Sixty-fourth session
Item 62 of the provisional agenda*
Social development, including question relating to
the world social situation and to youth, ageing,
disabled persons and the family

Realizing the Millennium Development Goals for Persons with Disabilities through
the implementation of the World Programme of Action concerning Disabled Persons
and the Convention on the Rights of Persons with Disabilities

Report of the Secretary-General

Summary

The present report is submitted pursuant to General Assembly resolution 63/150. The
report focuses on the situation of persons with disabilities with respect to the realization of the
Millennium Development Goals (MDGs) and on lessons learned and synergies and
complementarities achieved, based on the implementation of the World Programme of Action, the
Standard Rules and the Convention on the Rights of Persons with Disabilities. The report provides
information on the situation of persons with disabilities in the context of the MDGs and the
implementation of the World Programme of Action and the efforts toward mainstreaming
disability in development.

1 “Realizing the Millennium Development Goals for persons with disabilities through the implementation of the
World Programme of Action concerning Disabled Persons and the Convention on the Rights of Persons with
Disabilities”, [A/RES/63/150], 18 December 2008
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Introduction

1. The present report is divided into three sections. Section I discusses the linkages between disability and the Millennium Development Goals (MDGs). Section II analyzes the situation of persons with disabilities in the context of the MDGs, including information from MDG country reports, discussion of MDG monitoring and data on disability and actions and initiatives towards the realization of the MDGs for persons with disabilities by Members States, United Nations entities and NGOs. The report concludes with section III which offers conclusions and recommendations. The preparation of this report was facilitated by an expert-group meeting on “Mainstreaming Disability in MDG Policies, Processes and Mechanisms: Development for All”, organized by the Department of Economic and Social Affairs with support of the World Health Organization and held in Geneva on 14-16 April 2009.

I Disability and the Millennium Development Goals

2. The World Programme of Action concerning Disabled Persons, the Standard Rules on Equalization of Opportunities for Persons with Disabilities and the Convention on the Rights of Persons with Disabilities recognize persons with disabilities as both development agents and beneficiaries in all aspects of development.

3. The periodic review of the MDGs provides an entry-point to assess how persons with disabilities fare in comparison to the population at large in relation to achieving the MDGs, particularly poverty eradication, universal primary education, reducing child mortality, improving maternal health, and combating HIV/AIDS.

4. While persons with disabilities make up an estimated ten per cent of the world’s population, it has been suggested that disability could be associated with twenty per cent of the global population living in poverty.\(^2\) Notwithstanding the commitment of the United Nations to the rights of persons with disabilities and the recognition by the 2005 World Summit Outcome\(^3\) of the immediate need for persons with disabilities to be able to exercise their rights without discrimination, disability is largely invisible in the implementation, monitoring and evaluation of the MDGs. ‘Disability’ and ‘persons with disabilities’ are not mentioned in the MDGs nor in the targets and indicators that operationalize MDG efforts. They are also missing from the


\(^3\) “2005 World Summit Outcome”, A/RES/60/1, 12 September 2005, Paragraph 129.
accompanying guidelines, policies, programmes and conferences that are part of on-going MDG efforts. As a consequence, periodic reviews of the MDGs underway within the United Nations do not include reference to disability issues or persons with disabilities.

5. A series of conferences and meetings on disability and the MDGs were organized by governments, regional organizations and organizations of persons with disabilities. These meetings led to insightful discussions and recommendations on how to mainstream disability and include persons with disabilities in all MDGs. However, this body of work has not yet reached outside the disability community itself.

II. The situation of persons with disabilities in the context of the Millennium Development Goals

A. MDG Country Reports: a desk review

6. An analysis of the references to persons with disabilities in MDG country reports may provide valuable information about the extent and ways in which disability and persons with disabilities are included in programmes and policies. With this in mind, the Secretariat conducted a desk review of 80 MDG country reports from all regions from 2003 to 2009. A list of the reports is included in Annex 1. The following are the preliminary findings based on data available to the Secretariat.

