POLICY BRIEF: Disability Inclusion in the

Australian Aid Program

Since the 2009 launch of the innovative disability inclusive aid strategy Development for All, Australia has been a global leader in disability inclusive development. However, reduced investment, delayed policy formulation, and the impact of COVID-19 risk reversing the economic and social gains Australian aid has achieved in disability inclusion in our region. With the Australian Government’s second Development for All strategy having expired at the end of 2021, it is now more important than ever for Australia to renew our commitment to disability inclusive development.

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# Key points

* One in seven people globally – more than one billion people – live with some form of disability, and over 80 per cent live in low- and middle-income countries.[[1]](#footnote-2) In the Pacific alone live an estimated 1.7 million people with disabilities.
* Children with disabilities are much less likely to attend school than children without disabilities. The gap in primary school attendance rates between children with and without disabilities ranges from 10 per cent in India to 60 per cent in Indonesia. –
* People with disabilities in low-income countries face additional barriers to finding work and are unemployed at higher rates than non-disabled people. Just 58 per cent of men with disabilities in low-income countries are employed – and finding work is even harder for women with disabilities, who experience unemployment at a rate nearly three times higher than their male counterparts.
* The rate of violence against people with disabilities is between four and 10 times higher than for people without disabilities, and children with disabilities are three to four times more likely to experience violence.[[2]](#footnote-3)
* The COVID-19 pandemic disproportionately impacted people with disabilities.[[3]](#footnote-4) Organisations of People with Disabilities (OPDs) report that people with disabilities are among the hardest hit by the pandemic: experiencing higher rates of job losses and food insecurity, and have faced immense challenges in protecting themselves from the virus.
* Within this context, OPDs have been valuable sources of information and support for their communities during the pandemic. Strategic investment in these organisations is needed now, so the pandemic does not widen inequalities and push people with disabilities and their families deeper into poverty.
* Australia’s renewed commitment to disability inclusive development is never more relevant than with our nearest neighbours in the Pacific where there is a strategic opportunity to make a meaningful region-wide commitment to the implementation of the Pacific Framework for the Rights of Persons with Disabilities through the proposed Partnership for an Inclusive Pacific.

# Recommendations

## Summary

* Develop a new, ambitious, and multi-year *Development for All* strategy in 2022.
* Increase DFAT’s central disability allocation to a minimum of $14 million per annum.
* Drive the establishment of a regional partnership for disability inclusion in the Pacific to accelerate the implementation of the Pacific Framework for the Rights of Persons with Disabilities 2016-2025.

## Disability inclusion in humanitarian and COVID-19 responses

1. Prioritise disability inclusive development though mainstream and disability specific investments across Australia’s regional COVID-19 response:
	1. Fund inclusive public health information, genderbased violence response and prevention services, child protection initiatives, sexual and reproductive health services, and equitable access to vaccinations.
	2. Include specific streams for people with disabilities in job creation investments, for example: creating access to jobs and business loans; ensuring social protection schemes are accessible and account for the specific needs for people with disabilities; and addressing barriers to inclusion.
	3. Increase investments in livelihoods and resilience for people with disabilities as part of the economic recovery from COVID-19 in our region.

## Stepping up disability inclusion in the Pacific

1. Drive the establishment of a regional partnership for disability inclusion in the Pacific to accelerate the implementation of the Pacific Framework for the Rights of Persons with Disabilities 2016-2025.

## Australia as a global leader in disability inclusive development

1. Strengthen Australia’s leadership in disability inclusive development through a human rights-based approach in line with obligations under the *Convention on the Rights of Persons with Disabilities* by:
	1. Developing a new, ambitious *Development for All* strategy in 2022.
	2. Increasing DFAT’s central disability allocation to a minimum of $14 million per annum.
	3. Ensuring DFAT has sufficient core departmental budget for staff and associated support costs to enable the effective implementation, monitoring and advocacy to support disability inclusion both in Canberra and at regional posts.
	4. Maintaining disability inclusion as a distinct and cross-cutting approach within the development program, recognising the need for a separate but cohesive approach to disability inclusion within the broader gender equality, disability, and social inclusion agenda.
2. Build the sustainability and capacity of OPDs by directly investing in their leadership through multi-year and flexible funding mechanisms, by strengthening partnerships, and by increasing investment into peak representative bodies.
3. Foster an evidence-based and transparent approach to disability inclusion that will deepen understanding of the drivers of change in disability inclusion, through:
	1. Publishing transparent accounting of the aid budget’s disability funding through separate reporting of core disability inclusion funding.
	2. Continuing to support the collection of disaggregated data for disability and other intersectional identities across all Australian aid program investments; advocating and supporting the collection of disaggregated population data for disability and other intersectional identities across our region; and advocating for best practice disability inclusion in multilateral forums and international frameworks.

