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Inclusive development for and with persons with disabilities

Report of the Secretary-General

Summary

In response to General Assembly resolution 75/154, the present report addresses the situation of persons with disabilities and inclusive development, including in the context of the ongoing efforts by the international community to advance disability inclusion in the recovery from the coronavirus disease (COVID-19) pandemic and to build back better toward an inclusive, accessible and sustainable world. Building on the previous report (A/75/187), the present report provides a summary of available information on such efforts and initiatives by Member States, United Nations entities and civil society organizations, as well as other relevant stakeholders. It concludes with recommendations for action to further promote the inclusion of persons with disabilities, in line with the 2030 Agenda for Sustainable Development and the Convention on the Rights of Persons with Disabilities.

* A/77/150.
I. Introduction

1. The General Assembly, in its resolution 75/154, reaffirmed its commitment to the realization of the Sustainable Development Goals for and with persons with disabilities, in alignment with the Convention on the Rights of Persons with Disabilities, recognizing the progress made and the remaining challenges to integrating the rights, participation, perspectives and needs of persons with disabilities into development policies and programmes, in particular into the implementation of the 2030 Agenda for Sustainable Development.

2. The unprecedented crisis triggered by the coronavirus disease (COVID-19) pandemic has offset progress in disability-inclusive development and has highlighted the depth of the marginalization that persons with disabilities face even today. The global recession stemming from the pandemic has also exacerbated poverty for populations with vulnerabilities, including persons with disabilities. In addition, it has augmented or created new barriers to gaining access to employment, social protection, education, health care, information and communications technology (ICT) and assistive technology. Furthermore, recent humanitarian emergencies have demonstrated that the needs and perspectives of persons with disabilities remain largely overlooked in terms of preparedness for and response to armed conflict, natural disasters and other humanitarian situations.

3. However, the current process to build back better presents opportunities to set new norms, standards and guidelines, forge partnerships and strengthen institutions to build safeguards against the devastating impact of current and future crises.

4. The 2030 Agenda for Sustainable Development constitutes a global development agenda for inclusive, equitable and sustainable development and pledges to leave no one behind, including persons with disabilities. Reaching the 17 Sustainable Development Goals requires accelerated actions in the light of the COVID-19 pandemic and efforts to build back better toward a more inclusive, accessible and sustainable post-COVID-19 world.

5. The outcome document of the High-level Meeting on the realization of the Millennium Development Goals, entitled “The way forward, a disability-inclusive development agenda towards 2015 and beyond”, underlined the need for urgent action by all stakeholders towards more ambitious disability-inclusive national development strategies and disability-targeted measures, backed by increased international cooperation and support, in line with the Convention on the Rights of Persons with Disabilities. It has served to place disability at the heart of the global agenda and identified persons with disabilities and their representative organizations as essential partners in integrating the disability perspective and analytical lens in inclusive global development, including the Millennium Development Goals framework and their inclusion in the 2030 Agenda for Sustainable Development.

6. The report of the Secretary-General entitled “Our Common Agenda” put forth 12 key proposals, including on leaving no one behind, protecting our planet, promoting peace and preventing conflicts, improving digital cooperation, building trust and boosting partnerships and placing women and girls at the centre of efforts to realize the Sustainable Development Goals by 2030, while directing COVID-19 response and recovery toward our global goals.

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1 A/68/95.
2 See www.un.org/en/content/common-agenda-report/.
II. Situation of persons with disabilities in the context of the COVID-19 pandemic

A. Poverty eradication and hunger alleviation

7. Globally, persons with disabilities are more likely to live in poverty, be unemployed, work in the informal sector or in precarious employment and be deprived of labour rights, decent working conditions, and social protection. Very few countries publish official statistics on hunger and poverty disaggregated by disability. However, there is increasing evidence that persons with disabilities and their households are more likely to experience hunger and poverty given that persons with disabilities frequently experience lower earnings and extra expenses associated with health care, transportation, personal assistance, housing modifications and more. 3

8. Persons with disabilities make up a larger proportion of adults in poverty, ranging from 44 to 57 per cent, depending on their functional difficulty. 4 In some countries, the proportion of persons with disabilities living in poverty is double that of persons without disabilities. This proportion is higher for women who reside in rural areas, middle-aged women and women with difficulties in hearing and communicating. Disproportionately lower educational attainment, sanitation and standard of living indicators drive this result.

