

USING THE CRPD TO PROMOTE INCLUSIVE HUMANITARIAN ACTION

An analysis of the synergies between Sendai Framework, HRC Resolution and Humanitarian Charter from a CRPD perspective 2015 - 2018

The Convention on the Rights of Persons with Disabilities (CRPD) played a pivotal role in influencing several recent international processes and frameworks, of which the Agenda 2030 and its Sustainable Development Goals (SDG) is undoubtedly the most comprehensive.

This analysis sets out how the CRPD has influenced three of these recently negotiated milestone frameworks, namely:

- The Sendai Framework for Disaster Risk Reduction 2015 - 2030, May 2015,
- The Human Rights Council (HRC) Resolution on the rights of persons with disabilities in situations of risk and humanitarian emergencies, March 2016, and
- The Charter on inclusion of persons with disabilities in humanitarian action, June 2016.

The involvement of persons with disabilities and their representative organisations was instrumental during this intense and evolving period (2015 - 2018). IDA played a unique role in their negotiation advocating and supporting States, along with several partners, including but not restricted to CBM, HI, UNRHC and ICRC.

This analysis is a contribution from the [Bridge CRPD-SDGs Training Initiative](#) reflecting on the culmination of this long process and aims to demonstrate how these major instruments mutually reinforce, intersect and complement each other and how they lay out foundations for the promotion and protection of the rights of persons with disabilities in situations of risk and humanitarian emergencies following the spirit and the letter of the CRPD.

IDA hopes this analysis may support persons with disabilities, their representative organisations and different stakeholders in their studies, work and practices on human rights and humanitarian action related to persons with disabilities in situations of risk and humanitarian emergencies.

IDA is thankful to all our global and regional members who were decisive in the negotiations of these instruments.¹ We also commend our partners, in particular, members of the International Disability and Development Consortium (IDDC), DiDRR, the Nippon Foundation and Rehabilitation International. IDA warmly recognises the unconditional support from:

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A. BACKGROUND

The [Convention on the Rights of Persons with Disabilities](#) (CRPD) was adopted on 13 December 2006 by the United Nations General Assembly and entered into force on 3 May 2008. Since its adoption, the Convention has been one of the most quickly ratified international human rights instrument with more than 177 States parties by the end of 2018.²

The CRPD calls on States, governments, public and private actors, UN agencies and the whole society to adopt a new paradigm, based on a human rights approach to disability. This approach focuses on the removal of barriers to the inclusion and meaningful participation of persons with disabilities in society and on the enjoyment of their rights on an equal basis with others.³

Article 11 of the CRPD reflects this paradigm shift when it reinforces and specifies State's obligations to ensure the protection and safety of persons with disabilities in situations of risk, including armed conflict, humanitarian emergencies and natural disasters. It calls upon practitioners to apply a new understanding of the international law, including the international humanitarian law, through a human rights-based approach to disability,⁴ opposed to the medical model of disability - which largely based the international humanitarian law, focusing on the impairment of the person, reflecting "*a paternalistic approach to persons with disabilities*".⁵

The CRPD Committee – international monitoring body that reviews the CRPD implementation – has been elaborating on the well-built interpretation on the Art 11, i.e.:

- Statement on "[the situation of persons with disabilities affected by disasters in Peru, Ecuador and Colombia](#)" (Adopted at the CRPD 17th Session - 20 March to 12 April 2017),
- Joint CMW-CRPD statement on "[Addressing disabilities in large-scale movements of refugees and migrants](#)", (April 2017),
- Statement by the Committee on the Rights of Persons with Disabilities - [FOR A BETTER URBAN FUTURE - Securing inclusion of persons with disabilities in the New Urban Agenda-Habitat III - Third United Nations Conference on Housing and Sustainable Urban Development](#), (November 2016),
- Statement of the Committee on the Rights of Persons with Disabilities on [disability inclusion for the World Humanitarian Summit](#) (Adopted at the CRPD 14th Session - 17 August to 4 September 2015),
- Statement on [Disability inclusion in the Third World Conference on Disaster Risk Reduction and beyond](#) (September 2014),
- Statement [on the inclusion of the rights of persons with disabilities in the post 2015-agenda on disability and development](#) (January 2014).

The relevant jurisprudence of the CRPD Committee will be used in the present analysis to demonstrate how the work of the CRPD Committee impacted but also has been influenced by the following Frameworks, namely:

² The Convention on the Rights of Persons with Disabilities, at www.un.org/disabilities/documents/convention/convoptprot-e.pdf, with number of ratifications at https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-15&chapter=4&clang=en (Accessed 29 December 2018),

³ Thematic study on the rights of persons with disabilities under Article 11 of the CRPD on situations of risk and humanitarian emergencies OHCHR, A/HRC/31/30 p.3, http://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/31/30. See also the Statement by the Committee on the Rights of Persons with Disabilities - FOR A BETTER URBAN FUTURE - Securing inclusion of persons with disabilities in the New Urban Agenda- Habitat III - Third United Nations Conference on Housing and Sustainable Urban Development at www.ohchr.org/Documents/HRBodies/CRPD/Statement-For_a_better_urban_future_HabitatIII-21.04.2016.doc,

⁴ OHCHR Thematic study, *Ibid.*, Para. 54,

⁵ *Ibid.*, Para. 3,

I. Sendai Framework for Disaster Risk Reduction 2015-2030 (Sendai Framework)

“The Sendai Framework firmly establishes persons with disabilities and their representative organisations as legitimate stakeholders in the design and implementation of international disaster risk reduction policies.” Stough & Kang⁶

The Sendai Framework was adopted by the Third UN World Conference on Disaster Risk Reduction (3WCDRR),⁷ in March 2015, in Sendai, Japan, with a significant presence of persons with disabilities and their representative organisations.⁸ It was endorsed by the UN General Assembly Resolution A/RES/69/283, in June 2015.⁹

The Sendai Framework represents the first significant agreement of the post-2015 development agenda. It has seven targets and four priorities for action, with persons with disabilities explicitly included in the Preamble, Guiding Principles, Priority 4 and Role of Stakeholders. Priorities 1 and 3 cover issues related to accessibility and universal design.

Recommendations from the Disability Caucus¹⁰ were instrumental in the inclusion of persons with disabilities and disability-related concepts in the Sendai Framework.¹¹ In preparation of the 3WCDRR, in 2015, the CRPD Committee published the Statement *“Disability Inclusion in the Third World Conference on Disaster Risk Reduction and Beyond”*,¹² calling upon all States parties, the UN, all its agencies and the international community to ensure disability inclusion in its outcome. Since its adoption, the CRPD Committee has continuously incorporated the Sendai Framework within its jurisprudence.¹³

II. Resolution on the rights of persons with disabilities in situations of risk and humanitarian emergencies (HRC Resolution)¹⁴

The HRC Resolution was adopted by consensus by the UN Human Rights Council (HRC) during its 31st session, in March 2016, becoming an instrument agreed by all UN member states when referring to situations of risk and humanitarian emergencies related to persons with disabilities.

The HRC Resolution calls upon States to "take effective measures to ensure protection and participation of persons with disabilities at all stages of situations of armed conflict, humanitarian emergencies and the occurrence of natural disaster", based on international human rights law and international humanitarian law.¹⁵ The resolution is of particular importance as it follows the spirit and language enshrined by Article 11 of the CRPD, acknowledging that international humanitarian law and international human rights law are complementary and mutually reinforcing.

⁶ Ibid., Para. 4,

⁷ Sendai Framework for Disaster Risk Reduction 2015-2030, www.preventionweb.net/files/43291_sendaiframeworkfordrren.pdf, Para. 1,

⁸ The Sendai Framework for Disaster Risk Reduction and Persons with Disabilities, Stough, L.M. & Kang, D. Int J Disaster Risk Sci (2015) 6: 140. doi:10.1007/s13753-015-0051-8, at <http://link.springer.com/article/10.1007/s13753-015-0051-8> (Accessed January 14, 2018),

⁹ www.wcdrr.org/preparatory/post2015,

¹⁰ www.wcdrr.org/majorgroups/other

¹¹ Stough & Kang, chapter 3,

¹² See at www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=15184&LangID=E,

¹³ See concluding observations on the initial report of Armenia (CRPD/C/ARM/CO/1), Bolivia (CRPD/C/BOL/CO/1), Bosnia and Herzegovina (CRPD/C/BIH/CO/1), Chile (CRPD/C/CHL/CO/1), Colombia (CRPD/C/COL/CO/1), Ethiopia (CRPD/C/ETH/CO/1), European Union (CRPD/C/EU/CO/1), Guatemala (CRPD/C/GTM/CO/1), Iran (Islamic Republic of) (CRPD/C/IRN/CO/1), Jordan (CRPD/C/JOR/CO/1), Latvia (CRPD/C/LVA/CO/1), Lithuania (CRPD/C/LTU/CO/1), Montenegro (CRPD/C/MNE/CO/1), Morocco (CRPD/C/MAR/CO/1), Panama (CRPD/C/PAN/CO/1), Republic of Moldova (CRPD/C/MDA/CO/1), Serbia (CRPD/C/SRB/CO/1), Thailand (CRPD/C/THA/CO/1), Uganda (CRPD/C/UGA/CO/1), United Kingdom of Great Britain and Northern Ireland (CRPD/C/GBR/CO/1),

¹⁴ HRC Resolution on the Rights of persons with disabilities in situations of risk and emergencies, [A/HRC/RES/31/6](http://www.unhcr.org/refugees/31/6), in the six official UN languages,

¹⁵ HRC Resolution, Ibid.,

III. Charter on inclusion of persons with disabilities in humanitarian action (The Charter)¹⁶

The Charter was developed in a multi-stakeholder and inclusive process, aimed to drive real change to ensure non-discrimination, inclusion and participation of persons with disabilities in humanitarian actions, including with several informal meetings held in Geneva with the presence of IDA members' representatives. It was launched during the World Humanitarian Summit (WHS), held in May 2016, in Istanbul, Turkey. Its official signature counted on the significant presence of leaders with disabilities, including several IDA members.