7. Forty-two reports (52 per cent) made some reference to disability or persons with disabilities. These references included causes of disability, issues of concerns or challenges, and initiatives. Of these 42 reports, 16 included a reference to one or more initiatives specifically directed toward persons with disabilities. Twenty-eight reports mentioned disability in reference to “vulnerable” or “marginalized” groups or population “in need of special attention”. It may be noted that references to persons with disabilities in the context of population groups could be understood as an effort to mainstream disability. Other references were more specific to disability and persons with disabilities. None of the references provides detailed information or elaborates on the issues or programmes concerned.

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4 Selected MDG Country reports available in English, French and Spanish in the UNDG and UNDP MDG websites, and that were searchable electronically.
8. Some reports noted that persons with disabilities are among the poorest of the poor, the most deprived, and vulnerable; and that they tend to fall outside the reach of social services provided by the government. They also recognized that special measures or attention might be required for persons with disabilities.

9. Most references to disability were related to social protection and safety nets (MDG 1), and education (MDG 2). Two reports contained data which show that the participation of persons with disabilities in gainful employment is very low. When they work, remuneration for persons with disabilities is significantly lower than that of non-disabled workers and in very few instances work conditions are adapted to the needs of persons with disabilities. According to the country report of Thailand (2008), for instance, “less than half the number of people with disabilities was employed and they received on average only two thirds of the income earned by other workers”. In Serbia, it was reported that “only 13 per cent of persons with disabilities have an opportunity to work, one third of them have working conditions adapted to their need” in 2005. Although the problems of unemployment and unequal pay are prevalent throughout the world, the lack of reference to these issues in other country reports could reflect the generally low priority given to employment of persons with disabilities.

10. In the area of education, issues and challenges include access to adequate education for persons with sensory, physical and developmental disabilities; weak identification and assessment mechanisms of children with disabilities to ensure adequate education; and difficulty and high cost of providing primary education to those with disabilities in geographically disperse areas. The country report from Thailand provides an illustrative case in point: “approximately three quarters of people with disabilities either had no or less than a primary education”.

11. One references to gender perspectives (MDG3) was made in relation to women as caregivers of persons with disabilities while another report stressed the need to understand how gender equality was affected by different factors such as disability. The only initiative mentioned specific to women with disabilities was a one-time financial assistance for women with disabilities.

12. References to access to obstetric, pre-natal and post-natal care for women and children (MDGs 4 and 5) were made only in the context of how the lack of adequate access is a cause of disability, but no reference was made to access to this care for women and children with disabilities. Other causes of disability mentioned are malnutrition among children (MDG 1) and
vaccine-preventable diseases (MDG 4).

13. One report mentioned the vulnerability of persons with disabilities to the effects of HIV/AIDS (MDG 6), owing, perhaps, to the lack of preventive education given presumptions about the absence of sexual activity among persons with disabilities, or to accessibility to information and adequate services and treatment. Another report mentioned the impact of environmental degradation on persons with disabilities (MDG 7), as it adds additional barriers and difficulties to their everyday living situation.

14. Initiatives mentioned in the reports are related to inclusive education, health care and rehabilitation, pensions and cash benefits. Example of initiatives specific to persons with disabilities include: a disability survey in 2002 (Maldives, 2007); registry of persons with disabilities (Chile, 2005); Prevention Programme for Disabled Persons (Croatia, 2005); Service of Personal Assistants to Persons with Disabilities programme (to support persons with disabilities to become active and to work) (Serbia, 2005); policy for persons with disabilities; incorporating disability reduction targets in the National Health Care Policy (Liberia, 2004); taking steps towards inclusive education (Bahrain, 2007; Chile, 2005; Fiji, 2003; Kazakhstan, 2005; Kenya, 2005; Serbia, 2005; Tanzania, 2006; Thailand, 2008); and a conference on the rights of persons with disabilities (Brazil, 2007). One report mentioned that the Poverty Reduction Strategy emphasizes an urgent need to devote special attention to vulnerable populations, including to persons with disabilities (Serbia, 2005).  