9. Furthermore, evidence from 51 countries suggests that the risk of food insecurity is disproportionately larger for persons with disabilities. 5

10. The COVID-19 pandemic has led to an increase in household food insecurity and poverty. 6 The World Food Programme predicted that the number of acutely food-insecure people in low- and middle-income countries would nearly double from 2019 to 2020. 7 The World Bank estimates that the pandemic caused 100 million people to fall back into extreme poverty. 8

11. However, it is difficult to assess the impact of COVID-19-induced poverty and food insecurity on persons with disabilities owing to a lack of recent official statistics. Some evidence from studies in several countries points to the greater vulnerability of persons with disabilities to food insecurity and poverty during the pandemic. In Sri Lanka, a qualitative study points to a worsening economic situation for persons with visual disabilities. 9 In the United Kingdom of Great Britain and Northern Ireland, people with disabilities were more likely than their peers without disabilities to report higher levels of financial stress during the first three months of the

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4 Ibid.
COVID-19 shutdown.\textsuperscript{10} For persons with disabilities in the United States of America, the percentage of working-age people who experienced food security fell by six percentage points between March and September 2020 (59 to 53 per cent).\textsuperscript{11} Persons with disabilities are often not involved in the design and planning of poverty alleviation measures, and many such measures are designed without considering accessibility and the perspectives of persons with disabilities.\textsuperscript{12}

12. Member States have implemented immediate measures to bring about relief and improve the socioeconomic lives of persons with disabilities, and some such measures have already proven their effectiveness. To expand accessibility programmes and services for persons with disabilities, Member States have been working to create inclusive cities and communities.

B. Inclusive employment and decent work

13. Despite the lack of internationally comparable official statistics on persons with disabilities in work and business, sufficient evidence reveals the existence of gaps that impede the realization of the right to work for persons with disabilities. These include a lack of accessible environments and information, shortcomings in disability inclusion policy, inadequate employer capacity and stigma.

14. Prior to the COVID-19 pandemic, there had been consistent evidence across countries that persons with disabilities were less likely to be employed. According to data from 91 countries and territories gathered in 2017, only 36 per cent of working-age persons with disabilities were employed, compared with 60 per cent of persons without disabilities.\textsuperscript{13} Persons with disabilities are also more likely to do informal work\textsuperscript{14} and more likely to earn less than their counterparts without disabilities. Women and girls, persons with intellectual and psychosocial disability and older people all face greater barriers to full employment. In Northern Africa and Western Asia, women with disabilities are five times less likely to be employed than men without disabilities, and in Europe they are two times less likely.\textsuperscript{15} Persons with intellectual and psychosocial disabilities face increased stigma and discrimination; lack appropriate capacity building and job-oriented transition support and have difficulty retaining positions due to periods of forced hospitalization or institutionalization. Furthermore, persons over the age of 60 with a disability are less than half as likely to work than their peers without disabilities.\textsuperscript{16}

15. The COVID-19 pandemic and the global recession have led to a decline in working hours for those who continued to work and a rise in job losses, reflected in increased unemployment and inactivity rates. According to estimates, global labour income declined by 8.3 per cent in 2020, which amounts to $3.7 trillion, or 4.4 per cent of the world’s gross domestic product.\textsuperscript{17}


\textsuperscript{12} United Nations, \textit{Disability and development report}.

\textsuperscript{13} Ibid.

\textsuperscript{14} Mitra and Yap, “The Disability Data Report”.

\textsuperscript{15} United Nations, \textit{Disability and development report}.


16. During crisis and recovery periods, persons with disabilities are significantly affected by labour market contractions. Evidence from the recession of 2007 to 2008 indicates that persons with disabilities were more likely to lose their jobs in the United States, and the number of persons with disabilities in employment decreased more than that of persons without disabilities. Workers with disabilities in the United Kingdom were disproportionately affected by recession-induced changes to workload, work structure organization, salaries and access to training. One study found that an estimated 40 per cent of persons with disabilities in a Latin American country had lost their jobs after the start of the COVID-19-related quarantine, with significant impacts on household incomes, despite a dearth of specific data on the effects of the COVID-19 pandemic on the employment of persons with disabilities. In addition, a United Kingdom survey showed that respondents with disabilities were more likely to be working fewer hours than those without disabilities during the three months of the COVID-19 lockdown. Furthermore, research conducted in 2020 in 37 nations found that 83 per cent of parents and caregivers of children with disabilities had lost more than half of their income since the onset of the COVID-19 pandemic, compared with 66 per cent of those without disabilities.

17. Although the evidence so far covers few countries or only particular subsets of persons with disabilities, it is reasonable to expect that persons with disabilities, overall and globally, have been disproportionately hit by the labour market crisis associated with the COVID-19 pandemic. Furthermore, despite hopes for a strong economic recovery in 2021 and 2022 with the roll-out of the COVID-19 vaccine, the data on its precise impact is still unclear, and there is still a great deal of uncertainty regarding the global economy.

18. Women and girls with disabilities have been more greatly affected by income losses during the COVID-19 pandemic than men with disabilities. While similar proportions of men and women with disabilities reported income losses (81 per cent compared with 78 per cent, respectively), in terms of the loss of all or most of income, women with disabilities were much more affected: 69 per cent of female parents/caregivers with disabilities lost all or most of their income, compared with 55 per cent of male parents/caregivers with disabilities. The increase in demand for care work in the context of the pandemic has deepened existing inequalities in the gender division of labour. Targeted interventions are needed to close this gender gap.