While the Charter recognises that persons with disabilities have "*untapped capacity*" to contribute, it also recognises that, historically, persons with disabilities were "*not sufficiently consulted nor actively involved in decision-making processes concerning their lives*", including in situations of risk and humanitarian emergencies.¹⁷ Therefore, the Charter expresses its wish to place persons with disabilities and their representative organisations at the centre of the humanitarian action, highlighting the necessity of their involvement and participation in a broad range of areas, which reflects the paradigm shift embodied in the CRPD.¹⁸

The Charter also recalls the connection between States' obligations under the international human rights law, in particular, the CRPD, and the international humanitarian law.¹⁹ It sets out a new light on specific roles given to humanitarian actors, for instance, to foster technical cooperation and coordination with national and local authorities and all relevant actors, including persons with disabilities and their representative organisations.²⁰

At its 14th session, and in preparation for the World Humanitarian Summit, the CRPD Committee published a Statement on disability inclusion recalling States parties, the UN, all its agencies and the international community to promote an inclusive humanitarian action. The Committee reiterated that inclusive humanitarian action not only "*benefits society as a whole*" but represents an "*opportunity, and an essential prerequisite to successfully reshape humanitarian aid*".²¹

Recently, the CRPD Committee incorporated references on the Charter to its jurisprudence, recommending States Parties to mainstream disability in its policies and programmes related to Article 11²² and adhere to the Charter.²³

¹⁶ The Charter on inclusion of persons with disabilities in humanitarian action, <http://humanitariandisabilitycharter.org/>, (accessed January 14, 2018),

¹⁷ The Charter Ibid., point 1.10,

¹⁸ The Charter Ibid., point 1.2,

¹⁹ The Charter Ibid., point 1.5,

²⁰ The Charter Ibid., point 2.5,

²¹ See the CRPD Statement on disability inclusion for the World Humanitarian Summit (Adopted at the CRPD 14th Session - 17 August to 4 September 2015), at www.ohchr.org/Documents/HRBodies/CRPD/14thsession/Statement14thSession.doc, page 2, Chapter 'Participation of persons with disabilities',

²² See concluding observations on the initial report of European Union, Guatemala, Slovakia (CRPD/C/SVK/CO/1), United Kingdom of Great Britain and Northern Ireland, and Ukraine (CRPD/C/UKR/CO/1),

²³ See concluding observations on the initial report of Austria (CRPD/C/AUT/CO/1), Canada (CRPD/C/CAN/CO/1), Guatemala, Italy (CRPD/C/ITA/CO/1), and United Kingdom of Great Britain and Northern Ireland,

B. THEMATIC

This analysis is structured to demonstrate confluences, intersections and complementarity between and among the Sendai Framework, the HRC Resolution and the Charter in eight thematic areas, always in line with the CRPD. When appropriate, jurisprudence of the CRPD Committee and other treaty bodies is included to facilitate understanding of some particular subject and to illustrate concrete examples.

I. Participation

Participation is a core human rights principle and a “*basic condition of democratic societies*”.²⁴ The possibility to “*meet, communicate, participate and be visible is a precondition for effective inclusion for all human beings*”,²⁵ which is equally true for persons with disabilities. Therefore, participation is a milestone principle and yet, a general obligation of the CRPD.²⁶

The right to participate in decisions that affect the lives and rights of persons with disabilities is present in several specific articles of the CRPD, and intrinsically related to the freedom to make one’s own choices and full and meaningful inclusion in society.²⁷

Notwithstanding, very often persons with disabilities have no choice than to live within and through “*parallel solutions and segregated environments*”, therefore, contributing to their exclusion.²⁸

To address that reality, in particular, related to situations of risk and humanitarian emergencies, the **Article 11 of the CRPD** urges States parties to respect their obligations under the international law, including international humanitarian law and international human rights law. States should take all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters. Participation is not only vital for their protection, but for their empowerment.²⁹

Article 11, associated to Article 19 of the CRPD, is also about realising policies and legislation that “provide equal opportunities for persons with disabilities to *live independently and with dignity*”, free from barriers in the community, on an equal basis with others. It also represents being free from institutionalisation in situations of risk and humanitarian emergencies.³⁰

The CRPD Committee recalls that persons with disabilities face more significant barriers to escape immediate danger and reach safe areas; and to navigate relief measures, infrastructure and services on an equal basis with other survivors.³¹ Persons with disabilities, including those that are migrants,³² have

²⁴ Report of the Special Rapporteur on the rights of persons with disabilities on the right of persons with disabilities to participate in decision-making, A/HRC/32/62, p. 13, at http://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/31/62,

²⁵ Statement by the CRPD Committee - FOR A BETTER URBAN FUTURE, Ibid., Para. 4 and 5,

²⁶ Article 3 - General Principles and Article 4 - General Obligations of the CRPD,

²⁷ Various provisions of the CRPD must be taken into consideration on the participation of persons with disabilities in society in all issues, including those related to situations of risk and humanitarian situation. See further at the Statement by the CRPD Committee - FOR A BETTER URBAN FUTURE, Ibid., Para. 4 and 6. Full inclusion is addressed by the CRPD Cttee at its COs on Austria, Cyprus ([CRPD/C/CYP/CO/1](#)), Sweden ([CRPD/C/SWE/CO/1](#)), United Arab Emirates ([CRPD/C/ARE/CO/1](#)) and Uruguay ([CRPD/C/URY/CO](#)), Niger([CRPD/C/NER/CO/1](#)), Slovenia ([CRPD/C/SVN/CO/1](#)), Oman ([CRPD/C/OMN/CO/1](#)), South Africa ([CRPD/C/ZAF/CO/1](#)), General Comment 6,

²⁸ Statement by the CRPD Committee - FOR A BETTER URBAN FUTURE, Ibid., Para. 5,

²⁹ OHCHR Thematic study, Ibid., Para 23,

³⁰ CRPD General Comment 5 on Article 19: Living independently and being included in the community, Para. 23, as well as the Statement by the CRPD Committee - FOR A BETTER URBAN FUTURE, Ibid., Para. 7, and the OHCHR Thematic study, Ibid., Para 55,

³¹ Statement of the CRPD Committee on the Situation of persons with disabilities affected by disasters in Peru, Ecuador and Colombia, Para. 2; the Statement of the CRPD Committee for the WHS, Ibid., Point 4, and its Statement ‘FOR A BETTER URBAN FUTURE’, Ibid., Para. 7. See

unique knowledge and skills essential for the removal of those barriers.³³ Considering and encompassing their capacities, rights and requirements in humanitarian action *"benefit society as a whole and is not only an opportunity but an essential prerequisite to successfully reshape humanitarian aid"*.³⁴

Persons with disabilities and their representative organisations have an "untapped capacity and are not sufficiently consulted nor actively involved in decision-making processes concerning their lives, including in crisis preparedness and response coordination mechanisms",³⁵ despite their critical role and knowledge in the context of design and implementation of policies, plan and standards.³⁶

All States and relevant actors³⁷ are called to build on an understanding of disaster risk in all its dimension of vulnerability, capacity, exposure of persons and assets, hazard characteristics and the environment.³⁸ Additionally, the knowledge of persons with disabilities and their representative organisations *"can be leveraged for pre-disaster risk assessment, for prevention and mitigation, and for the development and implementation of appropriate preparedness and effective response to disasters"*.³⁹

Close consultation and involvement

States parties must ensure close consultation with and the active involvement of persons with disabilities and their representative organisations in the development, implementation, monitoring and evaluation of emergency-related legislation and policies,⁴⁰ as well as in accountability mechanisms.⁴¹ The participation has to be from community to national, regional and international policy-making,⁴² including women, girls and boys with disabilities, within the most accessible condition possible or, at least, providing reasonable accommodation.⁴³

For instance, persons with disabilities and their representative organisations should be closely consulted and involved in the development and adoption of a national risk reduction policy and emergency management protocols.⁴⁴ This is also valid to the drafting process of domestic bills, programmes and

also COs on Bosnia and Herzegovina, Iran, Kenya ([CRPD/C/KEN/CO/1](#)), Luxembourg ([CRPD/C/LUX/CO/1](#)), Mauritius ([CRPD/C/MUS/CO/1](#)), Mexico ([CRPD/C/MEX/CO/1](#)), Montenegro, Morocco, Serbia, Ukraine, Norway, Vanuatu, Haiti, Nepal and Philippines,

³² Joint statement by the Committee of the Protection of the Rights of All Migrants Workers and Members of their Families (CMW) and the Committee on the Rights of Persons with Disabilities – Addressing disabilities in large-scale movements of refugees and migrants, Para. 10,

³³ Statement of the CRPD Committee for the WHS, *Ibid.*, Para. 3, Introduction,

³⁴ *Ibid.*, Para. 7, *Participation of persons with disabilities*,

³⁵ The Charter, Para. 1.10, and COs on Australia ([CRPD/C/AUS/CO/1](#)), Austria, Czech Republic ([CRPD/C/CZE/CO/1](#)), El Salvador ([CRPD/C/SLV/CO/1](#)), Guatemala, Lithuania, Mexico, Slovakia, Sweden, Ukraine, Haiti, Seychelles and Philippines,

³⁶ Sendai Framework, *Ibid.*, Para. 7, and the OHCHR Thematic study, *Ibid.*, Para 23,

³⁷ On the role of diverse actors, see COs on Cyprus, European Union, Mexico and Uganda,

³⁸ Sendai Framework, *Ibid.* Para. 23,

³⁹ *Ibid.*, Para. 23. See also COs on Australia, Austria, Colombia, El Salvador, European Union, Iran, Italy, Luxembourg, Slovakia, Sweden, Senegal, Haiti, Nepal and Philippines,

⁴⁰ OHCHR Thematic study, *Ibid.*, p.5. See also the Statement by the CRPD Committee - FOR A BETTER URBAN FUTURE. *Ibid.*, Para. 14.; its Statement on the Situation in Peru, Ecuador and Colombia, *Ibid.*, Para. 6, and their joint statement on addressing disabilities in large-scale movements of refugees and migrants expressed concern on services often inaccessible, inadequate or limited to migrants and refugees with disabilities, April 2017, at www.ohchr.org/Documents/HRBodies/CMW/JointStatementCMW-CRPDFINAL.pdf, Para. 10. See also CRPD COs on Australia, Bosnia and Herzegovina, Colombia, El Salvador, European Union, Gabon ([CRPD/C/GAB/CO/1](#)), Lithuania, Mauritius, Montenegro, Paraguay ([CRPD/C/PRY/CO/1](#)), Uganda, United Kingdom of Great Britain and Northern Ireland, Ukraine, Cuba, Norway, Rwanda, Niger, Senegal, Vanuatu, Slovenia, Seychelles, Oman, Malta, Haiti, Nepal, Philippines, Poland, GC6 and GC7,

