Jakarta Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2023–2032

Operational Guide on the Implementation of the Jakarta Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2023—2032

(DRAFT FOR WG REVIEW)

CONTENTS

ACRONYMS

AI	Artificial Intelligence
ASEAN	Association of Southeast Asian Nations
APEC	Asia-Pacific Economic Cooperation
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CEO	Chief Executive Officer
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organization
DEI	Diversity, Equity and Inclusion
DET	Disability Equality Training
ECE	Early Childhood Education
ESCAP	Economic and Social Commission for Asia and the Pacific
ESG	Environmental, Social and Governance
FAO	Food and Agriculture Organization
ICRC	International Committee of the Red Cross
ICF	International Classification of Functioning, Disability and Health
ILO	International Labour Organization
ITU	International Telecommunication Union
MIPAA	Madrid International Plan of Action on Ageing
MSME	Micro, Small and Medium Enterprises
OPD	Organizations of Persons with Disabilities
SDG	Sustainable Development Goals
UDL	Universal Design for Learning
UN	United Nations
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNOPS	United Nations Office for Project Services
UNPRPD	United Nations Partnership on the Rights of Persons with Disabilities
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UPR	Universal Periodic Review
VNR	Voluntary National Review
WFP	World Food Programme
WHO	World Health Organization

PREFACE

The Operational Guide on the Implementation of the Jakarta Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2023−2032 (hereafter "regional Disability Decade"), is a technical resource to support the implementation of the Jakarta Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2023−2032. It was prepared by the Social Development Division of the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP).

The Jakarta Declaration was adopted by members and associate members of ESCAP at the High-level Intergovernmental Meeting on the Final Review of the Asian and Pacific Decade of Persons with Disabilities, 2013-2022, held in Jakarta, Indonesia from 19 to 21 October 2022. By the Jakarta Declaration, ESCAP members and associate members proclaimed the new regional Disability Decade from 2023 to 2032, which is the fourth consecutive regional Disability Decade since 1993. In the Jakarta Declaration, members and associate members recognized the continued importance of the regional goals set by the Incheon Strategy to "Make the Right Real" for Persons with Disabilities in Asia and the Pacific,[1] which was adopted in the previous regional Disability Decade. Members and associate members also accounted for the continuing and emerging factors in the broader economic, social and environmental contexts of the Asia-Pacific region which have posed challenges to making progress toward the Incheon Strategy, the Sustainable Development Goals (SDGs) and the Convention on the Rights of Persons with Disabilities (CRPD).[2] Considering these latest contexts, members and associate members reached consensus on six priority areas of action for accelerating progress towards delivering tangible disability-inclusive results under these aforementioned regional and global frameworks in the fourth regional Disability Decade.

This Operational Guide was therefore developed at the request of ESCAP members and associate members to guide the implementation of the commitments contained in the Jakarta Declaration, with the vision to upholding the rights of persons with disabilities and achieving disability-inclusive development in Asia and the Pacific. The guide was developed based on close consultations with experts from Governments, civil society organizations (CSOs) including organizations of persons with disabilities (OPDs), private sector entities, academia, United Nations entities and other development partners that share the vision of disability inclusion in Asia and the Pacific. The secretariat wishes to express its deepest appreciation to organizations and individual experts who have made contribution to the drafting and consultation process. These include but are not limited to experts engaged individually and through the Expert Group Meeting held in June 2023,[3] focal points from 11 United Nations entities,[4] members of the Working Group of the Asian and Pacific Decade of Persons with

---

[1] E/ESCAP/69/13, annexes I and II.

[2] ESCAP/74/22/Add.1.

[3] The expert group meeting was held to solicit expert inputs from Governments, CSOs including OPDs, academia, UN entities and other development partners. It was joined by a total of 113 representatives of Governments and other stakeholders, in their expert capacity, from across the region. For more information about the meeting and the list of participants, see www.unescap.org/events/2023/expert-group-meeting-develop-operational-guide-implementation-jakarta-declaration-asian

[4] These include the Food and Agriculture Organization (FAO), International Labour Organization (ILO), International Telecommunication Union (ITU), United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP), United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Office for Project Services (UNOPS), United Nations Population Fund (UNFPA), World Food Programme (WFP) and World Health Organization (WHO).

Disabilities (2013-2022),[5] as well as other international organizations and civil society organizations.

This Operational Guide should be used as a technical resource, as appropriate, on a voluntary basis by ESCAP members and associate members. It is important to note that the Operational Guide does not intend to provide a prescriptive one-size-fits-all guidance on implementing the Jakarta Declaration. Rather, it offers key policy elements, institutional mechanisms and capacity development that can be adapted, as appropriate, to national contexts to accelerate progress in disability-inclusive development.

The Operational Guide lays out strategic whole-of-government actions towards disability-inclusive development, with whole-of-society engagement. While Governments are its primary users, this guide is also directed at a wide range of actors beyond the government, including but not limited to CSOs and OPDs, private sector stakeholders, academic, the United Nations entities and other development partners.

---

[5] For more information, see www.maketherightreal.net/working-group

1. VISION AND OBJECTIVES

The Operational Guide on the Implementation of the Jakarta Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2023─2032 (hereafter "regional Disability Decade"), was developed at the request of ESCAP member States as a technical resource to be used on a voluntary basis by member States to implement the commitments contained in the Jakarta Declaration. It lays out strategic whole-of-government actions towards disability-inclusive development, with whole-of-society engagement.

The Jakarta Declaration acknowledges the progress made by members and associate members of the Economic and Social Commission for Asia and the Pacific (ESCAP) in implementing the Incheon Strategy to "Make the Right Real" for Persons with Disabilities in Asia and the Pacific;[6] the Beijing Declaration, including the Action Plan to Accelerate the Implementation of the Incheon Strategy (hereafter "Beijing Declaration and Action Plan"); and the Convention on the Rights of Persons with Disabilities (CRPD).[7] It also emphasizes the need for accelerating progress towards disability-inclusive development in the region in the context of continuing and emerging challenges, through focused actions under six priority areas This Operational Guide is a contribution towards accelerating implementation progress towards these above mentioned commitments on disability inclusion, as well as disability inclusion in the Sustainable Development Goals (SDGs).

In particular, this Operational Guide seeks to support ESCAP members and associate members in the Asia-Pacific region on their efforts to accelerate:
- Progress toward fulfilment of the goals of the Incheon Strategy to "Make the Right Real" for Persons with Disabilities in Asia and the Pacific, highlighting six priority areas for actions identified in the Jakarta Declaration
- Disability inclusion in the implementation and progress tracking of the 2030 Agenda for Sustainable Development and the SDGs
- Ratification and implementation of the CRPD and of its Optional Protocol

The Operational Guide was developed by the ESCAP secretariat based on close consultations with experts from Governments, civil society organizations including organizations of persons with disabilities, private sector entities, academia, United Nations entities and other development partners that share the vision of disability inclusion in Asia and the Pacific.

It is important to note that the Operational Guide does not intend to provide a prescriptive one-size-fits-all guidance on implementing the Jakarta Declaration. Rather, it is a resource that offers key policy elements, institutional mechanisms and capacity development that can be adapted, as appropriate, to national contexts to accelerate progress in disability-inclusive development.

---

[6] E/ESCAP/69/13, annexes I and II.
[7] ESCAP/74/22/Add.1.

2. CHANGE AGENTS FOR IMPLEMENTATION

2.1 Whole-of-Government

The experience of the past three regional Disability Decades shows that the focal ministries directly responsible for disability continue to face constraints in both human and financial resources. In many countries, the same ministry is designated to coordinate the implementation and reporting of not only the CRPD but also other human rights treaties and frameworks pertaining to gender equality, child rights and the rights of older persons, such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Convention on the Rights of the Child (CRC) and the Madrid International Plan of Action on Ageing (MIPAA). The resource allocations are insufficient for discharging responsibilities of such magnitude and scope: the human rights, welfare and well-being of women, children, persons with disabilities and older persons. The low level of budgetary and human resource allocations severely constrains the focal ministry's institutional capacity for fulfilling its mandated duties.

There are compelling grounds for all ministries to implement disability inclusion. These grounds echo a wider international understanding of disability inclusion as integral to the core business of each ministry and of each sector. Disability and persons with disabilities are cohesively incorporated in the 2030 Agenda for Sustainable Development and the SDGs, and explicitly referenced in seven SDG targets and ten associated indicators[8] covering a wide range of development sectors. This underscores disability inclusion as a multi-ministerial and multi-sectoral responsibility and not just the responsibility of one ministry. Rather, disability inclusion has to be integrated into the core business of diverse ministries and sectors. Defining mandates with regard to the rights of persons with disabilities in the constitution and disability-specific legislation would strengthen multi-ministerial and multi-sectoral engagement in disability inclusion, especially where full disability inclusion has not yet occurred across the government.

As all ministries and governments at all levels are engaged as implementation actors, a vibrant new leadership from the highest government authority is essential. The highest government authority shall champion the adoption of a whole-of-government approach to disability inclusion and use its authority to convene and coordinate multi-ministerial, multi-level and multi-sectoral action on disability inclusion. This approach under the leadership of the highest government authority would result in more effective and efficient use of available resources for disability inclusion.

Therefore, this Operational Guide is intended for implementation by multiple government actors. The leadership of the highest government authority is underscored for the operation of this whole-of-government approach, with specific roles and actions suggested to be undertaken outlined under **Section 5. Proposed Actions, 5.1.3 Highest government authority to champion changes**. Concerned government entities are suggested as possible implementation actors for each priority area. The examples of concerned government entities under each priority area are indicative and not exhaustive.

---

[8] See the Global Indicator Framework for the Sustainable Development Goals and Targets of the 2030 Agenda for Sustainable Development (https://unstats.un.org/sdgs/indicators/indicators-list/, accessed on 22 August 2023). Regardless of whether disability is specified in the description of an indicator, SDG indicators should be disaggregated, where relevant, by income, sex, age, race, ethnicity, migratory status, disability and geographic location, or other characteristics, in accordance with the Fundamental Principles of Official Statistics.

2.2 Whole-of-Society

As disability inclusion is a multi-sectoral issue which requires collaboration beyond the government, it is necessary for diverse actors - in the civil society, the private sector, the media, academia and the international community - to engage in strengthening partnerships and collaboration in their respective areas of work with regard to disability inclusion.

Civil society actors, especially organizations of persons with disabilities (OPDs), play a key role in ensuring that the rights of persons with disabilities are an integral part of development agendas across sectors. That includes current regional priorities such as climate resilience and digitalization. Importantly, it means that persons with disabilities have to be recognized as experts of their own experiences and have a seat at the table to shape decisions in policies, plans and programmes and decisions concerning all aspects of cross-sectoral disability inclusion. This Operational Guide recognizes the indispensable role of civil society actors, especially OPDs, in all proposed actions. Meanwhile, to mainstream disability inclusion that addresses intersectional discrimination and exclusion, it is vital to leverage and build synergies in civil society actions with regard to the rights of disability, gender equality, youth, ageing and broader social inclusion, and leverage expertise of civil society actors specialized in these other subject matters to broaden the arena of disability mainstreaming and account for intersectional issues.

The private sector offers tremendous untapped resources that could be harnessed to advance disability-inclusive development. Private sector entities have great opportunities to mainstream disability inclusion throughout their value chains through hiring talents with disabilities in the workforce, applying universal design to produce and provide accessible products and services, and transforming organizational cultures, workplace policies, marketing and other business practices to be disability inclusive. An increasing number of companies have seen the value of more diverse and inclusive workforces and businesses. This Operational Guide identifies specific actions to motivate and incentivize private sector entities to go beyond the conventional approach of addressing disability through charity and corporate social responsibility.

The United Nations and development cooperation actors play a critical role in catalysing the political will, fostering regional and multi-sectoral consensus, providing technical assistance, and promoting regional advocacy for disability inclusion in Asia and the Pacific. For the successful implementation of the fourth regional Disability Decade from 2023 to 2032, this Operational Guide emphasizes the engagement of United Nations entities and international development partners not only at the regional level but also at the country level, especially through the United Nations Country Teams, to co-create tailored solutions to national priority issues, along with in-country partners and stakeholders.

Thus, this Operational Guide is also directed at those diverse actors. Examples of possible actors outside of the government are proposed for reference under section **5.3 Key actors and partners for all priority areas.**

3. DISABILITY INCLUSION BENEFITS EVERYONE

3.1 Beyond 16 Per Cent

Persons with disabilities, as explained in the CRPD,[9] include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

According to the most recent estimate of the World Health Organization (WHO), as of 2021, about 16 per cent of the world population – an estimated 1.3 billion people - has some form of disability.[10] This translates into more than 750 million people in Asia and the Pacific.[11] While the change in prevalence rate remains unclear due to limitations in making comparisons between prevalence rates drawn from different studies and methodologies, an increasing trend has been observed in the number of persons with disabilities. The number has increased substantially during the past decade due to various factors such as demographic and epidemiological changes.[12]

Importantly, disability inclusion benefits not only those who are officially recognized by Governments as having disabilities.[13] It also benefits a much larger number, including persons living with temporary functional difficulties, older persons, persons with chronical heath conditions, and the community as a whole.

With the pace of population ageing, the number of older persons with functional difficulties, particularly persons living with dementia and older persons with care and support needs will rise. Inclusive and accessible environments and services will enable older persons to continue to live in the community for as long as feasible.

Furthermore, households with young children and older dependents with support needs and individuals with temporary functional difficulties benefit from universal design-based accessibility of the environment and services (e.g., digital and print information and communications, built and street environment, and transport), as well as affordable access to low-cost, appropriate and high-quality assistive technologies.

The social and economic participation benefits of disability inclusion extend to family members, care partners[14] and allies of persons with disabilities. When care support needs are more easily met, for example, through the availability of affordable and quality assistive

---

[9] See United Nations Convention on the Rights of Persons with Disabilities, article 1.

[10] World Health Organization, *Global report on health equity for persons with disabilities*. (Geneva, 2022) It is worth noting that the global estimate provided in this report is based on the estimates generated through the Global Burden of Disease study, with data from 204 countries and territories. Age and sex-specific prevalence estimates of health conditions and impairments that typically last longer than 6 months and are associated with moderate or severe levels of disability were selected.

[11] This estimated number is calculated based on the estimated global prevalence rate and the latest population in Asia and the Pacific. While WHO provides prevalence estimates by region, it's worth noting that there exist discrepancies in the list of countries covered by WHO regions of Southeast Asia and Western Pacific and those by the ESCAP region.

[12] World Health Organization, *Global report on health equity for persons with disabilities*. (Geneva, 2022)

[13] In many countries, the official recognition of disability status is granted through the issuance of disability certificates/cards. The criteria for disability assessment based on which disability certificates/cards are issued vary from country to country. Generally speaking, the number of individuals who receive disability certificates/cards is less than the estimated national prevalence of disability where such estimates exist.

[14] The term "care partners" could have different meanings. In this Operational Guide, it refers to both paid staff who provide care services and assistance to persons with disabilities and those who provide unpaid care or informal support to persons with disabilities, including, for example, caregivers, family members and community members who provide informal support.

technologies or additional support for care partners, care partners are themselves able to have a better quality of life and function more effectively in their care role.

With cross-border travel being commonplace, there are many language and other barriers to making sense of unfamiliar surroundings. When universal design is used in signage, pictograms and easy-to-understand information, people who travel to places that are unfamiliar to them also benefit.

All considered, disability inclusion could benefit a far larger proportion of the population than the 16 per cent who are currently estimated to be persons with disabilities.

3.2 Disability Groups Now Left Behind

For the fourth regional Disability Decade from 2023 to 2032, groups that have been less visible must not be left behind in implementation actions. These groups include: deafblind persons; autistic persons, persons with intellectual disabilities; persons with psychosocial disabilities; persons living with dementia[15]; persons living with rare diseases that are associated with some form/level of disability; persons with albinism;[16] persons with multiple disabilities; persons with disabilities living in institutional facilities; and other persons with disabilities who are likely to be living in marginalized conditions on the basis of their sexual orientation, gender identity, [17] age, minority status and membership in rural, remote and/or indigenous communities.

Women and girls with disabilities, as recognized in CRPD article 6, often face multiple and intersecting forms of discrimination on the basis of their gender, disability, age, ethnicity, and socioeconomic status. This can lead to increased risks of violence and abuse, including sexual violence, gender-based discriminatory practices, and limited access to education, healthcare, justice, information, as well as civic and political participation. Furthermore, the multiple barriers encountered by women and girls with disabilities hinder their effective participation across the humanitarian-development continuum, including during a pandemic, and in other emergency, post-conflict and transition settings. Targeted actions are needed to support and empower women and girls with disabilities.

