

# ***Pacific Disability Forum SDG-CRPD Monitoring Report 2018***



**Pacific Disability  
Forum**

## **EXECUTIVE SUMMARY**

**From Recognition to Realisation of Rights:  
Furthering Effective Partnership for an Inclusive Pacific 2030**



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# From Recognition to Realisation of Rights: Furthering Effective Partnership for an Inclusive Pacific 2030

## *Pacific Disability Forum SDG-CRPD Monitoring Report 2018* **EXECUTIVE SUMMARY**

In the last five years, **Pacific Island countries' leaders have strengthened their commitments to tackle barriers faced by persons with disabilities**, with most countries now having ratified the Convention on the Rights of Persons with Disabilities (CRPD). The adoption of the 2016-2025 Pacific Regional Framework for the Rights of Persons with Disabilities (PFRPD) represents another important step forward. PIC Governments have also prioritized empowering persons with disabilities as one of the issues that require collective attention in the 2017 Roadmap for Sustainable Development.

Those **commitments have begun to translate into greater efforts and progress** in terms of awareness raising, legal harmonisation, data collection, inclusive education, vocational training, and access to assistive devices, social protection, disaster risk reduction and humanitarian response. **Engagement with Organisations of People with Disabilities has significantly increased** in many countries.

**A key factor in this progress has been the unique and fruitful regional and multi-stakeholder collaboration** between government, DPOs, regional bodies, UN agencies, and development and donor partners, including the sustained support of the Australian Government for disability inclusive development in the Pacific.

However, overall domestic resource allocation for the inclusion of persons with disabilities is **still below 0.15% of the GDP for most countries**. There remains a strong reliance on ODA to invest in developing required disability-specific and disability inclusive services. **Countries often prioritise few issues and have not yet adopted a whole-of-government approach to inclusion**. There is also a **need for more effective regulatory changes across sectors and development of support services** to enable significant improvement in the life of persons with disabilities and their families. While more can be done to make the most of existing resources, the **intrinsic geographic, economic and institutional constraints faced by many countries are curtailing investments** that would be needed to further decisive progress.

The Pacific Disability Forum and its members call **on all countries to pursue their efforts to implement the CRPD and inclusive SDGs in close cooperation with DPOs**.

Considering the inherent constraints of many countries and competing priorities imposed by climate change, PDF calls also for **deepening partnership towards an Inclusive Pacific 2030 notably through the formalisation of an efficient and innovative regional and multi-stakeholder mechanism** in support of the PFRPD that would allow for **mutualisation of investments, further coordination of technical assistance and gain in economy of scale in relation to procurement, development of human resources and access to services**.

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## Overview

Women and men with disabilities are over-represented among the poor and have significantly less economic opportunities than persons without disabilities. Women with disabilities are more likely to experience violence and children with disabilities are less likely to benefit from education, while most countries do not have yet adequate support services and regulations in place to create barrier free environment.

Acknowledging the existing barriers and the expected cumulative impact of ageing populations and the non-communicable diseases crisis, in the last five years the leaders of Pacific Island countries have demonstrated strong commitments towards inclusion of persons with disabilities. Building on the momentum created by the United Nations Convention on the Rights of Persons with Disabilities (CRPD), the Pacific Regional Strategy on Disability (2010-2015) and the Incheon Strategy to Make the Right Real for Persons with Disabilities in Asia and the Pacific (2013-2022) have clarified what is needed to realise disability inclusion at the national level. Most Pacific Island Countries (PICs) have ratified the CRPD, and have jointly adopted the 2016-2025 Pacific Framework for the Rights of Persons with Disabilities (PFRPD). They have also prioritized empowering persons with disabilities as one of the issues that require collective attention in the 2017 Roadmap for Sustainable Development.

These commitments have begun to translate into some progress in different countries on a diversity of issues, such as awareness raising, legal harmonisation, data collection, inclusive education, vocational training, and access to assistive devices, disaster risk reduction and humanitarian response.

However, most countries have prioritised only few issues and there has been to date little steps taken towards the comprehensive regulatory changes, service development and public resource allocations required to ensure full and effective participation and inclusion of persons with disabilities.

All those years, the Pacific Disability Forum (PDF) has exchanged with its members and national stakeholders from civil society and government alike in most Pacific countries to understand the challenges that they are facing.

The present report is part of a PDF initiative for joint monitoring of the CRPD, Incheon Strategy, Sustainable Development Goals (SDGs) and the Pacific Regional Framework on the Rights of Persons with Disabilities (PRFRPD) from the perspective of persons with disabilities themselves. The 2018 report will focus on the policy efforts made by governments and stakeholders towards inclusive SDGs and CRPD implementation. As several Pacific countries have included questions to enable disaggregation of census and other national survey data by disability to compare the situations of persons with and without disability, the 2020 report will be dedicated to establish a baseline to document SDG indicators thanks to disaggregation of national data sets that will be available by then.

Using the “Comprehensive mapping of the disability policy and programs”<sup>1</sup> carried out in 2012 by PDF and the Pacific Islands Forum Secretariat (PIFS), the 2014 “Pacific Regional Strategy on Disability Tracking Report” from PIFS, and the 2012 “Disability Service and Human Resource Mapping” by CBM Australia–Nossal Institute as a broad baseline, the current report provides an overview of progress and challenges with regards to legal and policy frameworks, data, public resources allocation. It also assesses to what extent policy efforts undertaken to date will allow for inclusive achievement of selected SDGs and successful implementation of the CRPD.

Fully acknowledging the critical importance of partnerships and cooperation at regional level in progress made so far, PDF also provides specific recommendations of steps that could be taken for more effective and efficient regional cooperation in line with the PRFRPD, the Framework for Pacific Regionalism and the Pacific Roadmap for Sustainable Development.

Significant steps towards CRPD compliant legal frameworks (SDG 10-16; CRPD 4-5; IS goal 9)

**As of 2018, 11 Pacific Islands Countries have ratified the CRPD (Cook Islands, Fiji, Federated States of Micronesia, Kiribati, Nauru, Palau, Papua New Guinea, Republic of Marshall Islands, Samoa, Tuvalu, Vanuatu) compared to only 2 in 2012 (Cook Islands and Vanuatu) which is a great development. A 2016 study carried out on the process of CRPD ratification<sup>2</sup> in the region has highlighted *that the strong progress has been encouraged by DPO awareness raising, advocacy and mobilisation, as well as the critical role of support from development partners.***

However, for the CRPD to be most effective, its provisions have to be adequately translated into domestic policies, legislations and regulations. Action towards this domestic translation has been limited to date.

***Several countries have conducted legislative reviews during the process of CRPD ratification***, including Marshall Islands, Nauru, Samoa, and Vanuatu. Such process highlighted the scope and diversity of laws that needs to be amended or adopted to progressively achieve legal harmonisation between existing domestic laws and CRPD obligations.

In 2012, most countries had an approved national Disability Policy and Action Plan – Cook Islands, Federated States of Micronesia, Fiji, Niue, Palau, PNG, Samoa, Solomon Islands, or a draft policy - Kiribati, Nauru and Tonga. As of today, while some countries have renewed their disability policies, others have focussed their efforts on CRPD ratification. DPOs have an overall mixed assessment of often very partial implementation of those policies and action plans.