B. MDG monitoring and data on disability

15. The paucity of data on disability, as well as a wide variance of definitions, standards and methodologies used to identify the conditions of persons with disabilities remains an obstacle to the effective formulation of disability-inclusive policies and programmes, as well as in the monitoring and evaluation of progress in achieving the MDGs. In many developed countries, 

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5 Mention of persons with disabilities among other groups were made in relation to the following initiatives: poverty reduction efforts: (Burkina Faso, 2003; China, 2008; Fiji, 2004; and Turkey, 2005); social security and assistance systems (Brazil, 2007; Bahrain, 2007; Cuba, 2005; Georgia, 2005; Indonesia, 2004; and Republic of Korea, 2005); safety nets (Republic of Korea, 2005), including food security (Colombia, 2005) and care (Algeria, 2005; Saudi Arabia, 2005); training (Algeria; 2005; Colombia, 2005; and Cuba, 2005); health (Ghana, 2003; and Kazakhstan, 2005) and rehabilitation (Lebanon, 2003).
disability statistics remain underdeveloped. Few countries collect information on disability through either censuses or surveys. To a significant extent, the dearth of socio-economic data on persons with disabilities reflects the social welfare and/or medical approach to disability that still prevails in many countries.

16. The following is an overview of available global data concerning the situation of persons with disabilities and the MDG indicators.

**Goal 1: Eradicate extreme poverty and hunger**

17. Approximately 426 million people with disabilities in developing countries live below the poverty line and often represent the 15-to-20 per cent most vulnerable and marginalized poor in such countries. There is also evidence that the labour force participation of persons with disabilities is significantly lower than for persons without disabilities.

18. Furthermore, persons with disabilities may have a lower standard of living than persons without disabilities with the same income, owing to their special need for services such as transportation, heating, or medical services and adaptive devices. While standard of living rises with income, households with greater needs because of the disability of one of its members tend to have a lower standard of living than that of other households with similar income.

**Goal 2: Achieve universal primary education**

19. UNESCO estimates that of the 75 million children of primary school age who are out of school, one third are children with disabilities and that over 90 per cent of children with disabilities in developing countries do not attend school.

**Goal 3: Promote gender equality and empower women**

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6 Facts on Disability in the World of Work (Geneva, International Labour Organization, Nov 2007)


8 Jeanine Braithwaite and Daniel Mont, Disability and Poverty: A Survey of World Bank Poverty Assessments and Implications (HDNSP, the World Bank, February 2008), Discussion Paper No.0805


10 Ibid.
20. The educational needs of girls with disabilities have yet to be taken into account by those who work to promote gender equality and the empowerment of women, as well as those who work in the field of disability. In this context, there has been limited research, as well as policy and programme development.\textsuperscript{11} Available data, mostly focused on literacy, indicate that women and girls with disabilities fare less well in the educational arena than either their male with disabilities or female without disabilities counterparts.\textsuperscript{12} While the literacy rate for adults with disabilities is as low as three per cent, in some countries, it is as low as one per cent for women with disabilities.\textsuperscript{13} Moreover, due to the lack of gender and disability-sensitized vocational training and counseling, as well as limited access to mathematics, science and technology for girls in general education, girls and women with disabilities are ill-prepared for the world of work.\textsuperscript{14}

21. In the area of employment, men with disabilities are almost twice as likely to have jobs as women with disabilities.\textsuperscript{15} The general trend is to have special initiatives for people with disabilities but without targeting women with disabilities.\textsuperscript{16}

\textbf{Goal 4: Reduce child mortality}

22. Of the 200 million children reported to be living with disabilities, few of those living in developing countries have access to health and rehabilitation or support services. For example, they may miss out on vaccinations, or treatment for simple fever or diarrhea, easily curable

\begin{flushleft}
\textsuperscript{11} Harilyn Rousso, “Background paper prepared for the Education for All Global Monitoring Report, Gender and Education for All: The Leap to Equality, Education for All: a gender and disability perspective” (United Nations Educational Scientific and cultural organization, April 2003)

\textsuperscript{12} Ibid.