---

[15] This includes persons living with childhood dementia and young onset dementia who are often overlooked.

[16] In those Asia-Pacific societies where darker skin tones and dark eyes prevail, persons with albinism visually stand out and are particularly vulnerable to bullying, vilification and discrimination of both disability and colour. For more information about discrimination against persons with albinism, see www.albinismalliance.org/en/albinism-information/.

[17] The General Assembly has recognized sexual orientation and gender identity as among the factors that people may face discrimination for (see for example A/RES/76/176).
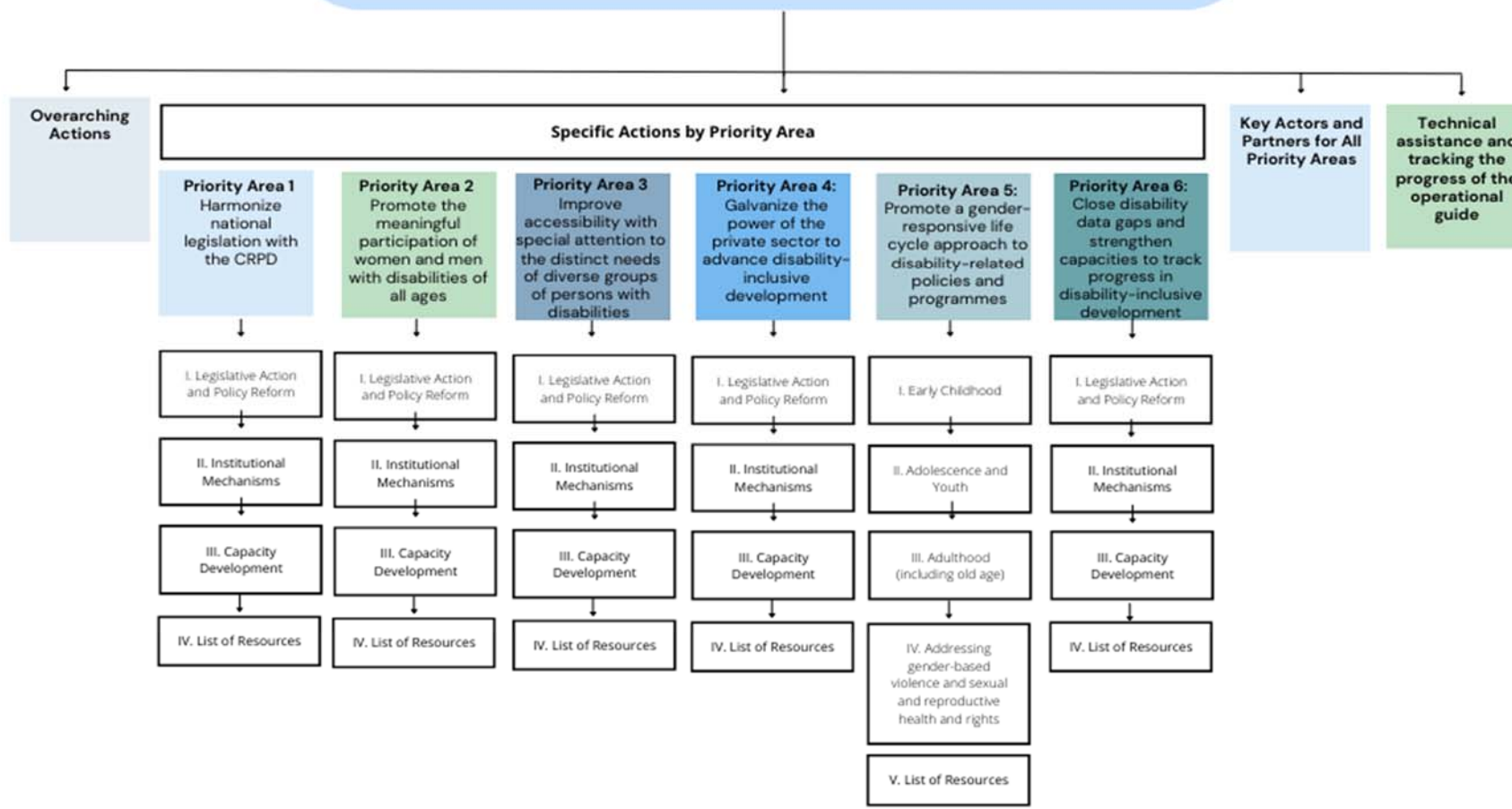
4. STRUCTURE OF THE OPERATIONAL GUIDE

Figure 1: Structure of the Operational Guide

There are four categories of proposed actions in this Operational Guide:

Overarching actions that are applicable to all six priority areas of the Jakarta Declaration, with regard to:
1) Realization of rights through constitutions and human rights treaties
2) Diversified and enhanced resource mobilization
3) Highest government authority to champion changes through strategic foresight and coordination
4) Capacity development to eliminate ableism and intersectional discrimination
5) A gender-responsive life cycle approach

Specific actions clustered in line with the following six priority areas for accelerated actions as identified by member States in the Jakarta Declaration:
1) Harmonize national legislation with the CRPD, once the Convention has been ratified or acceded to;
2) Promote the meaningful participation of women and men with disabilities – in all their diversity - of all ages;
3) Improve physical and digital accessibility with special attention to the distinct needs of persons with different disabilities and of women, children and older persons with disabilities;
4) Galvanize the power of the private sector, including its resources, technological innovations and talents, to advance disability-inclusive development;
5) Promote a gender-responsive life cycle approach to developing and implementing disability-related policies and programmes;
6) Close disability data gaps and strengthen capacities to track progress in disability-inclusive development.

Key actors and partners for all priority areas
The Operational Guide also suggests a range of key actors and partners that are common to all priority areas to materialize the whole-of-government and whole-of-society approach to disability-inclusive development.

Technical assistance and tracking the progress of the Operational Guide
This section outlines actions to be facilitated by the ESCAP secretariat, in collaboration with other United Nations entities at the regional and national levels, that intend to provide members and associate members with technical assistance in implementing the overarching actions and the specific actions proposed in line with the six priority areas. It also presents actions with regard to regular progress reviews of the implementation of the Jakarta Declaration.

The six priority areas for action identified by the Jakarta Declaration are enablers which could catalyse changes across all aspects of the lives of persons with disabilities. They are not meant to be stand-alone areas of work. Rather, they may overlap with and reinforce each other. Users of this Operational Guide are invited to interpret the proposed overarching and specific actions in this context.

Furthermore, the Operational Guide does not formulate one-size-fits-all solutions for the implementation of the Jakarta Declaration. While the Operational Guide identifies actions that are relevant across the region, it acknowledges the diverse and complex contexts across the subregions. Depending on national contexts and resources available, Governments may

consider prioritizing their investments in different actions at different milestones over the next decade for tangible changes.

5. PROPOSED ACTIONS

5.1 Overarching Actions
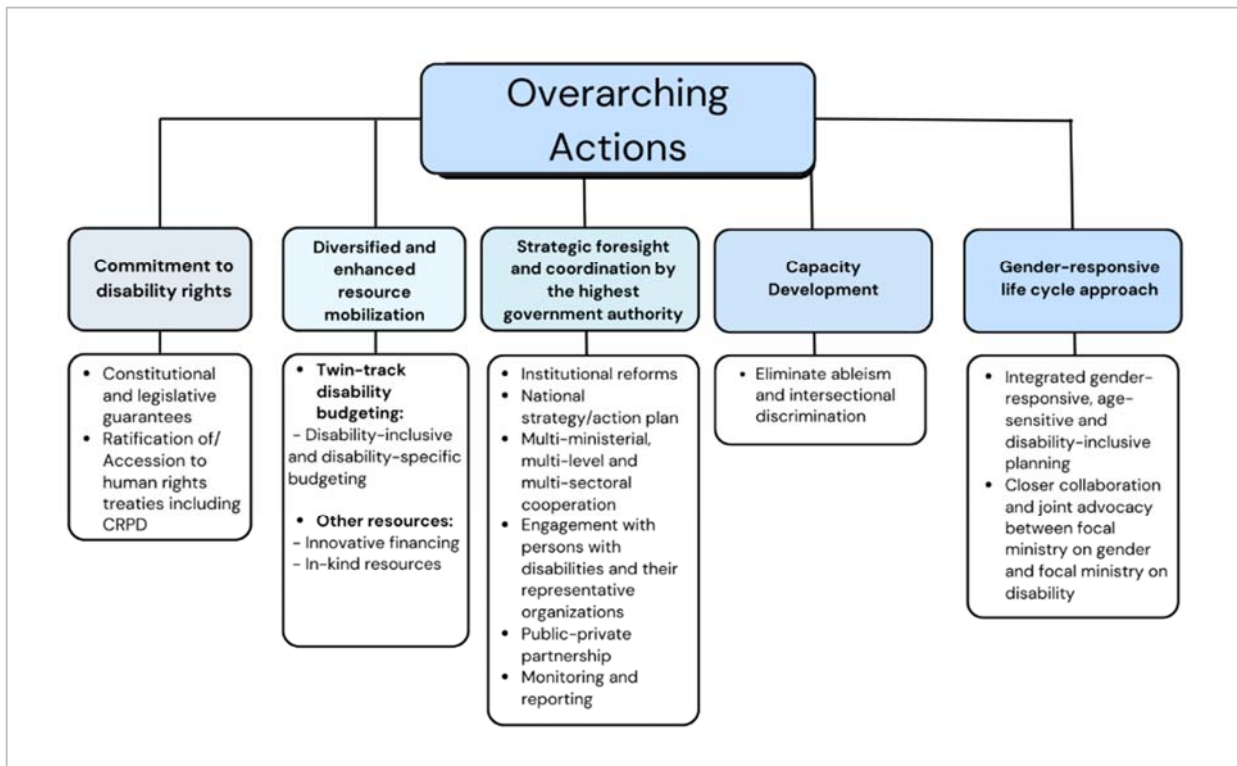
Figure 2: Five overarching actions

5.1.1 Realization of rights through constitutions and human rights treaties
Governments are invited to refer to this Operational Guide for implementing the Jakarta Declaration as expeditiously and effectively as possible. The overall implementation context would benefit from:
  A. Constitutional and legislative guarantees of equality and non-discrimination and of the rights of persons with disabilities;
  B. Ratification of or accession to human rights treaties, including but not limited to the Convention on the Rights of Persons with Disabilities.

5.1.2 Diversified and enhanced resource mobilization
To increase the resources required for implementation of the Jakarta Declaration, Governments are encouraged to undertake the following:
  A. Adopt twin-track disability budgeting:
    (a) Disability-inclusive budgeting: Include the amounts needed for implementing actions contained in this Operational Guide in mainstream budget plans;
    (b) Disability-specific budgeting: Increase the amount of budget allocations for disability-specific budget items to enable a more targeted approach and to gauge impact, for especially less-resourced communities.
  B. Mobilize other resources:

(a) Explore creative means of disability inclusion in existing programmes, schemes and projects;[18]

(b) Explore innovative financing schemes, such as social impact bonds for scalable initiatives, to support innovation of assistive technologies, universal design products, skills development, employment of, and entrepreneurship by persons with disabilities.[19]

5.1.3 Highest government authority to champion changes through strategic foresight and coordination

The following actions are recommended for the highest government authority[20] to champion change for disability inclusion in a whole-of-government approach:

A. Convene and coordinate all ministries, including through a multi-ministerial and multi-sectoral coordination committee on disability inclusion;[21]

B. Raise the priority accorded to disability inclusion, including through mainstreaming disability issues into national development planning processes and developing a comprehensive, gender-responsive and culture-sensitive national strategy or action plan on disability inclusion in line with the CRPD, the SDGs, the Incheon Strategy, the Beijing Declaration and Action Plan, and the Jakarta Declaration;

C. Secure multi-ministerial, multi-level and multi-sectoral cooperation that results in implementation progress;

D. Promote and expand the community of leaders with disabilities in both political parties and governments, acknowledging and leveraging their power and influence to push forward the rights of persons with disabilities and disability-inclusive changes in broader development agendas;

E. Harness existing resources to achieve disability inclusion;

F. Secure and make available to implementing entities sufficient resources, including budgetary, human resource and institutional support, for fulfilling their mandates with regard to disability inclusion;

G. Regulate both public and private provision of services to persons with disabilities to assure quality, prevent excessive commercialization and avoid widening inequalities in access to services;

H. Oversee the preparation of an annual report on implementation progress to inform discussions by the respective legislative body.

Government authority at the subnational level[22] should adopt the same approach to lead whole-of-government actions for disability inclusion.

---

[18] For example, the Postal Service may issue stamps and first-day covers that are collectors' items and include positive portrayals of persons with different disabilities. Popular television programmes depict persons with disabilities in empowered roles as decisive decision-makers and problem solvers on whom others depend. Social media influencers may be engaged to combat stereotypes and promote role models among persons with different disabilities. These creative means could contribute to countering negative stereotyping of and ableist behaviour towards persons with disabilities.

[19] As an example of social impact bonds, the International Committee of the Red Cross (ICRC) launched and implemented a humanitarian impact bond to expand and improve the efficiency of rehabilitation services for persons with physical disabilities in Mali, Nigeria and the Democratic Republic of Congo. For more information, see https://golab.bsg.ox.ac.uk/knowledge-bank/case-studies/humanitarian-impact-bond/?ref=disability-debrief.

[20] This Operational Guide acknowledges that the governance structure may vary from member State to member State in the Asia-Pacific region.

[21] For more information about the recommended functions of the committee, see section 5.2.2. II of this Operational Guide.

[22] Subnational-level government authority may include state, province, municipality, district or county.

5.1.4 Capacity development to eliminate ableism[23] and intersectional discrimination

Towards building and reinforcing multi-ministerial and multi-sectoral engagement, institutions responsible for training civil servants and public sector personnel across the three branches of government (i.e., legislative, executive and judicial branches) conduct regular training and follow-up action planning regarding the realization of the rights of persons with disabilities, in collaboration with persons with disabilities and their representative organizations, as well as the media sector. Such training and action planning exercises shall focus particularly on the following:

A. The social and human rights models of disability,[24] anti-discrimination, reasonable accommodation, and the CRPD and its intersection with other treaty obligations and national and international rights frameworks;[25]

B. Issues faced by persons with different disabilities, care partners and parents, as shared via personal stories;

C. Multiple and overlapping challenges to women and girls with disabilities, as well other marginalized groups of persons with disabilities due to gender bias,[26] sexism,[27] ageism,[28] and ableist discrimination;

D. Ableism as a belief system that leads to discrimination and exclusion;

E. Disability inclusion is everyone's business - no more silos;

F. Universal design, accessibility and assistive technology;

G. Disability-inclusive communications, especially in public media and public information.[29]

The office of the highest government authority, supported by the focal ministry on disability, the national media agency and OPDs, launches a public awareness campaign about the regional Disability Decade from 2023 to 2032 and oversees the production and dissemination of public interest materials, to eliminate negative stereotypes and misconceptions of disability and persons with disabilities as implementation barriers, by using consistent key messages and campaign elements agreed upon at the regional level.

---

[23] Ableism considers persons with disabilities as being less worthy of respect and consideration, less able to contribute and participate, and of less inherent value than others. Whereas many discriminatory discourses are increasingly challenged by public opinion, ableism continues to legitimize discriminatory forms of expression and behaviour. It may be conscious or unconscious, and may be entrenched in institutions, systems, and the broader culture of society. For more information about ableism, see United Nations, *United Nations Disability-Inclusive Communications Guidelines* (New York, 2022), available at www.un.org/sites/un2.un.org/files/un_disability-inclusive_communication_guidelines.pdf.

[24] There are various modules available for Disability Equality Training (DET). For examples, Liz Carr, Paul Darke, Kenji Kuno, *Disability equality training: action for change*, Disability equality training (DET) manual series. No. 5, (Selangor, MPH Publishing, 2012). Available at: www.un.org/disabilities/documents/egms/2015/Kenji_Kuno_Change.pdf. NULLFor more information about DET resources and facilitators, see www.detforum.com/.

[25] Such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Convention on the Rights of the Child (CRC) and the Madrid International Plan of Action on Ageing (MIPAA).