# Disability inclusion in humanitarian and COVID-19 responses

The COVID-19 pandemic created a perfect storm where the barriers already faced by people with disabilities increased on multiple fronts.[[4]](#footnote-5) As seen with large and complex emergencies, the needs of people with disabilities are often overlooked, and people are unable to access vital health, economic and social supports in response efforts.[[5]](#footnote-6) OPDs in numerous cases have taken on the role of addressing service shortfalls, including by turning inaccessible government information into accessible formats, providing data to social protection and food distribution providers, and providing psychosocial and other support to people with disabilities and their families, because the government and humanitarian systems that should have been supporting them were not.[[6]](#footnote-7) OPDs have had to undertake these roles with minimal and sometimes no resources.

The World Health Organisation has identified people with disabilities as one of the most vulnerable populations in public health emergencies, who are disproportionately affected by the health, social and economic impacts of COVID-19.[[7]](#footnote-8)

While the evidence is still growing, the impacts of COVID-19 on people with disabilities has been significant, exacerbating long-standing inequalities and barriers to inclusion, including:

* Evidence from high-income countries shows that people with disabilities represent more than 50 per cent of all COVID-19 related deaths.[[8]](#footnote-9)
* Health systems around the world have been overwhelmed and therefore unable to offer critical health services to people with disabilities.
* People with disabilities have reported severe losses of employment and income because of the COVID-19 restrictions, at rates higher than the general population.[[9]](#footnote-10)
* Many people with disabilities work in the informal economy and were not eligible for economic support or social protection.
* Globally, violence against women with disabilities has increased during the pandemic.[[10]](#footnote-11)
* Increasingly high barriers in accessing assistive devices or specialised curricula during remote learning has meant children with disabilities are being left behind in education or not continuing their education at all.[[11]](#footnote-12)
* There has been a widespread failure to prioritise people with disabilities in COVID-19 prevention efforts and vaccine roll-out, despite their high vulnerability.[[12]](#footnote-13)

COVID-19 responses that do not actively target people with disabilities leave this group further behind – further excluded from socio-economic development progress as communities start to recover. In particular, the UN has warned that people with disabilities are more likely to be in informal employment, making them less likely to have access to COVID-19 social insurance programs. People with disabilities in low- and middle-income settings may also face challenges working from home in the absence of equipment normally available in the workplace.[[13]](#footnote-14)

OPDs have been valuable sources of information and support during the pandemic. As services shut down, OPDs coordinated such things as food drops, written and broadcast information and many other vital services to people with disabilities and their families.[[14]](#footnote-15)

However, without ongoing strategic intervention, the pandemic is set to widen inequalities and push people with disabilities and their families deeper into poverty.[[15]](#footnote-16) The pandemic has validated the logic of focusing on preconditions to inclusion or on specific interventions for people with disabilities. This means laying the foundations for people with disabilities to be included in mainstream services and all aspects of community life, such as the provision of assistive devices (e.g. a wheelchair, walking cane) and accessible infrastructure. There is an urgent and critical need for increased investments in livelihoods and strengthening resilience for people with disabilities as part of the region’s economic recovery from COVID-19.

As with public health emergencies like the COVID-19 pandemic, other disasters widely and disproportionately impact people with disabilities. Although it is widely accepted that climate change most severely affects the world’s poorest and most vulnerable people, data about its impact on people with disabilities is not available. Some estimates have suggested 20 per cent of those most vulnerable to climate change are people with disabilities.[[16]](#footnote-17)

People with disabilities – especially women and children – and their representative organisations must be supported to be included in global, national and local responses.

This is particularly important when investing in policies and plans for the physical and social infrastructure needed for disaster risk reduction and climate change adaptation. People with disabilities and their representative organisations need to be partners in these conversations and in planning and delivery

# Australia as a global leader in disability inclusive development

Australia has built a strong legacy of leadership in disability inclusive development over the past 14 years. To maintain this legacy, we must address the specific disability challenges presented by COVID-19, along with the underlying inequalities the pandemic has laid bare. This requires an ambitious, funded disability inclusion strategy for the whole of the aid program and in response to COVID-19. Consistent with the previous disability strategy, a human rights-based approach in line with Australia’s obligations under the Convention on the Rights of Persons with Disabilities Articles 32 (international cooperation) and 11 (situations of risk and humanitarian emergencies) should remain at its core. The forthcoming 20th anniversary of the convention in 2026 will occur in the life of the new strategy.