\textsuperscript{14} Harilyn Rousso, “Background paper prepared for the Education for All Global Monitoring Report, Gender and Education for All: The Leap to Equality, Education for All: a gender and disability perspective” (United Nations Educational Scientific and cultural organization, April 2003)

\textsuperscript{15} The rights to decent work of persons with disabilities (Geneva, Switzerland, International Labour Organization, November 2007)

\textsuperscript{16} Ibid.
\end{flushleft}
illnesses which can become life-threatening if left untreated.\textsuperscript{17}

\textbf{Goal 5: Improve maternal health}

23. Many persons with disabilities marry and have children but often lack access to sexual and reproductive health information and services.\textsuperscript{18} As a consequence, their sexual and reproductive health has been neglected. People who are blind, deaf, or have intellectual or cognitive impairments find that information on sexual and reproductive health is often inaccessible to them. Moreover, because of the lack of physical access and of disability-related technical and human supports, as well as due to stigma and discrimination, sexual and reproductive health services are often inaccessible.\textsuperscript{19} Poverty further limits access to basic health services, including rehabilitation.

\textbf{Goal 6: Combat HIV/AIDS, malaria and other diseases}

24. A growing literature indicates that individuals with disabilities are at equal or increased risk of exposure to all known risk factors.\textsuperscript{20} Due to a number of reasons, including insufficient access to appropriate HIV prevention and support services, many persons with disabilities engage in behaviours which place them at risk of HIV infection.\textsuperscript{21} Moreover, a large percentage of persons with disabilities will experience sexual assault or abuse during their lifetime, with women and girls, persons with intellectual impairments and those in specialized institutions, schools or hospitals being at particularly high-risk.\textsuperscript{22} At the same time, services offered at clinics, hospitals and in other locations may be physically inaccessible, lack sign language facilities or fail to provide


\textsuperscript{18} Sexual and reproductive health of persons with disabilities (New York, United States, United Nations Population Fund, 2008)

\textsuperscript{19} Ibid.


\textsuperscript{22} Ibid.
information in alternative formats such as Braille, audio or “easy-to-understand” language.\textsuperscript{23}

**Goal 7: Ensure environmental sustainability**

25. An estimated 80 per cent of all people with disabilities in the world live in rural areas of developing countries and have limited or no access to services they need.\textsuperscript{24} An important factor in accessibility to water is proximity. The benefits can be tangible as proximity allows functionally disabled people to draw water by themselves; restricted access to water and sanitation services leads to a much higher risk for persons with disabilities for contracting diseases.\textsuperscript{25} In situations of disasters, persons with disabilities are doubly vulnerable on account of impairments and poverty, yet, they are often ignored or excluded at all levels of disaster preparedness, mitigation and intervention.\textsuperscript{26}

C. **Actions and initiatives towards the realization of the Millennium Development Goals for persons with disabilities by Member States, United Nations entities and NGOs**

1. **Member States**

26. This section provides a summary of the 28 submissions received from governments in response to the note verbale of 22 April 2009 in which the Secretariat requested information on views and experience in promoting the rights of persons with disabilities in achieving the MDGs and on lessons learned and synergies and complementarities achieved based on the implementation of the World Programme of Action, the Standard Rules and the Convention on the Rights of Persons with Disabilities. Submissions were received from the following countries: Argentina, Australia, Bolivia, China, Cyprus, Czech Republic, Denmark, Ecuador, Egypt, Finland, Greece, Hungary, Jamaica, Kenya, Kyrgyz Republic, Latvia, Malta, Mexico, Montenegro, Peru,

\textsuperscript{23} Ibid.

\textsuperscript{24} “Facts on Disability in the World of Work” (International Labour Organization, Geneva, Nov 2007).


\textsuperscript{26} *World Disasters Report Focus on Discrimination* (Geneva, Switzerland, the International Federation of Red Cross and Red Crescent Societies, 2007)
Portugal, Republic of Korea, Russian Federation, Spain, Thailand, Togo, Trinidad and Tobago, and Ukraine.

27. Several governments indicate that they intended to achieve objectives of the MDGs for persons with disabilities through the implementation of the Convention. These efforts are discussed in more detail in the Report of the Secretary-General to the sixty-fourth session of the General Assembly entitled “The Status of the Convention of the Rights of Persons with Disabilities and the Optional Protocol thereto”. Therefore, this section focuses on those areas that relate directly to the MDGs such as poverty reduction, education and health. The goal of global partnership is then addressed in the context of regional and international cooperation on disability issues.