***In 2012, no country had comprehensive legislation related to rights of persons with disabilities.*** Few countries had disability specific legislation with limited scope – such as a disability discrimination act focusing on employment and access to public buildings (Cook Islands and Palau), or the example of the Fiji National Council for Disabled Persons Act. Several countries had legal provisions for education of children with disabilities, and some countries focused their legislation efforts on inclusive social welfare and employment.

**In the last five years, Marshall Islands (2015) and Fiji (2017) have adopted comprehensive disability rights acts translating most CRPD provisions in their national legislations.** Other countries of the region should consider similar cross cutting legislations.

It is to be noted that while new mental health legislations have been adopted or under consideration, to update colonial era laws, none are actually compliant with CRPD standards and jurisprudence.

***In almost all countries across the Pacific there remain significant issues with regards to lack of adequate regulatory changes and clear allocation of responsibilities across government which are required for effective enforcement of legislation.***

With regards to non-discrimination and reasonable accommodation, to date, only Marshall Islands, Cook Islands and Fiji have legal definition and obligations. However, it is either restricted to employment (Cook Islands) or too recent to assess any actual enforcement.

With regards to accessibility regulations, several countries (such as Samoa) have revised their building codes but there are few consistent technical standards and little enforcement on accessibility around the region<sup>3</sup>. No country has yet a comprehensive set of regulations that would cover public infrastructure, transportation, private services open to the public, information and communication services in line with the CRPD.

***Recommendations:***

- Continuation of technical assistance for legal harmonisation by UN agencies and PIFS in partnership with PDF supporting
  - o adoption of comprehensive disability rights acts translating CRPD provisions in national legislation
  - o CRPD compliant amendment of sector specific legislations and regulations.
  - o mental health policies in line with CRPD standards and jurisprudence
- Mainstreaming of CRPD compliance in other regional programs providing technical assistance on legal and regulatory frameworks.
- Further investment in training of judges, lawyers and legislative drafters on CRPD standards and jurisprudence.

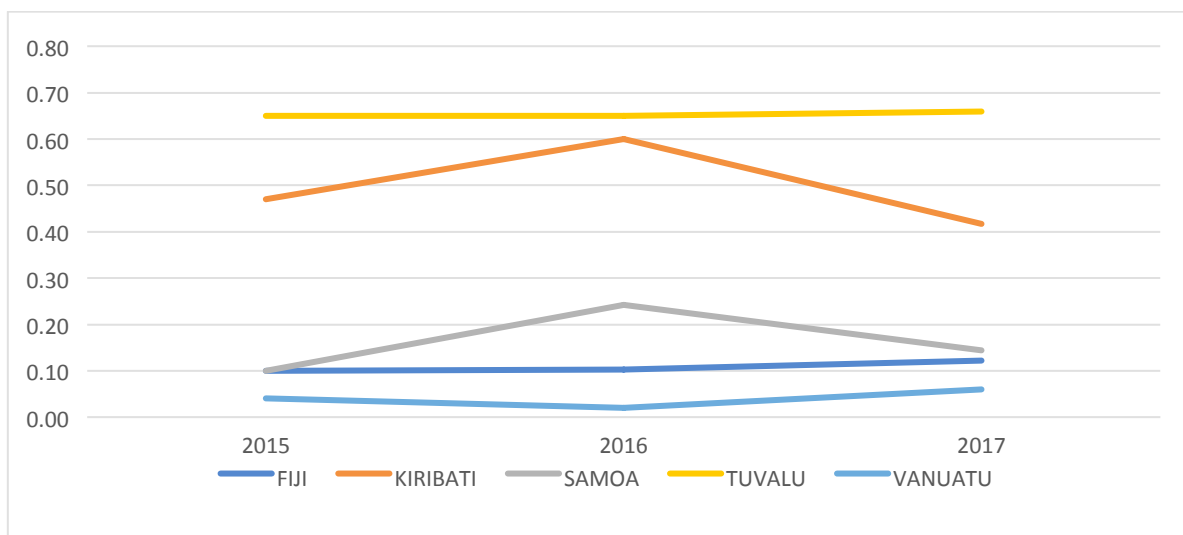
The need for more and better allocation of public resources (CRPD Art 4)

***The 2012 assessment noted the very low, and in most cases, non-existent commitment of government funds to support delivery of disability strategies and implementation of programs.*** PICs have historically had an overreliance on civil society organisation, faith based organisations and international assistance to support and finance services.

It is therefore no surprise that resource requirements associated with ratification and compliance with the CRPD have been one of the main barriers for PICs governments in the process of ratification. While there may have been misunderstanding about the extent of compliance required prior to ratification, it is clear that the more awareness policy makers gained about the scope of services and changes

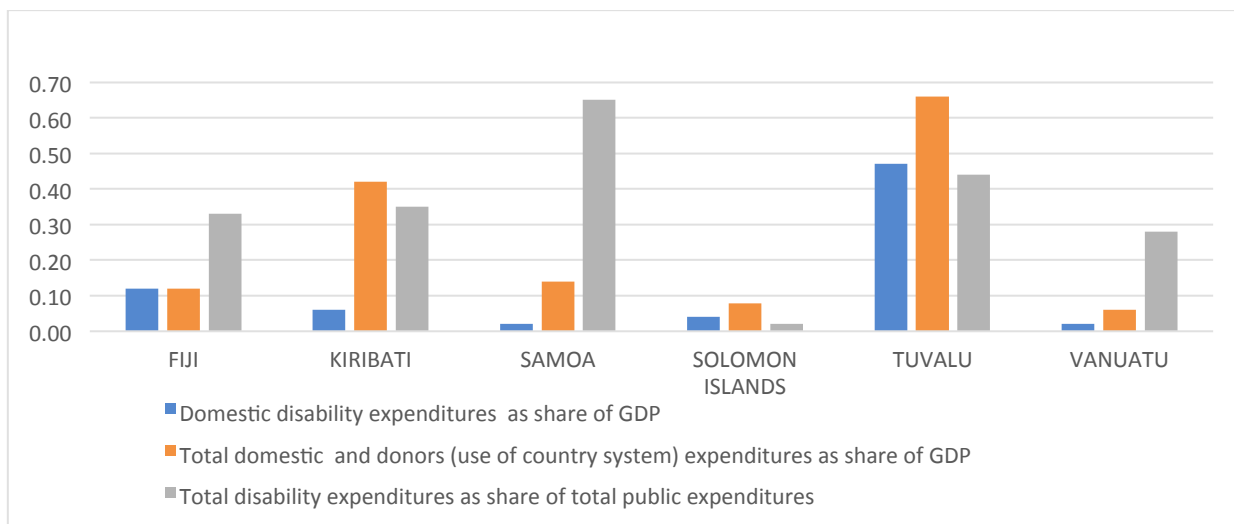
required to ensure inclusion of persons with disabilities, the more they realised that current very minimal expenditures would have to be significantly increased.

