and tackling violence against persons with disability, especially more vulnerable groups, such as ethnic minorities, women, children, elderly, persons with multiple disabilities, rare diseases, LGBT community and prison population.**
21. **Encourage the consolidation of local legislation to enforce the CRPD.** Recommend that countries consolidate disability laws in compliance with the CRPD, and promote the reform of national legislation of countries that are States Parties to the Optional Protocol in order to enable denunciation in case of noncompliance with the CRPD.
22. **Ensure governments supply adequate and sustainable financing for policies devoted to persons with disability provided with social control and monitoring mechanisms.**
23. Ensure that international cooperation, including international development programs, is inclusive of and accessible to persons with disability, in compliance with CRPD's article 32 (International Cooperation), being of utmost importance that, for what remains of the MDGs to be fulfilled and, mainly, the post-2015 process, attention to disability issues is an integral part of international cooperation to fight poverty, that disproportionately impacts persons with disability and their families.
24. Finance support programs for families of persons with disability and make sure they are included in the appropriate social programs.
25. Foster public policies which meet the specific demands of every type of disability, incorporating other areas, such as learning, language and behavioral disabilities. Guarantee the participation and representation of every area of disability as done in this Consultation through the participation of the International Disability Alliance. Programs and projects of national development programs and public policies should always count on indicators to every type of disability which allow for monitoring progress and targets.

26. Ensure the enforcement of Universal Design principles in housing programs and government procurement policies worldwide.
27. “Nothing about us without us”. Countries should guarantee the full and effective social participation of persons with disability in decision making on subjects that are directly related to or directly or indirectly affect their lives. Countries should also promote their participation to avoid practices and habits that hinder decision making, especially those related to the inclusion of persons with disability in the job market.
28. Relate disability and development issues to social responsibility as an emerging opportunity which shouldn't be neglected.
29. Turn cooperation efforts into practical actions taking into consideration best practices and cases of success and counting on the collaboration of universities and UN agencies, such as UNICEF, UNESCO, UNDP and WHO.
30. Attend to CRPD's articles 12 (Equal recognition before the law), and 31 (Statistics and data collection), especially in the fields of Health and Social Participation.
31. Establish as a high level goal the fulfillment of CRPD's article 19 (Living independently and being included in the community), making communities inclusive of and accessible to persons with disabilities.
32. Create specific institutions devoted to the promotion and advocacy of the rights of persons with disability in the UN System and in every country, at national, regional and local level.
33. Institutions created to promote and advocate for the rights of persons with disability internationally should foster cooperation among countries to ensure progress in different disability-related issues, such as statistics, monitoring systems, and health, rehabilitation, work and employment policy and programs, among others, also channeling UN assistance.
34. Ensure governments and international organizations comply with the CRPD and national and local legislation when establishing criteria for financing policies, programs, and projects in every field of public action. Guarantee UN agencies and other international organizations incorporate the compliance with disability rights as a fundamental requirement for international development and social inclusion projects.
35. Strengthen international adherence and contributions to the UNPRPD Fund as it is a strategic mechanism for financing programs dedicated to disability issues.
36. Work in close collaboration with and use the financial resources of international organizations more effectively based on information and data specific to each region.

## DATA COLLECTION AND MONITORING

37. **Improve implementation and monitoring of the CRPD and recommend the UN to receive timely reports from the civil society organizations, which should be taken into consideration together with Member States' reports as an instrument for assessing the reality on the ground and reviewing strategies, objectives, and goals.**
38. Empower civil society organizations so they can be politically and financially autonomous, as well as technically capable, to fully play their roles in proposing, monitoring and controlling public policies which affect persons with disabilities and their families, including monitoring the CRPD.
39. Define the standardization of qualitative and quantitative indicators on the social inclusion of persons with disabilities that are adequate to inform the diverse situations of different disabilities, geographic locations, and sociocultural aspects in a country.
40. Broaden and disseminate information channels on disability issues.
41. Support the creation of Councils on the Rights of Persons with Disability with decision making and financial authority, compounded by professionals with and without disability, supported by governments, and democratically elected for defined terms, so they can enforce compliance with and monitor the implementation of the CRPD, and communicate noncompliance to appropriate national government bodies, and monitoring bodies in the UN and the OAS.
42. Apply for funding from the UNPRPD Fund to create a regional observatory on the inclusion of persons with disabilities with participation of civil society organizations.

