

The Stakeholder Group of Persons with Disabilities (SGPwD) is sharing the following key policy priority areas for persons with disabilities in response to a request from UNSD on December 5, 2018 for a disability data disaggregation policy priority consultation. **The key policy priority areas are poverty eradication, education, employment, health, and accessibility.**

The Stakeholder Group of Persons with Disabilities highlights that the short set of questions developed by the Washington Group on Disability Statistics and the UNICEF/Washington Group Child Functioning Module (that supports identification of children with disabilities) are sustainable and suitable for disaggregating by disability status and monitoring progress in attaining the SDGs on an ongoing basis. These modules are internationally comparable, well tested[[1]](#endnote-1), efficient, low cost, and easy to incorporate into ongoing data collection of national statistical systems.

The lack of data on persons with disabilities increases marginalization and fails to address the situation and discrimination encountered by persons with disabilities. As a result, planning and budgeting for reasonable accommodations with effective policymaking have suffered and persons with disabilities have largely fallen off the statistical “map.” Evidence-based data on persons with disabilities at the national and global levels are instrumental in identifying the gaps and challenges of persons with disabilities that can support policymakers to address gaps and amend existing policies and regulations.

Our detailed responses are outlined below.

1. **Key policy priority areas mapped to SDG targets and indicators**

The Stakeholder Group of Persons with Disabilities has identified five key policy areas to be disaggregated by disability to assess the situation of persons with disabilities to support policymakers to address gaps and amend existing policies and regulations. It is important to note that the policy areas listed below are not in any particular order, but have been identified by the SGPwD from a larger priority list of indicators.[[2]](#endnote-2) The SGPwD considers these five policy areas critical for persons with disabilities, but at the same time welcomes and encourages the IAEG and Member States to collect and disaggregate data by disability from other policy areas as well.

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| **Key policy area 1: Poverty eradication for persons with disabilities** |
| Target  | Indicator |
| 1.1 By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than $1.25 a day | 1.1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural) |
| 1.2 By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions | 1.2.1 Proportion of population living below the national poverty line, by sex and age |
| 1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable | 1.3.1 Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable |
| 10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status | 10.2.1 Proportion of people living below 50 per cent of median income, by sex, age and persons with disabilities |

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| **Key policy area 2: Education for persons with disabilities** |
| Target  | Indicator |
| 4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes | 4.1.1 Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex |
| 4.2 By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education | 4.2.2 Participation rate in organized learning (one year before the official primary entry age), by sex |
| 4.3 By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university | 4.3.1 Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months, by sex |
| 4.4 By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship | 4.4.1 Proportion of youth and adults with information and communications technology (ICT) skills, by type of skill |
| 4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations | 4.5.1 Parity indices (female/male, rural/urban, bottom/top wealth quintile and others such as disability status, indigenous peoples and conflict-affected, as data become available) for all education indicators on this list that can be disaggregated |
| 4.6 By 2030, ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy | 4.6.1 Proportion of population in a given age group achieving at least a fixed level of proficiency in functional (a) literacy and (b) numeracy skills, by sex |
| 4.a Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all | 4.a.1 Proportion of schools with access to: (a) electricity; (b) the Internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) basic drinking water; (f) single-sex basic sanitation facilities; and (g) basic handwashing facilities (as per the WASH indicator definitions) |

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| **Key policy area 3: Employment for persons with disabilities** |
| Target  | Indicator |
| 8.5 By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value | 8.5.1 Average hourly earnings of female and male employees, by occupation, age and persons with disabilities |
| 8.5.2 Unemployment rate, by sex, age and persons with disabilities |
| 10.3 Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard | 10.3.1 Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law |
| 16.7 Ensure responsive, inclusive, participatory and representative decision-making at all levels | 16.7.1 Proportions of positions (by sex, age, persons with disabilities and population groups) in public institutions (national and local legislatures, public service, and judiciary) compared to national distributions |

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| **Key policy area 4: Health for persons with disabilities** |
| Target  | Indicator |
| 3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases | 3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations |
| 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all | 3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population) |
| 3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income |
| 5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences | 5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care |