Using the 2012 PDF-PIFS mapping and the 2014 review of the Pacific Disability Strategy as an overall baseline, the assessment of expenditures dedicated to persons with disabilities carried out by the Pacific Disability Forum for selected countries (based on budget estimates publically available) shows that there has been uneven progress. **Microstates such as Tuvalu are comparatively making proportionally greater efforts, with total expenditures for inclusion of persons with disabilities above 0.5% of the GDP while others dedicated less than 0.2% of GDP.**



Evolution of total domestic and donors (use of country systems) expenditures for persons with disabilities as share of GDP

Considering domestic resource allocation alone, most countries do not allocate more than 0.1% of GDP showing a significant reliance on overseas development assistance (ODA), especially from the Australian aid program, for financing of disability inclusion expenditures. It is important to note that **Fiji will nearly double its domestic budget allocations for persons with disabilities** in 2018 mainly thanks to the launch of an ambitious disability allowance scheme.



Public expenditures for persons with disabilities as share of GDP and total public expenditures in 2017

While there has been progress in most countries, expenditures are still concentrated on the education, social protection and health sectors as well as support to DPOs, with very little to nothing being



dedicated to inclusion in the sectors of economic development, infrastructure and transport among others.

It is interesting to consider the attempt of Samoa in 2015 to develop a costed implementation plan in view of their CRPD ratification. While the experience had many caveats due to data limitation and the normal lack of plans across ministries about required investments for inclusion, the outcome provides an interesting benchmark. ***The plan covered only some key actions prioritized by stakeholders as critical for starting CRPD implementation, and projected that resource allocation ranging from 0.7% to 0.22% of GDP over 5 years would be required.***

#### *Fiscal space for inclusion of persons with disabilities*

PICs have low economic growth partly explained by the region's unusual geographic and demographic characteristics, leading to diseconomy of scale and high cost of production and service delivery to cover extreme geographic dispersion. PICs are also more exposed to shocks due to climate related disasters (natural disasters cost PICs on average 2% of GDP annually)<sup>4</sup>. They are also exposed to strong variation in revenue, especially for countries highly dependent on commodity exports, and are confronted with a significant problem of illicit financial flows. Most PICs are highly reliant on ODA and remittances. In addition, World Bank estimates that without further preventive measures, a non-communicable disease crisis could generate losses of 3 to 10% of GDP among PICs<sup>5</sup>. Therefore, ***most countries have to constantly balance the need to create and preserve a fiscal buffer to compensate for unforeseen shocks, with required expenditures for infrastructure, economic and social development.***

However, in recent years, ***many countries have made significant progress in poverty reduction, mobilising more domestic resources*** through different sources, including the extractives sectors (Solomon Island, PNG, Timor-Leste), tourism (Fiji, Samoa, Cook Island), and fisheries (Kiribati and the rest of the Northern Pacific)<sup>6</sup>. ***Increasing public spending to further the inclusion of persons with disabilities will be challenging in many PICs and will require a blend of incremental and progressive increase of domestic resource allocation together with significant development assistance contributions.***

#### *Making the most of maximum available resources*

While there is room for progressive increase of expenditures, ***it is also essential to ensure that all domestic and development assistance expenditures are inclusive in order to improve efficiency of spending.*** The inclusive technical and vocational education and training (TVET) program in Vanuatu, supported by the Australian aid program, is a great example of disability inclusion within a mainstream economic empowerment program.

***Some resources are still used to fund services in education and mental health that are not aimed at inclusion and participation and should be reallocated towards inclusive programs.***

Moreover, the review of policies and programs show there is a ***lack of effective regulations ensuring non-discrimination, provision of reasonable accommodation and accessibility across mainstream sector investments.*** Current investments in infrastructure, services and programmes are likely to inadvertently create more barriers for persons with disabilities, which ultimately produce unnecessary costs to overcome them further down the line, impairing effectiveness of domestic and international resources. One of the solution would be the ***inclusion of non-discrimination and accessibility requirements in public procurement for all infrastructure, goods and services at a national level, including for ODA funded programs.***

As an example, the recent World Bank Environmental and Social Framework tackles issues of non-discrimination of persons with disabilities in employment and accessibility in infrastructure, and the



European Union's 11<sup>th</sup> European Development Fund for the Pacific includes clear commitments to ensure that programs and infrastructure funded projects are accessible to persons with disabilities.

Considering resource constraints, it is also critical to ensure that countries adopt the most **cost-effective way to provide support for persons with disabilities and make mainstream services inclusive**. Further evidence and guidance are therefore needed to support government, DPOs and service providers to undertake CRPD-compliant cost-effectiveness analysis. In doing so, attention should be paid so that program and policies always consider inclusion and participation as first outcome, especially with regards to social protection that often represents the biggest share of disability-related expenditure. The Samoa experience with the pre-ratification costed CRPD implementation plan could be built upon to support governments to plan inclusion related expenditures in medium-term budget frameworks as well as in discussion with donors.

A lot of **emphasis needs also to be put on regional mechanisms allowing economies of scale to ensure that countries can focus their spending for inclusion of persons with disabilities** on the most cost effective investments, avoiding unnecessary duplication across the region.

#### *Role of Official Development Assistance (ODA)*

Due to the overall rise of income in the region, ODA represents a decreasing proportion of development financing available to PICs. However, some countries remain highly reliant on ODA such as Kiribati and the Federated States of Micronesia, where grants amounted to 40% and 31% of GDP respectively in 2015. While most ODA is still allocated for social sectors, it is decreasing with 47% in 2015 compared to 62% in 2007, and investment in infrastructure and climate adaptation have increased.

**The analysis of public expenditures over recent years has shown the critical importance of ODA to supporting the development of adequate and CRPD-compliant legislation and regulatory frameworks as well as inclusive social services and social protection systems in the region.** As mentioned, efforts of current donors such as Australia should be sustained and others should increase their attention to disability. A more formal mechanism of development assistance coordination for disability inclusive development could create synergies and ensure greater investment in the region.

#### **Recommendations:**

- Progressively increase domestic resource allocation towards community support services, social protection and economic empowerment measures.
- Support ministries and local authorities to develop costed plans to make their service and programs fully inclusive of persons with disabilities.
- Consult meaningfully with DPOs in the decision related to public resources allocations.
- Include non-discrimination and accessibility requirements in public procurement for all infrastructures, goods and services at a national level including for ODA funded programs.
- Develop an efficient and innovative regional and multi-stakeholder mechanism that would allow for greater investments, further coordination of technical assistance and gain in economy of scale in relation to procurement, development of human resources and access to services.

#### Significant progress towards data disaggregation (SDG 17; CRPD Art 31; IS goal 8)

Disaggregation of data by disability to monitor the level of inclusion of persons with disabilities and inform policies is an obligation under the CRPD (Article 31), as well as a global political commitment across the Sustainable Development Goals. Indeed, SDG target 17.18 is to, by 2020, support States to

significantly increase the availability of ‘high-quality, timely and reliable data disaggregated by gender, age, ethnicity, disability (and) geographic location’.

In the Pacific, ***under the Pacific Framework for the Rights of Persons with Disabilities, Goal 5: Evidence (Strengthen disability research, statistics and analysis), there is a clear commitment to produce disability disaggregated data*** in a comparable manner through the use of the Washington Group Short Set of Questions on Disability (WGSS) in censuses and surveys.

In the last five years there has been significant efforts of countries and regional stakeholders’ engagement with dedicated regional workshops and coordinated technical assistance provided by UN agencies, SPC and PDF among others. ***As a result, 6 countries in the Pacific have included the WGSS in the last census round:*** Kiribati (2015), Palau (2015), Niue (2016), Samoa (2016), Tonga (2016), Fiji (2017), and it is very likely that Solomon Islands and Vanuatu will do so in their 2019 census.

