

High-level Political Forum 2017

Submission Paper by the Stakeholder Group of Persons with Disabilities

Eradicating Poverty and Promoting Prosperity for Persons with Disabilities

Introduction

The UN Convention on the Rights of Persons with Disabilities (CRPD) highlights the fact that the majority of persons with disabilities lives in conditions of poverty, and recognizes the critical need to address the negative impact of poverty on persons with disabilities.¹ A response to this global challenge is outlined in the 2030 Agenda for Sustainable Development, which puts at its core a commitment to end poverty everywhere and to leave no one behind. It foresees a better future for all people, which will ensure that every person has a decent, dignified and rewarding life, and achieves their full human potential by eradicating poverty in all its dimensions. The implementation of the 2030 Agenda must be guided by the CRPD in order to transform the lives of persons with disabilities worldwide.

Persons with disabilities comprise an estimated 15 per cent of the world's population or one billion people. Persons with disabilities are overrepresented among the poorest in the world: the 2030 Agenda states that more than 80 per cent of persons with disabilities lives in poverty.² Persons with disabilities face widespread exclusion from all areas of economic, political, social, civil and cultural life, including employment, education and health care. Persons with disabilities experience higher rates of poverty and deprivation and lower levels of income than the general population.³ This stems from pervasive discrimination and stigma, unequal opportunities, and physical and attitudinal barriers. And these same factors also mean that the rights of persons with disabilities are not adequately addressed in poverty-reduction programmes, social protection floors or development programmes and funds.

Full implementation of the commitments made by world leaders at the adoption of the 2030 Agenda requires a progressive increase in dedicated domestic resource allocation and international development cooperation to support the full inclusion of persons with disabilities. Yet in many countries austerity measures have been imposed, which reduce government expenditures on human rights, development and social welfare when and where they are most needed,⁴ and persons with disabilities are often among the very hardest hit.⁵ A rights-based response to economic crises could be lifting persons with disabilities and their families out of poverty, and would contribute to the achievement of inclusive growth and sustainable development.⁶

“Recognizing the valued existing and potential contributions made by persons with disabilities to the overall well-being and diversity of their communities, and that the promotion of the full enjoyment by persons with disabilities of their human rights and fundamental freedoms and of full participation by

¹ United Nations Convention on the Rights of Persons with Disabilities, Preamble.

² Transforming Our World: the 2030 Agenda for Sustainable Development, paragraph 23.

³ S. Mitra, A. Posarac and B. Vick. (2011). *Disability and Poverty in Developing Countries: a Snapshot from the World Health Survey*. <http://siteresources.worldbank.org/SOCIALPROTECTION/Resources/SP-Discussion-papers/Disability-DP/1109.pdf>

⁴ OHCHR (2013). Human rights and the financial crisis:

<http://www.ohchr.org/EN/Issues/Development/Pages/PromotingHRbasedfinancialregulationmacroeconomicpolicies.aspx>

⁵ Kaye, A., Jordan, H., & Baker, M. (2012). The Tipping Point: The human and economic costs of cutting disabled people's support: https://thehardesthit.files.wordpress.com/2012/10/the_tipping_point_oct_2012.pdf

⁶ Hauben, H., Coucheir, M., Spooren, J., McAnaney, D., & Delfosse, C. (2012). Assessing the impact of European governments' austerity plans on the rights of people with disabilities: http://www.enil.eu/wp-content/uploads/2012/12/Austerity-European-Report_FINAL.pdf

persons with disabilities will result in their enhanced sense of belonging and in significant advances in the human, social and economic development of society and the eradication of poverty.”

CRPD (Preamble, para m.)

Chapter I

Goals 1 and 2: Addressing Challenges

Globally, persons with disabilities have poorer health outcomes, lower education achievements, less economic participation and higher rates of poverty than persons without disabilities. Disability may increase the risk of poverty, and poverty may increase the risk of disability. Lack of support to persons with disabilities may increase the risk of poverty, seeing that efforts to promote development and poverty reduction have not always been adequately inclusive of persons with disabilities.⁷ Discrimination against persons with disabilities is above all a human rights violation, and, indeed, it also holds back economic development. When persons with disabilities and their families cannot access essential public services and support mechanisms that open up economic opportunities; when they cannot take part in income-generating activities or when they are prevented from making wider contributions to the lives of their families and communities, there are far-reaching economic, as well as, social consequences.⁸

Households with a person with a disability experience material hardship, including lack of access to safe water and sanitation and food insecurity⁹ and are faced with extra costs due to disability-related expenses. Affordable services, such as personal assistants, peer-counseling services, assistive devices and technology and accessible transport are a prerequisite to enable persons with disabilities to live independently in the community and to participate in economic activities.