19. In a positive development, COVID-19 gave an opportunity to many employers to rethink their workplace and make it more inclusive. In a survey conducted by the International Labour Organization (ILO) in May and June 2022 among businesses around the world that are committed to disability inclusion, 70 per cent of the businesses reported making changes to business operations or service delivery that

20 Kaye et al “Why don’t employers”.
24 Ibid.
were inclusive of persons with disabilities, and 37 per cent of them consulted organizations of and for persons with disabilities on their COVID-19 responses. Among businesses that received public funds to mitigate the impact of COVID-19 on their companies, 63 per cent used the funds to safeguard the employment of persons with disabilities, for example through subsidies for workplace adjustments and wage subsidies. Despite these opportunities, the businesses still reported challenges to maintaining their commitment to disability inclusion. In particular, 32 per cent reported that more capacity in providing workplace adjustments for inclusive remote work was needed.

C. Social protection and services

20. Due to heightened levels of poverty and unemployment, persons with disabilities have significant needs for support that remain unmet by inadequate or inaccessible social protection systems. In 2019, only 27.8 per cent of persons with severe disabilities worldwide received a disability benefit. In high-income countries, where formal support services are available, such support is often insufficient. For example, in the United States, over 700,000 persons with disabilities wait an average of 30 months on waiting lists for long-term services and support provided through State-funded health insurance. Access to social protection programmes, even disability-targeted ones, has been shown to be restricted by a variety of barriers, such as not knowing how to apply, absence of documentation, accessibility of grant offices, lack of clarity in the disability evaluation process and prejudice by staff at grant offices towards certain disabilities, in particular persons with psychosocial disabilities. In low- and middle-income countries, this support, if provided, is often within the context of community-based rehabilitation.

21. Persons with disabilities who cannot gain access to support services are at an increased risk of poverty, experiencing violence and neglect and being deprived of legal capacity. In the absence of government aid, families are expected to be the main, if not only, source of support. This has significant implications for the socioeconomic status of the family, as both the person with a disability and the family members, usually women, are forced to forgo education and employment opportunities.

22. In addition, many persons with disabilities with needs for support are isolated in institutional care institutions, including two million children worldwide and those with mental health conditions in 60 countries. Over the past two decades, the United

Nations, the World Health Organization (WHO), Human Rights Watch, Disability Rights International and other civil society organizations have documented significant human rights abuses in these institutions.

23. A large proportion of households with persons with disabilities have also lost their usual cash transfers or remittance flows since the start of the COVID-19 pandemic, including those from the Government, friends or family. For example, in 2020, 49 per cent of parents/caregivers with disabilities from households that had received government benefits and social safety nets before COVID-19 reported the household had lost them since COVID-19, compared with 31 per cent of parents/caregivers without disabilities. However, several countries implemented interventions to address the economic impacts of COVID-19 explicitly targeted towards persons with disabilities. For example, in South Africa, the cash amount of disability benefits increased during the pandemic.

24. Support measures in response to COVID-19 need to go beyond workers who hold formal sector jobs and include informal, part-time and seasonal workers, most of whom are women. As 80-90 per cent of persons with disabilities live in the informal economy, formalizing will have a great impact on this population.

D. Inclusive education and distance learning

25. A significant contributor to disproportionate poverty among persons with disabilities is a lack of access to education. Although the data on out-of-school children remains imprecise, a 2020 estimate suggests that children with disabilities make up one-third, or around 19 million, of the 58 million out-of-school children at the primary level. Exclusion becomes even more severe at higher levels of education. While there is a lack of firm estimates in recent high-level reports owing to inconsistent data, multiple sources indicate that between one quarter and one half of children with a disability are not in school, compared with just 13 per cent of their peers without disabilities. These children face multiple barriers to accessible education, including prejudice and discrimination against those with disabilities, a lack of qualified teachers to accommodate the needs of learners with disabilities and the inaccessibility of school facilities and educational materials.

26. In most countries, women with disabilities tend to be worse off in terms of educational outcomes compared with women without disabilities. For example, depending on their functional difficulty, the proportion of women with disabilities with less than a primary-school education ranges from 35 to 44 per cent.

27. Attendance gaps are only the first step in measuring the impact of disability or other characteristics on education. There is also a lack of access to information, ______

34 Human Rights Watch, Living in Chains.
35 Save the Children, “The hidden impact of COVID-19”.
inclusive education, job-oriented vocational skills training and school-to-work transition support for young people with disabilities.

28. The limited available data shows that children with disabilities have poorer learning outcomes than their peers without disabilities. Children with disabilities are less likely to achieve age-appropriate skills in reading than their peers without disabilities. However, being in school does have a positive impact on children with disabilities’ learning and, one could argue, well-being, and they are more likely to stay enrolled when provided with a meaningful, quality, relevant education.

29. Prior to the pandemic, some countries were making progress toward developing inclusive education systems, but significant challenges persist. These include different understandings of the word “inclusion”, a lack of teacher support, an absence of data on those excluded from education, inappropriate infrastructure, the persistence of parallel systems and special schools, a lack of political will and community support, untargeted finance, and uncoordinated governance. Furthermore, hunger and poverty may make it difficult for some children to stay in school.