⁴¹ OHCHR Thematic study, *Ibid.*, Para. 23,

⁴² OHCHR Thematic study, *Ibid.*, Para. 23,

⁴³ Statement of the CRPD Committee for the WHS, *Ibid.*, Para. 3, *Introduction*,

⁴⁴ *Ibid.*, Rec. n. 1,

⁴⁴ A positive example is Canada, as noted by the CRPD Committee on its review: *"The Committee takes note of several policy measures at the federal, provincial and territorial levels that provide for comprehensive plans on preparedness and disaster risk management and reduction and that are inclusive of disability requirements."* See further details in Canada. Further jurisprudence from the CRPD Committee at its Concluding Observations on the initial reports of Armenia, Australia, Azerbaijan ([CRPD/C/AZE/CO/1](#)), Bolivia, Bosnia and Herzegovina, Colombia, Cook Islands ([CRPD/C/COK/CO/1](#)), Czech Republic, Cyprus, Denmark ([CRPD/C/DNK/CO/1](#)), Dominican Republic ([CRPD/C/DOM/CO/1](#)), Ethiopia, European Union, Gabon, Germany ([CRPD/C/DEU/CO/1](#)), Guatemala, Honduras ([CRPD/C/HND/CO/1](#)), Jordan, Kenya, Lithuania, Mexico, Mongolia ([CRPD/C/MNG/CO/1](#)), Montenegro, Morocco, Panama, Paraguay, Portugal ([CRPD/C/PRT/CO/1](#)), Qatar ([CRPD/C/QAT/CO/1](#)), Republic of Korea ([CRPD/C/KOR/CO/1](#)), Serbia, Spain ([CRPD/C/ESP/CO/1](#)), Thailand,

actions related to disaster risk reduction or peace and recovery plans,⁴⁵ and in its monitoring, to ensure that their requirements are addressed.⁴⁶

Indeed, consultation and involvement should be meaningful, including of women, men, boys and girls with disabilities of all ages, at all levels,⁴⁷ and adequately supported.⁴⁸ The Sendai Framework goes beyond and recalls an “*all-of-society engagement and partnership*”⁴⁹ as well as stresses the need of empowering persons with disabilities to “*lead publicly and promote gender equitable and universally accessible response, recovery, rehabilitation and reconstruction approaches*”.⁵⁰

Human Rights-Based Approach

The international humanitarian law has been codified under previously dominant understanding of disability, notably the medical model, which focuses on the impairment, including using terms such as “wounded” and “sick” as it is the case of the Geneva Convention.⁵¹ It is no longer acceptable. Persons with disabilities are rights holders and should be considered as such, instead of as objects of medical care or charity. Article 11 of the CRPD, as already mentioned, calls for States and non-States actors to apply a human rights-based approach to disability in situations of risk and humanitarian emergencies, including on humanitarian international law, refugee law and emergency frameworks;⁵² through its fundamental principles of participation, accountability, non-discrimination and empowerment.⁵³ This also includes that humanitarian actors are trained on the human rights approach to disability.⁵⁴

Indeed, efforts should be intensified to advance the rights of persons with disabilities in monitoring, implementing and reporting of the 2030 Agenda for Sustainable Development, including by engaging in close consultations and actively involving persons with disabilities.⁵⁵ Full and meaningful participation of relevant stakeholders should be strengthened,⁵⁶ including persons with disabilities, by requiring empowerment and inclusive, accessible and non-discriminatory participation.⁵⁷ The active and informed participation of everyone in decisions that affect their lives and rights is consistent with the human rights-based approach in public decision-making processes,⁵⁸ and ensures good governance and social accountability.⁵⁹

Turkmenistan ([CRPD/C/TKM/CO/1](#)), Ukraine, Uganda, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, Uruguay, Cuba, Spain, Niger, Norway, Rwanda, Senegal, Turkey, Vanuatu, Sudan, Haiti, Nepal, Slovenia, Seychelles, Oman, Philippines, Malta and Poland,

⁴⁵ COs on Armenia, Australia, Austria, Azerbaijan, Colombia, Cook Island, El Salvador, Guatemala, Kenya, Republic of Korea, Mauritius, Mexico, Moldova, Mongolia, Panama, Paraguay, Spain, Thailand, Uganda, United Kingdom of Great Britain and Northern Ireland, and Ukraine,

⁴⁶ COs on Armenia, Australia, Guatemala, Lithuania, Moldova, Panama, Portugal, Serbia, Turkmenistan, and Uganda,

⁴⁷ HRC Resolution, *Ibid.* point 5, a,

⁴⁸ HRC Resolution, *Ibid.*, Preliminary Para. 11, and the Statement of the CRPD Committee for the WHS, *Ibid.*, Rec 1,

⁴⁹ Sendai Framework, *Ibid.* Para. 19, d,

⁵⁰ *Ibid.* Para. 32,

⁵¹ OHCHR Thematic study, *Ibid.*, Para. 4,

⁵² OHCHR Thematic study, *Ibid.*, Paras. 54 and 57,

⁵³ HRC Resolution, *Ibid.* Preliminary Para. 14, as well as Paras. 5, d and 6. The CRPD Committee’s jurisprudence also calls for the human rights-based strategy for disaster risk reduction and humanitarian relief, see Germany review at [CRPD/C/DEU/CO/1](#),

⁵⁴ COs on Sudan

⁵⁵ *Ibid.* 13,

⁵⁶ *Ibid.*, Para. 14,

⁵⁷ *Ibid.* Para. 19, d. See also the CO on Australia, Bosnia and Herzegovina, Colombia, Gabon, Mauritius, Montenegro, Uganda, United Kingdom of Great Britain and Northern Ireland,

⁵⁸ Office of the United Nations High Commissioner for Human Rights, Principles and Guidelines for a Human Rights Approach to Poverty Reduction Strategies, para. 64.

⁵⁹ A/HRC/31/62, para. 13.

Assessment, monitoring and evaluation

Persons with disabilities and their representative organisations play a critical role in the *“assessment of disaster risk and in designing and implementing plans tailored to specific requirements”*, including considering principles of universal design.⁶⁰

Moreover, it is critical *“to invest in, develop, maintain and strengthen people-centred multi-hazard, multisectoral forecasting and early warning systems”*, disaster risk and emergency communications mechanisms, social technologies and hazard-monitoring telecommunications systems that should be developed through a participatory process and tailored to the needs of users.⁶¹

Persons with disabilities should also enjoy adequate access to feedback, coordination, monitoring and evaluation mechanisms – including in humanitarian preparedness and response programs - during situations of risk, including in situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.⁶² Therefore, it is pressing the need to build their leadership, skills, experience and other capabilities.

In this context, national and local authorities, all humanitarian actors and representative organisations of persons with disabilities should work together to *“facilitate cross-learning, and sharing of information, practices and tools inclusive of persons with disabilities”*⁶³ and *“ensure protection for persons with disabilities as required by international law”*.⁶⁴

⁶⁰ Sendai Framework, Ibid., Para. 36, a, iii; HRC Resolution, Ibid. Preliminary Para. 12; CRPD Cttee’s Statement on the Situation in Peru, Ecuador and Colombia, Ibid., Para. 4; the Statement for the WHS, Ibid., Rec 2; CO on Serbia, and OHCHR Thematic study, Ibid., Para. 60,

⁶¹ Sendai Framework, Ibid. Para. 33, b; and the Charter, Ibid. Para. 2.2, a,

⁶² Sendai Framework, Ibid. point 5, I; the Joint CMW-CRPD statement, Ibid., final Para.; Statement on the Situation in Peru, Ecuador and Colombia, Ibid., Para. 6; the Charter, Ibid. Para. 2.2, a, and COs on European Union, Kenya, Uganda, Malta and GC 6,

⁶³ Ibid. Para. 2.5, a,

⁶⁴ Ibid. Para. 2.3, a,

II. Women and girls with disabilities

“Situations of risk and humanitarian emergencies considerably jeopardise the safety and protection of women and girls with disabilities, notably reducing their chances of survival. Women and girls with disabilities are more at risk before, during and after the occurrence of risks such as armed conflict, the occupation of territories, natural disasters and humanitarian emergencies.”⁶⁵

Article 6 of the CRPD recognises that women and girls with disabilities are subject to multiple and intersectional discrimination and are at increased risk of sexual violence,⁶⁶ including in humanitarian crises and conflict and post-conflict settings.⁶⁷ They are less likely to have access to recovery and rehabilitation services or access to justice,⁶⁸ which is similar to women and girls who are refugees,⁶⁹ migrants and asylum seekers with disabilities, due to their citizenship status.⁷⁰

The situation is aggravated for single women with disabilities who are either left behind in camps, in evacuation procedures or reconstruction contexts,⁷¹ particularly if they are accompanied by their children at the time of evacuation,⁷² or for women, girls and boys who live alone or in isolation in risk and situations of disruption of support networks.⁷³

Women and girls with disabilities also face many barriers in accessing humanitarian aid,⁷⁴ including lack of sanitation facilities, lack of adequate and accessible information on relief projects, lack of access to distribution points,⁷⁵ lack to communicate with staff and lack to access helplines and hotlines.⁷⁶

Furthermore, displaced girls with disabilities face additional barriers to access formal and non-formal education especially in crisis settings as well as refugee camps which often lack child protection mechanisms for children with disabilities.⁷⁷ Besides, women and girls with disabilities exposed to forced displacement have little or no access to social services.⁷⁸

⁶⁵ CRPD Committee’s General Comment no. 3 on Article 6 on women and girls with disabilities, [CRPD/C/GC/3](#), September 2016, Para. 50,

⁶⁶ Concluding observations on the initial report of Guatemala, United Arab Emirates, Lithuania, Serbia, Thailand, Uganda, Kenya, Mauritius, Czech Republic, Germany, Azerbaijan, Austria, El Salvador, Paraguay, Hungary [CRPD/C/HUN/CO/1](#), Peru [CRPD/C/PER/CO/1](#), Croatia [CRPD/C/HRV/CO/1](#), Mongolia, Republic of Korea; the Joint CMW-CRPD statement, *Ibid.*; CRPD Committee Statement on the Situation in Peru, Ecuador and Colombia, *Ibid.*, Para. 2, and the Statement of the CRPD Cttee for the WHS, *Ibid.*, (OHCHR Thematic study, *Ibid.*, Para. ??) + HRC Resolution, Paras 9 and 17,

⁶⁷ Special Rapporteur on the rights of persons with disabilities, Catalina Devandas Aguilar, Report on sexual and reproductive health and rights of girls and young women with disabilities, Para. 35, at <http://undocs.org/A/72/133>, HRC Resolution, Preliminary Para 16,