The 2030 Agenda, if implemented in line with the provisions of the CRPD, provides the opportunity to achieve eradication of poverty for persons with disabilities through some recommendations:

- Introduce measures and policies to ensure that persons with disabilities, including women, children, youth, older persons and indigenous persons with disabilities, are protected from poverty and benefit equally from mainstream poverty alleviation, development and wealth-creation programmes, which should contribute to the implementation of disability-inclusive social protection systems and measures in line with the CRPD.
- Introduce measures to ensure that persons with disabilities have equal access to economic resources, basic services, new technology, including accessible ICT, financial services and ownership (land, property, inheritance and natural resources).
- Ensure access to safe, nutritious and sufficient food all year round and access to safe and affordable drinking water and sanitation for persons with disabilities.
- Ensure that facilities and resources (such as sign language interpreters, alternative and augmentative communication systems, availability of Braille and large-print formats) are in place so that persons with disabilities have representation and can participate independently. This is particularly important for people from non-dominant language backgrounds, including sign language users (CRPD Article 9) who may need assistance communicating.

⁷ WHO & World Bank (2011). World Report on Disability: http://www.who.int/disabilities/world_report/2011/en/

⁸ Banks and Polack (2015). The Economic Costs of Exclusion and Gains of Inclusion of People with Disabilities. CBM/London School of Hygiene and Tropical Medicine: <http://disabilitycentre.lshtm.ac.uk/files/2014/07/Costs-of-Exclusion-and-Gains-of-Inclusion-Report.pdf>

⁹ WHO & World Bank (2011). World Report on Disability: http://www.who.int/disabilities/world_report/2011/en/

- Provide reasonable accommodation to enhance the participation of persons with disabilities in all stages of decision-making, planning, implementation, monitoring and evaluation of the 2030 Agenda, in particular the realization of Goals 1 and 2.
- Collect and disaggregate data by disability to understand barriers faced by persons with disabilities, and as a basis for formulating laws and policies that address poverty situations of persons with disabilities. These data must be disaggregated in various ways to be used to assess the effectiveness of implementation efforts in line with CRPD Article 31, as well as para. 74 (g) of the 2030 Agenda. Data also must be collected to assess the financial resources allocated to the inclusion of persons with disabilities, and it is vital that persons with disabilities participate fully at all stages of the budgeting process to address shortcomings.

Chapter II

Goal 3: The right to the highest attainable standard of physical and mental health for Persons with Disabilities

The right to the highest attainable standard of physical and mental health is a fundamental human right, indispensable for the exercise of other human rights.¹⁰ Persons with disabilities have the right to the enjoyment of the highest attainable standard of health, without any discrimination, and it is essential to sustainable development. Health systems must be strengthened so that quality essential healthcare services are inclusive of and accessible to persons with disabilities.

Persons with disabilities encounter communication, informational, attitudinal and physical barriers to achieving the highest attainable standard of health, and face additional barriers in accessing healthcare services compared to persons without disabilities.¹¹ Article 25 of the CRPD and The World Report on Disability recognizes the discriminatory nature of the health sector, including the cost of services and insurance, experienced by persons with disabilities.¹² Moreover, persons with disabilities around the world regularly experience violations on the rights to sexual and reproductive health.¹³ Other barriers include lack of disability awareness among health workers, which can lead to persons with disabilities being denied health care and other health services.

Mental health and well-being are essential to society as a whole in which all people are able to realize their own abilities, enjoy personal freedoms and have the ability to shape and lead, on one's own terms, a fulfilling life. Achieving mental health and well-being for all does not concern only, nor particularly, persons with disabilities. Furthermore, as a goal, it does not imply a current poor level of health of the global population. Policies for achieving mental health and well-being for all must not lead to discrimination, stigmatization and exclusion against persons with disabilities.

The implementation of Goal 3 for persons with disabilities can be achieved through CRPD Articles 25 and 26 and the following recommendations:

- To achieve universal health coverage for all, including financial-risk protection and health costs related to disability.

¹⁰ Committee on Economic Social and Cultural Rights, General Comment No. 14 (2000). The Right to the Highest Attainable Standard of Health (Art. 12), para. 1.

¹¹ CBM (2015). Dialogues on Sustainable Development: A Disability-inclusive Perspective.

¹² WHO & World Bank (2011). World Report on Disability: http://www.who.int/disabilities/world_report/2011/en/

¹³ Women Enabled International. (2016). Women Enabled International Submission to OHCHR: *Protection of the Rights of the Child and 2030 Agenda for Sustainable Development*.