30. The COVID-19 pandemic has magnified educational inequalities owing to the disproportionate impacts of school closures on learners with disabilities and the challenges posed by distance learning. In a study in developing countries, 17 per cent of respondents with disabilities who were in education before the pandemic reported dropping out during the pandemic. The long interruption in schooling has had significant consequences for all children’s learning, development and well-being, but school closures have had a greater impact on children with disabilities.

31. Four out of five countries have implemented distance-learning alternatives in order to maintain learning. However, many students with disabilities were unable to take advantage of these opportunities. In 2020, a higher proportion of children with disabilities (71 per cent) reported needing but not having home schooling/learning materials compared with children without disabilities (51 per cent); 60 per cent of children with disabilities reported needing but not having someone to help them with learning, compared with 36 per cent of children without disabilities. Furthermore, 60 per cent of national programmes rely exclusively on online platforms, yet while the share of students with no access to the Internet at home is less than 15 per cent in Western Europe and North America, it is as high as 80 per cent in sub-Saharan Africa, and learners with disabilities are more likely to live in low-income households. To offset this challenge, 29 countries combined online platforms with television and radio to increase their reach to students without Internet access, and another 28 countries relied exclusively on television and radio for distance learning.

32. Distance learning poses challenges for children with disabilities beyond accessibility. Schools offer structure and routine, peer group contact, friendships, support and safety. By increasing social isolation, the pandemic increased the risk of

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43. Save the Children, “The hidden impact of COVID-19”.


marginalized students disengaging further from education and leaving school early. Moreover, students with disabilities were cut off from other important services that had been provided by the school prior to the pandemic, such as health, nutrition, psychosocial support and rehabilitative care.

33. Girls with disabilities had additional challenges in gaining access to learning during the COVID-19 pandemic. For girls with disabilities attending school, 14 per cent reported learning nothing at all during the COVID-19 pandemic, compared with 10 per cent of boys with disabilities. In total, 11 per cent of girls with disabilities indicated that having paid work to do was an obstacle to learning; only 1 per cent of boys with disabilities reported this obstacle.43 Three per cent of girls with disabilities did not expect to return to school after COVID-19, while only 1 per cent of boys with disabilities expected that.47

34. The COVID-19 pandemic accelerated the adoption of digital technologies to deliver education to students with disabilities. In Ethiopia, the organization SENTigraY is using solar-powered MegaVoice devices to give students who are blind access to textbooks and additional learning and reading materials.48 Governments are providing educational content in HTML and e-pub formats. In France, school special needs coordinators, medical professionals and social care staff established communication with students with disabilities to ensure that each student had the appropriate adaptive technology and learning resources.49 Some countries, like Fiji, have involved persons with disabilities and their organizations in developing regular assessments of educational inclusion.50 Globally, data on the participation of persons with disabilities and their organizations in the design and planning of inclusive education processes is lacking.

E. Health-care services

35. Before the COVID-19 pandemic, persons with disabilities had poorer health outcomes than persons without disabilities on average. Moreover, some persons with disabilities may have greater specific health care-related needs than the average for the general population.51 However, they are also four times more likely to be treated poorly while receiving medical services and three times more likely to be wholly denied service.52 The disability gap in health care access and quality is due to various factors, including unaffordability and inaccessibility. In addition, some health facilities employ discriminatory triaging practices. For instance, in a review of triage policies for intensive-care units in 14 European countries in 2020, in more than half of the countries, triage protocols recommended the consideration of functional status or frailty assessments, terms which can lead to unequal medical treatment. These barriers are heightened for women with disabilities, who are three times more likely

46. Save the Children, “The hidden impact of COVID-19”.
50. S. Duryea et al, “We the people, the inclusion of persons with disabilities in Latin America and the Caribbean” (Inter-American Development Bank, 2019), p. 45.
51. WHO and World Bank, World Report on Disability, p. 64.
52. A. Cieza et al, “Disability and COVID-19”.
53. UN-Women (2020). “Meeting basic needs”.
to have unmet health-care needs than women without disabilities.\textsuperscript{54} The pandemic placed pressure on national health services, to which persons with disabilities were particularly vulnerable.

36. Furthermore, persons with disabilities have been at a greater risk of death due to COVID-19 than the average for the general population. In a nationwide study in the Republic of Korea in the early phase of the pandemic, the chance of dying once infected with COVID-19 was 16 per cent for persons with severe or moderate disabilities, 11 per cent for persons with mild disabilities and 2 per cent for persons without disabilities.\textsuperscript{55} In England, in the first months of the pandemic, persons with learning disabilities were four to six times more likely to die from COVID-19 than others.\textsuperscript{56} This higher death rate affected young persons with intellectual disabilities, aged 18 to 34, who were 30 times more likely to die from COVID-19 than others in the same age group. The higher mortality rates may be linked to various risks and barriers experienced by persons with disabilities during the COVID-19 pandemic,\textsuperscript{57} including a lack of accessible public health information and a lack of access to personal protective equipment. Despite higher mortality rates, persons with disabilities were often not prioritized in the early stages of national vaccination campaigns. For example, in Latin America and the Caribbean, only 28 per cent of countries prioritized persons with disabilities.\textsuperscript{58}