Poverty

28. Persons with disabilities are particularly vulnerable to poverty. Providing financial support to persons with disabilities and their families who have limited resources is a policy approach common to countries such as Argentina, China, Cyprus, Ecuador, Egypt, Kyrgyz Republic, Latvia, Montenegro, Portugal and Thailand. The Kyrgyz Republic recently increased the part of its budget devoted to subsidizing access to services and residential facilities for persons with disabilities. The Russian Federation recently adopted an act which aims at increasing the social protection of persons with disabilities.

29. Employment is an important component of poverty reduction strategies. Several Member States have established employment quotas and provide economic incentives as well as vocational training (see next section) to increase the employability and employment of persons with disabilities. In Argentina, it is mandatory that at least four per cent of the employees in public entities be persons with disabilities. Bolivia requires that four per cent of the employees of companies that do business with the government be persons with disabilities. In China, several cities have adopted similar quota requirements. Egypt reserves five per cent of government positions for persons with disabilities, as does Jamaica. In Peru, all national government entities are required to promote the employment of persons with disabilities. Togo has provisions for the recruitment and employment of persons with disabilities in public administration.

30. Member States also provide economic incentives to increase employment and encourage

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entrepreneurship of persons with disabilities. Argentina gives economic support to micro-entrepreneurs with disabilities. Egypt encourages young persons with disabilities to become involved in small enterprises, productive family projects, women’s projects and other initiatives. Egypt has established professional evaluation centres to assist persons with disabilities to choose professions, as well as rehabilitation centres that train and assist persons with disabilities in (re)joining the labour market. Jamaica assists persons with disabilities in establishing their own businesses. Malta credits employers for three years of national insurance contributions for employing persons with disabilities. Portugal’s programme for setting up individually-owned businesses is aimed at supporting and encouraging persons with disabilities to set up their own viable businesses. Spain instituted a General Strategy for the Employment of Persons with Disabilities 2008-2012, which includes timeframes and programmatic and budgetary measures aimed at removing physical, legal and socio-cultural barriers to the employment of persons with disabilities. Ukraine carries out occupational rehabilitation and job training in 63 occupations for persons with disabilities.

Education

31. In order to achieve equal opportunities in education for children and adults with disabilities, several governments have endorsed the principle and concept of inclusive education. Argentina passed a national education law that guarantees inclusive education through universal policies, and provides higher education scholarships for persons with disabilities. Cyprus is focusing on vocational training. Ecuador is establishing a National Project of Inclusive Education. Greece is considering a pilot project on sign language interpretation to enable students with hearing disabilities to follow regular classes. Similarly, Hungary is preparing a parliamentary act which will recognize the Hungarian sign language as an official language. Jamaica is seeking to make education more accessible and inclusive through its National Policy on Special Education. The Kyrgyz Republic is promoting inclusive education and has increased the access of regular schools to children with disabilities. Malta extended its financial support so that students with disabilities can receive the necessary support, even when attending private schools. Montenegro is taking measures to ensure inclusion and accessibility of all children and youth with disabilities into education programmes.

Gender equality

32. Argentina has implemented a programme that promotes awareness and provides training
on the rights of women with disabilities for the members of the National Council on Women and the National Advisory Commission for the Integration of Persons with Disabilities. Greece supports NGOs whose activities contribute to empowering women from socially vulnerable groups who suffer multiple discriminations, including women with disabilities. Portugal is carrying out a study of the scope and depth of discrimination experienced by women with disabilities, with the main objective to find solutions to preventing such discrimination. Spain established, in 2006, a plan of action for women with disabilities.

Health

33. In Argentina, the National Advisory Commission for the Integration of Persons with Disabilities established a comprehensive cross-sectoral health plan whose aim is to adapt health and sanitation services to the needs of persons with disabilities. Ecuador adopted measures for the early detection of childhood health conditions that could cause disabilities or are disability-related, including the purchase of medical equipment and training of professional staff providing medical services to children with disabilities. Latvia developed policy guidelines and an action plan for the reduction of disability and its consequences. Mexico’s Programme of Integral Health Care for Persons with Disabilities, established in 2008, focuses on prevention, early detection, timely intervention and rehabilitation, as well as ensuring that persons with disabilities enjoy the right to the highest attainable level of healthcare without discrimination. Montenegro is implementing measures to ensure equal access to medical facilities for persons with disabilities. In Portugal, preventing disabilities is an integral part of pre- and post-natal care. Togo has programmes to prevent blindness.