- To make all levels of existing healthcare systems fully inclusive and accessible for persons with disabilities.
- To provide well designed, easily usable and affordable assistive devices in a timely manner and ensure continuous access to rehabilitation support so that assistive devices are maintained and adapted to individuals' needs, including as their environments or needs change.
- To introduce measures to improve the quality of mental health service delivery, to put an end to involuntary treatment and forced institutionalization and to create a legal and policy environment that is conducive to the realization of the human rights of persons with disabilities, including those with mental health conditions, psychosocial disabilities and intellectual disabilities.
- To ensure that health facilities are gender sensitive, scientifically and medically appropriate, of good quality and respectful of medical ethics, including autonomy and agency without discrimination.
- To build capacity of health personal, awareness raising, including programmes led by persons with disabilities in line with a human-rights based approach.
- To prohibit discrimination on the basis of disability by private health insurance companies and to ensure that persons with disabilities are covered by health insurance schemes.

Chapter III

Goal 5: Empowerment of Women and Girls with Disabilities

The SDGs and particularly Goal 5 have a key role in creating opportunities for women and girls with disabilities to fulfill their full potential. Moreover, both Article 6 of the CRPD and General Comment No. 3 recognize that women and girls with disabilities are subjected to multiple discrimination. Women and girls with disabilities are at least two to three times more likely than women and girls without disabilities to experience violence and abuse,¹⁴ and they are likely to experience abuse over a longer period of time, resulting in more severe injuries.¹⁵ Women and girls with disabilities worldwide face a wide range of unique human rights abuses in sexual and reproductive healthcare settings due to both their gender and disability.¹⁶

Women and girls with disabilities encounter many barriers to participate in society, including widespread inaccessible information concerning sexual and reproductive health, general health care, and related services. Additionally, there are barriers to accessing justice, including with regard to exploitation, violence and abuse, due to harmful stereotypes, discrimination and lack of procedural and reasonable accommodations, which can lead to their credibility being doubted and their accusations being dismissed.¹⁷ Women and girls with disabilities are largely invisible in society, including in mainstream gender-equality programmes and girls with disabilities in particular are left out of schooling, starting at the primary level.

The implementation of Goal 5 for women and girls with disabilities can be achieved through the application of a number of CRPD Articles summarized in the following recommendations:

- Mainstream the concerns of women and girls with disabilities throughout plans to implement the SDGs at the national, regional and global levels, and actively involve them in the planning,

¹⁴ United States Agency for International Development (USAID). (2016). United States Strategy to Prevent and Respond to Gender-Based Violence Globally, 2016 Update: <https://www.state.gov/documents/organization/258703.pdf>. It is worth noting that no global data exists on the incidence of such violence, and studies draw on different sources of data.

¹⁵ SRVAW, *Report on women with disabilities*, supra note 26, ¶ 31.

¹⁶ Women Enabled International Submission to OHCHR: *Protection of the Rights of the Child and 2030 Agenda for Sustainable Development*, October 17, 2016.

¹⁷ CRPD Committee, *Gen. Comment No. 3*, supra note 2, ¶ 52.

monitoring and evaluation of development programmes.¹⁸

- Introduce measures and policies to ensure that all forms of discrimination against all women and girls with disabilities are eliminated.
- Develop national targets and indicators for tackling the particular barriers faced by women and girls with disabilities to accessing human rights-based sexual and reproductive health information and services and in exercising their sexual and reproductive autonomy.
- Include women and girls with disabilities in plans for addressing gender-based violence and eliminating harmful traditional practices and involve them in planning, monitoring and evaluation of programmes designed to eliminate these practices.¹⁹
- Take measures to address the barriers faced by women and girls with disabilities in accessing justice, including by abolishing laws that limit their capacity to bring cases to court or testify in court, providing training to justice system actors, including those in the court system and in police forces, about the rights of women and girls with disabilities, and requiring that justice systems ensure reasonable accommodation.²⁰
- Ensure that children with disabilities are registered at birth, are measured and counted in government statistics and as part of development programmes.²¹
- Specifically include women and girls with disabilities and adopt state-level targets and indicators for tackling the particular barriers they face to accessing education.²²
- Ensure that women with disabilities participate and have leadership roles in decision-making in the government and public sector, the private sector and disability and gender movements.

Chapter IV

Goals 9 and 14: Disability-inclusive resilience, climate change and disaster risk reduction

The effects of climate change, including natural disasters, food insecurity and conflict disproportionately affect persons with disabilities whom are most at risk to suffer and die in situations of disaster.²³ For instance, global warming and ozone depletion are of particular concern for persons with albinism. Disasters and consequent effects are an increasing issue since disasters have increased by approximately 400 per cent since the 1980s²⁴ and the world's five costliest disasters have struck in the last twenty years.²⁵

Emergency situations increase the number of barriers faced by persons with disabilities on a larger scale. In crisis situations, persons with disabilities require the same assistance common to all affected, as well as specific requirements related to a disability. However, very often in emergency situations, the official planning processes widely ignore and neglect persons with disabilities.²⁶ Furthermore, existing policies,

¹⁸ CRPD Committee, *Gen. Comment No. 3*, *supra* note 2, ¶ 27.