37. Measures to control the COVID-19 outbreak – such as community lockdowns – without considering the needs of persons with disabilities may have caused the reduction of essential health-care services, social care and support services for persons with disabilities. Due to interruptions in health and social care, about 70 per cent of persons with autism in Europe who had support services prior to the pandemic saw their usual support services stopped owing to COVID-19 and were left without daily support.\textsuperscript{59} Regarding critical health-care services, worldwide, more parents/caregivers with disabilities than those without reported needing and not having access to COVID-19 testing (41 per cent compared with 28 per cent), medicine (40 per cent compared with 32 per cent) and access to in-person health care (34 per cent compared with 22 per cent).\textsuperscript{60} Many persons with disabilities could not afford essential items and services needed to stay healthy during the pandemic.\textsuperscript{61} COVID-19 testing, as well as many COVID-19 outpatient and inpatient services, including online health services, were and remain inaccessible to many persons with disabilities.\textsuperscript{62} This lack of access to health services and support may have deteriorated the health of persons with disabilities during the pandemic and made them more vulnerable to death when infected by COVID-19.

\textsuperscript{54} United Nations, \textit{Disability and development report}.
\textsuperscript{57} A. Cieza et al, “Disability and COVID-19”.
\textsuperscript{60} Save the Children, “The hidden impact of COVID-19”.
\textsuperscript{61} International Disability Alliance, “IDA survey on the experiences of persons with disabilities adapting to the COVID-19 global pandemic” (2021).
\textsuperscript{62} Public Health England, “Deaths of people”.
38. Barriers to gaining access to information concerning sexual and reproductive health and services for women and girls with disabilities increased during the COVID-19 pandemic.\(^{63}\) Health clinics closed in local communities, and a lack of accessible and affordable transportation meant that women and girls with disabilities could not travel to other communities to receive sexual and reproductive health services. Even when they were able to gain access to the services, women and girls with disabilities who required assistance from sign language interpreters or other assistants to gain access to such services were no longer allowed to bring those individuals with them due to social distancing rules. In addition, as many women and girls with disabilities lost their jobs and income during the pandemic, their ability to afford and fully exercise their sexual and reproductive health rights was affected. This lack of access to sexual and reproductive health services has been detrimental to the health of women and girls with disabilities and, in extreme emergency cases, put their lives at risk.

39. The mental health and psychosocial well-being of persons with disabilities has also been affected by the COVID-19 pandemic. In 2020, a total of 82 per cent of parents/caregivers with disabilities reported reduced psychosocial well-being since the start of the pandemic.\(^{64}\) Among persons with disabilities who sought mental health support during the pandemic, 33 per cent said the support was not accessible to them.\(^{65}\)

40. The impact of COVID-19 on social interaction and play among children with disabilities, as well as other pandemic stressors, affected the mental health and psychosocial well-being of children with disabilities: 69 per cent of parents/caregivers observed increases in signs of distress at a higher rate among their children with disabilities, compared with 47 per cent of parents/caregivers of children without disabilities.\(^{66}\) Children with disabilities reported playing less, sleeping less, doing more chores and caring more for siblings/others since the beginning of the pandemic. They were less likely to be able to interact socially with their friends during the pandemic. In 2020, only 29 per cent of parents/caregivers of children with disabilities reported that their child could stay in touch with friends during the pandemic, compared with 45 per cent of parents/caregivers of children without disabilities.\(^{67}\)

41. During the pandemic, some Member States launched the provision of targeted programmes for persons with disabilities by identifying and addressing barriers, and mainstreamed disability across ministries in their pandemic response by creating a disability advisory group.

**F. Access to assistive technology and information and communications technology**

42. Access to assistive technology and ICT affects the activities and autonomy of persons with disabilities. Assistive technology, especially hearing aids, prostheses, eyeglasses and wheelchairs, can have enormous positive effects in promoting more equitable outcomes for persons with disabilities. The availability of affordable,


\(^{64}\) Save the Children, “The hidden impact of COVID-19”.

\(^{65}\) A. Cieza et al, “Disability and COVID-19”.

\(^{66}\) Save the Children, “The hidden impact of COVID-19”.

\(^{67}\) A. Cieza et al, “Disability and COVID-19”.
accessible ICT has the potential to level the playing field for persons with disabilities across life domains, offering multiple communication and service delivery channels.

43. During the COVID-19 pandemic, access to ICT, including the Internet, wireless networks, computers and smartphones, has become increasingly important. Schools have turned to remote learning; health-care providers have delivered services through telemedicine; workplaces have moved to telework; consumers and businesses have bought and sold through e-commerce; families have stayed connected via online communication; and ICT has provided information about health and safety. Furthermore, information on the programmes and services to address violence against women and girls should be available and accessible to — and inclusive of — women with disabilities.