Regional and international cooperation

34. Australia launched a disability-inclusive development assistance programme, “Development for All”, in November 2008. It is the first strategy to guide Australia’s aid programme towards development that includes and deliberately focuses on persons with disabilities through a targeted and sequenced approach. A survey of Australia’s support for disability inclusive development to date will be forthcoming in a Companion Volume to the “Development for All” strategy.

35. Bolivia and the Japan International Cooperation Agency are cooperating to establish a registry of persons with disabilities to serve as a basis for future plans and projects. China has been actively undertaking international exchange and cooperation in the field of disability, and has
provided various forms of aid and assistance to a number of developing countries. The Czech Republic funds disability-focused projects within the framework of its development cooperation and humanitarian aid in India, Mongolia, Serbia and Viet Nam.

36. Disability is one of the priorities of the overall strategy for Danish development cooperation, Partnership 2000. The strategy promotes a rights-based approach to poverty reduction. A variety of activities directly targeted at persons with disabilities have been supported through voluntary and earmarked contributions to a range of UN organizations such as UNDP and UNICEF. Bilateral assistance is also provided through embassy grants and support to Danish NGOs which work with local organizations of persons with disabilities.

37. The Finnish Development Policy Programme recognizes persons with disabilities as one of the most vulnerable groups and has made the promotion of their rights and opportunities a cross-cutting objective of all Finnish development cooperation projects.

38. Kenya hosted the Africa Regional Conference on MDGs and Disability in September 2008, with over 200 representatives from all over the African continent. The Conference was organized by the United Nations Millennium Campaign office in Africa, the Ecumenical Disability Advocates Network (EDAN), the Secretariat of the African Decade for Persons with Disabilities (SADPD) and the African Community Development Foundation (ACDF). The purpose of the Conference was to strengthen the organizational, advocacy and networking skills of disability leaders with reference to development issues.

39. The Republic of Korea plans to hold several international conferences, including the 20th Asian Conference on Intellectual and Developmental Disabilities in 2011; the Rehabilitation International World Assembly in 2012; the final review of the Asia Pacific Decade of Disabled Persons; and the Asia Pacific Disability Forum.

40. Thailand is committed to advancing regional cooperation. It established, with the support of the Japan International Cooperation Agency, the Asia-Pacific Development Center on Disability (APCD), which carries out cooperation programmes with countries in the region. The APCD, which was established in 2002, hosted in February 2009, the first Asia-Pacific Conference on “Community-based Inclusive Development: Persons with disabilities and their families” in collaboration with WHO, ESCAP, and several NGOs. Thailand was also the main sponsor of the resolution adopted at the 64th session of ESCAP on “Regional Implementation on the Biwako Millennium Framework for Action and Biwako Plus Five towards an Inclusive, Barrier-free and
2. **United Nations System**

41. The primary goal of the United Nations system with respect to the MDGs is to support Governments and civil society in the realization of the Goals at the country level. The United Nations system also undertakes a range of activities at the regional and global levels that fosters development at the national level. The synergy between the three levels contributes to the effectiveness of the overall effort and the achievement of the Goals.

42. Many entities of the United Nations system have been working together to mainstream a disability perspective in their policy frameworks and programming. The United Nations Inter-Agency Support Group (IASG) for the Convention was established in December 2007, at the request of the United Nations System Chief Executives Board on Coordination. The IASG works to ensure that the programmes and policies of the United Nations system are inclusive of persons with disabilities. To this end, IASG has drawn up a joint statement of commitment and is finalizing a draft common strategy and action plan that will constitute the basis for the concerted and coordinated work of the United Nations system related to persons with disabilities. The work of the IASG focuses on policies, programmes, capacity-building, research and access to knowledge and accessibility, as well as in supporting the work of the Committee on the Convention on the Rights of Persons with Disabilities.

43. As governments strive to build capacity and create policy frameworks that are consistent with meeting the MDGs, United Nations Country Teams (UNCTs) are often invited to provide support. The United Nations Development Group (UNDG) task team on disability – the core group of DESA, OHCHR and ILO—are working with the United Nations Development Operations Coordination Office (DOCO) to develop guidelines on disability for UNCTs. Below are examples of how United Nations entities work to further the realization of the MDGs for persons with disabilities.