⁶⁸ GC no. 3, *Ibid.*, Para. 49; CO on Argentina [CRPD/C/ARG/CO/1](#), Serbia,

⁶⁹ Conclusion on refugees with disabilities and other persons with disabilities protected and assisted by UNHCR, No. 110 (LXI) - 2010., Executive Committee 61st session. Contained in United Nations General Assembly document A/AC.96/1095, at www.unhcr.org/excom/exconc/4cbeb1a99/conclusion-refugees-disabilities-other-persons-disabilities-protected-assisted.html,

⁷⁰ GC no. 3, *Ibid.*,

⁷¹ Concluding Observations of the CEDAW Committee on Uganda, [CEDAW/C/UGA/CO/7](#), Para. 25,

⁷² GC no. 3, *Ibid.*, Para. 50,

⁷³ OHCHR Thematic study, *Ibid.*, Paras 16 and 34,

⁷⁴ GC no. 3, *Ibid.*,

⁷⁵ See further info on aid distribution at CPRD CO’s on United Kingdom of Great Britain and Northern Ireland and Ukraine,

⁷⁶ GC no. 3, *Ibid.*, and COs on Bosnia and Herzegovina, Montenegro, and Serbia,

⁷⁷ GC no. 3, *Ibid.*,

⁷⁸ CO CEDAW on Uganda, *Ibid.*,

Non-discrimination and empowerment

States should take measures to ensure the full and equal enjoyment by women and girls with disabilities of all human rights and fundamental freedoms, including of refugees women and girls with disabilities. Empowerment of women, including those with disabilities, is critical to lead publicly and promote gender equitable and universally accessible response, recovery, rehabilitation and reconstruction approaches.⁷⁹

Participation of women with disabilities is critical to the successful management of disaster risk and designing, resourcing and implementing gender-sensitive disaster risk reduction policies, plans and programmes.⁸⁰ Adequate capacity building measures need to be taken to empower women for preparedness as well as to build their capacity to secure alternate means of livelihood in post-disaster situations.⁸¹

States should take all appropriate measures to eliminate discrimination against women and girls with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters. These measures include the promotion of gender equality,⁸² and beyond. They should promote women's empowerment to ensure the equal enjoyment of their rights, and to facilitate their role as leaders and their meaningful participation in decision-making.⁸³

Inclusive policies, social safety-net mechanisms and access to basic health-care services should be strengthened, including, among other things, maternal, new-born and child health, sexual and reproductive health.⁸⁴ Particular attention should be paid to gender when investing in, developing, maintaining and strengthening people-centred multi-hazard, multisectoral forecasting and early warning systems, disaster risk and emergency communications mechanisms, social technologies and hazard-monitoring telecommunications systems. Also, States and non-static actors should develop such systems through a participatory process; tailored to the requirements of users, including social and cultural.⁸⁵

Specific attention should be paid to empower and protect women and girls with disabilities from physical, sexual and other forms of violence, abuse, exploitation and harassment.⁸⁶ To redress this unacceptable situation vis-à-vis women and girls with disabilities - and to eradicate multiple and intersectional forms of discrimination in all areas of their lives - States should incorporate a twin-track approach, combining the perspective of women and girls with disabilities in its gender equality policies, programs and strategies and adopting a gender perspective in its strategies on disability.⁸⁷

This twin-track approach should include affirmative actions to eliminate discrimination against migrants and refugees,⁸⁸ embracing women and girls with disabilities, as well as to ensure consultation, gender- and age-appropriate on the design, implementation and evaluation of programs and measures in all matters that affect them directly.⁸⁹

⁷⁹ Sendai Framework, *Ibid.*, Para. 32. See also the Joint statement by the Committee on the Rights of Persons with Disabilities and the Committee on the Elimination of All Forms of Discrimination against Women on [Guaranteeing sexual and reproductive health and rights for all women, in particular women with disabilities](#), adopted the 29 August 2018,

⁸⁰ *Ibid.*, Para. 36, a, i. Reinforced by the CRPD Committee about inclusive DRR strategies for comprehensive schooling. General Comment no. 4 on Article 24 on the Right to Inclusive Education, [CRPD/C/GC/4](#), September 2016, Para. 14,

⁸¹ Sendai Framework, Para. 36, a, i, and Special Rapporteur, Report on sexual and reproductive health, *Ibid.*, Para. 7,

⁸² HRC Resolution, *Ibid.* Para. 5, a,

⁸³ *Ibid.* Para. 8,

⁸⁴ Sendai Framework, *Ibid.* Para. 30, j,

⁸⁵ *Ibid.* Para. 33, b, and OHCHR Thematic study, *Ibid.*, Para 52,

⁸⁶ The Charter, *Ibid.* Para. 2.1, c,

⁸⁷ COs on Serbia, Slovenia,

⁸⁸ COs on Germany, Algeria,

⁸⁹ COs on Colombia and Mexico,

Sexual and reproductive rights

Multiple and intersecting factors such as gender necessitate distinct responses and measures,⁹⁰ including sexual and reproductive health-care services, psychosocial support and educational programmes.⁹¹ To address that situation, States must ensure the availability, accessibility, acceptability and quality of facilities, goods, information and services related to sexual and reproductive health and rights,⁹² including in situations of risk and humanitarian emergencies.

The rights and requirements of girls and young women with disabilities must be mainstreamed and addressed by States in all policies and programmes⁹³ on sexual and reproductive health and rights. Many States have a range of policies and strategies that specifically address both the rights of persons with disabilities and sexual and reproductive health and rights, but those are usually disconnected and do not include a child, youth, gender or cultural perspective.⁹⁴

Data

Statistics available on women and girls with disabilities are very scarce, both at national and international levels, as generally data are not disaggregated by gender, age and disability.⁹⁵ This lack of reliable, accurate, constant and available information contributes not only to make their pressing human rights issues invisible; but indeed, it makes them absent in programming, plans, and policies.

To address that situation, the design and monitoring of States' obligations and all policies, programming and practices related to persons with disabilities, including in situations of risk and humanitarian emergencies, should integrate a gender, age and disability perspective, including through the promotion of women and youth leadership.⁹⁶ Also, national policy on displacement in line with Security Council resolutions 1325 and 1820 should be adopted, including considering the requirements of women with disabilities.⁹⁷

Learning Environments

Temporary learning environments in contexts of armed conflict, humanitarian emergencies and natural disasters must ensure the right of persons with disabilities, and particularly children, to education by equality with others,⁹⁸ which also applies for refugees, internally displaced, migrants or asylum seekers with disabilities.⁹⁹

Measures must be taken to ensure that learning environments are safe and accessible for women and girls with disabilities, which include accessible educational materials, school facilities, counselling, or access to training in local sign language for deaf learners. In a post-conflict context, resources to the education sector must be increased to build and reconstruct adequate schools' facilities and create "truly inclusive educational systems" for inclusion of children with disabilities,¹⁰⁰ and reasonable accommodation must be provided.¹⁰¹

⁹⁰ Charter, *Ibid.*, Para. 2.1, b,

⁹¹ HRC Resolution, *Ibid.* Preliminary Para. 13. Also the OHCHR Thematic study, *Ibid.*, Para. 32,

⁹² Special Rapporteur, Report on sexual and reproductive health, *Ibid.*, Para. 10,

⁹³ As example, see the UNHCR Conclusion on refugees with disabilities, *Ibid.*, Para. g,

⁹⁴ *Ibid.*, Para. 41. A positive example is the Guidelines on family reunification for National Red Cross and Red Crescent Societies, page 7,

⁹⁵ *Ibid.*, Para. 6, and CO on Mexico, and the OHCHR Thematic study, *Ibid.*, Para 44,

⁹⁶ Sendai Framework, *Ibid.* Para. 19, d; and the Charter, Para. 1.9,

⁹⁷ CEDAW Concluding Observations on Nigeria, [CEDAW/C/NGA/CO/6](#), Para. 38, and on Rwanda, [CEDAW/C/RWA/CO/6](#), Para. 39,

⁹⁸ GC no. 4, *Ibid.*, Para. 14, and COs Kenya,

⁹⁹ Special Rapporteur, Report on sexual and reproductive health, *Ibid.*, Para. 24; GC no. 3, Para. 50, and OHCHR Thematic study, *Ibid.*, Para 35,

¹⁰⁰ [CRC/C/AFG/CO/1](#), Para. 61, a,

¹⁰¹ GC no. 4, Para. 14,

III. INCLUSIVE POLICY

Article 11 of the CRPD calls for inclusive policies at all stages¹⁰² and levels of all situations of risk and humanitarian emergencies, under the international law, including international humanitarian and human rights laws, to ensure the protection and safety of persons with disabilities.¹⁰³

Public policies, strategies, plans and protocols on situations of risk and humanitarian emergencies, including response, recovery, rehabilitation¹⁰⁴ and reconstruction,¹⁰⁵ should be accessible and inclusive of all persons with disabilities,¹⁰⁶ including social inclusion policies.¹⁰⁷ It is equally accurate in preparedness and response, emergency evacuation procedures and early warning systems in humanitarian emergencies, natural disasters and climate change policies, reaching them regardless of the barriers in the physical environment, transportation, information and communication,¹⁰⁸ including those living in rural and remote areas,¹⁰⁹ and indigenous peoples.¹¹⁰

Primary prevention - not CRPD implementing measure

Often policies or programmes erroneously appear to address situations of risk and humanitarian situations or to reduce vulnerability by addressing prevention of primary impairments. Critical is to recall that *“primary prevention of impairments is not an implementation measure of the CRPD, which protects the rights of persons with disabilities”*.¹¹¹ As addressed by the solid jurisprudence of the CRPD Committee, public strategies on primary prevention should neither use derogatory language on persons with disabilities nor should awareness-raising in this regard present disabled persons *“as suffering or being unfortunate”*; and should *“not divert resources from disability-related programmes”*,¹¹² or be included in disability policies.¹¹³

State parties should, therefore, redouble their efforts on disaster-reduction policies and programmes to be inclusive and accessible to all persons with disabilities - including migrants, refugees and asylum seekers - to support their full and equal participation in decision-making¹¹⁴ as well as when in situations of destitution or extreme poverty.¹¹⁵

Defining procedures

In that regard, ensuring formal, legally defined procedures in reception and detention centers is vital to the accessibility of persons with disabilities, including women and children with disabilities and persons with psychosocial and intellectual disabilities.¹¹⁶ Also, deprivation of liberty based on impairment and