Implementation of a new strategy will require investment. Recent cuts of 25 per cent to the central disability allocation in the Australian aid budget are not consistent with maintaining our credibility as a global leader, and matching the scale of the problem. The central disability allocation must be increased to a minimum of $14 million per annum. While a relatively modest amount in the overall aid budget, this investment is significant in providing core resources for disability inclusion across the aid program.

FIGURE 1: Central Disability Funding (ODA)



The decline in central disability inclusion funding comes in the context of decreasing investment in programs that support people with disabilities across the aid program. Disability funding in country and regional programs has fallen from $125.8m in 2013-14 to $97.7m in 2020-21 and now constitutes a mere 2.14% of total ODA. Funding for disability inclusion allocation is vital to maintaining Australia’s strong credibility and reputation for being an ambitious global leader in disability inclusive development. The 2017 Office of Development Effectiveness evaluation confirmed that at the time Australia was seen as an influential and credible leader in this field.[[17]](#footnote-18) However, this report cautioned that ongoing investment in disability is required to secure Australia’s hard-won wins and strong standing in disability inclusion.

“Australia should continue to be a leading advocate for disability inclusive development. If DFAT were to pull back from its advocacy work, it could undermine the successes achieved.” Office of Development Effectiveness, 2017

Australia has shown remarkable leadership and created critical momentum on disability inclusion through its first two *Development for All* disability strategies. The second *Development for All* strategy expired in December 2021. Although the Australian Government has publicly committed to a third strategy to be developed in 2022, progress toward this has been delayed which has left a considerable gap in strategic direction.

The Australian Disability and Development Consortium (ADDC) recommends the following outcomes for the third *Development for All* strategy:

1. **Active and diverse leadership and representation of people with disabilities at all levels:** Actively engaging and working with people with disabilities is the most effective way to increase their participation and inclusion in aid programs. The strategy must focus on supporting sustainable OPDs, supporting people with disabilities to lead priority-setting for disability inclusive development, and supporting the representation, voice, and leadership of marginalised members of the disability community. This includes ensuring no harm is done through the modality of program delivery; for example, more than one-third of intellectual disability projects (36 per cent) used methodologies that promoted segregation, in violation of the right of people with intellectual disabilities to be included in their communities. Further, this harm came in the context of 99.98 per cent of global ODA funding between 2014 and 2018 not including people with intellectual disabilities.[[18]](#footnote-19)
2. **Increased investment in preconditions for inclusion:** These preconditions apply across all sectors to ensure people with disabilities have equal access to development programming within their community. The strategy must focus on accessible infrastructure, access to assistive technologies, access to rights-based support services, community based inclusive development, social protection, and support to all children access education.
3. **Disability inclusion integrated across all aspects of the aid program:** Sustained effort is required in areas where, historically, disability inclusion has not been a priority, such as economic development and infrastructure. This effort must include specific targets and engage in innovative approaches, focused on these under-prioritised sectors.­­
4. **Continued regional and global leadership:** This must include partnering with OPD peak bodies to guide decision-making, support for regional and global collaboration, advocacy for best-practice disability inclusion in global fora, and highlighting Australia’s experience through sharing lessons and best practice.
5. **Evidence and knowledge generated to inform disability inclusive development approaches:** Fostering an evidence-based approach to disability inclusive development will deepen understanding of the drivers of change in disability inclusion. The strategy must include supporting the development of knowledge products and evidence, building the capacity of local OPDs, and gathering and sharing internal practices and lessons learned.
6. **DFAT skilled and confident in disability inclusive development:** Achieving organisational capacity across DFAT will require investment in staff capacity, tools and resources; accessible and inclusive business processes; and accessible and inclusive information and communication. Partnerships with OPDs are an important way of building this capacity.

## Taking an intersectional approach

Disability inclusion is a broad and diverse area requiring a dedicated, funded strategy. There is a growing trend to group disability inclusion among a broader agenda for gender equality, disability, and social inclusion. However, it is critical that disability inclusion is supported with dedicated resourcing and policy frameworks that address the overarching inequality and disempowerment experienced by many marginalised groups. At the implementation level, there is no such thing as a ‘generic’ approach to inclusion. Different groups of people experience specific barriers to inclusion and action to address those barriers must be targeted and resourced.

An intersectional analysis must also be applied to social inclusion, as it is often complex. Inequalities are often linked and compounding. For example, it is difficult to address violence against women with disabilities without understanding how disability affects gendered social roles. Understanding power and the systems of marginalisation that perpetuate inequality is critical to intersectional analysis. Any approach to inclusion and the rights of marginalised people – whether they be women, First Nations people or people with disabilities – will only be effective if it can influence the social norms and structures of power which perpetuate inequality and marginalisation, and are led by the communities most impacted and their lived experience.