[26] Gender bias refers to making decisions based on gender that result in favouring one gender over the other which often results in contexts that are favouring men and/or boys over women and/or girls.

[27] Sexism is an attitude. It is an attitude of a person of one sex that he or she is superior to a person of the other sex, see www.un.org/womenwatch/osagi/pdf/whatissh.pdf#:~:text=SEXISM%20is%20an%20attitude.%20It%20is%20an%20attitude,Or%20a%20woman%20thinks%20that%20men%20are%20chauvinists.

[28] Ageism refers to the stereotypes, prejudice and discrimination directed towards people on the basis of their age. It can be institutional, interpersonal or self-directed. Institutional ageism refers to the laws, rules, social norms, policies and practices of institutions that unfairly restrict opportunities and systematically disadvantage individuals because of their age. For more information about ageism, see World Health Organization, Global Report on Ageism (Geneva, 2021), available at www.who.int/publications/i/item/9789240016866.

[29] For information about relevant guidelines, see United Nations, *United Nations Disability-Inclusive Communications Guidelines* (New York, 2012), and ISO guidelines on web accessibility, available at www.accessibility.com/blog/iso-standards-and-accessibility.

In addition to the above-mentioned multi-ministerial and multi-sectoral training, targeted capacity development is also required for implementation progress in each priority area, which are indicated under **5.2 Six priority areas and actions**.

5.1.5 A gender-responsive life cycle approach

Persons living with disabilities require support across the full life cycle. Governments and all stakeholders are advised to take a life cycle approach in the design of all strategies, policies and actions concerning persons with disabilities. Meanwhile, governments and societies need to recognize the intersectional barriers faced particularly by women and girls with disabilities – in all their diversity, [30] and systematically mainstream gender considerations throughout the planning and implementation of disability-related policies and programmes.

Thus, the following coordination actions are recommended to enable a gender-responsive life-cycle approach:

A. Standardize the requirement of gender and age-sensitive analysis as part of the situational analysis when designing a strategy, policy or programme concerning persons with disabilities;

B. Mandate regular coordination and joint planning among national coordination bodies (or the equivalent) for disability, gender and women's empowerment, population development, family, children and older persons;

C. Supported by the focal ministry on disability, examine strategies, policies and programmes concerning persons with disabilities to track the extent to which their needs are addressed and rights are fulfilled at every stage of life - from the prenatal period, early childhood, adolescence, youth, middle age to old age - and regardless of gender, the results of which should be used to inform planning and strengthen strategies, policies, plans and programmes.

Given the complexity of intersectional challenges faced particularly by women and girls with disabilities, as well other persons with disabilities of diverse gender identities, much stronger collaboration is especially needed between the focal ministry on disability and the focal ministry on gender equality and women's empowerment for concerted actions on the following:

A. Cross-sectoral review of legislation and policies in different sectors from both gender and disability perspectives;

B. Advise legislative bodies and line ministries to specify in legislation and policies across sectors,[31] the prohibition of discrimination against women and girls with disabilities as well as persons with disabilities of diverse gender identities, with enforcement measures;

C. Advise legislative bodies and line ministries to introduce amendments and new provisions to legislation, laws and policies across sectors, where necessary, to address the multifaceted challenges faced by women and girls with disabilities, as well as persons with disabilities of diverse gender identities, due to gender and disability and promote their empowerment and equality in law and policy;

---

[30] UN Women, "Facts and Figures: Women and Girls with Disabilities". Available at www.unwomen.org/en/what-we-do/women-and-girls-with-disabilities/facts-and-figures.

[31] Legislation and policies may discriminate against women and girls with disabilities as well as persons with disabilities of diverse gender identities directly or indirectly. In many contexts, reforms are needed particularly to abolish legal provisions that deny their legal capacity before the law. Those include reforms to uphold the right to make informed decisions about sexual and reproductive health and rights, marry and have a family, to remove regulations that allow involuntary sterilization, and to amend criminal and civil laws that do not adequately protect them from exploitation, violence and abuse.

D. Incorporate, in the national strategy on the empowerment of women, specific measures to empower women and girls with disabilities, as well as persons with disabilities of diverse gender identities, in all spheres and over the life cycle, addressing the multifaceted barriers faced on the basis of gender, disability and age;

E. Develop and implement strategic programmes that enhance the meaningful participation of women in policy and programme design, the representation of women with disabilities in decision-making bodies, including national machineries on gender and on disability, as well as the leadership of women with disabilities in organizations of persons with disabilities;

F. Establish, under the overall leadership of the proposed multi-ministerial and multi-sectoral coordination committee on disability inclusion, regular mechanisms/platforms for organizations of women with disabilities, and parent and care partner groups,[32] to advise and co-design programmes across sectors, especially in sectors that particularly concern women and girls with disabilities, and persons with disabilities of diverse gender identities, such as sexual and reproductive health and rights and gender-based violence.

5.2 Six Priority Areas and Actions

5.2.1 Priority Area 1: Harmonize national legislation with the CRPD, once the Convention has been ratified or acceded to

Jakarta Declaration
Harmonize national legislation with the Convention on the Rights of Persons with Disabilities, once the Convention has been ratified or acceded to, by conducting comprehensive and regular reviews of national and local legislation as appropriate, providing guidance on the implementation of the Convention by line ministries and governments at all levels, training all personnel involved in law enforcement, integrating the provision of reasonable accommodation in national policies, programmes and budgets, and developing and strengthening frameworks, as appropriate, to promote, protect and monitor the implementation of the Convention.

Description
The CRPD is the first disability-specific, international legal instrument that provides a comprehensive approach to respecting, protecting and fulfilling the rights of persons with disabilities. The Convention explicitly empowers persons with disabilities as holders of rights, as distinct from being treated as objects of charity. The ESCAP region played an instrumental and historic role in the initiation and drafting of the Convention. As of 31 July 2023, a total of 47 out of the 51 ESCAP members and associate members with treaty-making capacity in Asia and the Pacific had ratified or acceded to the Convention. Three others had signed but not yet ratified the Convention. The Optional Protocol had been ratified or acceded to by 17 members and associate members in Asia and the Pacific. Three had signed but not ratified it.[33]

This priority area focuses on building the capacities and strengthening national legislative and regulatory frameworks to ensure the effective harmonization and implementation of the CRPD at the national and subnational levels.

---

[32] Care partners of persons with disabilities are overrepresented by women. Given the impacts of many policies and programmes on care partners of persons with disabilities, engaging care partners is also important.
[33] For more information, see https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Treaty.aspx?Treaty=CRPD.

Key Actions

Between 2023 and 2032, Governments in Asia and the Pacific shall take the following actions, once the CRPD has been ratified or acceded to:[34]

I. Legislative action and policy reform

A. The central-level highest policy planning body[35] with convening authority:

A1. Requests each ministry to conduct a comprehensive review of all legislation (including the Constitution), decrees, regulations and other legal instruments (both mainstream and disability-specific and in all sectors) adopted at the national and subnational levels, especially regarding the following:

    (a) Discriminatory legal instruments and provisions that deny, restrict or undermine the rights of persons with disabilities;[36]

    (b) Legal instruments and provisions that indemnify and protect duty bearers from any consequences arising from non-fulfilment of their obligations;

    (c) Absence or inadequacy of guarantees that ensure prompt, adequate, appropriate and effective remedies for failure to respect and protect the rights of persons with disabilities.

A2. Requests each ministry, in follow-up to the review, to nullify and/or amend discriminatory primary legislation, decrees, regulations and other legal instruments, and where necessary, introduce new legal instruments and provisions, to incorporate essential elements that include the following:

    (a) Legal definition of disability, in line with the social model and human rights models adopted in the CRPD, and of discrimination on the basis of disability that includes the denial of reasonable accommodation,[37] direct and indirect discrimination, and also multiple forms of discrimination reflecting the intersection of disability with age, gender and other parameters;[38]

    (b) Legal delineation of the responsibility of each government ministry to respect, protect and fulfil the rights of persons with disabilities, and fulfil obligations to respond to issues raised by individual persons with disabilities;

    (c) Legal delineation of the responsibility of the private sector to respect, protect and fulfil the rights of persons with disabilities;

    (d) Removal of language that undermines the dignity and rights of persons with disabilities from national legislation, policies and regulations,;

    (e) Prohibition of vilification and harassment of persons with disabilities;

---

[34] Even when a State has not ratified the Convention on the Rights of Persons with Disabilities, it may wish to consider drawing on the Convention as a policy framework to help shape its laws and policies in relation to persons with disabilities. Thailand did this before the Convention was even formally adopted. This was also the case in the Pacific where not all States/territories are parties/bound to the Convention.

[35] For example, in India, the central-level highest policy planning body is the National Institute for Transforming India (**NITI Aayog**), formerly known as the Planning Commission. It plays a pioneering role in mobilizing multi-ministerial and multi-sectoral collaboration in paying attention to social groups, such as persons with disabilities, that may be at risk of not benefiting adequately from economic progress.

[36] One example is the criminalization of attempted suicide. Another example is provisions that disqualify, on the ground of disability, persons with disabilities for taking exams for professional qualification.

[37] See United Nations Convention on the Rights of Persons with Disabilities, article 2.

[38] See CRPD/C/GC/6.

(f)   Recognition and protection of the legal capacity [39] of persons with disabilities;

(g)   Obligations and enforcement measures on providing accessible procedures and information, as well as procedural accommodation in the justice system that is gender-responsive and disability-inclusive;[40]

(h)   Recognition of sign languages as languages and institutionalize the use of sign languages in public communications settings such as the dissemination of public information through television, Internet and other broadcasting channels, parliamentary sessions, and press conferences;

(i)   Reform of policies and procedures with regard to deinstitutionalization and prevention of institutionalization,[41] as well as the provision of community-based support for persons with disabilities released from institutional facilities to live independently in the community, with special consideration of persons with intellectual and psychosocial disabilities, women with disabilities, persons with disabilities of diverse gender identities, and other disability groups in vulnerable situations.[42]

(j)   Formulation of policies, strategies and action plans to operationalize the harmonized legal instruments.

B.   The government authority at all other levels[43] requests each department to undertake the following in parallel with the abovementioned actions by the central-level government authority:

B1.   Conduct a comprehensive review and promote harmonization of laws, decrees, regulations and other legal instruments at the respective government levels with the CRPD;

B2.   Pursue follow-up actions to the review by nullifying, amending or introducing new legal instruments at the respective government levels.

C.   Ensure that the above-mentioned actions take into account the evolving jurisprudence of the Committee on the Rights of Persons with Disabilities in its General comments, Concluding observations pertaining to States Parties' reports, statements, and decisions and reports regarding individual communications under the Optional Protocol.

II. Institutional mechanisms

---

[39] See CRPD/C/GC/1, para. 12-13. Legal capacity includes the capacity to be both a holder of rights and an actor under the law. Legal capacity to act under the law recognizes that person as an agent with the power to engage in transactions and create, modify or end legal relationships. For example, substituted decision-making for persons with intellectual disabilities and persons with psychosocial disabilities are viewed as a denial of their legal capacity. In contrast, supported decision-making is the appropriate approach to respecting their legal capacity.

[40] For detailed guidance on disability inclusion in the judicial systems, please refer to United Nations High Commissioner for Human Rights, *International Principles and Guidelines on Access to Justice by Persons with Disabilities (*Geneva, 2020). Available at: www.ohchr.org/sites/default/files/Documents/Issues/Disability/SR_Disability/GoodPractices/Access-to-Justice-EN.pdf.

[41] Prohibition of forced institutionalization that occurs without the prior informed consent of persons with disabilities, especially in the case of persons with psychosocial disabilities.

[42] See CRPD/C/5: Guidelines on deinstitutionalization, including in emergencies (2022).

[43] In this Operational Guide, the different levels of government may include central, state, provincial, municipal, district, county, and local levels.

A. The head of the highest government authority undertakes action to enable the following at the national level:

A1. Direct all ministries to appoint, with adequate staff resources, an intra-ministerial focal point for coordination and oversight of harmonization of legislation with the CRPD;

A2. Engage, as appropriate, a law reform body, the national human rights institution, a specially-convened expert body, public inquiries or ad hoc and standing legislative committees to support comprehensive review;

A3. Establish an independent disability rights commission, with staff members who are persons with disabilities, especially those from underrepresented disability groups, to undertake tasks that include the following:
  (a) Support individuals with disabilities in filing grievances and facilitate prompt resolution of grievances;
  (b) Refer complaints to an appropriate mechanism (such as an independent grievance redress tribunal) for legal remedy;
  (c) Share examples of case laws[44] via online platforms and other means;
  (d) Conduct participatory research on the status of harmonization of national and subnational legislation with the CRPD and on disability-based discrimination;
  (e) Report annually to the national legislative body the status of harmonization of legislation with the CRPD and an up-to-date situational analysis of disability-based discrimination;
  (f) Interpret General comments and Concluding observations on the State Party's reports produced by the Committee on the Rights of Persons with Disabilities, and advise on and monitor national actions to address such general comments and concluding observations;
  (g) Advise on the integration of review and reporting of the status of the rights of persons with disabilities in voluntary national reviews (VNRs) of the 2030 Agenda for Sustainable Development and the SDGs, the universal periodic reviews (UPRs)[45] and the State Party's reporting on the implementation of other human rights treaties ratified.

A4. Establish an independent disability rights grievance redress tribunal,[46] with tribunal members who are persons with disabilities, that address complaints in a manner that avoids the expense, delay and inaccessibility of court proceedings.

---

[44] Case law refers to law that is based on precedential judicial decisions. It is distinguished from law created by legislation, such as statutes and codes, or by agencies, such as regulations. Case law is based on the detailed facts of a case that has been resolved by courts or similar tribunals. These decisions can be cited as precedents, which provide a common background and interpretation of the law for certain legal concepts and situations.

[45] The Universal Periodic Review (UPR) is a unique mechanism of the Human Rights Council that calls for each UN Member State to undergo a peer review of its human rights records every 4.5 years. The UPR provides each State the opportunity to regularly: (i) report on the actions it has taken to improve the human rights situations in their countries and to overcome challenges to the enjoyment of human rights; and (ii) receive recommendations – informed by multi-stakeholder input and pre-session reports – from UN Member States for continuous improvement.

[46] A tribunal is different from a court. A tribunal is composed of thematic and legal experts as well as members of the community. In this case, community members would be persons with disabilities and their allies who have expert knowledge of the rights violation to be considered. Their judgement carries the same weight as the court decision. This is more people-centred, pro-poor, accessible and disability-inclusive than the standard avenue for accessing justice through a regular courthouse.

A5. Support the provision of trained justice facilitators or intermediaries to assist persons with disabilities in seeking justice services, to enable persons with disabilities who lack legal literacy, to go through legal processes and courthouse proceedings to access justice.

A6. Local governments provide subsidies and/or partner with lawyers' associations or other pro bono legal service providers, to provide legal assistance to persons with disabilities, especially those living in low-income households.

A7. Integrate the above-mentioned functions into existing mechanisms, with adequate resources, in case the proposed new mechanisms (e.g., the independent disability rights commission and the independent disability rights grievance redress tribunal) cannot be established.[47]

B. The government authority at all levels undertakes the above-mentioned institutional reform tasks as indicated above for the national level.

C. Establish a committee within legislative bodies at all levels, to scrutinize laws, regulations and policies to ensure consistency with the CRPD and advise on and monitor necessary legal and policy reform actions.

\#

III. Capacity development

A. The focal ministry on disability partners with OPDs and other stakeholders, including the proposed independent disability rights commission, the national human rights institution, and the United Nations Country Team, to organize training and advise on the use of inclusive terminology to ensure that the legislative, executive and judicial branches of the government adopt the social and human rights models of disability in line with the CRPD.

B. The ministry of justice, supported by the focal ministries on disability and gender as well as OPDs, organizes regular targeted training on the rights of persons with disabilities with a gender lens for the judiciary, law enforcement and other justice system personnel.

C. The focal ministry on disability partners with OPDs and other stakeholders, including the proposed independent disability rights commission, the national human rights institution, and the United Nations Country Team, to organize training on the preparation of national reports to the Committee on the Rights of Persons with Disabilities.

D. The focal ministry on disability collaborates with the proposed independent disability rights commission and OPDs, to produce and disseminate public interest materials for positive attitudinal and cultural changes with regard to persons with disabilities, in line with the spirit of the CRPD.