#### COMMUNICATION, DISSEMINATION AND AWARENESS RAISING

43. **Globally promote awareness raising efforts on the rights of persons with disability for the society at large – and, locally, on the legislation relating to the theme in every country and region – with a special focus on public agents and managers at every public administration level, so the population at large can comprehend disability-related issues.**
44. Support the observations of the Committee on the Rights of Persons with Disabilities of the UN High Commissioner for Human Rights on the implementation of CRPD's Article 08 (Awareness-raising) in consideration of the report submitted by Peru under Article 35 (Reports by States Parties): "While taking note of some steps taken by the State Party to raise awareness on the rights of persons with disabilities, such as the national radio broadcasts, the Committee remains concerned at the insufficiency of these measures and at the existence of private fundraising initiatives using negative stereotypes and charity based approach (such as the Peruvian Telethon). The Committee draws attention of the State Party that, far from promoting rights and empowering persons with disabilities, these campaigns perpetuate and reproduce stigma and, thus hinder the possibility of constructing a culture in which persons with disabilities are recognized as part of human diversity and society. The Committee calls upon the State Party to take proactive measures to enhance awareness of the Convention and its Optional Protocol at all levels, to develop policies and

programmes implemented to ensure elimination of stereotypes and to focus on the dignity, capabilities and contributions to society of persons with disabilities.”

45. Promote, in partnership with international organizations, global permanent awareness raising campaigns on disability issues to be replicated locally aiming at informing the society at large and avoiding attitudinal barriers to the inclusion of persons with disability.
46. Implement alternative communication systems for emergency situations to meet the needs of every person and reduce the loss of human lives.
47. Use daily living social activities, such as those related to Culture, Leisure and Sports, to accelerate the process of inclusion.
48. Strengthen and coordinate with social networks to create synergy and raise awareness on the current political process.
49. Foster and monitor the availability of Braille, sign language, and augmentative and alternative modes, means and formats of communication, including those developed to facilitate the comprehension of persons with intellectual disability, in services delivered to the public by governments or governments concessions.
50. Raise awareness on the disability perspective and agenda through international organizations.

## EDUCATION

51. **Promote education from the perspective of inclusion. Inclusive education and the education of children, young and adults with disability must be part of the common curriculum for teachers' graduation and specialization courses. Diverse college courses should include on their curricula information on how to approach disability issues and promote the rights of person with disability. Education statistics should allow for the monitoring of the process of inclusion and its results, beyond students demographic data.**
52. **Promote inclusive education involving families and integrating public policies and programs such as Transportation, Sports, Leisure, Culture, Health and Rehabilitation, Social Protection and Rights Promotion.**
53. Train young persons and adults with disability to undertake a leading role in the process of inclusion.
54. Ensure adequate financing to train teachers and other stakeholders in the educational process, investing in physical and communication accessibility, besides creating international mechanisms and forums to information exchange and technology transfer.

55. Build civil society organizations' capacity and mobilize them so they can undertake their role of social monitoring and control and in the proposition of public policies, besides claiming for government actions and investment.
56. Train persons with intellectual disabilities, through partnerships with universities, improving accessibility and inclusion and promoting the development of this segment of society.
57. Use the best available scientific evidence provided by universities as an instrument for decision making and the proposition of public policies. The Academy is able to identify unmet needs, and assess existing policies and best strategies to meet the needs of persons with disability. This way, governments, civil society organizations, social networks, and international organizations will be united in a new cooperation strategy with the Academy.
58. Ensure teachers in the mainstream education system use Sign Language, Braille and alternative communication tools, assisting in the education and identity development processes of children with disability.

#### EMPLOYMENT

59. **Foster public policies in the field of work and employment through affirmative actions, programs to overcome possible education gaps, and vocational training programs aligned with market demands in order to improve employability.**
60. Increase the number of workers with disability among government and international organizations staff, such as the UN, in order to give the private sector an example of how to meet this need. Ensure access of duly qualified persons with disabilities to executive level posts in national public institutions and international organizations.
61. Ensure persons with disability play the leading role in planning and monitoring public policies in the field of work and employment.
62. Broaden the participation of entrepreneurs and the private sector as the workforce of persons with disability is of great significance to the productive chain. Their capabilities and talents need to be further explored.
63. Promote the labor rights of persons with disabilities instead of charity-based approach, and include the attention to workers with disability in mainstream employment support services.
64. Create affirmative policies, with quota systems for persons with disability, and strengthen methodologies such as supported employment. Adjust national legislation aiming at eliminating laws that discriminates or create barriers for the inclusion of persons with disability in the job market, promoting decent work and valuing the principles of the Global Compact and the International Labor Organization's Agreement 159 and the CRPD.