¹⁰² Particular references to ‘all stages’ can be found at the CRPD Cttee’s COs on Australia, Kenya, Panama, Republic of Korea, Uganda, Cuba,

¹⁰³ CRPD Cttee COs on the initial report of the Colombia, Dominican Republic, European Union, Gabon, Guatemala, Honduras, Italy, Kenya, Mauritius, Mexico, Panama, Paraguay, Portugal, Republic of Korea, Uganda, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland,

¹⁰⁴ CRPD Cttee COs on Canada, Colombia and Italy,

¹⁰⁵ CRPD Cttee COs on Australia, Serbia and Turkmenistan,

¹⁰⁶ CRPD Cttee COs on Armenia, Bolivia, Bosnia, Chile, Colombia, Cook Island, Czech Republic, Dominican Republic, El Salvador, European Union, Gabon, Germany, Guatemala, Iran, Italy, Kenya, Korea, Luxembourg, Mauritius, Mexico, Morocco, Qatar, Slovakia, Sweden, Thailand, Turkmenistan, Uganda, United Kingdom of Great Britain and Northern Ireland, Ukraine, Uruguay,

¹⁰⁷ On social protection, see COs on Austria, Canada and Colombia,

¹⁰⁸ CRPD Committee Statement on the Situation in Peru, Ecuador and Colombia, *Ibid.*, Para. 4, and the Statement of the CRPD Committee for the WHS, *Ibid.*, Rec 3,

¹⁰⁹ CRPD Cttee COs on Colombia, Guatemala, Honduras, Mexico and Panama,

¹¹⁰ CRPD Cttee COs on Kenya, Mexico, Panama, Uganda,

¹¹¹ Statement of the CRPD Cttee for the WHS, *Ibid.*, Point 2,

¹¹² *Ibid.*,

¹¹³ OHCHR Thematic study, *Ibid.*, Paras 11 and 61,

¹¹⁴ Joint CMW-CRPD statement, *Ibid.*, Para. 1,

¹¹⁵ COs on Canada, European Union, Iran, Jordan, Kenya, Portugal, Slovakia, Ukraine, Uganda,

¹¹⁶ COs on European Union, Slovakia, Uganda and Ukraine,

non-consensual detention should be banned.¹¹⁷ States must ensure availability of psychosocial and legal counselling, support, specific services, including reasonable accommodation, and rehabilitation for persons with disabilities, being age, gender and disability sensitive.¹¹⁸

States should integrate gender, age and disability perspective – as well as cultural - into all policies and practices.¹¹⁹ Effective responses to disaster should also apply *“risk information in all its dimensions of vulnerability, capacity and exposure of persons, communities, countries and assets, as well as hazard characteristics, to develop and implement disaster risk reduction policies”*.¹²⁰

The design and implementation of inclusive policies and social safety-net mechanisms should be strengthened with durable solutions in the post-disaster phase and to *“empower and assist people disproportionately affected by disasters”*, including persons with disabilities.¹²¹ Different stakeholders should rethink community-based support making it also available for persons with disabilities,¹²² but also adopting a twin-track approach, with specific support, as persons with disabilities may require specific protection and safety measures.¹²³

Therefore, States and other humanitarian and development actors must take persons with disabilities into account in all their efforts, including planning, response and recovery actions in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters,¹²⁴ including efforts in the implementation of the 2030 Agenda for Sustainable Development and its associated programming policies.¹²⁵

States should mobilise *“adequate, timely and predictable resources to operationalise their commitment to emergency preparedness and response that are inclusive of and accessible to persons with disabilities, following a human rights-based approach to programming”*.¹²⁶ And, also to consider developing internationally agreed standards and guidelines on the inclusion of persons with disabilities in humanitarian action.¹²⁷ Further progress towards principled and effective humanitarian action will only be realized *“if humanitarian preparedness and response become inclusive of persons with disabilities”*, being guided by the humanitarian principles of humanity¹²⁸ and impartiality,¹²⁹ and the human rights principles of inherent dignity, equality and non-discrimination.¹³⁰ Different state and not-state actors should develop, endorse and implement policies and guidelines¹³¹ inclusive of persons with disabilities.¹³²

¹¹⁷ OHCHR Thematic study, Ibid., Para 55,

¹¹⁸ Ibid., Para. 7; the CRPD Committee Statement on the Situation in Peru, Ecuador and Colombia, Ibid., Para. 3, and COs on Colombia and Mexico, and OHCHR Thematic study, Ibid., Para 48,

¹¹⁹ Sendai Framework, Para. 19, d,

¹²⁰ Sendai Framework, Ibid. Para. 24, n,

¹²¹ Ibid. Para. 30, j. It is reinforced by the CRPD Committee’s Statement on the Situation in Peru, Ecuador and Colombia, Ibid., Para. 3,

¹²² Statement by the CRPD Committee - FOR A BETTER URBAN FUTURE. Ibid., Para. 10; and COs on Australia and Mexico,

¹²³ HRC Resolution, Ibid. Preliminary Para. 11,

¹²⁴ Ibid. point 5, b,

¹²⁵ Ibid. Preliminary Para. 14,

¹²⁶ Ibid. point 5, d; and CO on Cook Island,

¹²⁷ Ibid. point 5, h,

¹²⁸ Atwell J.E. (1986) The principle of humanity. In: Ends and Principles in Kant’s Moral Thought. Nijhoff International Philosophy Series, vol 22. Springer, Dordrecht, page 105: *“With this principle, Kant seems to be introducing into his moral theory the notion of respect for persons as that of honoring basic human rights - the chief of which is, one may say, the right to be treated as a person and never as a mere means, thing, or tool.”* Accessed at https://link.springer.com/chapter/10.1007/978-94-009-4345-2_6 (16 January 2018)

¹²⁹ See further about this and other humanitarian principles at www.ifrc.org/en/who-we-are/vision-and-mission/the-seven-fundamental-principles/ (16 January 2018)

¹³⁰ The Charter, Ibid., Para. 1.5, and 2. 3, c,

¹³¹ An example of guidelines was produced by the United Arab Emirate, in 2009, by the Ministry of Social Affairs for civil defence personnel on ways to plan the evacuation of persons with disabilities in emergency situations. See CRPD Cttee CO on United Arab Emirate,

¹³² Ibid., 2.3, b; and COs on Colombia, Ethiopia, European Union, Guatemala, Kenya, Moldova, Portugal and Republic of Korea,

IV. INCLUSIVE RESPONSE AND SERVICES

“(...) humanitarian aid, including aid provided by international donors, is not accessible to persons with disabilities and contributes to their exclusion from relief efforts.”¹³³

The UN Office for Disaster Risk Reduction (UNISDR) launched a UN global survey of persons with disabilities, in October 2013.¹³⁴ The survey revealed that the key reason why a disproportionate number of persons with disabilities suffer and die in disasters is that their needs or requirements are ignored and neglected by the official planning process in the majority of situations. According to the survey’s results, persons with disabilities are often left reliant on the kindness of family, friends and neighbours for their survival and safety.¹³⁵

Article 11 of the CRPD stresses the need to ensure the protection and safety of persons with disabilities in situation of risk by all necessary measures.¹³⁶ The CRPD Committee has produced exhaustive jurisprudence that contains all phases of the situations of risk and humanitarian emergencies, from mitigation, preparedness, response to recovery.¹³⁷

Inclusive services, programmes and strategies

Disruption of support networks - such as friends and family support networks, loss and damage of assistive devices (hearing loop, wheelchairs, among others), inaccessibility of emergency shelters¹³⁸ and warning messages - constitute a disruption to access basic services.¹³⁹ It is critical that development and humanitarian actors ensure no or little disruption of basic services, such as on educational and health.¹⁴⁰

For instance, States should adopt fully accessible and comprehensive emergency strategy, accessibility in infrastructure and evacuation routes,¹⁴¹ protocols and accessible informative services, such as hotlines, SMS-warning application, manuals in sign language and in Braille, using alternative modes and formats of communication, and adequately tackling the requirements of persons with disabilities.¹⁴²

Evacuation, planning, and implementation of reconstruction programmes¹⁴³ should guaranty dignified and accessible living spaces – including water and sanitation points¹⁴⁴ - for daily use according to requirements of persons with disabilities while the reconstruction of their homes that were partially damaged or destroyed by the floods and mudslides is underway.¹⁴⁵

¹³³ CRPD Committee observation on the State Review of Ukraine [CRPD/C/UKR/CO/1](#)

¹³⁴ Press release of the UN global survey of persons with disabilities, UNISDR, 2013, at www.unisdr.org/files/35032_2013no29.pdf

¹³⁵ Ibid.,

¹³⁶ Including legal harmonisation measures. See COs European Union, Korea, Mauritius, Moldova and Spain,

¹³⁷ See at concluding observations of Armenia, Australia, Austria, Azerbaijan, Bolivia, Canada, Chile, Colombia, Cook Islands, Czech Republic, Denmark, Dominican Republic, El Salvador, Ethiopia, European Union, Gabon, Germany, Guatemala, Honduras, Italy, Jordan, Kenya, Latvia, Lithuania, Luxembourg, Mauritius, Mexico, Mongolia, Montenegro, Morocco, Panama, Paraguay, Portugal, Qatar, Republic of Korea, Serbia, Slovakia, Spain, Sweden, Thailand, Turkmenistan, Uganda, Ukraine, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, Uruguay,

¹³⁸ COs on Iran, Mauritius and Ukraine,

¹³⁹ See CRPD Cttee jurisprudence with language on staff at COs on Azerbaijan, United Kingdom of Great Britain and Northern Ireland and the United Arab Emirates,

¹⁴⁰ Sendai Framework, Ibid. Para. 18, d,

¹⁴¹ CO on Colombia, Ibid.,

¹⁴² OHCHR Thematic study, Ibid., Para 32, 42,

¹⁴³ COs on Bolivia, Bosnia and Herzegovina, Czech Republic, Chile, Colombia, Cyprus, Dominican Republic, El Salvador, European Union, Honduras, Jordan, Kenya, Lithuania, Mongolia, Montenegro, Panama, Republic of Korea, Serbia, Slovakia, Turkmenistan, Ukraine, Uganda, United Kingdom of Great Britain and Northern Ireland and Uruguay, and the Statement of the CRPD Committee for the WHS, Ibid., Point 3,