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| **Key policy area 5: Accessibility for persons with disabilities** |
| Target  | Indicator |
| 11.2 By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons | 11.2.1 Proportion of population that has convenient access to public transport, by sex, age and persons with disabilities |
| 11.7 By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities | 11.7.1 Average share of the built-up area of cities that is open space for public use for all, by sex, age and persons with disabilities |
| 11.7.2 Proportion of persons victim of physical or sexual harassment, by sex, age, disability status and place of occurrence, in the previous 12 months |
| 16.1 Significantly reduce all forms of violence and related death rates everywhere | 16.1.4 Proportion of population that feel safe walking alone around the area they live |
| 16.7 Ensure responsive, inclusive, participatory and representative decision-making at all levels | 16.7.2 Proportion of population who believe decision-making is inclusive and responsive, by sex, age, disability and population group |
| 17.8 Fully operationalize the technology bank and science, technology and innovation capacity-building mechanism for least developed countries by 2017 and enhance the use of enabling technology, in particular information and communications technology | 17.8.1 Proportion of individuals using the Internet |

1. **Short description/explanation**

Globally, persons with disabilities - 15 percent of the world’s population - do not adequately benefit from funds and resources spent by public sector, from the actions of the private sector, or economic, social and cultural development. Persons with disabilities face widespread exclusion from all areas of society and experience higher rates of poverty and deprivation and lower levels of income than the general population. This stems from pervasive discrimination and stigma, unequal opportunities, and physical and attitudinal barriers. During recent economic crises, many countries have reduced public funds that support social participation of persons with disabilities. Consequently, the poverty rate has increased for persons with disabilities and their families. Furthermore, without access to digital infrastructure and accessible ICT, persons with disabilities are at risk to be excluded from statistics and surveys, which leads to exclusion from programs and policies. Persons with disabilities must be included in sustainable development processes as pervasive discrimination against persons with disabilities has an economic cost to all of society. In fact, the World Bank estimates that economic costs of exclusion can affect all of a society leading to a loss of 3 to 7 percent of Gross Domestic Product (GDP) if persons with disabilities do not participate fully in their communities and countries.[[3]](#endnote-3)

Exclusion from education may lead to lower employment and earning potential for persons with disabilities. Not only does this make individuals and their families more vulnerable to poverty, but it can also limit national economic growth. This significantly affects persons with disabilities since approximately half of children and youth with disabilities currently aged 0-14 years either do not begin their primary education or will not progress beyond primary-level schooling. Furthermore, girls with disabilities are far less likely than either boys with disabilities or girls without disabilities to attend primary school. If they do attend, they are less likely to complete primary school and progress to secondary education or undertake vocational training that would enable them to become economically self-sufficient.[[4]](#endnote-4)

The exclusion from employment for persons with disabilities may lead to lower incomes due to disproportionately high levels of underemployment and unemployment as well as lower pay-scales for performing the same work as individuals without disabilities.[[5]](#endnote-5) Moreover, persons with disabilities also face barriers to gaining and keeping informal work and self-employment, and caregivers may forgo work opportunities to assist family members with disabilities. Widespread unemployment among persons with disabilities, combined with all-too-common attitudinal, physical and communication barriers that lead to lower job productivity, affecting the economy of a country.[[6]](#endnote-6)

The inability to access and receive appropriate and timely health care may also adversely affect persons with disabilities. The failure to include persons with disabilities in public health interventions can impede the effectiveness and efficiency of healthcare programs, and as a result of exclusion, persons with disabilities may experience avoidable medical and/or productivity costs. Consequently, governments may end up spending more in parallel care and treatment programs. In addition, poor health can have negative consequences in both education and employment. For example, consistently poor health can lead to lower educational attainment, which in turn is strongly linked to lower lifetime earning potential. Additionally, poor health can decrease job productivity, and if persistent, can lead to job loss or a forced reduction in hours.[[7]](#endnote-7)

Due to pervasive barriers in accessing the built environment, information, and communication, often persons with disabilities are denied access to basic urban services, including housing, roads, public spaces, transportation, sanitation and water, health, education, emergency and disaster response. Yet, it is generally feasible to meet accessibility requirements at one percent of the total cost. The reality is that retrofitting for accessibility is more expensive costing up to 20 percent of the original cost compared to integrating accessibility and universal design principles into new buildings.[[8]](#endnote-8) Furthermore, few supports and services exist to enable persons with disabilities and their families to realize their right to live and be included in the community. Where services exist, too often they continue to be segregated, medicalized, and based on congregate care. Inclusive societies reflect the interdependence of our rights and that to be fully included, one must also have equal access to education, affordable housing, the right to make decisions, employment, and other areas.