44. When comparing pre- and post-COVID-19 access, a study conducted in 2020 and 2021 among persons with disabilities in 24 countries around the world found a decrease in access to needed assistive technology.⁶⁸ The negative impact on access to assistive technology was already felt early in the pandemic. In a study in March and April 2020, 32 per cent of persons with disabilities indicated that the pandemic had decreased their access to personal assistance, wheelchair replacement and repair, and accessibility services such as sign language interpretation.⁶⁹

45. Some Member States are developing tools and resources for learners with disabilities and their parents. This requires enhancing accessibility features, such as audio narration, sign language video and simplified text, as well as the provision of assistive devices and reasonable accommodation. Information regarding the involvement of persons with disabilities in the design of ICT is missing, and more efforts will be needed to obtain this information from the private sector.

G. Humanitarian situations

46. Persons with disabilities are particularly vulnerable and overlooked during armed conflict, natural disasters and extreme climate events. Persons with disabilities face multiple barriers to safe movement, including the absence of assistive devices; they are more likely to be left behind or abandoned during displacement; and they can be among the first to be targeted during attacks on villages by non-State armed groups.⁷⁰ In addition, women and girls with disabilities who are migrants, refugees or from ethnic minorities endure additional threats of gender-based violence and additional barriers to gaining access to essential services in emergency situations.

47. Barriers to the full participation of persons with disabilities in society before emergencies, including their exclusion from participation in disaster risk reduction, climate change and natural disaster response preparedness, and planning and delivery of humanitarian support and assistance, lead to the invisibility of persons with disabilities in their endeavours to flee violence and disasters. Stigmatization and discrimination toward persons with disabilities are often exacerbated by humanitarian emergencies. The heightened risks faced by persons with disabilities are widely acknowledged but not adequately addressed. Moreover, conflict and disasters contribute to disabilities, including psychosocial disabilities, a factor that needs to be considered in planning for disability-inclusive humanitarian emergency responses.

⁶⁹ UN-Women, “Meeting basic needs for women and girls with disabilities during COVID-19” (2020).
The international community has taken joint steps to advance the implementation of the Sendai Framework for Disaster Risk Reduction 2015–2030, including the development of practical applications for the continuum of humanitarian emergencies.

48. Many Member States have made a security plan for persons with disabilities to tackle emergencies and disaster situations in line with the Sendai Framework and the Convention on the Rights of Persons with Disabilities. Barbados, Ecuador, El Salvador, Guatemala, Jamaica and Panama planned to collaborate with civil society organizations to design disaster responses and create a shared institutional protocol for emergency alerts involving persons with disabilities. Some Member States have collaborated with the private sector and international partners to establish a disaster information platform and strengthened international solidarity with different stakeholders.

H. Data, statistics, monitoring and evaluation

49. Countries that have built social protection systems with census data and registry-based data disaggregated by age, sex and disability are better able to provide universal allowance and support services for fast and targeted relief for systematic poverty, as well as in the event of humanitarian disasters. According to one review of disability population censuses and household surveys from 2009 to 2021 to identify persons with disabilities, only 21 per cent of data sets under review have disability questions that meet international standards of comparability, and only 10 per cent have questions from the internationally-tested and comparable Washington Group Short Set. Plus, there is an exclusion of older persons with disabilities from national and international social policies, brought about by a lack of sufficient age-disaggregated data on disability.

50. The COVID-19 pandemic has highlighted the lack of systematic data disaggregated by sex, age and disability. In addition, 80 per cent of censuses scheduled for 2020 and 2021 were postponed due to the pandemic. More data disaggregated by disability and other demographic factors is required to support disability-inclusive recovery. These are necessary for evidence-based impact assessments and to facilitate targeted and mainstreamed policies for persons with disabilities, including those facing multiple and intersecting forms of discrimination, like women and girls with disabilities.

III. Actions taken to realize inclusive development for and with persons with disabilities

51. The United Nations system have been taking action to address inequalities and the exclusion and promote disability inclusive development. This starts with efforts within the United Nations system itself. The implementation of the United Nations Disability Inclusion Strategy remained a top priority to the Secretary-General. Despite the COVID-19 pandemic, progress has continued in realizing the goals of the Strategy. From headquarters to the field, United Nations entities are increasingly

71 Mitra and Yap, “The Disability Data Report”.
72 Such international standards collect information on functional difficulties, e.g., difficulty seeing, hearing and walking.
73 Department of Economic and Social Affairs, Statistics Division, “Impact of COVID-19 on 2020 round of population and housing censuses” (2022). Available at: https://unstats.un.org/unsd/demographic-social/census/COVID-19/#:~:text=With%20the%20aim%20of%20continuously,
census%20in%20the%20year%202020.
integrating disability inclusion into strategic planning, consulting persons with disabilities and their representative organizations and assessing and addressing accessibility, including in procurement. The United Nations is starting to reap the benefits from the foundational actions undertaken since the launch of the Strategy in 2019.

52. The Department of Economic and Social Affairs has been leading the effort to promote the inclusion of persons with disabilities by serving as the secretariat for the Conference of States Parties to the Convention on the Rights of Persons with Disabilities. Due to the pandemic, the fourteenth session of the Conference of States Parties was held fully remotely. All meetings included sign language interpretation and closed captions, and all official documents were written in easy-to-read format. In 2022, as the meetings were convened in person, the fifteenth session was held in a hybrid format, allowing those who could not join to be present virtually. For those who were present physically, documents were also produced in braille, reasonable accommodation was provided to those who required it, and seating arrangements were made to accommodate all wheelchair users. As such, the Conference of States Parties provides a model for inclusive meetings within the United Nations.