UNICEF and SPC have supported Kiribati and Palau to produce disability monographs<sup>7</sup> based on their 2015 census and are currently supporting Samoa and Tonga to do the same with their 2016 census. UNICEF also supported Vanuatu to conduct disability analysis across different national data sets. The process supported by UNICEF and SPC includes conducting consultation workshops with stakeholders including DPOs, which is a good practice that should be extended, as one of the key issues is to ensure that both government and DPOs make the most of the newly available data.

***Those initiatives will provide a wealth of valuable data that will contribute to better policy planning and monitoring.*** PDF will focus its 2020 monitoring report on SDG indicators baseline using the disaggregated data that will be available by then.

Also, there is a need to complement disaggregation of national census data with more targeted studies on barriers and actual facilitators of participation and inclusion, especially for most marginalised groups.

While there has been progress in education information systems, such as in Fiji for instance, there are still issues with regards to disaggregation of administrative data across sectors. As countries develop disability assessment processes, they should focus on support needs of persons with disabilities. Since public resources will be dedicated to such processes anyway, it is important to make the most of it as they can be reliable and regularly updated source of information that can be aggregated to inform policies and programs.

## **Recommendations**

- Continue to include the Washington Group Short Set of Questions on Disability in national census and surveys, and undertake data analysis and disaggregation in consultation with DPOs.
- Carry out targeted studies on barriers and actual facilitators of participation and inclusion, especially for most marginalised groups.
- Place greater emphasis on disaggregation of administrative data, including within education management information systems or health system data collection processes.
- Ensure the focus of disability identification or determination processes is on support needs and barriers (rather than solely on identifying health conditions), and centralise those data to inform continuously policy development.

A significant improvement of engagement of DPOs (CRPD art 4-29; IS goal 2)

Considering the disability movement in the Pacific is relatively young, progress made in the last decades are impressive. There are active DPOs in all countries, who continuously develop their capacity and

have evolved. Firstly the focus on awareness raising at community level, they have been spearheading for the last six years, and advocacy for ratification of the CRPD in most countries. They have engaged in legal harmonisation and budget advocacy which resulted in the adoption of social protection schemes and progress in education and CBR among others. They have succeeded to make sure issues that are of concern for the region as a whole, such as DRR and climate change are inclusive, contributing to make the Pacific one of the most vibrant regional movement globally.

In the last six years government have increasingly consulted and sought advice from DPOs in line with Article 4.3 of the CRPD both for disability specific and general framework. For instance, DPOs have been actively involved in public consultation for the Tuvalu Te *KaKeega III* (National Strategy for Sustainable Development 2016 – 2020) and the Kiribati Development Plan 2016 – 2019 which are inclusive of persons with disabilities. DPOs are also more represented in government committees and included in consultation for development of programs.

DPOs have engaged and sought partnerships with their governments, national and regional NGOs, private sectors and development partners. There has been a mutually beneficial process of regional and national engagement which has strengthened DPOs participation in policy spaces and dialogues to influence policy change. In parallel, DPOs have continued their awareness activities in communities and have also conducted training for officials in relation to the CRPD.

These developments have been made possible, thanks to the strong spirit and commitment of persons with disabilities in all countries as well as constant support, such as CRPD training provided by PDF in partnership with International Disability Alliance, technical assistance from NGOs such as CBM Australia and funding provided by PDF and Disability Rights Fund (DRF) small grants schemes among others. It is to be noted that several governments are also providing support through small grants to national DPOs.

While these progress have been great, some groups are not well represented in the region and in countries, such as persons with intellectual disabilities, psychosocial disabilities, persons who are deaf or deaf blind. The barriers in accessing basic support services such as sign language or guide interpreters, strong prejudice and lack of knowledge within communities and sometimes from DPOs themselves on how best to support, have limited opportunities for these groups to structure and voice their issues. There has also been challenges to reach and involve persons with disabilities who lived in rural areas and outer islands in countries that are geographically scattered.

Somehow, DPOs are also victims of their own success, and in many countries are facing constraints related to human resources as they are tackling advocacy in a more complex ways and with multiple sectors, in their effort to include more marginalised groups, be responsive in case of disasters, and developing strong organisational and administrative capacities to manage donors funds adequately needed for their action. Many DPOs have engaged in training of trainers activities and created resources team such as in Samoa, to develop their capacity and outreach, however, are facing strong human resources and organisation pressure.

**Recommendation:**

- All international and regional stakeholders maintain their support to ensure sustainability and consolidation of all the progress made so far to build a truly inclusive and effective disability movement that are trusted and are a strong counterpart to national government.
- National government and international actors increase support to DPOs for the emergence and strengthening of most marginalised group's representation and voice.

## Pre-condition for inclusion

Accessibility (SDG 4-10-; CRPD 9-19-21; IS goal 3)

An accessible environment enhances the independence and autonomy of persons with disabilities and promotes inclusion and independence. It is a principle and a central obligation of states under the CRPD (article 9, 21, 19, 32).

Accessibility is also a key element for inclusive implementation of the SDGs<sup>8</sup> and the Sendai Framework for Disaster Risk Reduction. Other key commitments to accessibility made by Pacific island governments include:

- ***A barrier free Pacific is at the core of the PFRPD.***
- PIFs and the European Union (EU) agreed on ***a specific indicator about improving accessibility of services and infrastructure for persons with disabilities under the 11<sup>th</sup> EDF Pacific Regional Indicative Program (PRIP)***<sup>9</sup>.
- The Framework for Pacific Regionalism also commits to an inclusive development for the Pacific region and the current Pacific Regional ICT Strategic Action Plan (PRISAP) commits to effectively utilizing ICT for sustainable development, governance and improving the livelihood of Pacific communities with a guiding principle of universal access to bridge the digital divide.
- Several countries have adopted in recent years laws and regulations paving the way for greater accessibility, among others:
  - o The Rights of Persons with Disabilities Act of the Republic of the Marshall Island (2015) states that Government must develop measures to ensure to persons with disabilities full, equal and unrestricted access to: the physical environment; transportation; information and communications, including information and communications technologies and systems; and other facilities and services open or provided to the public.
  - o Samoa has included clear guidelines for accessibility in its National Building Code (2017).



Data Collection for Accessible ICT Project, Nadi, Fiji 2017  
Phot Credit: Pacific Disability Forum

While these commitments are all positive steps, Pacific Island Forum countries have acknowledged there remains a lack of accessibility across infrastructure, transport, information and communication, which undermines the ability of all citizens to access education, health, justice, mobility, employment and disaster risk reduction efforts. Furthermore, there is still across the region a lack of enforceable regulations on accessibility. The Pacific Regional Infrastructure Facility (PRIF) has done an extensive review of accessibility standards in the region, with a focus on transport, and recommended that: most countries should revise their standards; DPOs should lead awareness raising; and more effort should be made to ensure that all new infrastructure are accessible. Assessment related to ICT accessibility led by PDF reached similar conclusions. There is a pressing need to develop regional accessibility guidelines and standards, which can then be promulgated and implemented at a national level through training and regulations

Considering the resource constraints PDF, representatives of DPOs, UN agencies, PIFs and a number of donors gathered in a seminar organised in March 2017 to identify ways forward. It was acknowledged **that most countries may not have the know-how or financial resources to develop or revise comprehensive and regionally relevant standards** in the first place, and agreed on a set of relevant actions at regional level aligned with Goal 3 of the PFRPD<sup>10</sup>.