## HEALTH

65. **Enable access to all mainstream policies, systems and services intended for the general public.** People with disabilities need better access to free and affordable health care at all levels of the health-care system (with a specific focus on primary and community health), broader health insurance coverage, appropriately trained health-care workers, and the empowerment of people with disabilities to manage their health needs better. Measures to promote the health of people with disabilities and their inclusion in society through general care (such as immunization, reproductive and maternal health services, advice on physical activity and diet, screening for cancer and other conditions) and specialized health care are as important as measures to prevent people developing health conditions associated with disability. Mainstreaming not only fulfils the human rights of persons with disabilities, it is also more cost-effective.
66. **Invest in specific programs and services for people with disabilities.** Some people with disabilities require access to specific measures, such as rehabilitation and support services, which can improve functioning and independence and foster participation in society. They also need integrated and decentralized rehabilitation services, and improved provision of assistive technologies, for example wheelchairs, hearing aids, assistance dogs, low vision devices, and related services. Rehabilitation workers need to be trained in order to ensure a sufficient supply of personnel who can enable people with disabilities to achieve their potential and have the same opportunities to participate fully in society. Investment should be made in a range of well-regulated and responsive support services such as respite care, personal assistants or facilitators, sign-language provision, augmentative and alternative modes, means and formats of communication, among others, that can ensure dignity and well-being for people with disabilities and their families.
67. Strengthen the health agenda of persons with disabilities in order to guarantee a disability-inclusive development through actions that focus inclusive development by promoting integral attention to the health of persons with disability.
68. Promote and ensure healthy and safety working conditions for caregivers, or otherwise called personal assistants or facilitators, an important stakeholder who represents a social technology to safeguard the rights of persons with disability. Personal assistants or facilitators provide intermittent, general or somewhat needed support and services for the realization of daily living activities of persons with disability, in every aspect of social participation, from the perspective of promoting independent living and individual autonomy.
69. Promote adequate support for caregivers, or personal assistants or facilitators.
70. Take into consideration the linkages between disability, aging, and intellectual disability in a disability-inclusive development.
71. Provide technical and financial support to prevent health conditions which cause disability and invest in clinical research, control and prevention.

72. Train health sector personnel to hinder attitudinal barriers.
73. Develop, as appropriate, plans of action, in close consultation with and active involvement of persons with disabilities, including children, young and women with disabilities, through their representative organizations, so that different sectors and different actors can coordinate effectively to remove barriers and enable persons with disabilities to enjoy their human rights.
74. Gather appropriate sex and age-disaggregated data on disability, including prevalence, needs and unmet needs, direct and indirect costs, barriers and quality of life, using the International Classification of Functioning, Disability and Health, and effective programs and good practices developed in different regions in order to ensure that data are nationally relevant and internationally comparable.
75. Work to ensure that all mainstream health services are inclusive of persons with disabilities, an action that will necessitate, inter alia, adequate financing, comprehensive insurance coverage, accessible health-care facilities, services and information, and training of health-care professionals to respect the human rights of persons with disabilities and to communicate with them effectively.
76. Promote habilitation and rehabilitation, valuing the duration of rehabilitation measures, across the life-course and for a wide range of health conditions through: early intervention; integrated and decentralized rehabilitation services, including mental health services; improved provision of prosthetics, orthotics, wheelchairs, hearing aids, low vision devices and other assistive technologies; and training to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life.
77. Promote and strengthen community-based rehabilitation programs as a multisectoral strategy that reaches the greatest possible number of persons with disabilities guaranteeing full participation in education, employment, health and social services.
78. Prevent discriminatory denial of health care or health services on the basis of disability.
79. Provide support to Member States so they can implement the recommendations of the World Report on Disability, and intensify collaboration with a broad range of stakeholders including organizations of the United Nations, academia, the private sector and organizations of persons with disabilities, in the implementation of the Convention on the Rights of Persons with Disabilities, in particular Articles 12 (Equal recognition before the law), 16 (Freedom from exploitation, violence and abuse), 19 (Living independently and be included in the community), 20 (Personal mobility), 24 (Education), 25 (Health), 26 (Habilitation and rehabilitation) and 31 (Statistics and data collection).
80. Ensure that the health needs of children and adults with disabilities are included in WHO's technical work on, inter alia, child, adolescent and women health, sexual, reproductive and maternal health, long-term care for older people, care and treatment of noncommunicable conditions and communicable diseases, emergency risk management, and health systems strengthening.