## Working with OPDs

A fundamental principle that must inform all disability inclusive development work is ‘nothing about us without us’: the active inclusion of people with disabilities in all humanitarian responses and aid investments, and at all stages of programming. This requires engaging with diverse voices in the development of the strategy, and establishing mechanisms of accountability to people with disabilities, primary stakeholders and the public. This requires a dedicated governance mechanism, like the Disability Reference Group, which provided guidance in the implementation of the first *Development for All* strategy.

Enacting this principle also requires sustaining OPDs through direct, multi-year and flexible funding, and engaging in meaningful consultation and partnership. Engagement with OPDs has shown to promote agency and accountability and produce better outcomes for disability inclusion, and yet there are still barriers to engagement and limited consultation. OPDs are best placed to articulate the lived experience of people with disabilities and leverage local networks to identify and communicate with people with disabilities before, during and after a disaster. Investing and partnering with peak representation bodies for OPDs, such as the Pacific Disability Forum, is critical to building the capacity and sustainability of OPDs.

## Evidence based approaches

Fostering an evidence-based approach to disability inclusive development requires utilising available data and evidence of best practice while continuing to expand the depth and breadth of this evidence. Addressing the data limitations of the impact of COVID-19 needs to be a high priority for data collection to inform disability inclusive approaches to the pandemic response and recovery effort. However, this evidence-based approach should continue to extend across all aspects of the aid program, including expanding the expectations of disability disaggregated data collection by all delivery partners and advocating for best-practice disability inclusion in multilateral and international forums.

Now is the time for Australia to re-commit to being an innovative leader in disability inclusion, and increasing our global investment and strategic engagement. Investment in the economic and regional recovery from COVID-19 for people with disabilities is key to maintaining successes achieved as well as reaching further, to the heart of ensuring fundamental human rights for people with disabilities and building resilience to future crises.

# Case study – ‘investing in organisations of people with disabilities - Pacific Disability Forum’

Pacific Disability Forum (PDF) is a Fiji-based regional umbrella organisation and a long-term DFAT partner, which supports up to 71 OPDs across 22 Pacific Island countries and territories in various ways: from providing funding for disability activities and grassroots programs, to offering capacity development and training in advocacy, law reform, inclusive data collection, budgeting, and accessible infrastructure.

PDF also works to change systems and policies that exclude people with disabilities, by connecting national governments, development partners and other stakeholders with OPDs. This allows for the sharing of priorities and raises awareness of the rights of people with disabilities and preconditions for inclusion at the national level as well as within UN agencies. This has brought many positive policy changes throughout the Pacific, including increased access to education for women and girls with disabilities, and greater inclusion of people with disabilities in preparedness and responses to emergencies such as tropical cyclones and COVID-19.

# Stepping up disability inclusion in the Pacific

The Pacific Disability Forum (PDF)[[19]](#footnote-20) estimates there are 1.7 million people with disabilities in the Pacific. Pacific Island Countries (PICs) are committed to addressing the barriers faced by people with disabilities with governments in the region jointly committed to the Pacific Framework for the Rights of Persons with Disabilities 2016-2025 (PFRPD).[[20]](#footnote-21) However, PICs’ dedicated expenditure for people with disabilities is just 0.1 per cent of GDP (compared with an average of 2.2 per cent in European Union countries[[21]](#footnote-22)) with a heavy reliance on aid funding to resource many of the disability inclusion initiatives and costs.[[22]](#footnote-23)

Systemic change will only come about through intentional implementation of the PFRDP and any subsequent frameworks. This will require sustained ongoing increases in domestic resource allocation, alongside significant increases to ODA contributions, and overarching, coordinated programming that will address the existing gaps in disability inclusive development.

Australia must drive the establishment of a regional partnership on disability inclusion in the Indo-Pacific, to accelerate the implementation of the PFRPD and ensure pre-conditions are in place for the effective inclusion of people with disabilities. We propose that this partnership would be a pooled funding partnership with PICs and other donors and stakeholders, with Australia providing a multi-year funding platform and appropriate resourcing to launch the initiative.

A pooled Pacific partnership to support PFRPD will provide greater coordination of resources and priorities, better sharing of lessons from examples of good practice, and economies of scale for service provision. A strong partnership approach – seeking buy-in from a range of donors, implementing partners and PIC governments – will enhance coordination, scale and efficiency in how resources are allocated.

Authorised by Marc Purcell, Deakin

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