#### Recommendations:

- Undertake a regional participatory process to develop a Pacific ‘blueprint’ of accessibility standards for the build environment, transport, information and communication, which could then be tailored by countries for their own national standards. This straightforward process would avoid unnecessary duplication of cost across countries.
- Implement a regional program to train national delegations of professional, DPOs, authorities representatives on how to use accessibility standards as well as conduct accessibility audits, which would help domestication, awareness and the creation of national accessibility task forces.
- Develop a template for integration of accessibility standards into public procurement processes that could be adapted by national governments.
- Ensure accessibility of information by supporting and officially recognising sign language in the region.

#### Assistive technology and products (SDG 10; CRPD 9-19-21; IS goal 3)

Access to assistive technology, products and devices is a necessary pre-condition for inclusion for many persons with disabilities. The CRPD highlights obligations of states to support research, to provide information about, and to ensure access to affordable and quality assistive technology and products for mobility, information and communication (article 4, 9, 19, 21, 28). The Incheon Strategy clearly states as target 3.D “Halve the proportion of persons with disabilities who need but do not have appropriate assistive devices or products”.

**With an ageing population and rise of non-communicable diseases, the need and demand for assistive products in the Pacific will continue increase.** Yet, there is already **a huge gap with regards to availability, accessibility affordability and quality of assistive technology in the region.** There are pockets of success in some countries based on the work of either NGOs or government but to date this has been partial, addresses only a fraction of the national needs, and is not yet sustainable. Some of the key issues are the lack of government prioritisation, lack of coordination and ‘silo-ism’ between relevant line ministries, lack of trained human resources, lack of transformation of awareness of persons with disabilities into clear demand, reliance on donations that are not providing adequate devices but ultimately undermines government commitments and DPOs advocacy, and lack of consensus on effective and affordable technical solutions (e.g. hearing aids)<sup>11</sup>.

An inspiring practice, **the Samoa Mobility Device Services (SIMDES), has been set up in the last 4 years** thanks to the partnership between the Samoa National Health Services, Motivation Australia and Nuanua O Le Alofa with the support of the Australian Government, and has delivered services to more than a thousand persons, some of whom already experience significant improvement of autonomy and quality of life as a result.

The review of national budgets showed that there is none to very minimum allocation for assistive technology in most countries. There is globally a strong momentum for assistive devices fuelled by country such as China among others. **WHO has developed an essential list of assistive devices** to be

included in universal health coverage basic packages, and has launched the Global Cooperation on Assistive Technology (**GATE**).

**Access to assistive devices is a very concrete field for regional and multi-stakeholders' cooperation, including public private partnerships.** While there are many steps to be taken to ensure effective access to assistive technology across the region, some of them could catalyse a broader mobilization. The following is recommended

**Recommendations:**

- Support countries to adopt the WHO list of essential assistive devices in Universal Health Coverage.
- Review existing tax regulations and promote exemptions or concessions for assistive technology across the region.
- Establish a regional procurement facility for assistive technology component which would dramatically lower unit cost for countries. The first step would be a regional feasibility study.
- Review existing agreements in the field of health care services and explore ways to further include services related to assistive devices.
- Support connections between assistive technology professionals at regional level with global networks such as the International Society for Prosthetics and Orthotics.

Community Based Rehabilitation / Inclusive Development (SDG 10; CRPD 19-26; IS goal 3)

Community Based Rehabilitation (CBR) is a key strategy to achieve Community Based Inclusive Development (CBID) or Community Based Inclusion (CBI). CBR, or CBID and CBI all apply the same approach and principles to community work. All three seek to break down community barriers, increase persons with disabilities' access to required services, and empower and enable individuals and their families to participate fully in community life. Implemented in the Pacific for over two decades, most notably Papua New Guinea, Solomon Islands, Vanuatu, Samoa and Fiji, CBR covers different activities in different countries, but often with an emphasis on physical rehabilitation, livelihoods and education), and the delivery arrangements vary with more or less engagement from central government, local authorities, NGOs and communities.

The 2015 evaluation of the first Pacific CBR Action Plan (2012-2014), supported by World Health Organisation (WHO) assessed that **there had been increasing Government commitment to CBR, and has become a central element of national disability policy. An increasing number of governments have been allocating budgets and funding human resources for CBR as in Vanuatu, Kiribati, Solomon Islands and Fiji for instance.**

Instrumental to reach people in remote areas, CBR programs are also fostering stronger collaboration and partnerships across sectors and agencies. They have been instrumental in connecting persons with disabilities to livelihood and TVET programs in Fiji, Solomon Islands and Vanuatu where CBR has also contributed to post-disaster relief after Tropical Cyclone Pam.

Across the region, stakeholders reported that **CBR and CBID programs are essential to people with disabilities in rural, remote areas and outer islands and their families to get basic services and opportunities they have the right to access.**

However, **there are many challenges to the scaling up of CBR, with human resources currently being a key limitation.** As governments, persons with disabilities and communities become aware of the diversity of disability groups and support required as well as rights there is an increasing demand on CBR workers. There is a need for more workers with a broader set of skills to address issues of groups



that may not have been covered in the past. There is a need also to integrate better CBR programs with existing services, including those provided in the mainstream health system, to increase synergies and to limit the diversity of technical tasks of CBR worker which may act more effectively as facilitators.

It is also important to note that most CBR programs do not have strong social support services (such as personal assistance) and empowerment components, which are very much needed especially by the most marginalised groups. So, ***there may be a paradox that CBR programs reach the marginalised communities but less so the most marginalised persons with disabilities in those communities. Support services such as sign language interpreters remain virtually non-existent in most of the region, especially in remote areas.***

#### **Recommendations:**

- Implement the 2016-2021 Pacific Regional Framework for Community Based Rehabilitation, with attention to the diversity of persons with disabilities.
- Consider investment in connection to CBR and social protection programs to ensure access to support services such as personal assistants.

## Social protection (SDG1-10; CRPD art 28; IS goal 1- 4)

Reflecting global trends, ***across the Pacific persons with disabilities are more likely to live in poor households and less likely to be economically active compared to persons without disabilities as evidenced by the analysis of most recent national data from Kiribati, Palau and Vanuatu***<sup>12</sup>. Limited access to education and employment, compounded with extra costs related to disability-specific requirements and lack of accessibility of services increases risk of multidimensional poverty and ***likeliness to be forced to rely on eroding traditional solidarity.***

Internationally, it has been increasingly recognised that ***social protection policies and programs can contribute significantly to improve social participation and inclusion of persons with disabilities*** by ensuring income security and access to social services<sup>13</sup>. Article 28 of the CRPD stipulates that states have to ensure equal access of persons with disabilities to adequate standards of living and social protection programs as well as access to affordable and quality disability-related services and assistance to cover disability-related expenses. The Incheon Strategy's Goal 4 specifically aims at increasing coverage of persons with disabilities within social protection programmes.