PRIORITIES FOR THE AGENDA OF SEPTEMBER 23<sup>rd</sup>, 2013.

81. The following actions are proposed for consideration by Heads of States, Government and civil society representatives. Discussion, addition, adoption/rejection and prioritization of these and similar concrete actions should be the substantive business of the High Level Meeting:
82. **Improve and broaden data collection and national, regional and local statistics**, especially data on each type of disability and their needs and social progress made.
83. **Develop specific indicators** which could be used as reference to evaluate the inclusion process and include the variable “inclusion / disability” among comparable international indicators (e.g. Human Development Index, HDI), including indicators that are adequate to inform the diverse situations of different disabilities, geographic locations, and sociocultural aspects in a country
84. **Ensure, through appropriate legislation, the accessibility in every form of communication**, such as digital and printed media, television, telephone, among others.
85. **Publicly acknowledge the work of companies which hire workers with disability**, as it has a sound influence on public opinion and consumer behavior. Fiscal benefits granted to these companies should be used to further improve the conditions of persons with disabilities.
86. **Create policies which foster vocational rehabilitation in-company aiming at inclusion and capacity building**, an action to be taken in collaboration by the public and private sectors and non-governmental organizations.
87. **Implement and monitor the CRPD** through national plans counting on the active participation of persons with disabilities.
88. **Accelerate efforts to address policy and program gaps**. Audit existing mainstream and specific services for barriers to access and participation of people with disabilities. Drawing on the results, adopt a national disability strategy and plan of action with concrete actions, timelines for implementation, targets, budget, designated focal persons, and indicators. In formulating the strategy and plan of action and implementing policies, laws, and services, people with disabilities should be consulted and actively involved. A whole of government approach can be taken to ensure that mainstream policy and program areas (education, health, employment, disaster risk management, international development, etc) and specific services for persons with disabilities are addressed. Governments could specify priority areas for action such as the examples given below:
  - a) **Remove barriers**: Agree to support and accelerate efforts to adopt and implement national accessibility standards, covering domains such as buildings, transport, and ICT, which are relevant to context, legally binding, and which are linked to government procurement policies (relevant to Article 9 of the CRPD). This action can leverage significant

improvements in participation of persons with disabilities and have broader benefits for the wider community. Research has shown that providing full access facilities from the outset has additional costs of approximately one percent.

- b) **Promote early habilitation and rehabilitation** across the life-course and for a wide range of health condition through: specialized services integrated to the health system; decentralized rehabilitation services to improve access; and, increasingly complex services to meet the need for complex interventions.
  - c) **Improve access to essential assistive devices.** Assistive devices can be critical to enabling people to learn and communicate more effectively, participate in home, school and work environments, live independently, and improve their quality of life. Member States could include essential assistive devices/equipment in the essential health products list, and overcome legal, regulatory and other barriers that block access to appropriate and affordable assistive devices. To improve access States can support the development, production, distribution, and servicing of assistive devices and equipment and the dissemination of knowledge about them.
  - d) **Strengthen human resource capacity.** A review of the knowledge and competencies of staff in relevant policy and program areas (healthcare, education, planning and development etc.) can provide a starting point for developing appropriate measures to improve education and training. Relevant training on disability, which incorporates human rights principles, should be integrated into current curricula and accreditation programs. In-service training should be provided to current practitioners providing and managing services. For example, strengthening the capacity of teachers and school administrators in inclusive education can assist all children in learning and achieving their potential.
  - e) **Accelerate the implementation process of policies and programs** dedicated to the compliance with CRPD's Articles 12 (Equal recognition before the law), 16 (Freedom from exploitation, violence and abuse), 19 (Living independently and be included in the community), 20 (Personal mobility), 24 (education), 25 (Health), 26 (Habilitation and rehabilitation) and 31 (Statistics and data collection) meeting the demand of persons with disability and their families.
89. **Improve disability data collection.** Agree to invest in the collection of valid, reliable and relevant disability data. Standardized and internationally comparable data is essential to benchmark and monitor progress on disability policies and on the implementation of the CRPD nationally and internationally. Data on all aspects of disability - impairments, activity limitations, participation restrictions, related health conditions, environmental factors - are important for constructing a complete picture of disability and functioning and ensuring that policies and programs are based on evidence.
90. **Financial support.** Without adequate and sustainable funding national and internationally agreed development goals will not be achieved. Member States to commit to include the earmarked funding for disability actions outlined in the strategy and plan of action in budgets of relevant public authorities, including in international cooperation, and to develop financing mechanisms to ensure that inclusive, sustainable, evidence-based disability programs are funded and implemented with transparency, accountability and effectiveness in line with national priorities.
91. **Implement CRPD's article 32 (International Cooperation)** through fostering and creating exchange programs and actions that are inclusive of and accessible to persons with disability, including technical and financial assistance, without prejudice to other