The lack of data on persons with disabilities increases marginalization and fails to address the situation and discrimination encountered by persons with disabilities. As a result, planning and budgeting for reasonable accommodations with effective policymaking have suffered and persons with disabilities have largely fallen off the statistical “map.” Evidence-based data on persons with disabilities at the national and global levels are instrumental in identifying the gaps and challenges of persons with disabilities that can support policymakers to address gaps and amend existing policies and regulations. In particular, policymakers should carry out capacity building on disability data to develop evidence-based policies and programs; do a data analysis comparing the general population between persons with and without disabilities; and collect data to support inclusive budgeting and attract international funding from development and donor agencies.

1. **Reference document links/webpages**
* During the 2018 Global Disability Summit, 99 commitments were made by governments, NGOs, and other organizations to disaggregate data by disability. Details can be found in the following link: <https://www.gov.uk/government/collections/global-disability-summit-commitments>
* The Washington Group on Disability Statistics report from 2018 “2030 Agenda for Sustainable Development: Selected SDG Indicators Disaggregated by Disability Status,” Details can be found in the following link: <http://www.washingtongroup-disability.com/wp-content/uploads/2018/11/Disagregation-Data-Report_F4.pdf>
* A broad consultation was conducted in 2018 with the SGPwD over the 232 SDG indicators that resulted in a list of 32 priority SDG indicators to be disaggregated by disability. Details can be found here: <http://www.internationaldisabilityalliance.org/prioritylist-ofindicators>
* The Disability Data Advocacy Working Group was established in 2018 to support SDG indicator collection by bringing data experts, organizations of persons with disabilities, non-governmental organizations, and researchers together. Details are in the following link: <http://www.internationaldisabilityalliance.org/content/disability-data-advocacy-working-group>
* International Disability Alliance and CBM carried out a brief study on the experiences of organizations of persons with disabilities and their representative organizations regarding disability data in 2018. Details and findings of the study can be found in the following link: <http://www.internationaldisabilityalliance.org/sites/default/files/disability_data_survey_presentation_-_ida_and_cbm.pdf>
1. **Expert/Working Group link/webpage and contact information**

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Disability Data Advocacy Working Group: <http://www.internationaldisabilityalliance.org/content/disability-data-advocacy-working-group>

1. Washington Group on Disability Statistics. (2018). 2030 Agenda for Sustainable Development: Selected SDG Indicators Disaggregated by Disability Status. Retrieved from:

 <http://www.washingtongroup-disability.com/wp-content/uploads/2018/11/Disagregation-Data-Report_F4.pdf> [↑](#endnote-ref-1)
2. Stakeholder Group of Persons with Disabilities. (2018). Stakeholder Group of Persons with Disabilities: List of SDG indicators to be disaggregated by disability. Retrieved from: <http://www.internationaldisabilityalliance.org/prioritylist-ofindicators> [↑](#endnote-ref-2)
3. World Bank. (July 24, 2018). K. Georgieva presentation at Global Disability Summit, United Kingdom. [↑](#endnote-ref-3)
4. Leonard Cheshire Disability. (2014). Realising the Rights of Women and Girls with Disabilities. [↑](#endnote-ref-4)
5. WHO & The World Bank. (2011). World Report on Disability, WHO Press, Geneva. [↑](#endnote-ref-5)
6. L. M. Banks & S. Polack. (2015).The Economic Costs of Exclusion and Gains of Inclusion of People with Disabilities: Evidence from Low and Middle Income Countries, CBM, International Centre for Evidence in Disability, & London School of Hygiene & Tropical Medicine. [↑](#endnote-ref-6)
7. Ibid [↑](#endnote-ref-7)
8. WHO & The World Bank. (2011). World Report on Disability, WHO Press, Geneva. [↑](#endnote-ref-8)