While in most PICs, social protection systems have traditionally been mostly relying on social insurance programs, reaching only a small proportion of the workforce<sup>14</sup>, there has been in the last decade a significant development of social assistance.

**In 2007, there were only 4 countries with non-contributory schemes targeting persons with disabilities** (the Fiji Family Assistance Program (FAP) and the Care and protection allowance - both are poverty-targeted schemes that included disability as one sub-target group), Palau and Cook Islands disability benefit schemes and in New Ireland Province of Papua New Guinea). **In the last decade, an increasing number of countries have developed benefits for adult or children with disabilities:** Timor-Leste (2008), Nauru (2008), Tonga (2013), Tuvalu (2016), Fiji (2018 – disability specific not means tested allowance).

Universal old age pensions have also been adopted in Cook Islands, Fiji, Kiribati, Nauru, Niue, and Samoa which, considering the higher prevalence of persons with disability among old age population, may have a certain impact on basic expenditures of older persons with disabilities.



While there has been positive trends, there are of course some challenges to be considered. In most countries, less than a third of persons with disabilities covered by those schemes<sup>15</sup>. ***The adequacy of benefits has been low in most countries***, limiting the impact on poverty reduction and social participation: in 2013, non-contributory disability related social assistance accounted for an average 4.4% of all social protection beneficiaries but only 1.9% of social protection expenditures in the region<sup>16</sup>. There are ***no schemes to support access to support services such as personal assistance***, except for the allowance for care givers in Cook Islands that are not compatible with the disability allowance.

Most recently, there has been some positive developments with Cook Islands extending its child benefit to children with disabilities up to the age of 16 (instead of 12) and increasing its disability allowance with the aim to progressively align it with its old age pension. In Tonga the number of beneficiaries of the disability allowance has quadrupled between 2015 and 2018 to reach 800 persons.

In Fiji, there was since 2013 some frustration among persons with disabilities due to the replacement of the FAP, which was partially targeting poor persons with disabilities, by the Poverty Benefit Scheme (PBS), which is targeting poor households with no specific attention to persons with disabilities. ***In 2018, Fiji has adopted a new allowance for persons with disabilities*** that is not mean tested and can be cumulative for persons with disabilities whose household receives the PBS. This is important as it allows persons with disabilities to use a disability-specific allowance to cover some of the cost related to disability and facilitate social and economic empowerment. In addition, the allowance administration has put in place a swift eligibility determination process. ***The disability assessment to determine eligibility for the scheme is not medically-driven, but is focused on support needs of the person, reflecting recommendations made by the CRPD Committee*** to many countries. The assessment is carried out through a home visit by local social welfare officers who have long experience in eligibility determination with FAP and PBS. A medical certificate is required only if the social welfare officer is not in position to make a decision. This allows for faster decision and lessens the administrative burden. As this is very recent, it will be important to evaluate such process as it could be an interesting practice for the many other countries in the region for which disability determination has been an issue.

It is also important to note that ***social protection schemes have been effectively used to channel support for in the aftermath of disaster in Fiji (TC Winston) and Tonga (TC Gita)***. In Fiji, evaluation showed that households that benefitted from the top-up transfers recovered quicker from the disaster shocks<sup>17</sup>. In Tonga, the government has been able to promptly transfer AUD \$500,000 provided by the Australian Government for disaster relief, through the Social Welfare Scheme for the Elderly and the Disability Benefits Scheme, which provided quick support to people with their immediate post-disaster needs<sup>18</sup>.

## Recommendations

- Support adoption by all countries of disability support allowance based on good practices in the region.
- Use social protection schemes in post-disaster response to channel extra support to persons with disabilities and their families.
- Progressively increase the amount of disability allowance so that it contributes effectively to cover disability related costs.
- Develop social protection schemes supporting children with disabilities and their families.
- Support development of support services such as personal assistants.
- Develop streamlined disability determination based on support requirement assessment and aggregate information for regular update on support requirement of persons with disabilities.

## Health (SDG3; CRPD art 25; IS goal 4)

Good health and wellbeing for all people is essential for the achievement of the Sustainable Development Goals. Persons with disabilities have the same need for regular primary health care as everyone else. And they may also have additional disability-specific needs that require targeted health and rehabilitation programs, including for example the provision and fitting of assistive devices. People with an impairment may also experience mental health concerns, due to stigma, discrimination and isolation. **Despite these needs, people with disabilities across the Pacific face a range of barriers in accessing general and disability specific health care services<sup>19</sup>.**

Article 25 of the CRPD highlights obligations of the states to ensure, among others, equal access to health services without any discrimination, develop disability specific services, ensure that health care services are trained on rights of persons with disabilities and provide services on the basis of free and informed consent. The Incheon Strategy specifically aims at increasing access to all health services, including rehabilitation, for all persons with disabilities (Target 4.a).



Members from NATA, TNVIA and Tonga National Disability Congress facilitating MOH Disability Inclusive Health training session at Vaiola Hospital. Photo credit: CBM Australia

Some Pacific Island countries have recognised the importance of responding to these unmet needs as part of efforts towards universal health coverage, and have developed specific disability inclusive health policies and plans. For example, Fiji has adopted the Fiji National Disability Inclusive Health and Rehabilitation Strategic Plan 2015-2020. The Kingdom of Tonga National Disability Inclusive Health Plan 2016-2020 is designed to guide the Ministry of Health in strengthening access to health care, rehabilitation and mental health services for people with disabilities in Tonga. Several countries also have provisions to lessen the cost of health care for persons with disabilities.

Implementation to date of the Tonga National Plan has included the national hospital sourcing an accessible vehicle to enable people with disabilities to be transported to and from health centres; the

first national mental health symposium being held to strengthen the focus on community-based mental health care; a national CBR meeting; and disability inclusion training for health professionals. While the process to implement the Disability Inclusive Health Plan in Tonga is continuing, the creation of strong linkages between people with disabilities and Government duty-bearers has already had an impact on raising awareness of the very real impact that discrimination and exclusion has on the lives of people with disabilities seeking health care in Tonga.

With regards to medical rehabilitation, there has been some notable progress especially with the improvement of the Tuarua Rehabilitation Services in Kiribati and the mobility devices services in Samoa, both supported by Australia. However, there is still a significant gap across the region in terms of rehabilitation professionals such as occupational therapist or speech therapist, and prosthetics and orthotics technicians.

There is growing momentum around the importance of mental health, although it is to be noted that while new mental health legislations have been adopted or under consideration, to update colonial era laws, none are actually compliant with CRPD standards and jurisprudence.

### Recommendations

- Develop and implement health care standards related to care of persons with disabilities, which set out plans for modifications and adjustments to service delivery, including ensuring physical access of primary health clinics, operation of outreach services, support for and referral linkages to community-based rehabilitation or community-based inclusive development programs, and removal of communication and attitudinal barriers in the health system, including through training of medical staff.

- Explore greater regional cooperation to develop access to quality rehabilitation services, access to priority assistive products, and CRPD-compliant mental health services as part of essential packages of health services.

## Education (SDG 4; CRPD art 24; IS goal 5)

According to the most recent censuses of Samoa, Kiribati and Palau, **persons with disabilities are more likely to have never attending schools, less likely to have completed secondary or tertiary education, and have significant gap in terms of literacy compare to person without disabilities**. Those trends which are in line with evidence from other Pacific Island countries and global data, indicate that despite significant commitments of PICs towards inclusive education a decade ago and efforts made since, much remains to be done.