¹⁴⁴ COs on Iran and Kenya, and OHCHR Thematic study, Ibid., Paras 31 & 37,

¹⁴⁵ CRPD Committee Statement on the Situation in Peru, Ecuador and Colombia, Ibid., Para. 5; and its Statement for the WHS, Ibid., Rec 5. Situations involving flood, fire, armed conflict, post-conflict are addressed by the CRPD Cttee at its COs on Colombia, Mexico, Uganda and the United Kingdom of Great Britain and Northern Ireland,

Moreover, States should implement preparedness and disaster risk reduction measures, emergency evacuation procedures¹⁴⁶ and early warning systems,¹⁴⁷ in an integrally inclusive way ready to respond from the very beginning and to reach all members of the community, including persons with disabilities, regardless of barriers on the physical environment, transportation, information and communication; and to take all necessary measures to eliminate such barriers.¹⁴⁸

In particular, access should be ensured to the full array of emergency responses and services provided, on an equal basis with others.¹⁴⁹ It is critical that the delivery of humanitarian aid considers the urgent requirements of persons with disabilities and provides for their access to disability-specific services, including support,¹⁵⁰ as well as systems of information and communication accessible for persons with disabilities,¹⁵¹ including, but not limited to, web-accessibility.¹⁵²

Based on the results of the UNISDR Global Survey, and on unprecedented advocacy from civil society organisations, the **Sendai Framework** calls on States to:

- (1) strengthen disaster preparedness for response,
- (2) integrate Disaster Risk Reduction (DRR) in response preparedness,
- (3) take action in anticipation of events, and
- (4) ensure that capacities are in place for effective response and recovery at all levels.¹⁵³

Disability-related concepts

It is fundamental to strengthen the design and implementation of inclusive policies to find durable solutions in the post-disaster phase and to empower and assist people disproportionately affected by disasters,¹⁵⁴ including with the adoption of standards of accessibility and universal design.¹⁵⁵ The universal design has a critical role, in particular, related to the programming and all post-emergency reconstruction and rebuilding, particularly during planning and reconstruction of infrastructure and public facilities.¹⁵⁶

Innovative means of communication and technology is also key to improve accessibility and ensure that no constituency amongst persons with disabilities is excluded throughout the different stages of emergency response, including preparedness, response, recovery and reconstruction. Effective management and dissemination of accessible information at all stages of response should be ensured,¹⁵⁷ including across all channels, from mobile phones to social media.¹⁵⁸

¹⁴⁶ See COs in Australia, Azerbaijan, Bolivia, Bosnia and Herzegovina, Chile, Colombia, Iran, Republic of Korea, Montenegro, Serbia, Turkmenistan, Uganda, Ukraine, United Arab Emirates and Uruguay,

¹⁴⁷ See COs on Australia, Honduras, Kenya, Mexico, Panama, Slovakia, Uganda, United Kingdom of Great Britain and Northern Ireland and Ukraine,

¹⁴⁸ Ibid., Para. 4, and Statement by the CRPD Committee - FOR A BETTER URBAN FUTURE. Ibid., Para. 2,

¹⁴⁹ Joint CMW-CRPD statement, Ibid.,

¹⁵⁰ Joint CMW-CRPD statement, Ibid., Paras. 4 to 9. Support services also include in situations of stress, anxiety and pre-existing mental health conditions. See OHCHR Thematic study, Ibid., Para. 32,

¹⁵¹ See concluding observations on the initial report of Bolivia, Canada, Colombia, Dominican Republic, El Salvador, Gabon, Iran, Kenya, Mexico, Serbia, Turkmenistan, Uganda, and United Kingdom of Great Britain and Northern Ireland,

¹⁵² Statement by the CRPD Committee - FOR A BETTER URBAN FUTURE. Ibid., Para. 9.,

¹⁵³ Sendai Framework, Para. 32,

¹⁵⁴ Ibid., Para. 30, j, and OHCHR Thematic study, Ibid., Para. 57,

¹⁵⁵ Stough & Kang, Ibid., Abstract,

¹⁵⁶ HRC Resolution, Ibid., Para. 5, f,

¹⁵⁷ Ibid, Preliminary Para. 15 and Para. 5, c,

¹⁵⁸ Statement of the CRPD Committee for the WHS, Ibid., Point 3, and COs on Serbia and Turkmenistan,

Public and private actors

Governments should engage with relevant actors, including persons with disabilities and their representative organisations, in the design and implementation of policies, plans and standards, to work together and create opportunities for collaboration with public and private sectors and civil society organisations.¹⁵⁹

It overreaches simple consultation and goes beyond moral commitments to emphasise that public and private investment in disaster risk prevention and reduction through structural and non-structural measures are essential to enhance the economic, social, health and cultural resilience of persons, communities, countries and their assets, as well as the environment. In consequence - and to strengthen disaster-resilient public and private investments. It is vital to build better from the start to withstand hazards through proper design and construction, including the use of the principles of universal design.¹⁶⁰

Implementing plans

States should mobilise adequate, timely and predictable resources to operationalise their commitment to emergency preparedness and response that are inclusive of and accessible to persons with disabilities, following a human rights-based approach to programming.¹⁶¹ Also, persons with disabilities and their organizations should be taken into account in the planning, response and recovery actions in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters, to identify and eliminate obstacles and barriers to ensuring their safety.¹⁶²

States and non-State actors should ensure that emergency and preparedness planning is designed to take into account the diverse requirements of persons with disabilities, and to guarantee that services and humanitarian assistance are equally available for and accessible to all persons with disabilities,¹⁶³ as well as to guarantee the availability, affordability and access to specialised services, including assistive technology in the short, medium and long-term.¹⁶⁴

States should eliminate physical, communication, and attitudinal barriers including through the systematic provision of information for all¹⁶⁵ in planning, preparedness and response, and ensure the accessibility of services, recognising the importance of universal design in programming, policies and all post-emergency reconstruction.¹⁶⁶

Without accessible emergency services to persons with disabilities in situations of risk, natural disasters and armed conflict, their lives will neither be saved nor well-being protected.¹⁶⁷

¹⁵⁹ Sendai Framework, *Ibid.*, Para. 7,

¹⁶⁰ Sendai Framework, Para. 30, c,

¹⁶¹ *Ibid.*, Para. 5, d and CRPD general obligation art 4, 1,

¹⁶² HRC Resolution, Para. 12 and point 5, b,

¹⁶³ Assistance to persons with disabilities should be provided through both specific and cross-cutting approaches. See CRPD COs on Colombia, Mexico and Panama,

¹⁶⁴ The Charter, Paras. 2.4, a and b,

¹⁶⁵ The CRPD Cttee deplored lack of information at the States review of Austria, Azerbaijan, Bosnia and Herzegovina, Colombia, Denmark, El Salvador, Iran, Luxembourg, Montenegro, Morocco and Sweden. See also OHCHR Thematic study, *Ibid.*, Para. 56,

¹⁶⁶ *Ibid.*, Paras. 2.4, c,

¹⁶⁷ Statement of the CRPD Cttee for the WHS, *Ibid.*, Rec. 4,

Media

The role of the media is also underlined.¹⁶⁸ States should encourage the media to take an active and inclusive role, at all levels - local, national, regional and global levels - as well as to adopt specific disaster risk reduction communications policies, and to support early warning systems and life-saving protective measures, as well as to contribute to the raising of public awareness and understanding and disseminate accurate and non-sensitive disaster risk, hazard and disaster information, including on small-scale disasters, in a simple, transparent, easy-to-understand and accessible manner.¹⁶⁹

¹⁶⁸ Stough, & Kang, Chapter 5, and see also the CRPD Cttee concluding observations on Serbia and Turkmenistan,

¹⁶⁹ Sendai Framework, Para. 30, d,

V. Cooperation and coordination

“Governance at the national, regional and global levels is of great importance for the effective and efficient management of disaster risk. Clear vision, plans, competence, guidance and coordination within and across sectors as well as the participation of relevant stakeholders are needed.”¹⁷⁰

States should engage with relevant stakeholders in situations of risk and humanitarian emergencies, including persons with disabilities, among others, in the design and implementation of policies, plans and standards,¹⁷¹ including the National Commissions dealing with Art 11 related issues,¹⁷² and in all victim reparation¹⁷³ and assistance programmes, coordinating its inclusion adequately with existing National Disability System,¹⁷⁴ before a single point of contact in such situations.¹⁷⁵

Capacity building and coordination

Understanding of disaster risk should be increased by strengthening knowledge of government officials at all levels, civil society, communities and volunteers, as well as the private sector, including through existing training and education mechanisms and peer learning.¹⁷⁶ Inclusive local and national service systems should be strengthened through coordination between development and humanitarian actors.¹⁷⁷

International and national humanitarian staff,¹⁷⁸ local and national authorities should be sensitised on the rights, protection and safety of persons with disabilities and further strengthen their capacity and skills to identify and include persons with disabilities in humanitarian preparedness and response mechanisms.¹⁷⁹

Humanitarian actors have a key role in fostering technical cooperation and coordination among national and local authorities and all humanitarian actors, including international and national civil society, UN agencies, the Red Cross and Red Crescent Movement, and representative organisations of persons with disabilities, to facilitate cross-learning and sharing of information, practices, tools and resources inclusive of persons with disabilities.¹⁸⁰

Regional coordination

Also, action at the regional level should be undertaken, including through agreed regional and subregional strategies and mechanisms for cooperation for disaster risk reduction, to foster more efficient planning, create shared information systems and exchange good practices and programmes for cooperation and capacity development.¹⁸¹

¹⁷⁰ Sendai Framework, Ibid, Para. 26,

¹⁷¹ Ibid, Para. 7, OHCHR Thematic study, Ibid., Para. 57,

¹⁷² CO on Uganda,

¹⁷³ CO on Colombia,

¹⁷⁴ Ibid.,

¹⁷⁵ CO Latvia and Thailand,

¹⁷⁶ Sendai Framework, Ibid., Para. 24, g,

¹⁷⁷ The Charter, Ibid. 2.5, b,

¹⁷⁸ Stough, & Kang, Introduction,

¹⁷⁹ The Charter, Ibid. 2.5, c,

¹⁸⁰ Ibid., Para. 2.5, a,

¹⁸¹ Sendai Framework, Ibid. Para. 28, a, and COs on European Union,

International cooperation

Article 32 of the CRPD recognises the importance of international cooperation and encourages States to undertake appropriate and effective measures, between and among States and, in partnership with relevant international and regional organisations and civil society, in particular, organisations of persons with disabilities.