53. The Department of Economic and Social Affairs also contributed to efforts for greater inclusion by supporting the production and sharing of knowledge. Last year, the Department and the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), with the support of the Inter-Agency Support Group on the Convention on the Rights of Persons with Disabilities, organized an expert group meeting on the theme “Participation and leadership of persons with disabilities in building a disability-inclusive, accessible and sustainable post-COVID-19 world.” The meeting resulted in practical recommendations to advance the participation and leadership of persons with disabilities, especially women and girls with disabilities, at all levels of COVID-19 recovery, and thus towards the further realization of the Convention on the Rights of Persons with Disabilities and the Sustainable Development Goals. The meeting also promoted greater dialogue among stakeholders, including persons with disabilities and their representative organizations, policymakers, United Nations system partners, experts and other disability community leaders.

54. With the support of the United Nations Partnership on the Rights of Persons with Disabilities, UN-Women produced the first-ever global toolkit and resource guide on intersectionality.74 Intersectionality is further reinforced when organizations with different mandates collaborate through partnerships. In 2021, UN-Women partnered with the United Nations Development Programme (UNDP) to develop a joint programme addressing stigma and discrimination against women with disabilities. Meanwhile, the Partnership supported a joint programme on disability-inclusive COVID-19 response with nine United Nations entities.75

55. United Nations entities further promote disability-inclusive development on the ground through their country operations. For instance, the number of UN-Women country offices reporting engagement related to the empowerment of women and girls with disabilities and disability inclusion increased from around 55 in 2019 to 67 in 2021. Similarly, the UNDP Country Programme Document template and guidance require that the outputs of such documents include “special emphasis to include target group-explicit indicators, as well as target group disaggregated indicators,” including

75 UN-Women, UNDP, Department of Economic and Social Affairs, UNFPA, UNESCO, WHO, ILO, OHCHR and UNICEF.
persons with disabilities. This leads to in-country progress on disability inclusion in a cross-sectoral approach.

56. ILO, in close collaboration with the United Nations Children’s Fund (UNICEF) and the International Disability Alliance, with funding provided by the United Nations Partnership on the Rights of Persons with Disabilities, has been working on strengthening disability-inclusive social protection systems. The International Telecommunications Union (ITU) and ILO have produced guidance on making online recruitment systems accessible to persons with disabilities. In Colombia, UN-Women supported 19 government entities on the systematic incorporation of gender and disability into humanitarian action. Similarly, in Bangladesh, the organization supported the production of disaster risk reduction action plans based on sex-, age- and disability-disaggregated data.

57. The Secretary-General’s Special Envoy on Disability and Accessibility produced a campaign on the theme “good treatment in schools: from children and adolescents with disabilities to their schoolmates” to promote inclusive, safe and violence-free educational environments for students with disabilities. The ILO Global Business and Disability Network launched a pilot initiative in five countries in Asia to provide digital skills training and to incentivize companies to provide job opportunities to the graduates of such training.

58. Since 2021, the Economic Commission for Latin America and the Caribbean has been working as technical secretary of the Buenos Aires group to promote the harmonization of disability measurement between countries, following standards set by the Washington Group on Disability Statistics. The United Nations Population Fund (UNFPA) promotes the inclusion of key questions in censuses, using Washington Group standards, contributing to disaggregated data on disability.

59. At the seventy-fourth World Health Assembly, WHO Member States passed resolution WHA74.8 on the highest attainable standard of health for persons with disabilities, which aims to make the health sector more inclusive by addressing the barriers faced by persons with disabilities. At the onset of the COVID-19 pandemic, WHO also published guidance on disability considerations to ensure disability inclusion in health care.

60. WHO and ITU collaborated to develop the global standard for accessibility of telehealth services to guide Governments in addressing accessibility barriers for persons with disabilities using telehealth services. UNFPA also produced guidelines to advise on the provision of sexual and reproductive health services for persons with disabilities, as well as its guidelines for providing rights-based and gender-responsive services to address gender-based violence and sexual and reproductive health and rights for women and young persons with disabilities.

A. Civil society and relevant networks

61. Organizations of persons with disabilities, women’s organizations and community-based groups of women and women with disabilities serve as indispensable agents and partners to local and national authorities. Together, they can ensure that the needs of women and girls and those with disabilities across their diversity are fully included in the planning, monitoring and evaluation of measures to prevent and build back from the pandemic. These organizations play an effective role in promoting gender- and disability-inclusive responses. They can provide practical advice on how to overcome these barriers at the national and local levels, as well as

76 See www.youtube.com/watch?v=vmnPPOtP9iU (available in Spanish only).
offer information to persons with disabilities on accessible prevention strategies and support, including on gender-based violence.