cooperation mechanisms, including the facilitation of access to assistive and accessible technologies and their sharing, as well as through technology transfer.

92. **Coordinate global action and strengthen accountability.** Member States could also agree to set up global coordination architecture to track what various stakeholders (governments, civil society, private sector) are doing to improve access and inclusion and where they are doing it, and make this information readily available for the purpose of information exchange, sharing of lessons and good and promising practices, reducing duplication and improving transparency and efficiency of efforts.
93. **Ensure the UN System and its agencies are inclusive of people with disabilities,** whether they be visitors, collaborators or employees, by continuing to create accessible premises and information, providing reasonable accommodation, and by ensuring that people with disabilities are consulted closely and involved actively through their representative organizations wherever necessary and appropriate.
94. **Include disability in the post 2015 agenda.** Member States should promote technological and social innovations which reflect the new disability-inclusive development perspective, understanding persons with disability as consumers of goods and services and active participants in the production of the wealth of nations.
95. Support the three principles agreed by consensus among the participants of the Consultation to support the discussions to be held on September 23<sup>rd</sup>, 2013; they are: (i) promote equality and tackle discrimination across all development goals and targets, (ii) integrate the principles of inclusive development into country policies, programs and processes, and ensure the equal inclusion and participation of people who are marginalized as a result of age, gender, disability, geography and ethnicity in development, and (iii) create disability focused indicators disaggregated by disability, age, gender, and geography. Moreover, reiterate the need to strengthen policies to fight poverty, which disproportionately impacts persons with disabilities, and the promotion of inclusive education, so that the development achieved is truly sustainable and inclusive.

#### CONCLUDING REMARKS

96. We should celebrate the progress made to date, but Latin American countries can no longer act individually. We have a lot to show to the world and we can no longer keep this reductionist view. Our experiences and best practices are models of success and should be disseminated and promoted in partnership with the UN System through a new international cooperation initiative on this subject.
97. When reviewing discussions held on April 11<sup>th</sup> and 12<sup>th</sup>, 2013, three aspects could be highlighted: i) the implementation of the CRPD should be monitored also by the civil society; ii) accessible communication should be further encouraged as a tool for full and effective participation; and, iii) national level data registers should be strengthened to provide a clear and real dimension on the inclusion of persons with disability. Some priorities also reflect what was already foreseen by the new resolution on disability, which was endorsed by the participants of the Consultation, to be subject to vote on May 2013

during the World Health Assembly. Now we should turn these priorities into commitments and actions within the Latin American region.

98. We endorse the World Report on Disability, which enables the implementation of the CRPD. By raising awareness on disability as a crosscutting issue on international cooperation, the use of best practices, the support from trust funds, and the full and active participation of persons with disability in every level of action are to be fostered.
99. We are in the right path towards the full enjoyment of CRPD's Article 19 (Living independently and be included in the community). A lot has been already done, but we can collaborate to advance the Millennium Development Goals if we strengthen international cooperation through partnerships with the UN System so best international practices are deployed in countries in need of technical and financial support, including the resources of the UNPRPD Fund.
100. Latin American countries and civil society organizations demand the creation of a new alliance to promote the rights of persons with disabilities and their full integration into society throughout the region. This It is a new concept: disability now means development.
101. We want persons with disability to be part of the inclusive and sustainable development of humankind, respecting diversity, without arbitrary discriminations of any nature, for the 21<sup>st</sup> century's democracy and society that the citizens of this world deserve, not as a social burden, but as an aspect of development, in which no one is missing and everyone is needed.

*"I can do things you cannot, you can do things I cannot; together we can do great things."* – Mother Teresa of Calcutta.