States parties shall ensure that all international cooperation is fully inclusive of persons with disabilities from the design to monitoring and evaluation of its programs and policies, and that representative organisations of persons with disabilities are systematically consulted, both by State parties and international development actors,¹⁸² and not only after the occurrence of disasters, but in anticipation of it.¹⁸³

Enhancing international cooperation between developed and developing countries and between States and international organisations is critical.¹⁸⁴ Coordination within and across sectors is needed, just like guidance and the participation of relevant stakeholders,¹⁸⁵ and can be implemented through inclusive innovation.¹⁸⁶

The mobilisation of public and private resources should be made on a sustainable basis to mainstream the rights of persons with disabilities in development. Public and private sectors and civil society organisations as well as academic and scientific and research institutions should work closely together and create opportunities for collaboration.¹⁸⁷ They have a role to play by supporting Governments and relevant stakeholders to develop an action-oriented framework – to be implemented in a supportive and complementary manner – that helps to identify disaster risks and guides investment to improve resilience.¹⁸⁸

International cooperation has a vital role in supporting national efforts to promote the rights of persons with disabilities, including in ensuring the protection and safety of persons with disabilities in situations of risk and humanitarian emergencies.¹⁸⁹

The international cooperation should be promoted and strengthened at all levels, including concerning capacity-building, access to and sharing of accessible and assistive technology. Also, it is essential to facilitate the transfer of technologies, as appropriate, and make inclusive for persons with disabilities the exchange of good practices by different actors¹⁹⁰ and, partnerships for development.¹⁹¹

It is also critical that international cooperation includes scientific research, training, awareness-raising, cooperation between organisations of persons with disabilities, development of technology, and capacity-building.¹⁹²

¹⁸² COs on Austria, Canada, Cook Island, European Union, Spain, Niger, Norway, Rwanda, Turkey, Vanuatu, Haiti, Nepal, Seychelles and Philippines,

¹⁸³ Stough, L.M. & Kang, D., *Ibid.*, Chapter 4.2,

¹⁸⁴ Sendai Framework, Para. 14,

¹⁸⁵ *Ibid.* Para. 26,

¹⁸⁶ *Ibid.*, Para. 47, b and d, and the Statement of the CRPD Committee for the WHS, *Ibid.*, Point 3,

¹⁸⁷ *Ibid.* Para. 7,

¹⁸⁸ *Ibid.* Para. 9,

¹⁸⁹ HRC Resolution, *Ibid.* Para. 9,

¹⁹⁰ CO on Sweden,

¹⁹¹ HRC Resolution, Para. 11,

¹⁹² Working Group draft text, Summary of the discussions held regarding the issue of international cooperation to be considered by the Ad Hoc Committee, Para. 4, www.un.org/esa/socdev/enable/rights/ahcstata32wgtext.htm,

The CRPD Committee recalls that development efforts are not possible to fulfil without the inclusion of the disability perspective in international cooperation.¹⁹³ Any development initiative should apply a twin-track approach to development cooperation, meaning, to implement disability specific cooperation as well as to include persons with disabilities in its mainstream development efforts.¹⁹⁴ For instance, to ensure the necessary budget allocations to accessible and inclusive situations of risk and humanitarian emergencies, including through resources from international cooperation.¹⁹⁵

Humanitarian actors, when using international cooperation funds, should comply with accessibility, provide reasonable accommodation, and ensure participation of persons with disabilities in decision-making processes.¹⁹⁶ States and relevant stakeholders should refrain from causing harm in their works by promoting practices contrary to the CRPD,¹⁹⁷ neither contribute to the exclusion of persons with disabilities from relief efforts¹⁹⁸ nor to create new barriers for them or reinforce existing inequalities.¹⁹⁹ For instance, persons with disabilities should not be abandoned, instead, should benefit from evacuation measures during conflict and disaster situations or being allowed to use bomb shelters and warning systems.²⁰⁰

¹⁹³ Statement by the CRPD Committee - FOR A BETTER URBAN FUTURE. Ibid., Para. 13,

¹⁹⁴ CO on Austria, [CRPD/C/AUT/CO/1](#),

¹⁹⁵ CO on Cook Islands,

¹⁹⁶ Thematic Study, Ibid., Para. 13, and the Statement by the CRPD Committee - FOR A BETTER URBAN FUTURE. Ibid., Para. 11., which includes active participation in political and public life,

¹⁹⁷ Ibid., Para.33,

¹⁹⁸ CO on Ukraine

¹⁹⁹ Ibid. Para. 12,

²⁰⁰ Ibid.,

VI. Disaggregation of data

Notwithstanding some conclusions that persons with disabilities disproportionately die or are affected by situations of risk and humanitarian emergencies,²⁰¹ yet there is little information available on persons with disabilities in a manner that allows a broader analysis.²⁰² That gap impedes States' legal duties and efforts to accurately respond to the requirements, rights and nature of support in situations of risk and humanitarian emergencies to persons with disabilities.²⁰³

Non-discrimination

To foster inclusion and to address discrimination by disability, States - and non-static actors - should strengthen the collection, management, disaggregation and analysis of information on persons with disabilities, which includes information on multiple and intersectional forms of discrimination.²⁰⁴ This relevant data and practical information should also be disseminated taking into account the requirements of different categories of users.²⁰⁵ Besides, it is critical to make non-sensitive hazard-exposure, risk, disaster and loss-disaggregated information freely available and accessible.²⁰⁶

States shall systematically facilitate the collection, analysis, open exchange and dissemination of disaggregated data on persons with disabilities and the barriers they face²⁰⁷ as well as to inform the development of accessible and inclusive protocols, especially for underrepresented groups.²⁰⁸

Therefore, national systems of data collection should be reformed in order to collect data on the situation of persons with disabilities, disaggregated by age, sex and gender, particularly on those from marginalised communities, across all sectors including education, employment, political participation, access to justice, social protection,²⁰⁹ violence, health, migration and internal displacement,²¹⁰ on easily accessible, up-to-date, comprehensible, science-based, non-sensitive risk information, and complemented by traditional knowledge.²¹¹

In addition, policies and processes should be adopted in order to improve quantitative and qualitative data collection on persons with disabilities; delivering comparable and reliable evidence and be ethically collected, respectful of confidentiality and privacy.²¹²

²⁰¹ Press release of the UN global survey of persons with disabilities, *Ibid.*,

²⁰² Joint CMW-CRPD statement, *Ibid.*,

²⁰³ Stough & Kang, *Ibid.*, chapter 4.2, and Joint CMW-CRPD statement, *Ibid.*,

²⁰⁴ HRC Resolution, *Ibid.* Para. 5, j. Also CRPD Cttee COs on Canada, Colombia, Cook Island, European Union, Norway and General Comment 6,

²⁰⁵ Sendai Framework, *Ibid.* Para. 24, a,

²⁰⁶ *Ibid.* Para. 24, e,

²⁰⁷ CO on Uganda, Spain, Norway, Rwanda, Turkey, Vanuatu, Russia, Slovenia and Philippines,

²⁰⁸ Particular attention to underrepresented groups, such as deaf people, people with deafblindness, persons with psychosocial disabilities, and others, is addressed at COs on Australia, Colombia, Cyprus, Czech Republic, Dominican Republic, Emirates, Germany, Italy, Jordan, Lithuania, Mexico, Mongolia, Turkmenistan, Ukraine, Cuba, Algeria, Spain, Niger, Norway, Rwanda, Saudi Arabia, Senegal, Turkey, Vanuatu, Russia, Sudan, Haiti, Nepal, Slovenia, Oman, Philippines, Malta, Bulgaria, South Africa, Macedonia, Poland, General comment 6 and 7,

²⁰⁹ COs Austria, Canada and Colombia,

²¹⁰ CO on Ukraine,

²¹¹ Sendai Framework, Para. 19, g,

²¹² The Charter, Para. 2.3, c,

Design and implementation of public policies

Article 31 of the CRPD on statistics and data collection, among other things, calls upon States parties to collect appropriate information, including statistical and research data, to enable formulation and implementation of policies to give effect to the CRPD itself. Also, the information collected shall be disaggregated, as appropriate, and, at the same time, used to assess the implementation of States Parties' obligations as well as to identify and address barriers faced by persons with disabilities in exercising their rights.²¹³ Disaggregated data collection and analysis, including by disability, is a critical element in the design of inclusive policies, including in situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.²¹⁴ In addition, States Parties should ensure the access of persons with disabilities to all statistical data in accessible formats.²¹⁵

Monitoring and accountability

States shall establish monitoring and accountability frameworks for the implementation of policies and programmes including the collection and analysis of disaggregated data on sex, disability and age,²¹⁶ as an essential element in the design and monitoring of States' obligations, humanitarian programming and policy.²¹⁷ The analysis and use of this disaggregated data on an on-going basis is central to efficiently assess and advance accessibility of humanitarian services and assistance, as well as participation in policy and program design, implementation and evaluation.²¹⁸

Agenda 2030 for Sustainable Development

These frameworks strongly influenced subsequently negotiated instruments. The Sendai Framework, for instance, inspired the language of the Agenda 2030 for Sustainable Development and its Goals, which recommends States to support disaggregation of data by disability for specific indicators, where relevant, to assist in measuring the achievement of the 17 Sustainable Development Goals and 169 associated targets and programming policies related to the Goals. Equally, all these frameworks were influenced by the Agenda 2030 for Sustainable Development.²¹⁹

²¹³ CRPD Article 31, 1 & 2,

²¹⁴ HRC Resolution, Preliminary Para. 10,

²¹⁵ See COs on Malta,

²¹⁶ CO on the European Union. Also, addressed by the Joint CMW-CRPD statement, *Ibid.*, Para. 7, and the Statement of the CRPD Cttee for the WHS, *Ibid.*, Rec 2,

²¹⁷ The Charter, *Ibid.*, Para. 1.9, and HRC Resolution Preliminary, *Ibid.*, Para. 10,

²¹⁸ The Charter, *Ibid.*, 2.3, c,

²¹⁹ HRC Resolution, *Ibid.* Para. 14, and 5, k,

VII. Build Back Better

“Build Back Better” gained attention after the undersea earthquake and reconstruction of Aceh, in Indonesia, followed by the Indian Ocean earthquake in 2004. The Hyogo Framework for Action (2005) highlighted the importance of including *“measures into post-disaster recovery and rehabilitation processes and use opportunities during the recovery phase to develop capacities that reduce disaster risk in the long”*. The notion of *Build Back Better* (BBB) was equally promoted during the Global Platforms on Disaster Risk Reduction, in 2011, and the World Reconstruction Conferences, in 2014.²²⁰

The BBB approach highlights the opportunity that situations of risk offer to communities and assets to not only recover and reconstruct but to restore them in a manner that strengthens their resilience and reduce their vulnerability to disasters, which would benefit communities, facilities, livelihoods and living conditions.²²¹

Post-disaster recovery and reconstruction offer a unique opportunity to “Build Back Better”,²²² including through strengthening, as appropriate, disaster-resilient public and private investments. This encompasses *“structural, non-structural and functional disaster risk prevention and reduction measures in critical facilities”*, building better from the start to withstand hazards through proper design and construction. The ‘building better from the start’ includes schools, hospitals and physical infrastructures; embracing the use of the *“principles of universal design and the standardisation of building materials; retrofitting and rebuilding; nurturing a culture of maintenance; and taking into account economic, structural, technological and environmental impact assessments”*.²²³

Human Rights-based Approach

Marginalised populations are best placed to identify their requirements and solutions, as well as that persons with disabilities should publicly lead and promote universally accessible procedures for response and reconstruction.²²⁴ This ensures, for instance, that house reconstruction should be undertaken from a ‘universal design’ perspective.²²⁵ Universal design includes the provision of wheelchair access, single-level living and easy access, and orientation to community amenities.