---

[47] For instance, the national human rights institution can appoint a disability rights commissioner with necessary authority, dedicated resources as well as institutional and political support to fulfill responsibilities that are most critical for the strengthening and enforcement of legislation on disability rights.

IV. List of Resources for Priority Area 1

1. United Nations High Commissioner for Human Rights, *International Principles and Guidelines on Access to Justice by Persons with Disabilities (*Geneva, 2020) Available at www.ohchr.org/sites/default/files/Documents/Issues/Disability/SR_Disability/GoodPractices/Access-to-Justice-EN.pdf.

2. United Nations Human Rights, *Guidelines on deinstitutionalization, including in emergencies*, CRPD/C/5 (Geneva, 2022). Available at www.ohchr.org/en/documents/legal-standards-and-guidelines/crpdc5-guidelines-deinstitutionalization-including

5.2.2 Priority Area 2: Promote the meaningful participation of women and men with disabilities – in all their diversity - of all ages

Jakarta Declaration
Promote the meaningful participation of women and men with diverse disabilities of all ages, including by consulting closely and actively involving children and youth with disabilities through their representative organizations, in planning, implementing and making decisions about policies, programmes and political processes through reasonable accommodation, raising awareness and building the capacities of persons with disabilities and their representative organizations, as appropriate, and governments at all levels, as well as other stakeholders.

Description

The participation of persons with disabilities in planning, implementing and making decisions about policies and programmes and in the political process is the cornerstone for the realization of the rights of persons with disabilities. Being able to exercise the right to make decisions, to vote and to be elected is intrinsic to this goal.

In the fourth regional Disability Decade, this priority area emphasizes mainstreaming the meaningful participation of persons with disabilities, especially women, children, youth and older persons with disabilities, in the planning, decision-making, implementation, monitoring and evaluation of policies and programmes beyond those specifically related to disability, and in political processes. It also calls for special attention to the diversity of persons with disabilities, emphasizing the need to engage disability groups that tend to be overlooked such as deafblind persons, autistic persons, persons with intellectual disabilities, persons with psychosocial disabilities, persons living with dementia, persons with albinism, persons with multiple disabilities, as well as women and girls with disabilities and those of diverse gender identities. Moreover, the achievement of meaningful participation requires actions not only by persons with disabilities but also by government entities and other partners. The provision of an enabling environment requires institutionalized mechanisms and platforms for participation, improved awareness and capacities of persons with disability and their representative organization, governments and all other stakeholders involved.

In this Operational Guide, meaningful participation covers public policy-making[48] and political decision-making processes.

On meaningful participation in **public policy-making** processes, government entities and other partners regularly engage with persons with disabilities to:
    A.   Raise issues for policy attention;
    B.   Identify gaps in policies and programmes as experienced by persons with disabilities;
    C.   Co-design public policies and programmes across all sectors, including in emerging priorities such as climate actions and digital transformation;
    D.   Provide technical advice and user perspectives on implementation outcomes;
    E.   Contribute insights for preparing new laws or amending existing laws;
    F.   Hold decision-making and technical positions and roles in the public sector.

On meaningful participation in **political decision-making** processes at all levels throughout the electoral cycle, government entities and other partners ensure that persons with disabilities, on an equal basis with others:
    A.   Have access to disability-inclusive information and venues for rallies and voting;
    B.   Are included as voters in electoral rolls;
    C.   Are not disqualified on the ground of disability to stand as candidates for election.

At the same time, for meaningful participation, persons with disabilities take responsibility for the following:
    A.   Acquire skills in analysing and articulating public policy issues in a clear and concise manner to different target audience groups;
    B.   Build factual knowledge and expertise on issues that require advocacy;
    C.   Break out of single disability silos to build stronger cross-disability and cross-sectoral solidarity;
    D.   Focus on issues bigger than a single disability and short-term considerations;
    E.   Incorporate gender, age and other social inclusion perspectives in and build strategic alliances with other civil society actors to address intersectional discrimination.

For meaningful participation in public policy decision-making and political participation processes, it is necessary to encourage and support persons with disabilities over the long term. This is because meaningful participation is a process rather than a one-time event.[49] It is also important to institutionalize measures that protect persons with disabilities and their representative organizations engaging in such processes from intimidation, harassment and reprisals, in connection with their expressing various opinions. Such engagement represents a shift away from ad hoc or tokenistic consultation with persons with disabilities.

This Operational Guide also acknowledges findings from the Second International Disability Alliance Global Survey on the Participation of Organisation of Persons with Disabilities in 2021,[50] which refers to gaps and issues for meaningful participation – not only in quantity but

---

[48] While there are differing academic views on the definition of public policy, in this guide it encompasses the following: laws, regulatory measures, government guidelines, strategies and action plans, as well as policies on, for example, economic, social and foreign affairs.

[49] See CRPD/C/GC/7, para. 28.

[50] International Disability Alliance, *Not Just Ticking the Disability Box? Meaningful OPD Participation and the Risk of Tokenism, Report of the 2nd IDA Global Survey on Participation of Organizations of Persons with Disabilities* (Geneva, 2022).

also in quality - from the perspectives of OPDs. Proposed actions under this section will focus on improving domestic legislative frameworks, institutional mechanisms, preconditions such as accessibility and reasonable accommodation, capacities and resources to enable meaningful participation.

The term "meaningful participation" could be interchangeably used with terms such as "closely consult with and actively involve in" and "full and effective participation."[51]

Key Actions
Between 2023 and 2032, Governments in Asia and the Pacific take the following actions:

I. Legislative action and policy reform

A. Legislative bodies at all levels, in cooperation with line ministries, mandate the meaningful participation of persons with disabilities in public policy-making and political decision-making processes, regardless whether the matters specifically concern persons with disabilities, including by the following actions:

A1. Include affirmative legal measures to ensure the representation of:
(a) Diverse groups of persons with disabilities[52] in judicial, executive and legislative bodies, multi-ministerial and multi-sectoral policy coordination and decision-making mechanisms,[53] as well as independent rights protection bodies, including as government employees and expert advisors;
(b) Women with disabilities in the judicial, executive and legislative bodies, multi-ministerial and multi-sectoral policy coordination and decision-making mechanisms, as well as independent rights protection bodies, including as government employees and expert advisors, especially for the national machinery for gender equality and the empowerment of women;

A2. Remove legal barriers, especially provisions that disqualify persons with intellectual disabilities, persons with psychosocial disabilities and other disability groups who face additional[54] barriers to political participation that prevent them from exercising the right to vote,[55] to stand for election and to hold office.

II. Institutional mechanisms

---

[51] See CRPD/C/GC/7, para. 28.

[52] This term points to the large heterogeneity among persons with disabilities. Persons with disabilities include persons living with different forms of functional difficulties, persons with multiple disabilities, and persons with extensive disabilities. Among persons with disabilities, certain groups are marginalized, either because the form of disability they are living with is less visible and understood, or because they belong to groups such as women, persons of diverse gender identities, children, youth and older persons with disabilities and those living in rural, remote, indigenous and/or low-income communities. Governments should also explore locally feasible mechanisms to obtain opinions from underrepresented and marginalized disability groups in public policy making processes across all sectors.

[53] This refers to the decision-making mechanisms of line ministries in all sectors such as education, health, finance, urban development, disaster risk reduction, climate action and public health emergency responses.

[54] Additional barriers refer to a wide range of barriers - attitudinal, physical, legal, economic, social, communication and institutional barriers - that presume that these groups are either incapable of voting or should not be allowed to vote, as compared with other groups of persons with disabilities.

[55] The electoral process needs to be made more inclusive by, for example, promoting supported decision-making and abolishing discriminatory guardianship laws that adversely affect persons with intellectual and psychosocial disabilities. See ESCAP, *Harmonization of national laws with the Convention on the Rights of Persons with Disabilities: overview of trends in Asia and the Pacific* (Bangkok, 2022), and United Nations Development Programme, *Political Participation of Persons With Intellectual or Psychosocial Disabilities* (New York, 2021).

A. The head of the highest government authority establishes or strengthens a multi-ministerial and multi-sectoral committee on disability inclusion in policies and programmes across sectors that:

    A1. Operates under the direct purview of the head of the highest government authority who chairs its meetings;

    A2. Mobilizes, coordinates and monitors multi-ministerial and multi-sectoral actions for upholding the rights of persons with different disabilities;

    A3. Is supported by a secretariat, among the staff of which are persons with disabilities, that is dedicated to servicing the committee on a full-time basis;

    A4. Ensures and advises on consultations with underrepresented disability groups, including but not limited to women with disabilities, persons with disabilities of diverse gender identities, children with disabilities[56] and their parents/guardians, and older persons with disabilities, in co-designing and making decisions about policy planning, programme design and implementation that concern them;

    A5. Ensures that accessible information is provided and reasonable accommodation measures are put in place to enable diverse groups of persons with disabilities to meaningfully participate in policy making and decision making processes.

B. The head of each ministry establishes/strengthens an intra-ministry disability inclusion coordination entity, with adequate resources, under her/his purview that is:

    B1. Chaired by the head of the respective ministry;

    B2. Mobilizes, coordinates and monitors disability inclusion actions in all departments within the ministry;

    B3. Represents the respective ministry on the multi-ministerial and multi-sectoral coordination committee on disability inclusion, and contributes inputs and actions for cross-ministerial collaboration.

C. The government authority at all other levels, in cooperation with the heads of departments at the respective levels, pursues institutional reform as indicated above for the national level.

D. The election commission enables persons with disabilities to participate in the political decision-making process via disability inclusion in the following: voter registration, voter education [57] and voting (by post and in-person).[58]

---

[56] See Convention on the Rights of the Child, article 13.

[57] Such information and materials need to be produced and disseminated in formats and languages that are accessible for persons with disabilities, for example, clear, easy-read, and sign language formats.

[58] For example, the following reasonable accommodation measures may be considered: allowing the assistant of the voter's personal preference to be at the polling booth, making available Easy Read voting instructions, putting in place a "calm room/space" at the polling station, and training service personnel on how to support voters with disabilities.

E. The election commission circulates guidelines on the accessibility of campaign materials and rallies.[59]

F. Political parties strengthen disability inclusion in their manifestos, actively seek candidates and campaign supporters with disabilities who can contribute to the realization of disability rights in line with the CRPD, and provide reasonable accommodation, as required by persons with disabilities, to join in political party activities.

G. The government authority at all levels ensures the availability of adequate budgetary allocations for the provision of universal design-based accessibility and reasonable accommodation as preconditions for persons with disabilities to participate in public policymaking and political decision-making processes.

III. Capacity development

A. The focal ministry on disability, in collaboration with civil society actors, raises awareness among line ministries and governments at all levels, including policymakers, judiciary and law enforcement personnel through training programmes on the "what, why and how" regarding meaningful participation of persons with disabilities.

B. The focal ministry on disability (and its equivalent at all levels) collaborates with OPDs, to strengthen the capacity of the election commission and political parties in countering ableist behaviours and promoting the meaningful participation of persons with disabilities in political decision-making processes.

C. The focal ministry on disability (and its equivalent at all levels) engages the election commission to provide capacity development for persons with disabilities to participate in political decision-making processes.

D. The focal ministry on disability (and its equivalent at all levels) coordinates and delivers capacity development programmes, with adequate budgetary allocations and in-kind resources, for OPDs on effective participation in public policymaking and political decision-making processes.

E. The focal ministry on disability coordinates long-term public awareness-raising campaigns to change misperception of persons with disabilities and improve recognition of persons with disabilities, including women, older persons and other underrepresented groups among them, as active and valuable contributors to society.

IV. List of Resources for Priority Area 2

1. International Disability Alliance, *Not Just Ticking the Disability Box? Meaningful OPD Participation and the Risk of Tokenism, Report of the 2nd IDA Global Survey on Participation of Organizations of Persons with Disabilities* (Geneva, 2022). Available at www.internationaldisabilityalliance.org/blog/%E2%80%9Cnot-just-ticking-disability-box-meaningful-opd-participation-and-risk-tokenism%E2%80%9D

---

[59] For example, sign language interpretation is provided for deaf election candidates and all other candidates for their campaign speeches that are broadcast as public service announcements.

2. United Nations Development Programme, *Political Participation of Persons With Intellectual or Psychosocial Disabilities* (New York, 2021). Available at www.undp.org/publications/political-participation-persons-intellectual-or-psychosocial-disabilities

5.2.3 Priority Area 3: Improve physical and digital accessibility with special attention to the distinct needs of persons with different disabilities and of women, children and older persons with disabilities

Jakarta Declaration
In the context of paying special attention to the distinct needs of persons with diverse disabilities and of women, children and older persons with disabilities, improve the accessibility of the physical environment, public transportation, information and communications, including information and communications technologies and systems, essential information and services related to disaster risks and public health emergencies and other public services, in both urban and rural areas, and promote universally designed goods, services, equipment and facilities by developing national standards and guidelines in line with latest international accessibility standards and guidelines.

Description
Accessibility means that persons with disabilities can access and safely and seamlessly use the following: physical environment, public transportation, services, knowledge, information and communications, including in the digital environment. Improvement in accessibility is a precondition for persons with disabilities to fulfil their rights and live with dignity, and it must be underpinned by adherence to universal design principles[60] and the effective use of assistive technology.

Universal design is an approach to the design of environments, services, products and information so that they can be accessed and used by the broadest range of users.[61] Accordingly, existing practices must be reoriented to enable the broadest range of users to access information, facilities, services and products. The accessibility of urban, rural and remote areas based on universal design increases safety and ease of use not only for persons with disabilities but also for all other members of the society.

Assistive technology is an umbrella term for assistive products and their related systems and services.[62] Assistive products may be physical products such as wheelchairs, spectacles, hearing aids, prostheses, orthoses, walking aids or continence pads. Assistive products may also be adaptations to the physical environment, such as portable ramps or grab rails. They may also be digital products such as software and applications that support activities such as communication and time management. Assistive technologies enhance a person's functioning related to cognition, communication, hearing, mobility, self-care and vision.

When universal design and assistive technology are not available or useful, the provision of reasonable accommodation on a case-by-case basis would help individual persons with

---

[60] Centre for Excellence in Universal Design (Ireland), "The 7 Principles of Universal Design", available at www.https://universaldesign.ie/what-is-universal-design/the-7-principles/#p2.

[61] Target users of universal design may include persons with disabilities, older persons, and any other persons who have temporary or long-term functional difficulties in mobility, acquiring information, understanding people and communication.

[62] World Health Organization and the United Nations Children's Fund, *Global report on assistive technology* (Geneva 2022).

disabilities. Reasonable accommodation means necessary and appropriate modification and adjustment, not imposing a disproportionate or undue burden, where needed in a particular case, to ensure that persons with disabilities enjoy or exercise on an equal basis with others all human rights and fundamental freedoms.[63]

Digitalization has been expedited by the COVID-19 pandemic. Digital technology, digital content and digital services are key components of the digital environment.[64] For persons with disabilities, digitalization is an opportunity and a challenge. Regardless of the types of impairment, persons with disabilities who can afford digital devices, have had digital training and skills upgrading, and have a stable Internet connection can benefit from the digital environment. In that regard, they would have access to more job opportunities including remote working options, conduct financial business and social interaction, have health consultations online, and access digital content for entertainment or learning purposes. However, the present barriers in the digital environment and insufficient connectivity exclude many persons with disabilities from a wide range of essential services and content that are now increasingly only available online. Furthermore, without digital literacy training and support, many persons with disabilities are unable to navigate the increasingly complex digital environment with their privacy and safety protected.

For operationalizing accessibility in rapidly changing environments for learning, working, communicating and leisure, this priority area focuses on the strengthening of a rights-based, non-discrimination approach to accessibility, with enforcement of adherence to accessibility standards by public and private sector entities. New measures for improving accessibility also include public-private sector collaboration in public procurement,[65] and raising the level of digital literacy of persons with disabilities.

Key Actions
Between 2023 and 2032, Government takes the following actions:

I. Legislative action and policy reform

    A. Legislative bodies at all levels enact legal measures for accessibility that:

        A1. Recognize that the denial of access to the following, and of the provision of reasonable accommodation, constitutes discrimination, and prohibit such discrimination:
            (a)   Physical environment;
            (b)   Knowledge, information, communication and services, including those provided in the digital environment;
            (c)   Transportation;
            (d)   Assistive technologies;

        A2. Target the built environment, facilities, street environment, public transport, goods, information, communication, products and services, including those in the

---

[63] See United Nations Convention on the Rights of Persons with Disabilities, article 2.