SDG Goal 4 sets a clear ambition to ensure inclusive quality and equitable education for all by 2030. The CRPD general comment on the “right to inclusive education” at all levels of education has been a landmark in providing clarity on interpretation of rights and states obligations under article 24 of the CRPD.

**Pacific Island countries have recognised that implementing Inclusive Education across the region is the best way to provide education to children with disabilities**, but these countries need support in implementing Inclusive Education successfully (Sharma, 2016). Many barriers remain, including:

- Lack of support to families, including in terms of financial assistance, awareness raising and counseling, which leads many parents to decide not to send their children to school as they fear possible bullying or believe that their children cannot learn.
- School facilities, curriculum and teaching material are not accessible and there is a lack of support e.g. sign language interpreters and braille.
- There are significant issues with transport, which are magnified in outer islands. For example, in some places in Kiribati the age of attendance is determined by the weight and mobility of the child: when he or she is too heavy to be lifted into the school bus, they can no longer attend as the buses are not wheelchair accessible.
- There is still in many countries an over-reliance on special schools, but these schools for a number of reasons mostly provide primary education only in urban areas, which means children with disabilities in rural and the outer islands have no options and are excluded even from special schools.
- Resistance from within the mainstream education system.
- There are significant issues when it comes to sign language and bilingual education for deaf children.

Adding to the specific constraints in PICs, transition to a quality inclusive education is challenging everywhere as education systems are hard to change<sup>20</sup>. However, there has many positive steps towards inclusive education taken in recent years, with successful programs in number of countries such as:

- The Vanuatu TVET program has made significant progress towards inclusion of young boys and girls with disabilities.
- There are now 22 secondary schools in Fiji inclusive of students with various impairments attending, all from special primary schools that have passed the necessary entrance examination on academic merit.
- In Fiji, the University of the South Pacific has a Disability Resource Centre specifically set-up to support students with disabilities, providing student to student buddy support, sign language interpreters and worked with the University to ensure that students with disabilities access the same services as students without disabilities.

- In Samoa, the demonstration inclusive education program has increased advocacy of rights of children to education, awareness of parent and collaboration between service providers and the Ministry of Education.

**Resources constraints often force countries to make an artificial choice between expanding equity/access or investing in greater quality, even though making the education system inclusive is the cost-effective way to reach both objectives.** Despite growing evidence, there are still much resistance, and often inclusive education is thought of as a sub-component of an equality/access policy rather than an overall objective for all children. In addition to those regular issues, the specific challenges faced by PICs will require innovation and creativity as well as strong multi-stakeholders' cooperation at national and regional level.

#### Recommendations:

- Pacific governments implement and resource Inclusive Education Policies, with support services and assistive technologies and training of teachers to teach children with disabilities.
- Revise existing laws to ensure that school infrastructure and school curriculum is made accessible for all, and that all communication and information materials are available in accessible formats.
- Give greater focus to ensure bilingual education for deaf children across primary, secondary and tertiary level.
- Greater regional cooperation to exchange innovative and successful practices and to promote inclusive education as and overall objective for education system.

## Women with disabilities (SDG 5; CRPD art 6; IS goal 6)

Most recent data from Kiribati, Samoa, Palau and Vanuatu shows that **women with disabilities have less opportunities for inclusion and participation than the rest of the population.** For instance in Kiribati, women with disabilities' participation rate is 13% lower than men with disabilities and 28% lower than women without disabilities. These data confirm the outcomes of studies carried out in the region highlighting that, as in other part of the world, **women and girls with disabilities face multiple layers of discrimination**<sup>21</sup>. Further studies highlight their vulnerability to violence and abuse, and the fact that women with disabilities experience additional and different forms of violence from women without disabilities, including acts such as the withholding of medication and assistance, denial of food or water, and forced sterilization and medical treatment<sup>22</sup>.

These realities have been acknowledged by successive Pacific Women Conferences and Meetings of Pacific Ministers for Women. Pacific countries have made clear commitments to take action. Most countries of the regions have ratified both the Convention on the Elimination of Discrimination Against Women (CEDAW) and the CRPD, which both promote action track approach to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights.

There are also number of regional frameworks that address gender inequality, and among these some consider the specific issues of women with disabilities. These frameworks are:

- Pacific Leaders Gender Equality Declaration (PLGED).
- Revised Pacific Platform for Action on the advancement of women and gender equality (RPPA).
- Beijing Declaration and Platform for Action.

- Framework of Pacific Regionalism

***There are a number of initiatives that have addressed some of the key issues of gender inequality pertinent to women and girls with disabilities at national or regional level.*** For instance, in partnership with UN Women, the Pacific Disability Forum, DPOs and relevant key stakeholders, ***Ending Violence Against Women (EVAW) Toolkits*** and Training Manuals were developed specifically for Women and Girls with Disabilities in Fiji, Kiribati and Samoa. From the development stages of the toolkits, DPOs have since worked with relevant key partners in ensuring that women and girls with disabilities are accessing services and are part of EVAW programming considerations. Empowering women and girls with disabilities in sharing individual realities when encountering violence has raised awareness about the change needed in the Judiciary and in the appropriate support mechanisms for survivors of violence and services more inclusive and accessible to women and girls with disabilities.

In Vanuatu, a specific emphasis has been put on supporting women and girls in the inclusive TVET program, and the ***Pacific Women Shaping Pacific Development (Pacific Women) program has strived to ensure consultation with women with disabilities*** and DPOs in country development plans. A woman with disability is a member of the Pacific Women Advisory Board. In Cook Islands a partnership between Pacific Women, the Ministry of Internal Affairs and the National Council of Women is supporting the integration of women with disability in socio-economic development. In ***Samoa, the staffing of the mobility devices service has paid attention to gender equality to ensure that women with disabilities receive gender-sensitive and adequate services.*** Those are positive steps which have to be generalized to ensure that gender equality and women empowerment programs really include women with disabilities.

Recommendations:

- Furthering inclusion and involvement of women with disabilities in all regional and national initiatives, policy, programs and services for gender equality and empowerment of women with disabilities, including sexual reproductive health and rights.
- Ensuring that disability related program and service are gender sensitive and contribute to women with disabilities empowerment.

## Water and Sanitation (WASH) (SDG 6; CRPD art 28; IS goal 1)

SDG Goal 6 is focused on ensuring universal access to safe and affordable drinking water, sanitation and hygiene (WASH) services for all by 2030. While persons with disabilities are not specifically mentioned in the targets and indicators under this Goal, the goal specifically states that it should be achieved for all people. This inclusive phrasing means this goal must have a direct impact on the lives of persons with disabilities.