Making public transport, temporary accommodation, emergency shelters, workplaces, communications systems, schools, medical facilities, parks and government offices accessible strengthens the right of persons with disabilities to choose where and with whom they live, on an equal basis with others.²²⁶

The requirements of persons with disabilities should also be considered in the planning and implementation of reconstruction programmes, taking into account accessibility standards.²²⁷ Accessible reconstruction should be implemented across all levels of government, to ensure inclusion of diverse constituencies of persons with disabilities, and to cover all phases of emergency management preparation, early warning, evacuation, interim housing and support, recovery and rebuilding.²²⁸

²²⁰ Ministerial Roundtable - Reconstructing after disasters: Build back better - Issue Brief - 3WCDRR. www.wcdrr.org/uploads/Reconstructing-after-disasters-Build-back-better.pdf.

²²¹ Sendai Framework, Ibid.,

²²² Ibid., Para. 6, OHCHR Thematic study, Ibid., Para. 60,

²²³ Ibid., 30, c. The need for human and financial resources is also addressed by the joint CMW-CRPD statement, Ibid., Para. 11,

²²⁴ Sendai Framework, Ibid., Priority 4,

²²⁵ CO on Serbia,

²²⁶ OHCHR Thematic study, Ibid., Para. 51,

²²⁷ COs on Turkmenistan and Nepal,

²²⁸ CO on Australia, and the CRPD Committee’s Statement on the Situation in Peru, Ecuador, Colombia and Haiti, Ibid., Para. 5,

Signatories of the **Charter** reinforce its commitment to translate into action the Sendai Framework and stress the necessity to support its implementation as an essential instrument to empower persons with disabilities and promote universally accessible response, recovery, rehabilitation and reconstruction.²²⁹

Rebuilding inclusive societies

States should strengthen disaster preparedness for effective response and promote the principle of “Build Back Better” in recovery, rehabilitation and reconstruction.²³⁰ Disasters have demonstrated that the recovery, rehabilitation and reconstruction phase - which needs to be prepared ahead of a disaster - is a critical opportunity to “Build Back Better”, including through integrating disaster risk reduction into development measures, making nations and communities resilient to disasters.²³¹

The CRPD Committee reinforces this message and calls on all stakeholders, including Member States, UN agencies, organisations of persons with disabilities, humanitarian organisations, families and communities to work together to rebuild more inclusive societies.²³² And that there should be continuous human, financial and technical resources for post-emergency rehabilitation, resettlement, reconstruction, and rebuilding processes, which are accessible and responsive to the specific requirements of persons with disabilities.²³³

States should meaningfully consider persons with disabilities in their planning, response and recovery actions,²³⁴ and ensure accessibility “*particularly during planning and reconstruction of infrastructure and public facilities*”.²³⁵ Innovative means of communication and technology should also be applied in a manner to improve accessibility and helping to “*ensure that no constituency among persons with disabilities should be excluded throughout the different stages of emergency response, including recovery and reconstruction*”.²³⁶

The transformative inclusive humanitarian action calls on the different stakeholders to commit to work “*towards the elimination of physical, communication, and attitudinal barriers including through the systematic provision of information for all in planning, preparedness and response*”.²³⁷ It also stresses the importance of build back better and capitalises “*opportunities to rebuild more inclusive societies and communities*”.²³⁸

²²⁹ The Charter, Para. 1.6,

²³⁰ Sendai Framework, Ibid., Para. 19, k, and at its Priority 4,

²³¹ Ibid., 32,

²³² Statement of the CRPD Committee for the WHS, Ibid., Rec 6,

²³³ See CO on Turkey

²³⁴ HRC Resolution, Para. 5, b,

²³⁵ Ibid. point 5, f, and Statement by the CRPD Committee - FOR A BETTER URBAN FUTURE. Ibid., Para. 4,

²³⁶ HRC Resolution, Ibid. Preliminary Para. 15,

²³⁷ The Charter, Ibid. Para. 2.4, c,

²³⁸ Ibid. Para. 2.5, b,

VIII. Awareness-raising and training

*Negative attitudes towards persons with disabilities may escalate during situations of conflict and emergencies and barriers faced by persons with disabilities, and their families are rarely acknowledged or included when assessing the impact of emergencies on populations.*²³⁹

Article 8 of the CRPD, linked to its Article 11,²⁴⁰ may support in addressing the situation that persons with disabilities are rarely included as active participants in planning, implementing and monitoring of emergency response.²⁴¹ The CRPD calls upon States to engage in awareness-raising measures throughout society to combat stereotypes, prejudices and harmful practices relating to persons with disabilities and to promote awareness of their capabilities and contributions, in particular on women and girls with disabilities.²⁴²

Raising awareness

States should, for instance, develop all measures available, in consultation with organisations of persons with disabilities, to raise awareness on the rights and dignity of persons with disabilities, to foster respect for them and combat disability and gender stereotypes in all areas of life.²⁴³ Furthermore, States, in cooperation with organisations of persons with disabilities, shall undertake public awareness campaigns to reinforce the positive image of persons with disabilities as holders of all human rights enshrined in the Convention.²⁴⁴

States and all relevant stakeholders should take effective and appropriate steps to raise awareness on the importance of protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.²⁴⁵ Also, stakeholders, both military and civilian, and peacekeeping personnel operating in situations of risk, should strengthen their capacities regarding the rights of persons with disabilities²⁴⁶ and, to this end, public and private resources should be mobilised on a sustainable basis.²⁴⁷

National strategies for the promotion of public education and awareness in disaster risk reduction should be undertaken through campaigns, social media and community mobilisation.²⁴⁸ Also, community centres for the promotion of public awareness should be established and equipped to store all necessary materials to implement rescue and relief activities,²⁴⁹ including in accessible formats.²⁵⁰

²³⁹ Statement of the CRPD Cttee for the WHS, *Ibid.*, Para. 4,

²⁴⁰ CO on Italy, *Ibid.*,

²⁴¹ Statement of the CRPD Cttee for the WHS, *Ibid.*,

²⁴² CO on Italy. Contributions of persons with disabilities is also addressed in the joint CMW-CRPD statement, *Ibid.*,

²⁴³ Concluding observations on the initial reports of Slovakia, Colombia, Ethiopia, Guatemala, Italy, United Arab Emirates, Serbia, Thailand, Uganda, Gabon, Qatar, Turkmenistan, Azerbaijan, Austria, El Salvador, Peru, Cuba, Niger, Norway, Sudan, Slovenia, Oman, Bulgaria, South Africa and Poland,

²⁴⁴ CO on Brazil ([CRPD/C/BRA/CO/1](#)), Italy, Croatia, Mongolia, Uganda, Ukraine, Algeria, Spain, Rwanda, Senegal, Turkey, Nepal, Philippines and Poland,

²⁴⁵ HRC Resolution, point. 5, l,

²⁴⁶ *Ibid.* 5, e, the Charter, *Ibid.* 2.5, c,

²⁴⁷ *Ibid.*, 11, and the Charter, Para. 1.9,

²⁴⁸ Sendai Framework, *Ibid.* 24, m,

²⁴⁹ *Ibid.* 33, d,

²⁵⁰ COs on Armenia, Bolivia, Bosnia and Herzegovina, Chile, Colombia, Cook Island, Czech Republic, Dominican Republic, El Salvador, European Union, Gabon, Germany, Guatemala, Iran, Italy, Kenya, Korea, Luxembourg, Mauritius, Mexico, Morocco, Qatar, Slovakia, Sweden, Thailand, Turkmenistan, Uganda, United Kingdom of Great Britain and Northern Ireland, Ukraine, Uruguay, Cuba, Algeria, Spain, Niger,

And beyond awareness...

Beyond awareness, States should provide training to all public authorities and public and private professionals working with persons with disabilities, on the rights recognised in the CRPD. This training may include preparation for personnel involved with rescue and emergency to provide persons with disabilities with the necessary support and protection in the event of risk situations or emergencies.²⁵¹ It may also serve to prioritise persons with disabilities in its evacuation plans, including in the context of migration.²⁵² This would also be complemented with provision of rescue training courses for persons with disabilities.²⁵³

Support for persons with disabilities depends heavily on adequately trained professionals. Building knowledge of government officials at all levels, civil society, communities and volunteers as well as the private sector, is critical. Peer learning, sharing experiences, lessons learned, good practices and training and education on disaster risk reduction are essential measures to achieve Art 8 and Art 11 of the CRPD, including by the use of existing training and education mechanisms²⁵⁴ and also in supporting public awareness.²⁵⁵

Norway, Rwanda, Saudi Arabia, Senegal, Turkey, Vanuatu, Russia, Sudan, Haiti, Nepal, Slovenia, Seychelles, Oman, Philippines, Malta, Bulgaria, South Africa, Macedonia, Poland,

²⁵¹ See CO on Azerbaijan, Canada, Chile, Colombia, Cook Island, Denmark, United Arab Emirates, European Union, Luxembourg, Mexico, Panama, Ukraine, Uruguay, Cuba and Rwanda,

²⁵² Joint CMW-CRPD statement, *Ibid.*,

²⁵³ See CO on Macedonia

²⁵⁴ Sendai, Para. 24, g, and the Charter, Para. 1.9,

²⁵⁵ *Ibid.* 36, a,