[64] Examples of each subcategory of the digital environment are as follows: digital technology such as smartphones, computers, software, Internet connection, and social media; digital content including textual, visual and audio information online; digital services such as digital banking services, e-Government, online public services, and e-commerce.

[65] Public procurement refers to the process by which public authorities, such as government departments or local authorities, purchase work, goods or services from companies or social enterprises.

digital environment,[66] that are open to the public, regardless of whether they are owned and/or provided by a public authority or a private enterprise;

A3. Cover both new and existing infrastructure, as well as infrastructure projects being planned;

A4. Require the application of universal design principles and ensuring the affordable availability of user-friendly, high-quality and sustainable assistive technologies as essential and complementary means of achieving accessibility.

B. The national standards institution, in collaboration with the respective line ministries and in consultation with research institutions and OPDs with expertise in accessibility, is mandated to:

B1. Develop, in line with the latest international accessibility standards and guidelines, [67] national standards and guidelines for universal design-based buildings, facilities, infrastructure, public transport system, information and communications technologies, the digital environment, goods, and services, and monitor the enforcement of such standards and guidelines. Such national standards and guidelines should pay special attention to gender gaps in accessibility;

B2. Monitor compliance with the abovementioned standards and guidelines;

B3. Review the national standards and guidelines at regular intervals and update as may be required.

C. The ministry responsible for construction/infrastructure development/public works/urban affairs examines compliance with accessibility criteria as the basis for granting official permission for constructing buildings, facilities, infrastructure, street environment and public transport systems.

D. All line ministries and government at all levels develop, adopt and implement a disability-inclusive public procurement policy that requires bidders to demonstrate the capacity for producing and/or providing accessible products and services, including those in the digital environment.

E. The ministries responsible for assistive technologies, trade (international and domestic), industrial development, technology innovation, entrepreneurship, and information and communication technologies develop and implement legislative and policy measures to increase the sustained availability of affordable, high-quality assistive technologies for persons with disabilities through actions in line with the WHO-GATE 5P Framework,[68] especially the following:

---

[66] This refers to public services for urban, rural and remote communities, including essential information and services related to disaster risks and public health emergencies. All service information should be made available in audio-visual and Easy Read formats as well as with national/local sign language interpretation.

[67] For examples of guidelines for digital and physical accessibility, please refer to section **5.2.3, IV. List of Resources for Priority Area 3**.

[68] World Health Organization, "Global Cooperation on Assistive Technology (GATE)", available at www.who.int/initiatives/global-cooperation-on-assistive-technology-(gate).

E1. Assess the met and unmet needs of diverse disability groups for assistive technologies, with the Rapid Assistive Technology Assessment Tool[69] developed by the World Health Organization;

E2. Encourage international cooperation in sharing and adapting assistive technologies and localized production of assistive products to improve the affordability;

E3. Cap profit margins on assistive devices;

E4. Reduce or waive tariffs and taxation on assistive devices and spare parts;

E5. Subsidize the purchase of assistive devices by persons with disabilities;

E6. Increase the availability of local repair and maintenance services for assistive devices.

F. The ministries responsible for copyright, digital content, and treaty ratification collaborate in preparations for ratifying and/or implementing the Marrakesh Treaty to Facilitate Access to Published Works for Persons Who Are Blind, Visually Impaired, or Otherwise Print Disabled.[70]

II. Institutional mechanisms

A. Establish an inter-ministerial accessibility board[71] whose features and purposes include the following:

A1. Is a statutory body that reports directly to the head of highest government authority;

A2. Is staffed by accessibility experts, including representatives of women with disabilities and persons with different disabilities, and senior representatives of line ministries;

A3. Pursues enforcement of accessibility legislation, standards and guidelines at all levels;

A4. Contributes technical inputs, as required, to the drafting and amendment of legislation, policies and regulations on accessibility in diverse sectors, including but not limited to digitalization, climate actions, urban/human settlement planning and disaster risk reduction as well as public procurement;

---

[69] World Health Organization. *Rapid Assistive Technology Assessment Tool (rATA)* (Geneva, 2021), available at www.who.int/publications/i/item/WHO-MHP-HPS-ATM-2021.1.

[70] The Marrakesh Treaty was adopted on 27 June 2013 and entered into force on 30 September 2016. Available at: www.wipo.int/marrakesh_treaty/en/. The treaty is administered by the World Intellectual Property Organization to make the production and international transfer of specially-adapted books for people with blindness or visual impairments easier. It does this by establishing a set of limitations and exceptions to traditional copyright law.

[71] Where establishing an inter-ministerial accessibility board is deemed infeasible in the short term, the Government could adapt existing mechanisms to undertake the same functions and actions.

A5. Serves as a "go to" resource hub on accessibility for toolkits, good practices, legislative measures, research studies and a roster of experts in diverse areas of accessibility;

A6. Provides technical guidance on the conduct of access audits of public infrastructure, facilities, transport, the digital environment, and services, with the vision to ensure accessibility at all stages of the life cycle of persons with disabilities.

B. All line ministries, and their equivalent at all levels, create and implement their respective action plans to achieve full accessibility of government websites in line with the most updated international web accessibility guidelines and technical standards.

C. All line ministries, and their equivalent at all levels, make specific annual budgetary allocations for universal design-based accessibility and reasonable accommodation. In addition to the various dimensions of accessibility indicated above, resource allocations are required for:

C1. Continuous staff training on the application of universal design principles and accessibility guidelines and standards;

C2. Public information on accessibility-related policies and services.[72]

D. The ministry of finance and budgetary bureaus within line ministries allocate budgets for institutions such as government offices dealing directly with the general public, schools, hospitals, employment service centres and financial service institutions, to hire trained staff members to deliver accessibility support for clients.

III. Capacity development

A. The national standards institution, in collaboration with the respective line ministries, national training institutions, universities and OPDs with expertise in accessibility, conducts training for government personnel at all levels on national accessibility standards and guidelines and how to apply them for universal-designed based accessibility measures and facilities.

B. The ministry with authority over all media entities provides training to media outlets and practitioners on the implementation of guidelines with regard to gender-sensitive disability-inclusive communications.[73]

C. The ministry responsible for higher education requires public universities, training institutions and professional associations to incorporate universal design and accessibility standards and guidelines in the curricula for urban planning, architecture,

---

[72] Communication with the general public (and not only persons with disabilities) is more effective when public information is provided in Easy Read and Plain Language formats. See www.accessibility.com/blog/what-is-plain-language-and-why-does-it-matter.

[73] Many public and private organizations have developed various disability-inclusive communications guidelines. One of such resources is the United Nations Disability-Inclusive Communications Guidelines (for access, please see section **5.2.3, IV. List of Resources for Priority Area 3**). While these guidelines are intended for UN personnel, it can be useful resource to guide everyone in developing an inclusive communications culture.

construction, industrial design and management, engineering, information and communications technologies, public administration, and education.

D. The focal ministry on disability, in collaboration with OPDs and training institutions with relevant expertise, organizes training on digital literacy and the safe use of the digital environment for persons with different disabilities, especially women, girls and older persons with disabilities.[74]

E. The national institutions that deliver in-service training for civil servants, supported by the focal ministry on disability and OPDs, provide training on the provision of accessibility support for staff members of government offices dealing directly with the general public, schools, hospitals, employment service centres and financial service institutions.

IV. List of Resources for Priority Area 3

1. Accessibility.com, "What is Plain Language and Why Does it Matter?" Available at www.accessibility.com/blog/what-is-plain-language-and-why-does-it-matter
2. Centre for Excellence in Universal Design (Ireland), "The 7 Principles of Universal Design". Available at www.universaldesign.ie/what-is-universal-design/the-7-principles/#p2
3. Guidelines on digital accessibility:
   - Accessibility Checker "Section 508". Available at www.accessibilitychecker.org/guides/section-508/
   - Web Content Accessibility Guidelines (WCAG) 2.2. Available at www.w3.org/TR/WCAG22/
   - World Wide Web Consortium (W3C) Markup Validation Service. Available at validator.w3.org/
4. Guidelines on accessibility in the built environment:
   - Government of Singapore, *Code on Accessibility in the Built Environment* (Singapore, 2019). Available at www1.bca.gov.sg/regulatory-info/building-control/universal-design-and-friendly-buildings/code-on-accessibility-in-the-built-environment
   - International Organization for Standardization , "ISO/TR 22411:2021 Ergonomics data for use in the application of ISO/IEC Guide 71", 2011. Available at www.iso.org/standard/78847.html)
   - International Organization for Standardization, "ISO 21542:2021 Building construction — Accessibility and usability of the built environment" 2021. Available at www.iso.org/standard/71860.html
   - International Organization for Standardization, "ISO/IEC Guide 71:2014 Guide for addressing accessibility in standards" 2014. Available at www.iso.org/standard/57385.html
   - United States Governments, *Americans with Disabilities Act (ADA) Accessibility Guidelines for Buildings and Facilities; Architectural Barriers Act (ABA) Accessibility Guidelines*, 2004. Available at

---

[74] Evidence shows that women, girls and older persons with disabilities are being left further behind in digital transformation.

www.federalregister.gov/documents/2004/07/23/04-16025/americans-with-disabilities-act-ada-accessibility-guidelines-for-buildings-and-facilities

5. United Nations, *United Nations Disability-Inclusive Communications* Guidelines (New York, 2022). Available at www.un.org/sites/un2.un.org/files/un_disability-inclusive_communication_guidelines.pdf

6. World Health Organization. *Rapid Assistive Technology Assessment Tool (rATA)* (Geneva, 2021). Available at www.who.int/publications/i/item/WHO-MHP-HPS-ATM-2021.1

5.2.4 Priority Area 4: Galvanize the power of the private sector, including its resources, technological innovations and talents, to advance disability-inclusive development

Jakarta Declaration

Galvanize the power of the private sector, including its resources, technological innovations and talents, to advance disability-inclusive development by adopting disability-inclusive public procurement policies to promote the application of universal design and accessibility measures to publicly procured infrastructure, information and communications technologies and services, by deploying policy incentives for private companies to take action towards mainstreaming disability inclusion in their workforces, organizations, products, services, market activities and supply chains and by facilitating the development of industry guidelines and protocols, especially in the media, including social media, and the entertainment sector, to promote diversity and inclusion and remove content that could lead to discrimination, stigmatization, stereotyping and misconceptions of persons with disabilities.

Description

This priority area recognizes the significant power of the private sector to drive transformative change towards disability inclusion throughout its entire value chain.[75] The private sector could use its power, directing its resources, technological innovations and talent and influencing consumers, to advance disability inclusion. Concepts such as "diversity, equity and inclusion (DEI)" and "environmental, social and governance (ESG)" have increasingly become part of the core business of corporations. Pioneering companies participating in the Valuable 500[76] and the Disability Equality Index[77] initiatives have designed and implemented programmes to mainstream disability inclusion into their business activities.

Persons with disabilities constitute a significant segment of the population that is a potentially large and largely untapped consumer market. This population has a disposable income of $1.9 trillion. The disposable income figure jumps to $13 trillion when family members, care partners

---

[75] The private sector, "a basic organizing principle of economic activity in a market-based economy where private ownership is an important factor, where markets and competition drive production, and private initiative and risk-taking set activities in motion," is composed of various market actors in the formal or informal economy. It may include multinational companies; large domestic companies; micro, small and medium enterprises (MSMEs); social enterprises; business intermediaries such as chambers of commerce; mutual organizations; and state-owned enterprises, among others. For more information, see United Nations Development Programme, *UNDP's Private Sector Development and Partnership Strategy (2018–2022): Making Markets Work for the SDGs* (New York, 2020).

[76] The Valuable 500 is a global business collective made up of 500 CEOs and their companies, innovating together for disability inclusion. The members have committed to disability inclusion and are beginning to work together as a collective, to drive system change through synchronized collective action. For more information, see www.thevaluable500.com/.

[77] The Disability Equality Index, initiated by Disability: IN and the American Association of People with Disabilities, offers a comprehensive benchmark tool for companies to build a roadmap of measurable and tangible actions towards disability inclusion in business activities. For more information, see www.disabilityin.org/what-we-do/disability-equality-index/.

and allies who prioritize disability-inclusive goods and services are considered. [78] The economic benefits of disability inclusion are being increasingly measured by a variety of actors.[79] To achieve an inclusive market, it is crucial to increase the availability of disability-inclusive products, services and market activities, for which more proactive and meaningful engagement of talents with disabilities, as managers, designers, technicians, producers and other roles in the value chain, is urgently needed.

Proposed actions under this priority area focuses on two aspects of disability inclusion in the private sector:

A.   Disability-inclusive business;

B.   Research and development to improve the quality, relevance and aesthetic attractiveness of products[80] and services[81] for persons with disabilities.

Disability-inclusive business yields profit. It is characterized by the following five key features:[82]

1)   There exists a corporate policy or strategy underscoring corporate commitment to disability inclusion;
2)   The entire business value chain enables persons with disabilities to play various roles, for example, as CEOs/senior managers, technical professionals, contractors, consultants, suppliers, distributors and consumers;
3)   Universal design-based mainstream products and services;
4)   Disability-inclusive procurement practice in which private sector companies engage as:
    (a)   Bidders for government contracts (public procurement);
    (b)   Tenderers that invite bidding as part of the procurement of goods and services for the companies' own use (private procurement);
5)   Disability-inclusive work environment and business processes, including accessible workplace facilities, information infrastructure, digital systems and networks, and disability-inclusive marketing and other business activities.

Private sector engagement in research and development improves products and services for persons with disabilities. Such engagement may concern research and development of mainstream products and services and those specifically tailored for persons with different disabilities. There is continuous need for such products and services that enable increasing numbers of persons with disabilities to live with dignity in the community.[83] Such products and

---

[78] Return on Disability Group, "Insights". Available at www.rod-group.com/insights.

[79] For example, ATscale, a UNOPS-hosted global partnership for assistive technology, shows that every dollar invested in disability inclusion leads to $9 of economic gain. See ATscale, *The Case for Investing in Assistive Technology* (Geneva, 2020), available at www.atscalepartnership.org/investment-case.

[80] For example, Swedish private sector company, Permobil, develops, manufactures and markets assistive technologies, including wheelchairs and wheelchair seats that enable persons with physical disabilities to enjoy a range of activities far beyond what is possible via conventional wheelchairs. The company believes that assistive technologies must follow the same high technical standards as obtain for all other products used by everyone in society. For more information, see www.permobil.com/en-us.

[81] For example, Huawei has produced a signing avatar to support deaf communication and learning. Updated in 2022, the Huawei Signing Avatar has the capacity to instantly convert text input in Chinese characters into Chinese Standard Sign Language. The Chinese Standard Sign Language interpretation services cover over 20,000 signs to meet diverse needs in everyday life. Huawei is also working on the further development of artificial intelligence-enabled sign language interpretation services (SignPal Kit). See ESCAP, *Sign Language, What Is It?* (Bangkok, 2023).

[82] ESCAP, *Disability at a Glance: Disability-inclusive Business* (working title) (Bangkok, 2023) (work in progress).

[83] World Health Organization and United Nations Children's Fund (UNICEF), *Global report on assistive technology* (Geneva, 2022).

services also help reduce physical and psychological burdens of care partners – who are primarily women and girls, including older women – of persons with disabilities.

Key Actions
Between 2023 and 2032, Governments may take the following actions:

I. Legislative action and policy reform

A. Legislative bodies, in partnership with relevant ministries and departments, review, amend or develop laws and regulations governing employment,[84] labour and commerce, among others, to ensure non-discrimination and inclusion of persons with disabilities as well as integrate accessibility-related provisions and accessibility standards within the private sector.

B. All line ministries and government at all levels develop, adopt and implement a disability-inclusive public procurement policy through preferential contracting[85] and/or integration of accessibility compliance in the tender/bidding process, as well as monitor the implementation of the process and the outcomes.

C. Ministries responsible for commerce and industry, and their equivalent at all government levels, provide incentives[86] to private sector companies that demonstrate disability-inclusive business practices that include the following:

C1. Leadership commitment[87] to and organizational strategy on disability inclusion;

C2. Progress in hiring employees with disabilities in all job categories, especially for technical and professional functions and in leadership and decision-making positions;

C3. Adherence to universal design principles in the design, production and marketing of goods and services for the general public;

C4. Practice of disability-inclusive private procurement;

C5. Creation of a workplace that is accessible and disability-inclusive in every way, including physical and digital infrastructure, business processes, internal communication modalities, and co-worker attitudes.