**Poverty**

44. ILO has undertaken a range of knowledge development, advocacy, capacity-building and technical cooperation initiatives to promote the “Decent Work for People with Disabilities” agenda. Its project “Promoting the Employability and Employment of Persons with Disabilities
through Effective Legislation” supports the review and reform of disability-related training on employment laws and policies and their effective implementation in selected countries of East and Southern Africa, Asia and the Pacific.

**Education**

45. UNESCO has undertaken a series of activities to promote the Education for All agenda and issued a series of “Policy Guidelines for Inclusion in Education” at its International Conference on Education which was devoted to “Inclusion: the Way of the Future”. UNESCO also produced a DVD entitled “A World for Inclusion: Ensuring Education for All through the UN Disability Convention”, which used footage from Finland, Kenya and Turkey to address the situation of children with disabilities worldwide and the importance of getting them into school.

46. As an integral part of the Child-Friendly School Initiative, UNICEF offers other UN agencies and partners an opportunity to further support country efforts to achieve Education for All and the MDGs. UNICEF also supports the integration of equity and inclusion issues in the development, revision and appraisal of education sector plans, with a special focus on the most disadvantaged children in society, including children with disabilities. The support methodology is currently being piloted in the Kyrgyz Republic, Lesotho and Malawi.

47. UNHCR is developing a strategy to address the educational needs of refugee children and adolescents with disabilities in collaboration with civil society organizations.

**Gender equality**

48. DESA and UNFPA, in collaboration with the Wellesley Centers for Women, published "Disability Rights, Gender, and Development: A Resource Tool for Action". The publication is based on a training programme developed for DESA. Further efforts include the recently released report by UNDP “Pacific Sisters with Disabilities: At the Intersection of Discrimination”. The report aims to identify the issues and challenges faced by women and girls with disabilities in the Asia and Pacific Region and to analyze social and economic factors impacting their human rights.

49. UNFPA's Strategic Plan 2008-2011 provides guidance to UNFPA staff to ensure that persons with disabilities participate in the design, implementation, monitoring and evaluation of

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culturally- and gender-sensitive policies and programmes. In the Asia and Pacific Region, UNFPA supports initiatives for women with temporary or permanent disabilities resulting from gender-based violence. In Swaziland, UNFPA provides support to training gender-based violence counselors and educators to provide services to persons with hearing and speech disabilities.

**Infant health**

50. In Croatia, UNICEF is carrying out a public campaign “First three are even more important”, to raise awareness of the need for early interventions and access to community based support services for children with disabilities. The campaign is part of a wider project “Rights, Difficulties and Opportunities of Children with Disabilities and their Parents”, whereby UNICEF is working with hospital maternity wards and pediatricians to increase their sensitivity when working with parents and newborn babies, as well as children with disabilities to provide them with accurate information, and support planning and implementation of community based services.

51. In cooperation with UNICEF, WHO is in the process of developing a manual for healthcare providers working with children with disabilities (0-6 years) who experience participation restrictions as a result of their disability. WHO is also developing a roadmap for enhancing the development of children who may experience developmental delays and associated disabilities. The roadmap focuses on the needs of countries with minimal resources and addresses nutritional, medical, psychological and social risks of children experiencing developmental delay, including possible interventions.

**Maternal health**

52. WHO has been promoting maternal health of women with disabilities within the framework of Community-Based Rehabilitation (CBR). It has also produced a global review of the literature on the mental health aspects of women’s reproductive health to help meet the mental health needs of women during their sexual and reproductive lives.\(^{29}\) UNFPA is currently working with WHO to finalize a guidance note intended to help United Nations country offices and development partners promote inclusion of persons with disabilities into policies and programmes.

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\(^{29}\) Mental health aspects of women’s reproductive health: A global review of the literature, World Health Organization 2009
on a broad array of issues on sexual and reproductive health, including family planning, maternal health, HIV prevention and the fight against gender-based violence. In Bangladesh and Nepal, UNFPA has supported efforts to treat women who suffer from pregnancy-related disabilities, such as obstetric fistula and uterine prolapse.