***Persons with disabilities may have greater water requirements than some other community members*** – for instance, if they use their hands for mobility or for balance while going to the toilet, they will have increased washing needs. It is therefore vital that their needs are specifically considered in all aspects of WASH programming. However, ***data from recent censuses in Kiribati and Palau show that persons with disabilities are less likely than persons without disabilities to live in households connected to public utilities including water and sanitation systems.***

The Government of Papua New Guinea has reflected the importance of ensuring water, sanitation and hygiene services are accessible for people with disabilities by approving the ***Papua New Guinea Water, Sanitation and Hygiene Policy 2015-2030 which includes specific reference to the WASH needs of people with disabilities.*** Under “Strategy Four: Improved and Consistent Approaches to WASH Service



Delivery”, the policy clarifies that all WASH interventions should aim for 100% coverage, all private and public institutions must have hygienic toilet facilities which are accessible for persons with disabilities, and participatory approaches for planning, operation, management and maintenance must be fully inclusive and consider the involvement, priorities and needs of persons with disabilities. Implementing this Policy will help to address barriers and enable persons with disabilities to fully realise their rights to WASH.

#### Recommendations:

- Invest in accessible water and sanitation infrastructure; inclusive hygiene communication and behavior change strategies which take a broader, rights-based approach to inclusion; and supply chain strengthening which recognizes people with different impairment types as important service users.

## Disaster Risk Reduction (SDGs 13; CRPD art 11; IS goal 7)

Pacific Island countries and territories are extremely vulnerable to climate change and natural hazards. Natural disasters cost PICs on average 2% of GDP annually (about USD \$248 million). When Tropical Cyclone (TC) Pam struck Vanuatu in 2015, it inflicted damages amounting to an estimated 60 percent of GDP in Vanuatu, and TC Winston impacted up to 20% of GDP for Fiji.

Globally, studies have shown that people with disabilities are disproportionately affected by disasters. They are less likely to participate in community disaster risk reduction (DRR) processes, more likely to be left behind, be injured, and be separated from family and caregivers during a disaster, and face extra barriers in accessing post-disaster relief services, among other issues. In Vanuatu a study carried out after TC Pam confirmed that persons with disabilities were 2.45 times more likely to have been injured. Assessment led by PDF after TC Winston showed that persons with disabilities missed out on the distribution of humanitarian aid, as the distribution points and information about the support was not accessible to all persons with disabilities, including those whose mobility aids were destroyed, damaged or lost in the cyclone. Information on warnings and other disaster related information and updates were not inclusive of all persons with disabilities such as for the deaf for instance



*“Mareca walks through her village on Koro island, Fiji, surveying the damage from TC Winston”. Photo credit: Pacific Disability Forum.*

The CRPD clearly establishes the obligation of states to ensure the rights of people with disabilities are upheld in situations of risk and humanitarian emergencies parties (Article 11). In addition, the particular situation of persons with disabilities and the importance of enabling their inclusion in DRR strategies and humanitarian programs has been globally recognised with the endorsement of the Sendai Framework for Disaster Risk Reduction, as well as with the Charter on Inclusion of Persons with Disabilities in Humanitarian Action, which was endorsed at the 2016 World Humanitarian Summit.

In recent years, there has been in the Pacific significant steps taken towards inclusion of persons with disabilities in DRR. The Framework for Resilient Development in the Pacific (FRDP) stipulates that all national climate change adaptation strategies, disaster risk management plans, and legal frameworks must specifically address the needs

of persons with disabilities, especially women, children and older persons and this is in line with Goal 4 of the PFRPD.

DPOs and their partners have been actively involved in response to TC Pam, Winston and Gita. PDF has developed a toolkit on inclusive DRR, and is currently a member of the Pacific Resilience Partnership taskforce. Among other initiatives, the new Australian Humanitarian Partnership (AHP), particularly the Pacific Disaster READY component, is creating new opportunities to establish a Pacific regional approach to inclusive preparedness, by proactively involving PDF, which with the support of CBM

Australia and other mainstream NGOs, will be working to influence stakeholders from community, INGOs, national government, UN agencies and donors.

While there has been clear steps towards disability inclusion in DRR, it is also critical to recognise the importance of bridging social policies and on-going development with DRR, humanitarian response and recovery. The use of existing social protection schemes to channel support post-disaster in Fiji and Tonga, or the support of CBR programs in emergency relief has demonstrated that the stronger the national support system for person with disabilities is, the more responsive and effective the post disaster relief will be. The issue of accessibility in post-disaster relief has to be addressed more generally; as most countries do not have effective regulation and accessibility standards, building back better in the region does not yet systematically mean it is accessible for persons with disabilities.

#### **Recommendations:**

- Implement the FRDP and PFRPD provisions in line with CRPD and Incheon Strategy so that national climate change adaptation strategies, disaster risk management plans, and legal frameworks specifically address the needs of persons with disabilities, especially women, children and older persons.
- Build upon the early foundations of the Australian Humanitarian Partnership (AHP) approach to disability inclusion and leverage the resources, skills and programs of all implementation partners to strengthen inclusive DRR ahead of emergency response. Whilst the program is initially piloting a regional project and five pilot countries, there is opportunity to expand on this good practice.
- Standardisation of data collection methodologies that would capture disability disaggregated data will be beneficial for the Pacific as it will contribute to better informed decision making and ensuring the delivery of a more inclusive programme.
- Bridge further DRR and the on-going development of resilient support services, social protection and CBR programs and overall accessibility to ensure greater responsiveness and resilience.

## Multi stakeholders partnership and regional cooperation (SDG 17; CRPD art 32; IS goal 10)

Applying SDG Goal 17 is particularly important to help the Pacific region achieve sustainable development, given the region's many constraints and limitations. ***Regional cooperation in terms of disability inclusive development has so far generated very positive outcomes, with key partners in the region doing great work for the rights of persons with disabilities in some countries.*** The Pacific Enable Project for instance has triggered regional cooperation between UN agencies, SPC and PDF, and national stakeholders. Australia has played a key role in supporting different actors and facilitating cooperation.

***Such level of cooperation between donors, UN agencies, DPOs, regional organisations is quite unique.*** In many ways it is ***the translation of Article 32 of the CRPD***, which prescribes partnership with relevant international and regional organizations and DPOs to ensure inclusive development cooperation, and to facilitate capacity building including through the exchange and sharing of information, experiences, and providing appropriate technical and economic assistance.

While there has been great progress in recognition of rights of persons with disabilities, there appears to have been some limitations in other areas, for example:



- There has not been very effective disability mainstreaming in major regional development initiatives. Although the Pacific Women Program, or more recently the regional humanitarian program are examples to follow, in other sectors there has been only one-off events or small pockets of work done on short-term project basis, which has not lead to system level changes.
- Some key issues around generating economy of scale. For instance, in the field of human resource development, there has been attempt that have not been sustained and the idea of bulk buying mechanisms for assistive devices did not progress.

For ***sustained actions and greater impact, these partnerships need further consolidation*** and a mechanism that will coordinate, drive and oversee and generate more synergies for lasting impacts. In line with the Framework for Pacific Regionalism, there is a need of more effective and efficient coordination mechanisms possibly linked to a multi donor's trust fund, articulating input and mainstreaming in major regional programs supported by Australia and the 11<sup>th</sup> EDF Pacific Regional Indicative Program among others.

**Recommendations:**

- Implement a regional mechanism/facility that will coordinate technical assistance, generate economy of scale (e.g. procurement of assistive devices, development of resource) facilitate resource mobilization to support countries implement the UNCRPD.
- Strengthen mainstreaming of disability in major regional initiatives and programs.
- Strengthen mainstreaming of disability in humanitarian work in the region with stronger and more effective regional cooperation.

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