¹⁹ See Human Rights Council, *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, ¶ 56, U.N. Doc. A/HRC/32/32 (2016); CRPD Committee, *General Comment No. 3*, *supra* note 2, ¶¶ 23 & 62.

²⁰ OHCHR. (2013). *Access to justice for children: Report of the United Nations High Commissioner for Human Rights*, ¶ 60, U.N. Doc. A/HRC/25/35.

²¹ Convention on the Rights of Persons with Disabilities (CRPD), adopted Dec. 13, 2006, art. 31, G.A. Res. A/RES/61/106, UN GAOR, 61st Sess., U.N. Doc. A/61/611, (entered into force May, 3 2008); CRPD Committee, *Gen. Comment No. 3*, *supra* note 2, ¶ 27.

²² See CRPD Committee, *Gen. Comment No. 4*, *supra* note 10, ¶¶ 44 & 49; *Gen. Comment No. 3*, *supra* note 2, ¶¶ 23 & 62.

²³ UNISDR. (2013). Press release of the UN global survey of persons with disabilities: www.unisdr.org/files/35032_2013no29.pdf

²⁴ D, Guha-Sapir, F. Vos, R. Below and S. Ponserre. (2011). *Annual Disaster Statistical Review 2010*. Brussels: Centre for Research on the Epidemiology of Disasters.

²⁵ START. (2011). Background Report: 9/11, Ten Years Later:

http://www.start.umd.edu/sites/default/files/files/announcements/BackgroundReport_10YearsSince9_11.pdf

²⁶ UNISDR. (2013). Press release of the UN global survey of persons with disabilities: www.unisdr.org/files/35032_2013no29.pdf

procedures and practices on inclusion of persons with disabilities in humanitarian programmes need to be strengthened and systematized.²⁷

Natural disasters heighten the risks faced by persons with disabilities as they seek out assistance, support and protection and impact access to and the collapse of essential services. Where services exist, inaccessible communication strategies often exclude persons with disabilities from identifying and utilizing them.²⁸ During such emergency situations, persons with disabilities experience increased challenges with separation or loss of support networks, loss of assistive and mobility devices, loss of necessary routine drugs, leaving behind guide dogs during evacuation and barriers to accessing information. Additionally, direct trauma, illness from poor living conditions, lack of trained and skilled staff, the breakdown of health services, an increase in psychological stress and lack of rehabilitation services have a significant impact on persons with disabilities.

Persons with disabilities are seldom considered as important actors in climate change discussions or actions, even though they are more often at risk during disasters, as well as conflicts and displacement.²⁹ For example, UNISDR found that 70% of persons with disabilities participating in a worldwide survey expressed that they had no personal preparedness plan and only 17% were aware of any disaster-management plan in their community.³⁰

Recommendations:

- Include persons with disabilities in the implementation and review processes of the 2030 Agenda and the Sendai Framework for Disaster Risk Reduction 2015-2030 in line with CRPD Articles 8, 9, 11, 21 and 32.
- Make disability a core, crosscutting theme in climate programmes and disaster risk reduction strategies and policies, and systematically include persons with disabilities in all aspects of the disaster/humanitarian-management cycle.
- Apply universal design concepts and relevant technical standards while planning and developing accessible and inclusive infrastructures, particularly in the recovery and rebuilding phase.
- Ensure that humanitarian response services are accessible to persons with disabilities including relief distribution, temporary shelter and settlements, sanitation, health and psychosocial support service and counseling.
- Keep updated registries of persons with disabilities when permitted by law in order to locate persons with disabilities in disasters. In situations that directories are unavailable or not permitted, engage local communities, particularly local organizations of persons with disabilities, to intentionally and specifically locate persons with disabilities in disasters and to assist them.
- Take appropriate measures to ensure that persons with disabilities have access, on an equal basis with others, to the physical environment, to transport, to information and communications, including information and communication technologies and systems, and to other facilities and services open, or provided to, the public, both in urban and in rural areas.

²⁷ Charter on inclusion of persons with disabilities in humanitarian action, <http://humanitariandisabilitycharter.org/the-charter/>

²⁸ Handicap International. (2015). *Disability in humanitarian contexts: Views from affected people and field organisations*: <http://www.un.org/disabilities/documents/WHS/Disability-in-humanitarian-contexts-HI.pdf>.

²⁹ Women's Commission for Refugee Women and Children. (2008). "Disabilities among refugees and conflict affected populations," Women's Commission for Refugee Women and Children, New York.

³⁰ UNISDR. (2013). IDDR Survey: <http://www.unisdr.org/2013/iddr/#survey>.