62. Most notably, the Global Disability Summit was held in February 2022 under the two themes: “Meaningful engagement of persons with disabilities through their representative organizations” and “Building back better and more inclusive after COVID-19.” Hosted by the International Disability Alliance and the Governments of Ghana and Norway, the Summit catalysed efforts towards building back better and together. Those efforts were expressed through the unprecedented 1,420 commitments by 190 stakeholders, including Governments, United Nations organizations, the private sector and civil society organizations. In order to ensure accountability, those commitments are published on the Summit’s website. By bringing together 7,000 participants from various organizations, the Summit also relied on global dialogue as a means to accelerate progress for quick and inclusive post-COVID-19 recovery.

63. Civil society organizations, including global federations of organizations of persons with disabilities, such as the International Disability Alliance, contribute markedly to the interfacing of dialogues at the global level with those at the regional and national levels, as well as project implementation, knowledge and policy support. The Alliance contributes to building capacities on the Convention on the Rights of Persons with Disabilities through the “Bridge CRPD-SDGs” training. It also directly implements projects on poverty dynamics, social protection and inclusion of persons with disabilities in humanitarian action, while also contributing to the realization of initiatives such as the disability-inclusive development programme, funded by United Kingdom Department for International Development and led by Sightsavers and Light for the World to support the greater inclusion of persons with disabilities through actions in the areas of education, human rights, economic empowerment and humanitarian action.

64. At the regional level, Disability Africa organizes playschemes for children with disabilities, thus training children through games but also bringing together parents and other community members to raise awareness and strengthen social cohesion. At the national level, organizations of persons with disabilities also contribute to their inclusion by raising awareness and fostering dialogue among all people.

B. Private sector and other stakeholders

65. Globally, the private sector is becoming increasingly aware of the importance of including persons with disabilities as members of their business communities, including both as clients and employees. Organizations such as Business Disability International promote the ethical as well as business and commercial arguments for private corporations to become more disability inclusive.

66. The Valuable 500 is a new initiative for disability inclusion in the private sector, through which 500 global businesses commit to advancing the inclusion of persons with disabilities across six pillars: senior management (the c-suite), culture, customers, reporting, representation and research. Together, those pillars allow the Valuable 500 to contribute to awareness-raising, data collection, strategy and innovation.

77 See www.internationaldisabilityalliance.org/content/bridge-crpd-sdgs-training-initiative.
78 www.thevaluable500.com/about/transformation-programme.
IV. Recommendations

68. Member States, the United Nations system, civil society and other stakeholders are encouraged to develop comprehensive strategies that address context-specific barriers to disability-inclusive development and:

(a) Ensure the inclusion of persons with disabilities and their rights, well-being and perspectives into national policies, laws, programmes and guidelines to recover from the COVID-19 pandemic and for the national, regional and global implementation of the 2030 Agenda for Sustainable Development;

(b) Bring persons with disabilities to the forefront of decision-making in the socioeconomic recovery from the COVID-19 pandemic, including specific support to persons with disabilities who own businesses or work as employees in the informal economy, and involving organizations of young people with disabilities;

(c) Support the private and public sectors in providing accessible environments and reasonable workplace adjustments, including accessible virtual meeting platforms and adjustments to allow persons with disabilities to work from home;

(d) Mainstream and expand disability-targeted social protection, as well as adapt delivery mechanisms to provide adequate relief and support to persons with disabilities and their families, including by increasing disability benefits in the light of the pandemic and conducting accessible, online campaigns to raise awareness of aid options;

(e) Ensure distance learning is accessible to, and inclusive of, students with all types of disabilities at every level of schooling, including by taking action to close the household-level technology gap, providing support to caregivers/parents of children with disabilities and addressing impacts that go beyond learning, such as providing children with disabilities with nutrition and health services and ensuring that return-to-school programmes are inclusive of children and young people with disabilities;

(f) Provide accessible public health, education and work-related communication on how to build back better from COVID-19, including on telework arrangements, including with sign language, subtitles and accessible websites;

(g) Advance universal health coverage effectively to protect the health of populations and address health emergencies, recognizing that persons with disabilities continue to be excluded from health-care and other services;

(h) Take measures to ensure affordable Internet access for persons with disabilities and to include their representative organizations as an integral part of policymaking, implementation and monitoring and evaluation at every stage of ICT development, including with regard to telehealth, distance learning and remote work;

(i) Ensure the inclusion of persons with disabilities in humanitarian actions, including the prioritization of persons with disabilities for refugee protection, rehabilitation and access to social services for victims of conflicts, natural disasters and other crisis situations;

(j) At the global, regional and national levels, systematically collect qualitative and quantitative data on the situation of persons with disabilities in administrative data systems to support the development and implementation of
disability-inclusive policies and programmes, including through censuses and surveys to produce statistics disaggregated by disability, sex and age and by collecting information on COVID-19 cases for persons with disabilities;

(k) Ensure the representation and effective participation of women with disabilities in their diversity at all levels in all areas of life, including in national coordination mechanisms and networks on disability inclusion and rights, gender equality and the empowerment of women and girls;

(l) Strengthen multi-stakeholder partnerships to achieve the 2030 Agenda for Sustainable Development for and with persons with disabilities.