HIV/AIDS

53. UNAIDS, WHO and OHCHR have developed a policy brief on Disability and HIV, which explores this often neglected intersection and makes policy recommendations. The brief discusses actions that need to be taken so that persons with disabilities have access to inclusive HIV services that are tailored to their diverse needs, and are also equal to the services available to others in the community.

3. Non-governmental Organizations

54. Among the various initiatives undertaken by non-governmental organizations (NGOs), two stand out:

55. (i) International Disability and Development Consortium (IDDC) launched a website with support from the UN Millennium Campaign, providing information on disability and the MDGs;\(^{30}\) (ii) Inclusion International developed its own set of development goals based upon the MDGs: “Inclusion International’s MDGs: Vision and Targets for 2015”.\(^{31}\) These goals are similar to the UN MDGs but are directed towards persons with disabilities and their families. Inclusion International also provides information about poverty reduction efforts directed at persons with disabilities and inclusive education.\(^{32}\)

III. Conclusion and recommendations

56. While there has been general progress towards the achievement of the Millennium Development Goals, it is difficult to assess if and how much persons with disabilities have

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\(^{30}\) www.IncludeEverybody.org


\(^{32}\) www.inclusion-international.org/en/
benefited. This reflects two basic facts. One is that available data show that MDG-related policies and programmes have not fully addressed or specifically included disability and persons with disabilities. The other is the difficulties, both conceptual and practical, in obtaining sufficient and appropriate data on the situation of persons with disabilities. At the same time, while the data are limited, the information that does exist indicates that, in general, persons with disabilities are much worse off than the rest of the population.

57. The MDGs were adopted at the Millennium Summit in the year 2000, six years before the adoption of the Convention on the Rights of Persons with Disabilities by the General Assembly in 2006. The entry into force of the Convention provides an opportunity to invigorate this overlooked issue and aspect of development. The MDG policies and implementation can therefore be strengthened by the Convention’s normative standards and framework.

58. In particular, the Convention informs that the issue of accessibility for persons with disabilities is critical. This includes access to the physical environment and infrastructure, information and social services, particularly education and health care, as well as all participatory processes. Therefore, a logical step in both the development process and in advancing the rights of persons with disabilities in economic and social development is that the issue of accessibility should permeate all policies and activities in realizing the MDGs for persons with disabilities.

59. International cooperation and the implementation of MDG 8, a global partnership for development, is crucial for the realization of the MDGs for all, particularly for persons with disabilities. Cooperation efforts must ensure, in all MDG policies and implementation, access to and participation of persons with disabilities as both agents and beneficiaries of development. Accessibility is crucial to their participation as well as to benefiting from development, and in this regard, there is a great opportunity for international cooperation to have a strong and effective impact. Recently, in response to the adoption and ratification of the Convention, there have been several initiatives to integrate persons with disabilities into international cooperation at both the bilateral and multilateral levels. Cooperation with the private sector is also important to make available the benefits of new technologies, especially

accessible information and communications technologies for all, for persons with
disabilities.

60. In light of the above, the General Assembly may wish to consider the following:

(i) Governments are encouraged to develop and accelerate exchanges of
information, experiences and practices regarding the situation of persons with disabilities
and policy approaches to particular disability issues, particularly as they relate to
accessibility. These exchanges may be particularly productive at the regional level, where
countries may have similar socio-economic or cultural backgrounds with regard to the
situations relating to persons with disabilities;

(ii) Emphasize that participation of persons with disabilities at all levels of policy
making and development is critical to informing policy makers of the situation of persons
with disabilities, the barriers they may face and ways to overcome obstacles to the full
enjoyment of their rights, to the achievement of the MDGs for persons with disabilities and
for their socio-economic advancement.

(iii) Governments are encouraged to use the current 2010 census round, in which
country population censuses will be conducted within the next three to five years, to fill some
of the information and data gaps regarding the living conditions for persons with
disabilities;

(iv) Recognizing that censuses take time and often may not include sufficient detail
regarding persons with disabilities, Governments are urged to carry out surveys on the
situation of persons with disabilities with respect to the MDGs and specific disability-related
barriers preventing their attainment.