D. Ministries responsible for commerce and industry, and their equivalent at all government levels, incorporate disability perspectives in policies and regulations with regard to ESG, DEI and Business and Human Rights, to be adopted by businesses.

---

[84] This may cover recruitment, access to apprenticeship, continuous skills upgrading, and career advancement.

[85] Preferential contracting could be made with businesses run by persons with disabilities, and businesses which promote disability inclusion through producing universal design-based accessible products and services, taking proactive measures to hire persons with disabilities, having an accessible working environment, and having an executive-level policy commitment to disability inclusion.

[86] Incentives could be in various forms, including but not limited to job quota, tax reduction, financial subsidies and preferential contracting.

[87] Leadership commitment as demonstrated in consultations (e.g., in-house consultation with employees with disabilities and external consultation with persons with disabilities who are knowledgeable about employment issues), to co-create policy measures that foster changes for the creation of a disability-inclusive workplace culture and system for employee re-orientation, hiring, training, facilitation and conflict resolution, as well as monitoring and evaluation.

E. Ministries responsible for media, broadcasting and digital communications, in collaboration with the ministries of commerce and industry as well as marketing/advertising associations, facilitate the development of guidelines and protocols for print, television and social media, as well as the entertainment sector, to promote disability inclusion and remove content that could lead to disability-related discrimination, stigmatization, stereotyping and misconceptions of persons with disabilities.

F. Ministries responsible for higher education, science and technology, commerce, and industry collaborate with private sector entities in developing, supporting and implementing a public-private partnership policy framework and facility for advancing research and development on disability-inclusive products and services;

G. Local governments shape targeted programmes to increase access to financial services and credits by entrepreneurs and business owners with disabilities, and where possible, integrate tailored support to women with disabilities in existing microcredit and financial services designed for women's economic empowerment.

II. Institutional mechanisms

A. The government authority at all levels creates a new mechanism to develop, monitor and enforce the implementation of standard operating procedures on the conduct of disability-inclusive public procurement. If it is not feasible to create a dedicated new mechanism, existing mechanisms could be adapted to integrate the requisite actions into their policies and workplans.

B. The national and subnational chambers of commerce and business associations engage persons with disabilities who are experts in disability rights and inclusion, OPDs as well as government focal points on disability inclusion, in the following:

B1. Develop, implement, enforce and monitor an industry code of conduct on prohibiting and combating disability-based discrimination and empowering persons with disabilities, especially women with disabilities, persons with disabilities of diverse gender identities, and other marginalized disability groups, to participate in business activities;

B2. Develop and encourage the adoption of standard operating procedures on the conduct of disability-inclusive private procurement;

B3. Create standard operating procedures for consulting persons with disabilities on the co-design of products and services and research and development in general;

B4. Facilitate employers' networks at the national and subnational levels to enable a business-oriented mechanism that supports private-sector companies to take proactive actions, share and exchange knowledge and good practices, and hold

dialogues with governments and OPDs to obtain guidance on accessibility and reasonable accommodation.[88]

III. Capacity development

A. The focal ministry on disability collaborates with the ministries responsible for commerce, industrial development, private sector entrepreneurship and financial services, business associations as well as OPDs, and engages with international and local pioneers in disability-inclusive business to:

A1. Develop training materials and a team of facilitators to deliver training on disability-inclusive business[89] that incorporates the following:
   (a) Five key elements of disability-inclusive business mentioned above under "Description";
   (b) Disability-inclusive business benefits everyone;
   (c) Disability-inclusive business: how to practise it;

A2. Conduct training on disability-inclusive business practices, at all levels, directed at private sector companies, including the following:
   (a) Companies with high earning power;
   (b) Companies with a large number of employees;
   (c) Small and medium enterprises, including social enterprises;
   (d) Trade associations/guilds; chambers of commerce and/or industry;
   (e) Media agencies and entertainment companies;

A3. Identify and cultivate a network of individuals who demonstrate leadership on disability inclusion, especially among senior managers, to champion positive cultural and behavioural changes in their respective companies and the entire sector;

A4. Raise public awareness of and support for disability-inclusive business, as a strategy for shaping consumer behaviours in favour of disability-inclusive business;

A5. Collaborate with higher education institutions, especially business and management schools, to sensitize current and future business leaders and entrepreneurs on disability inclusion by incorporating disability inclusion curricula into educational programmes and activities targeting current and future business owners and managers.

B. The ministry responsible for commerce and industry, through public-private partnerships, advances the incubation of technologies and innovation of universal design-based accessible goods, services and technologies. There is economic and social

---

[88] Similarly, the United Nations and other international/regional development partners may facilitate such networks at the regional level to enable exchange of good practices and dialogues among private sector businesses and among different stakeholders to boost confidence in the private sector for disability inclusion and create an enabling environment. Such efforts may be built upon existing initiatives such as the ILO Global Business and Disability Network, the Valuable 500, and Workability International.

[89] For more information about how to build a roadmap of measurable and tangible actions towards disability inclusion, companies may also refer to tools developed by the Disability Equality Index initiated by Disability: IN and the American Association of People with Disabilities, available at www.disabilityin.org/resources/.

value in making such goods, services and technologies more widely available in both the domestic market and for export.

C. The ministry responsible for education and technical and vocational training engages companies, business associations and its equivalent entities to strengthen measures to match skill sets held by persons with disabilities with current labour market demand.

D. The ministry responsible for employment develops job coach services and other employment support programmes to assist persons with disabilities in obtaining upskilling and reskilling opportunities as well as seeking and maintaining jobs.[90]

E. The focal ministry on disability partners with the ministry responsible for employment to develop a resource hub with up-to-date information on labour market demands and practical employment support for persons with disabilities, including companies that lead with good practices on disability-inclusive and sustainable employment opportunities, and innovative job matching platforms.[91]

F. The respective line ministries provide training and follow-up guidance on disability-inclusive public procurement to procurement officers and procurement bidders.[92]

IV. List of Resources for Priority Area 4

1. Disability: IN and the American Association of People with Disabilities, "Resource Library". Available at www.disabilityin.org/resources/
2. ESCAP, *Disability at A Glance 2021: the shaping of disability-inclusive employment in Asia and the Pacific* (Bangkok, 2021). Available at www.unescap.org/kp/2021/disability-glance-2021-shaping-disability-inclusive-employment-asia-and-pacific
3. Our Ability, "Creating generative AI to build an accessible world for individuals with disabilities". Available at www.ourability.com

5.2.5 Priority Area 5: Promote a gender-responsive life cycle approach to developing and implementing disability-related policies and programmes

Jakarta Declaration
Promote a gender-responsive life cycle approach to developing and implementing disability-related policies and programmes, paying particular attention to: (i) extending both mainstream and disability-specific social protection schemes to cover young children, adolescents, women and older persons with disabilities; (ii) providing early childhood detection and intervention services for children with disabilities as an integral part of strategies, policies, programmes and investments aimed at building human capital; (iii) ensuring continuous and inclusive education for all learners with disabilities; and (iv) responding to discrimination and barriers that women and girls with disabilities, including older women with disabilities, often face in terms of

---

[90] For more detailed guidance and good practices of job coach and employment support services, please refer to: ESCAP, *Disability at A Glance 2021: the shaping of disability-inclusive employment in Asia and the Pacific* (Bangkok, 2021).

[91] For example, Our Ability is a resource hub that provides information and assistance to both employers and job seekers with disabilities. It runs Jobs Ability, which is a generative AI-driven system that matches persons with disabilities and skills with jobs and assists businesses in recruiting. It also provides other assistance such as accessibility in the recruitment process. For more information, see www.ourability.com/.

[92] Bidders may include social enterprises and small-, medium- and large-scale enterprises.

Description

The Asia-Pacific region is experiencing changes that are interlinked with disability. These include, among others, population ageing, as well as the long-term social, economic and health impact of the COVID-19 pandemic and non-communicable diseases. Women and girls tend to undertake the majority of care responsibilities without adequate support. Their financial status is often in jeopardy. Continuous care responsibilities, often without respite, cause many to live under severe psychosocial strain. These compound the impact of barriers that persons with disabilities already face.

The life-cycle perspective

Disability inclusion requires multi-sectoral interventions throughout the life cycle. A life cycle approach to disability inclusion recognizes the unique challenges and needs at each stage of life which, in many respects, are experienced differently by women and men, girls and boys with disabilities – in all their diversity.

There are a range of interventions and support that are essential to building the foundation for the life-long development and social participation of persons with disabilities. These include but are not limited to early childhood detection and intervention, social protection, inclusive education, rehabilitation and healthcare, including sexual and reproductive health services.

The foundations of life-long health and well-being are formed during the vital first years of a child's life. Measuring early childhood development across time and groups of children will help generate data that inform policymakers' understanding of barriers to children's developmental progress. This will, in turn, enable the more effective targeting of resources towards policies and interventions that support those children most at risk of not reaching their developmental potential.[93]

Social protection for persons with disabilities is fundamental to achieving their effective inclusion and active participation in society. Through improving access to essential health care, income security and other support services that meet their needs at different stages of life, social protection plays a critical role in reducing and preventing poverty, levelling out inequalities and building resilience for all against shocks and crises over the life cycle. To promote universal social protection, systems and schemes must be designed to address the specific circumstances of different groups of people and the situations they may face.[94]

Ensuring the right to inclusive education entails a transformation in culture, policy and practice in all formal and informal educational environments, to accommodate the diversity of individual students. Universal Design for Learning (UDL)[95] is increasingly accepted as an effective educational framework: it recognizes that everyone learns in different ways and benefits from differentiated learning techniques. When the education system moves away from

---

[93] World Health Organization, "WHO rolls out new holistic way to measure early childhood development". Available at www.who.int/news/item/27-02-2023-who-rolls-out-new-holistic-way-to-measure-early-childhood-development.

[94] ESCAP, *How to Design Disability-Inclusive Social Protection, Social Development Policy Guides* (Bangkok, 2021).

[95] Universal Design for Learning (UDL) is an approach to teaching and learning that gives all students an equal opportunity to succeed. It uses a variety of teaching methods to remove barriers to learning and build in flexibility to adjust to everyone's strengths and needs.

models that try to standardize teaching, learning outcomes improve for all learners with or without disabilities and students' motivation to learn increases.[96]

Proposed actions under this priority area, as in others, are neither exhaustive nor do they cover all sectors that require investments and other interventions. This section proposes some key steps at different stages of life – from early childhood to adolescence and youth, and adulthood (including old age) – that could build a sturdy foundation for persons with disabilities to pursue rights and development in all aspects of life, with a gender perspective. While the proposed actions are generally categorized by the life stages indicated above, some may concern policies and programmes across the entire life cycle.

The gender lens

Across the life cycle, there exist persisting gender gaps across sectors which exacerbate the vulnerabilities and marginalization of women and girls with disabilities – in all their diversity. Disability prevalence studies indicate a consistent overall trend that the prevalence is higher among women compared to men, and such gender difference increases with age.[97] With the cumulative and compounding effect of vulnerabilities over the course of a lifetime,[98] women are at higher risk than men of falling into poverty.

Studies also show that women and girls with disabilities – across the life course – are at a higher risk of experiencing the same forms of sexual and gender-based violence as women and girls in general. At the same time, they also experience unique forms of violence and abuse perpetuated by family, care givers, intimate partners and institutional facilities.[99] They are also more likely to be denied sexual and reproductive health and rights and access to relevant services.[100]

There is an urgent need to empower women and girls with disabilities to know their rights, to advocate for themselves and to participate in efforts to eliminate the discrimination they experience. Women and girls with disabilities must be enabled to make their own decisions, with support where they request it, and have those decisions respected.

The Operational Guide has outlined a range of overarching actions under **5.1.5. Gender responsive life-cycle approach** to strengthen the overall mechanisms that enable mainstreaming of gender and disability across all sectors. Furthermore, under each of the six priority areas, the guide mainstreams specific actions to address intersectional challenges and empower women and girls with disabilities. In Priority Area 5, the guide mainstreams gender considerations in actions proposed for each stage of the life cycle. Meanwhile, considering the particularly high risks of women and girls with disabilities and the complexity of solutions required, a stand-alone list of actions is dedicated to addressing gender-based violence and sexual and reproductive health and rights.

---

[96] UNICEF Latin America and the Caribbean. "Universal Design for Learning and Accessible Digital Textbooks - Find out what ADT is and how it can transform education". Available at www.unicef.org/lac/en/universal-design-learning-and-accessible-digital-textbooks .

[97] World Health Organization, *Global report on health equity for persons with disabilities* (Geneva, 2022).

[98] Such vulnerabilities may include but are not limited to the lack of access to education, skills development and diverse means of self-empowerment, pension, inheritance, paid work, and entrepreneurship.

[99] United Nations Population Fund, *Women and Young Persons with Disabilities: Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights* (New York, 2018).

[100] Ibid.

Key Actions
Between 2023 and 2032, Government may take the following actions:

I. Early childhood

A. The ministry of health, in close collaboration with ministries responsible for education, children with disabilities and social protection, leads in strengthening early childhood detection and intervention services for children with disabilities through actions that include the following:

A1. Establish/strengthen a national programme that screens[101] for disability during early childhood, with the view to enabling early intervention and life-cycle support, that includes but is not limited to the following:
  (a) Routine new-born screening and developmental screening at specific ages;[102]
  (b) Establishment/maintenance of a system for urgent referral (of any parental concerns about child development) to competent health professionals and other qualified service providers for identification of specific developmental disorders;[103]
  (c) Availability of all screening tests at no cost to low-income households, ensuring the tests are language and culturally appropriate;

A2. Integrate early childhood detection and intervention in national strategies, action plans and/or programmes, such as those on primary healthcare, maternal and child health and/or children's development, with a view to building the foundation of a life-cycle development plan to support persons with disabilities, including those living in marginalized conditions;[104]

A3. In policies with regard to primary health care, rehabilitation and community development, establish the requirements for a community-based rehabilitation workforce, including for early childhood detection of disability and intervention, specifying the number of and the training required for relevant personnel;

A4. The ministries responsible for health, welfare and community development develops/strengthens a robust system for training a professional workforce that delivers quality early childhood detection and intervention services;

---

[101] The purpose of screening is to identify people in an apparently healthy population who are at higher risk of a health problem or a condition, so that an early treatment or intervention can be offered. This, in turn, may lead to better health outcomes for some of the screened individuals. Screening is not the same as early diagnosis. Screening invites people who do not have symptoms to undergo testing, whereas early diagnosis is intended to detect conditions as early as possible among people with symptoms. For more information, see World Health Organization, *Screening programmes: a short guide* (Geneva, 2020).

[102] For more detailed guidance, see World Health Organization, *Global Scales for Early Development (GSED) v1.0 Package for measurement of child development under 36 months at population level* (Geneva, 2023), available at: www.who.int/publications/i/item/WHO-MSD-GSED-package-v1.0-2023.1.

[103] Developmental disorder is a condition (such as autism or dyslexia) that is typically marked by delayed development or impaired function especially in learning, language, communication, cognition, behaviour, socialization or mobility.

[104] In the relevant national strategies and policies, Governments should consider the diversity in development pathways to avoid the perpetuation of ableism. Early childhood detection and intervention services need to be designed and delivered in ways that support children with diverse developmental needs rather than demanding "standardized" pathways of child development.

A5. Establish an efficient case referral system between the early childhood detection and intervention and the social protection systems at all levels to provide efficient access to cash and other social protection benefits for young children with disabilities identified and their families;

A6. Establish a system for regular and frequent multi-ministerial communication and coordination, to integrate early childhood detection and intervention into the mainstream services of line ministries responsible for education, health, children and family well-being.

B. The ministry responsible for birth registration rolls out a public campaign and provides support to ensure that children with disabilities, especially those living in rural, remote, indigenous and/or low-income communities, girls and children whose mothers have lower educational attainment, obtain birth registration immediately after birth, recognizing that birth registration is the first step to protect all rights of children with disabilities.[105]

C. The ministries responsible for health and education collaborate to design and develop early childhood education (ECE) intervention programmes that support the school readiness of children with disabilities aged 3 to 5 years who are not yet in kindergartens or older children with disabilities in pre-school programmes.

D. Governments at all levels take measures to increase the availability and affordability of early childhood intervention services by:

D1. Increasing public provision of such services;

D2. Funding civil society service providers;

D3. Capping the charges of private services;

D4. Encouraging innovative means of service delivery;

D5. Decentralizing the provision of such services to reach rural, remote, indigenous and/or low-income communities.

E. Local governments support civil society service providers to raise the awareness and build the capacities of parents and community health workers on early childhood detection and intervention, and increase access to community-based support services for the families of children with disabilities.

II. Adolescence and youth

---

[105] United Nations Children's Fund, *Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities* (New York, 2021).

A. The ministry of education develops/strengthens legislation, policy and a national strategy with specific targets and timelines for the system-wide growth of disability-inclusive education[106] at all levels[107] and takes other actions that include the following:

A1. Reform existing Special Education Units (at all levels) where they exist as Inclusive Education Units, to institutionalize the implementation of disability-inclusive education for all learners with disabilities. Create Inclusive Education Units where none exists;

A2. Adopt a "zero-rejection" policy to ensure equal access to school education by children with disabilities;

A3. Introduce the practice of Universal Design for Learning[108] to achieve real inclusion in educational practices, spaces and materials,[109] including in technical and vocational training;

A4. Incorporate Universal Design for Learning in the curricula for training teachers of all levels (pre-school to university and including technical and vocational education), in both in-service training for teachers and higher education in education and teaching, to prepare educators with the tools for implementing disability-inclusive education;

A5. Ensure sufficient numbers of well-trained teachers, teacher aides[110] and resource personnel[111] to enable the successful learning outcomes of learners with disabilities in disability-inclusive education settings;

A6. Introduce progressively, for learners with disabilities and all other learners, individual education plans[112] as an essential building block of inclusive education success, including an adolescence to adulthood transition plan with a view to supporting continuing education, job training, employment, independent living, daily life skills, participation in communities and relationships, access to support service, and others;

---

[106] See CRPD/C/GC/4, para. 9-12.

[107] See CRPD/C/GC/4, para. 8. These include preschool, primary, secondary, tertiary, technical and vocational education, lifelong learning, as well as extracurricular and social activities.

[108] For more information about Universal Design for Learning, see Universal Design for Learning Framework at www.cast.org/impact/universal-design-for-learning-udl, and Universal Design for Learning Guidelines (version 2.2) at udlguidelines.cast.org.

[109] Regarding children and learners with disabilities, this means moving beyond mere enrollment in mainstream regular schools, to Universal Design for Learning-driven inclusion reinforced by reasonable accommodation and a barrier-free education environment.

[110] Also known as shadow aide, teacher aide, shadow teacher or special needs teacher assistant. Teacher aides' role is to enable inclusion by monitoring and assisting learners with disabilities to progress in class by providing social, educational and physical assistance. They also modify the curriculum, address accessibility issues, and communicate with parents, teachers and other resource personnel. For more information, see UNESCO, *The use of teacher assistants and education support personnel in inclusive education*, (Paris, 2022)

[111] For example, speech, language and occupational therapists, education psychologists, and education counsellors.

[112] For more information, see UNICEF, "Universal Design for Learning and Accessible Digital Textbooks", available at www.unicef.org/lac/en/universal-design-learning-and-accessible-digital-textbooks and UNESCO, *School accessibility and universal design in school infrastructure* (Paris, 2020), available at unesdoc.unesco.org/ark:/48223/pf0000373656.

A7. Reduce progressively the size of classes and equip each class with adequate numbers of teachers, to provide an optimal learning environment for all learners, including those with different learning needs;

A8. Urge educators to work in partnership with the parents of children with disabilities, health professionals, therapists, counsellors and other relevant stakeholders on enabling inclusion success;[113]

A9. Specify in the performance assessment of schools, principals, assistant principals and senior teachers, as an incentive-linked key performance indicator, the enrolment and completion of education by learners with disabilities in mainstream classes with teacher aide support;

A10. Ensure that local government education bureaus deliver regular awareness-raising programmes, targeting both students with and without disabilities and their parents, on the importance of disability-inclusive education and its benefits for all students;

A11. Introduce and implement policies to invest in the development and use of digital and assistive technologies in disability-inclusive education.

B. The ministries responsible for education and employment, in collaboration with civil society actors that specialize in disability-inclusive education and employment assistance, jointly facilitate the operation of peer support networks of teachers, parents, teacher aides, therapists, job coaches, public and private sector employers, and students with disabilities with, to:

B1. Focus disability-inclusive education and pre-employment skills training on learning success that is a solid foundation for employment, self-employment and entrepreneurship;

B2. Generate a growing body of in-country good practices on Universal Design for Learning and school-to-work transition.

C. The ministries of education and employment establish a partnership to support students with disabilities in school-to-job transition and job retention through proactive engagement of, and technical support to, employers and establishing/strengthening a job coach[114] service to reinforce the transition and inclusive employment.

D. The ministry responsible for social protection develops tailored social protection programmes in addition to universal disability benefits, targeting adolescents and youth with disabilities, especially girls and those living in rural, remote, indigenous, low-

---

[113] This includes working together on individual education plans, as well as listening to and accepting ideas and support from families for the learning success of children with disabilities.

[114] Job coaches play a vital role in supported employment. They accompany persons with disabilities to their workplaces and assist them in acquiring skills, as well as adapting to the workplace and performing their work duties. They also provide individualized support for employers to facilitate sustained employment. Job coaches tailor the support that they give to address the specific needs of the employee with disabilities and the workplace, preparing persons with disabilities, the work environment and the employers. Job coach services have been particularly useful in supporting employees with intellectual disabilities and those living with autism.

income and other vulnerable conditions, to encourage and enable their access to disability-inclusive education, health and rehabilitation services.

E. The ministry of health integrates disability-inclusive and gender-responsive health, especially sexual and reproductive health services for girls with disabilities, in adolescent health strategies and programmes at all levels.

III. Adulthood (including old age)

The multi-ministerial and multi-sectoral coordination committee on disability inclusion, under the purview of the head of government, mobilizes actions that include those below, with the view to providing social protection and coordinated services, to enable quality independent living in the community, improved access to various opportunities and meaningful participation in society:

A. Legislate the provision of universal coverage of persons with disabilities by disability-specific social protection benefits, taking into account higher costs incurred by persons with disabilities and their care partners.

B. The ministry responsible for social protection reviews and reforms the eligibility criteria of mainstream and disability-specific social protection schemes, to enable wider coverage of persons with disabilities regardless of the type of impairment and degree of support needed, paying special attention to women and older persons with disabilities, as well as those living in rural, remote, indigenous, and/or low-income communities.

C. The focal ministry on disability collaborates with the ministry of health to update the methodology of disability assessment by changing its paradigm to measure functional difficulties and support needs,[115] in line with the latest international standards for functionality assessment.[116]

D. The focal ministry on disability, in collaboration with the ministry of health and with technical support from specialized research/professional institutions, conducts training for community-based/professional personnel on the use of functionality assessment tools and techniques.

E. Harness inter-ministerial/departmental cooperation, and engage community-based organizations, in the issuance of disability certificates to persons with diverse disabilities, especially those living in marginalized conditions.

F. The ministry responsible for social protection conducts training on disability and gender sensitivity for field personnel in social protection systems involved in eligibility assessment and case evaluation.[117]

---

[115] In line with the spirit and principles of the CRPD, the use of terminology in disability assessment is changing from referencing (on a medical bias) to the severity of impairment (e.g., "severe, moderate or mild disability" or "low-functioning and high-functioning"), to accounting for needs (e.g., "high, moderate or low support needs.")

[116] For examples of such assessment tools, please refer to the International Classification of Functioning, Disability and Health (ICF), available at www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health.

[117] See United Nations Convention on the Rights of Persons with Disabilities, article 28.

G. Administrative bodies responsible for social protection, rehabilitation, healthcare, education and employment develop a robust case management and referral mechanism to enable integrated information management and efficient delivery of benefits and services to persons with disabilities and their families.

H. The ministries responsible for health, welfare, social protection, education and employment collaborate in introducing individualized support plans for individuals with disabilities over the course of their lives.

I. The focal ministry on disability collaborates with line ministries on welfare, social protection, health and education to:

I1. Provide affordable and high-quality assistive devices to persons with different disabilities, including those who are deafblind, persons with intellectual disabilities, persons with psychosocial disabilities and autistic persons;

I2. Incorporate the provision of live assistance[118] to diverse groups of persons with disabilities as an essential service and ensure that "decent work" principles[119] are applied for live assistance personnel and caregivers.

J. Ministries responsible for social protection and health collaborate to strengthen policies and programmes on long-term care and support for persons living with dementia,[120] older persons with disabilities, persons with multiple disabilities and other persons with disabilities who have long-term care needs and for their care partners, taking into account that women (including older women and girls) are the main providers of paid and unpaid care services.

IV. Addressing gender-based violence and sexual and reproductive health and rights

Actions proposed below lays out some key dimensions to be addressed with regard to gender-based violence and sexual and reproductive health and rights that concern women and girls with disabilities. For more comprehensive and detailed guidance on disability inclusion in legislation, policies and programmes, Governments and other actors may refer to the UNFPA Guidelines for Providing Rights-based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights.[121]

---

[118] See United Nations Convention on the Rights of Persons with Disabilities, article 19. Other terms with equivalent meaning include personal assistance, facilitation and guidance.

[119] "Decent work" principles include productive employment opportunities, fair wages, safe working conditions, social protection, and social dialogue that offer prospects for personal development and social integration, and gender equality at work. For more information, see www.ilo.org/global/topics/decent-work/lang--en/index.htm.

[120] This may include persons living with young onset dementia and childhood dementia.

[121] United Nations Population Fund, *Women and Young Persons with Disabilities: Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights* (New York, 2018).

A. Mainstream disability inclusion in legislation, policies and programmes concerning gender-based violence,[122] particularly through the following actions:[123]

    A1. Adopt comprehensive legal and policy frameworks to combat gender-based violence against women and girls with disabilities in the private and public spheres, ensuring that all forms of gender-based violence against women and girls with disabilities are appropriately defined as criminal offenses;

    A2. Ensure the meaningful participation and involvement of women and girls with disabilities and their representative organizations in the design of laws, policies and strategies to prevent and eliminate all forms of gender-based violence against women, to provide adequate redress for women and girls with disabilities, and to conduct awareness raising campaigns targeting women and girls with disabilities on gender-based violence and the available remedies;

    A3. Raise the awareness of policy makers, first responders,[124] service providers and the general public about the high risk of gender-based violence that women and girls with disabilities in all their diversity face and its invisible nature;

    A4. Build the capacities of first responders to identify risks and incidents of gender-based violence against women and girls with disabilities;

    A5. Ensure the accessibility of essential service packages[125] for survivors of gender-based violence;

    A6. Conduct regular training on gender and disability sensitivity for service providers and their personnel, including but not limited to those in the police, health, shelter, social support, and justice sectors;

    A7. Adopt measures to ensure effective access to justice for women and girls with disabilities, including those whose legal capacity has been withdrawn or limited, without discrimination.

    A8. Collect systematically disaggregated data on violence against women and girls with disabilities to identify all instances of violence in the private and public spheres.

---

[122] Gender-based violence can include sexual, physical, mental and economic harm inflicted in public or in private. It also includes threats of violence, coercion and manipulation. This can take many forms such as intimate partner violence, sexual violence, child marriage, female genital mutilation and so-called 'honour crimes'. The consequences of gender-based violence are devastating and can have life-long repercussions for survivors. It can even lead to death. For more information, see www.unhcr.org/what-we-do/protect-human-rights/protection/gender-based-violence.

[123] For more detailed guidance on actions to address gender-based violence against women and girls with disabilities, see statement jointly endorsed by the Committee on the Elimination of Discrimination against Women (CEDAW); the Committee on the Rights of the Child (CRC); and the Special Rapporteur on the rights of persons with disabilities, Gerard Quinn. Available at www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2021/12/CRPD-Statement-25_11_2021-End-violence-against-Women-1.pdf.

[124] First responders usually include the police, healthcare personnel, educators and family members.

[125] Essential Services Package refers to a set of services provided by the health care, social service, police and justice sectors. The services must, at a minimum, secure the rights, safety and well-being of any woman or girl who experiences gender-based violence. For more information, see United Nations Population Fund, *Essential Services Package for Women and Girls Subject to Violence* (New York, 2015).

B. The ministries responsible for health/welfare/women/disability, in collaboration with women's organizations that work on health equity and gender equality and for women with disabilities and persons with disabilities of diverse gender identities, deliver awareness raising and training programmes for healthcare service providers on gender-responsive and disability-inclusive health service provision, including but not limited to the following:

   B1. Recognize women and girls with disabilities as rights holders – by eliminating stigmatization and negative stereotyping of women and girls with disabilities;

   B2. Respect the dignity of women and girls with disabilities in health examination and treatment, with avenues for informed decision-making;

   B3. Recognize and enable self-determination by women and girls with disabilities, including older women with disabilities, concerning life choices, particularly but not limited to sexual and reproductive health and rights;

   B4. Ensuring timely access to:
   (a) Health-related information in formats and languages that enable understanding on an equal basis with others;
   (b) Sexual and reproductive health services that are disability-inclusive, rights-based and gender-responsive, with resources and accommodation that meet the needs of women and girls with disabilities, regardless of marital status and age.

V. List of Resources for Priority Area 5

1. World Health Organization, "WHO rolls out new holistic way to measure early childhood development". Available at www.who.int/news/item/27-02-2023-who-rolls-out-new-holistic-way-to-measure-early-childhood-development
2. World Health Organization, *Global Scales for Early Development (GSED) v1.0 Package for measurement of child development under 36 months at population level* (Geneva, 2023). Available at www.who.int/publications/i/item/WHO-MSD-GSED-package-v1.0-2023.1
3. World Health Organization, *Screening programmes: a short guide* (Geneva, 2020). Available at apps.who.int/iris/bitstream/handle/10665/330829/9789289054782-eng.pdf
4. CAST, "About Universal Design for Learning". Available at www.cast.org/impact/universal-design-for-learning-udl
5. CAST, "The Universal Design for Learning Guidelines". Available at udlguidelines.cast.org
6. UNICEF, "Universal Design for Learning and Accessible Digital Textbooks" Available at www.unicef.org/lac/en/universal-design-learning-and-accessible-digital-textbooks
7. United Nations Educational, Scientific and Cultural Organization (UNESCO), *School Accessibility and Universal Design in School Infrastructure* (Paris, 2020). Available at unesdoc.unesco.org/ark:/48223/pf0000373656
8. United Nations Educational, Scientific and Cultural Organization (UNESCO), *The use of teacher assistants and education support personnel in inclusive education* (Paris, 2022) Available at unesdoc.unesco.org/ark:/48223/pf0000373692

9. World Health Organization, "International Classification of Functioning, Disability and Health (ICF)". Available at www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health

10. ESCAP, *How to Design Disability-Inclusive Social Protection, Social Development Policy Guides* (Bangkok, 2021). Available at www.unescap.org/kp/2021/how-design-disability-inclusive-social-protection

11. United Nations Population Fund, *Women and Young Persons with Disabilities: Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights* (New York, 2018). Available at womenenabled.org/wp-content/uploads/2021/02/WEI-and-UNFPA-Guidelines-Disability-GBV-SRHR-English.pdf

12. United Nations Population Fund, *Essential Services Package for Women and Girls Subject to Violence* (New York, 2015). Available at www.unfpa.org/essential-services-package-women-and-girls-subject-violence

5.2.6 Priority Area 6: Close disability data gaps and strengthen capacities to track progress in disability-inclusive development

Jakarta Declaration
Building upon the information provided by authorized national agencies and other recognized sources, as appropriate, take action to close disability data gaps and strengthen capacities to track progress in disability-inclusive development at the national and subnational levels by producing comparable and quality data disaggregated by sex, age and disability across sectors to inform disability-inclusive policymaking, programme planning and implementation strategies and by incorporating reports on progress made in achieving disability-inclusive development in voluntary national reviews, as appropriate, conducted in the framework of the 2030 Agenda and other global and regional development frameworks.

Description
Adequate, reliable and comparable statistical and administrative data disaggregated by disability, gender and age are essential for evidence-based policy and decision-making and ensuring that diverse groups of persons with disabilities are seen and counted in tracking progress in disability-inclusive development. From the perspective of persons with disabilities, the advantage of being counted means entitlement to protection from discrimination on the ground of disability. It could also mean being issued with a government disability identification card/certificate that entitles the holder to a range of support benefits and services. Yet, many countries in the Asia-Pacific region continue to face challenges in producing quality disability data and statistics,[126] which has jeopardized effective and consistent tracking of progress on the realization of the rights of persons with disabilities.

There are four main purposes for collecting disability data and producing disability statistics:
1) ***Overall Disability Mapping:*** to understand the magnitude of disability in a population, as well as barriers and exclusion faced by persons with disabilities, for developing/strengthening disability-inclusive policies, plans and programmes across all development sectors;[127]

---

[126] The term "data" refers to the raw information from which statistics are created. "Statistics" provide an interpretation and summary of data. See Michigan State University. "What is the difference between data and statistics?" Available at libguides.lib.msu.edu/datastats.

[127] For example, policymakers could utilize such data to inform planning for urban development, digitalization, housing and public transportation by identifying primary beneficiaries of universal design-based accessibility, although everyone benefits.

2) ***Disability Equity Targeting:*** to identify those who:
    (a) Need to seek grievance redress when their rights are violated on the ground of disability;
    (b) Are entitled to a range of benefits and public services;
    (c) Are most marginalized, such as those with multiple intersecting identities with regard to gender, age, race and ethnicity and other socioeconomic status, that put them in more vulnerable situations, and thus require the casting of a wider safety net to ensure they are not left behind;
3) ***Participation Assessment:*** to assess the extent to which persons with disabilities are participating in social, economic and political life, as compared with persons without disabilities. Disaggregating population data by disability status determines how important indicators (for example, access to education and employment) differ for persons with disabilities, as compared with their peers without disabilities;
4) ***Barrier Assessment:*** to identify barriers that persons with disabilities face over the course of their lives and assess the extent to which barriers impede participation and realization of various rights at different stages of their lives.

The Washington Group on Disability Statistics[128] has devised questions to collect disability data that reflect the social model of disability by measuring both prevalence and exclusion. The question sets use the World Health Organization's International Classification of Functioning, Disability and Health (ICF) as a conceptual framework. It is important to note that the Washington Group on Disability Statistics Question Sets are not intended for diagnosis of disability, identifying individual beneficiaries to a programme/benefit, or designing service delivery.[129] More detailed and specialized assessments at the individual level are often required to fulfil these other purposes.

To enable more consistent progress tracking, it is essential for Governments to link CRPD progress monitoring and reporting with the reporting on the implementation of other human rights treaties and global development frameworks, such as the Universal Periodic Review (UPR), the reporting procedures for the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Convention on the Rights of the Child (CRC), the Madrid International Plan of Action on Ageing (MIPAA) and the Voluntary national reviews (VNRs) of the 2030 Agenda for Sustainable Development. The challenges notwithstanding, it is also essential to reinforce CRPD progress tracking and reporting with evidence and data that are high-quality, accessible, timely, reliable and disaggregated by disability, sex, age, race, ethnicity, geographic location and other characteristics relevant to national contexts.

This priority area focuses on actions to strengthen disability statistics and the conduct of disability-inclusive progress tracking. Ultimately, the data and statistics generate evidence for accelerating the transformation from charity- and welfare-centric approaches, to upholding and protecting the rights of persons with different disabilities to life and opportunities on an equal basis with others.

Key Actions
Between 2023 and 2032, Government takes the following actions:

---

[128] See Washington Group on Disability Statistics: Question Sets. Available at www.washingtongroup-disability.com/question-sets/.
[129] Washington Group on Disability Statistics, *The Washington Group Primer* (Hyattsville, 2020).

I. Legislative action and policy reform

A. The National Statistics Office, with multi-ministerial collaboration, [130] develops/strengthens legislation and/or policy for:

A1. Collecting disability data and producing disability statistics that are internationally comparable and reliable, in line with the internationally agreed disability statistics framework,[131] and that fulfil the following purposes: overall disability mapping, disability equity targeting, participation assessment, and barrier assessment;

A2. Mainstreaming disability questions, based on internationally comparable and reliable tools, into the regular data collection vehicles of the respective ministries/departments, such as household surveys, subject-specific surveys,[132] sample surveys, and the national census;

A3. Undertaking regular comprehensive reviews to identify gaps, challenges and good practices regarding the following:
  (a)   Disability data collection methods and analysis with a view to harmonizing disability data through standardized data collection tools;
  (b)   Disability data quality;
  (c)   Use of disability data from diverse sources;
  (d)   Access to disability data and statistics;

A4. Strengthening integrated administrative data and information management systems on persons with disabilities,[133] to monitor the delivery of programmes and services targeting persons with disabilities at different levels under the purview of diverse line ministries and departments;

A5. Protecting the privacy of persons with disabilities and requiring informed consent in the course of data collection, interpretation and use in line with international standards and principles concerning data and privacy protection; [134]

A6. Ensuring the inclusion of disability-related indicators and the use of disability and sex-disaggregated data in VNRs of the SDGs,[135] national reports for the UPRs, States Parties reports for the CEDAW and the CRC, and review and appraisal of the MIPAA, with reference to the CRPD;

---

[130] Line ministries involved may include but are not limited to those responsible for health, education, labour and employment, ICT, home affairs (national security), social development, industry, urban management, rural development, population and gender.

[131] Such as the Washington Group on Disability Statistics: Question Sets.

[132] Such surveys may include but are not limited to national health and morbidity survey, survey of mobile phone use, and labour force participation survey.

[133] An example is Rwanda's efforts to strengthen the Disability Management Information System (DMIS). For more information, see www.washingtongroup-disability.com/fileadmin/uploads/wg/WG_Annual_Meeting_-_DMIS_Rwanda_09.11.2021_-_copy_secretariat.pdf.

[134] United Nations, *Data Privacy, Ethics and Protection: Guidance Note on Big Data for Achievement of the 2030* (New York, 2017). Available at unsdg.un.org/resources/data-privacy-ethics-and-protection-guidance-note-big-data-achievement-2030-agenda.

[135] See A/RES/70/1. For more information about how to prepare voluntary national reviews, see United Nations Department of Economic and Social Affairs. *Handbook for the Preparation of Voluntary National Reviews* (New York, 2022).

A7. Ensuring that persons with disabilities can access data and statistics across sectors, in particular those that concern disability and those that have implications on the situation and wellbeing of persons with disabilities.

II. Institutional mechanisms

A. The National Statistics Office, in coordination with the focal ministry on disability, establishes a multi-ministerial and cross-sectoral mechanism, with the participation of persons with disabilities at all levels, to:

A1. Ensure regular data collection on the status of persons with disabilities to support evidence-based policymaking and programming, as well as for upholding and protecting the rights of persons with disabilities and facilitating their access to support services to which they are entitled;

A2. Develop a national disability information system (including a database of disability identification card holders) that is accessible, comprehensive and usable by local authorities to input the necessary data;

A3. Establish a registration process that is smart, fast and easy for persons with disabilities to access, with flexibility in the means of application and registration for those who cannot physically present themselves at the municipality/ward office because of their functional limitations;[136]

A4. The National Statistics Office plays a lead technical role in integrating disability question sets in regular national statistical data collection, guiding line ministries on collecting disability-disaggregated administrative data, and providing technical oversight of the generation of disability statistics using the data collected;

A5. The focal ministry on disability facilitates the engagement of organizations of persons with different disabilities in advising on disability data collection, analysis, dissemination and uptake;

A6. All line ministries/departments at all levels appoint disability focal points to coordinate disability data collection and dissemination of data products;

A7. Line ministries/departments at all levels provide budgetary allocations, with accessibility and reasonable accommodation, to enable persons with disabilities to participate in disability data collection;[137]

A8. The focal ministry on disability collaborates with the focal agencies/departments coordinating national/subnational voluntary reviews for the 2030 Agenda on Sustainable Development, the UPRs, the reporting on CEDAW, CRC and MIPAA as well as other global/regional frameworks, to ensure that disability inclusion is

---

[136] Save the Children Nepal, *An Innovative Model for Disability Screening and Issuing Disability Identity Card: A Study Report 2022* (Kathmandu, 2022).

[137] In data collection exercises, persons with disabilities can play more roles beyond being interviewees. They should also be supported to assume roles such as enumerators, technical advisors and community facilitators to encourage favourable responses to data collection.

integrated, as standard practice, into the relevant review processes and reports through actions that include the following:

(a) Facilitate the engagement of organizations of persons with diverse disabilities, to provide technical advice and participate in the full cycle of review processes;

(b) Ensure that government at all levels provides budgetary allocations, accessibility and reasonable accommodation, to enable persons with different disabilities to participate in various national and subnational review processes;

A9. The focal agencies/departments coordinate national/subnational reviews and produce the respective reports in formats that are accessible for persons with diverse disabilities, including sign languages, Easy Read[138] and audio formats.

III. Capacity development

A. The National Statistics Office conducts, for all personnel at all levels involved in data collection and analysis, regular training on the Washington Group Short Set on Functioning, the Washington Group/UNICEF Child Functioning Module and other question sets, as well as disability sensitivity, to produce quality data disaggregated by disability, age and sex.

B. The National Statistics Office conducts, for policymakers and government personnel at all levels, regular training to interpret and use data products based on data disaggregated by disability, age and sex.

C. The focal ministry on disability, in collaboration with the National Statistics Office, provides training to organizations and groups of persons with disabilities, particularly those working in poor and/or remote communities, in collecting disability data and using disability statistics.

D. The focal ministry on disability, in collaboration with the focal agencies/departments coordinating national and subnational reviews, trains organizations and groups of persons with disabilities in participating in review processes at all levels, to contribute data and information.

E. The National Statistics Office, the focal ministry on disability and the focal agencies/departments coordinating national/subnational reviews collaborate with media outlets on public dissemination of up-to-date disability data and statistics.

IV. List of Resources for Priority Area 6

1. Government of the United Kingdom, Office for Disability Issues, *Making written information easier to understand for people with learning disabilities* (London, 2010). Available at odi.dwp.gov.uk/docs/iod/easy-read-guidance.pdf

---

[138] The main purpose of an Easy Read document is to tell persons with learning disabilities what they need to know. Easy Read is not a simple translation of existing documents into easier to understand language. Easy Read versions should concentrate on the main points of a document so that persons with learning disabilities can understand the main issues and make decisions if necessary. For more information, please refer to: Government of the United Kingdom, Office for Disability Issues, *Making written information easier to understand for people with learning disabilities* (London, 2010).

2. Save the Children Nepal, *An Innovative Model for Disability Screening and Issuing Disability Identity Card: A Study Report 2022* (Kathmandu, 2022). Available at www.unicef.org/nepal/reports/innovative-model-disability-screening-and-issuing-disability-id-cards

3. United Nations Department of Economic and Social Affairs. *Handbook for the Preparation of Voluntary National Reviews* (New York, 2022). Available at sdgintegration.undp.org/handbook-preparation-voluntary-national-reviews

4. United Nations, *Data Privacy, Ethics and Protection: Guidance Note on Big Data for Achievement of the 2030* (New York, 2017). Available at unsdg.un.org/resources/data-privacy-ethics-and-protection-guidance-note-big-data-achievement-2030-agenda

5. Washington Group on Disability Statistics, "Question Sets". Available at www.washingtongroup-disability.com/question-sets/.

6. Washington Group on Disability Statistics, *The Washington Group Primer* (Hyattsville, 2020). Available at www.washingtongroup-disability.com/about/the-washington-group-primer/

5.3 Key Actors and Partners for All Priority Areas

Implementation progress requires vibrant leadership and championing of disability inclusion to build a whole-of-government and whole-of-society surge. While specific actions may be led by one or more actors, multi-ministerial and multi-sectoral collaboration is important for all actions. The active engagement of the following key actors and partners is critical.

A. Government authority at all levels

B. Legislative bodies at all levels (central/state/province/district/county/local authority)

C. National coordination body/focal ministry on disability

D. All line ministries and governments at all levels

E. Election management bodies and networks

F. Organizations, networks and informal groups of persons with different disabilities (all levels, especially those engaged in advocacy, public policymaking and decision-making, climate actions, peace and security)

G. Older persons' associations and networks

H. Networks and informal groups of care partners

I. Faith-based organizations

J. Other civil society organizations, particularly those working on the following:
   (a)   Convention on the Elimination of All Forms of Discrimination against Women
   (b)   Convention on the Rights of the Child

    (c)   Madrid International Plan of Action on Ageing and issues concerning the rights and protection of older persons from elder abuse

    (d)   Governance and institutional reform

    (e)   Healthy ageing, health equity, health promotion

    (f)   Housing, public transport, public facilities and spaces

    (g)   Digital literacy

    (h)   Disaster risk reduction

K. Professional associations, including but not limited to associations of town planners, architects, engineers, web and software developers, researchers, statisticians, publishers, medical practitioners, legal practitioners, journalists, educators, medical practitioners, and social workers

L. Private sector entities

M. Business associations/chambers of commerce

N. Media agencies

O. National human rights institution

P. United Nations entities and United Nations Country Teams

5.4 Technical Assistance and Tracking the Progress of the Operational Guide

To review and facilitate progress towards the realization of this Operational Guide, the ESCAP secretariat, in collaboration with other United Nations entities, the Regional Collaborative Platform for Asia and the Pacific[139] and the United Nations Country Teams in the region, shall pursue the following actions:

A. Provide, upon request by ESCAP members and associate members, technical support for national and subnational capacity-building to implement actions under the six priority areas elaborated in this Operational Guide.

B. Invest in knowledge generation and technical cooperation in cross-cutting areas such as the following:

    B1. Harmonization of domestic legislation with the CRPD and the Marrakesh Treaty, and enforcement of implementation;

    B2. Disability data collection and generation;

    B3. Social protection;

---

[139] The United Nations development system in Asia and the Pacific, in response to the United Nations Secretary-General's recommendations in July 2020 to harness regional assets, formally established in October 2020 the Asia-Pacific Regional Collaborative Platform. Upon its establishment, it was immediately operational, meeting regularly to share updates on emerging issues and coordinate joint regional interventions, including in response to COVID-19. The Regional Collaborative Platform has identified five Issue-based Coalitions which enable a more coordinated United Nations regional-level response to key priority areas and cross-cutting challenges: (1) Climate change mitigation; (2) Building resilience; (3) Inclusion and empowerment; (4) Human mobility and urbanization; (5) Human rights, gender equality and women's empowerment. See United Nations, Regional Results Report of the UN System for Asia and the Pacific (2021).

B4. Adherence to universal design-based accessibility standards and guidelines;

B5. Production, distribution, repair and maintenance of low-cost and culturally appropriate assistive technologies;

B6. Disability-inclusive digitalization;

B7. Disability-inclusive business.

C. Collaborate, as may be required, with United Nations Entities at the regional level, United Nations Country Teams and United Nations Resident Coordinators in supporting ESCAP members and associate members to:

C1. Integrate the disability perspective into VNRs of the 2030 Agenda for Sustainable Development and the SDGs, the UPRs, and the reporting on CEDAW, CRC and MIPAA as well as other global/regional frameworks;

C2. Mainstream disability inclusion into national-level United Nations Sustainable Development Cooperation Frameworks;

C3. Build the national capacity and facilitate the meaningful participation of OPDs in VNR and other aforementioned national reporting processes.

D. Strengthen the Working Group on the Asian and Pacific Decade of Persons with Disabilities to support the effective implementation of the Jakarta Declaration by actions that include but are not limited to the following:

D1. Establish a membership to include Governments and OPDs;

D2. Engage relevant United Nations entities and private sector stakeholders as observers;

D3. Facilitate the development of a community of good practice platforms for ESCAP members and associate members to share implementation lessons learned and provide peer support.

E. Facilitate and strengthen partnerships with subregional intergovernmental bodies including the Association of Southeast Asian Nations (ASEAN) and the Pacific Islands Forum, to engage their leadership in effective implementation of the Jakarta Declaration at the subregional level.

F. Facilitate the co-creation of local, national and subregional events to publicize the Asian and Pacific Decade of Persons with Disabilities, 2023─2032, and encourage the use of the Operational Guide, as the basis of a regional campaign of the fourth regional Disability Decade.

G. Leverage existing platforms and mechanisms such as the Global Disability Summit, the Asia-Pacific Economic Cooperation (APEC) the United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD) to broaden and deepen collaboration for

the implementation of the Asian and Pacific Decade of Persons with Disabilities, 2023—2032.

H. Facilitate or strengthen networks of private sector actors to promote disability-inclusive business.

I. Conduct periodic progress reviews of the implementation of the Jakarta Declaration, including a midpoint review in 2027 and a final intergovernmental review in 2032.