



LEAVE NO ONE BEHIND



INCLUDING ALL PEOPLE WITH DISABILITIES IN
THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT

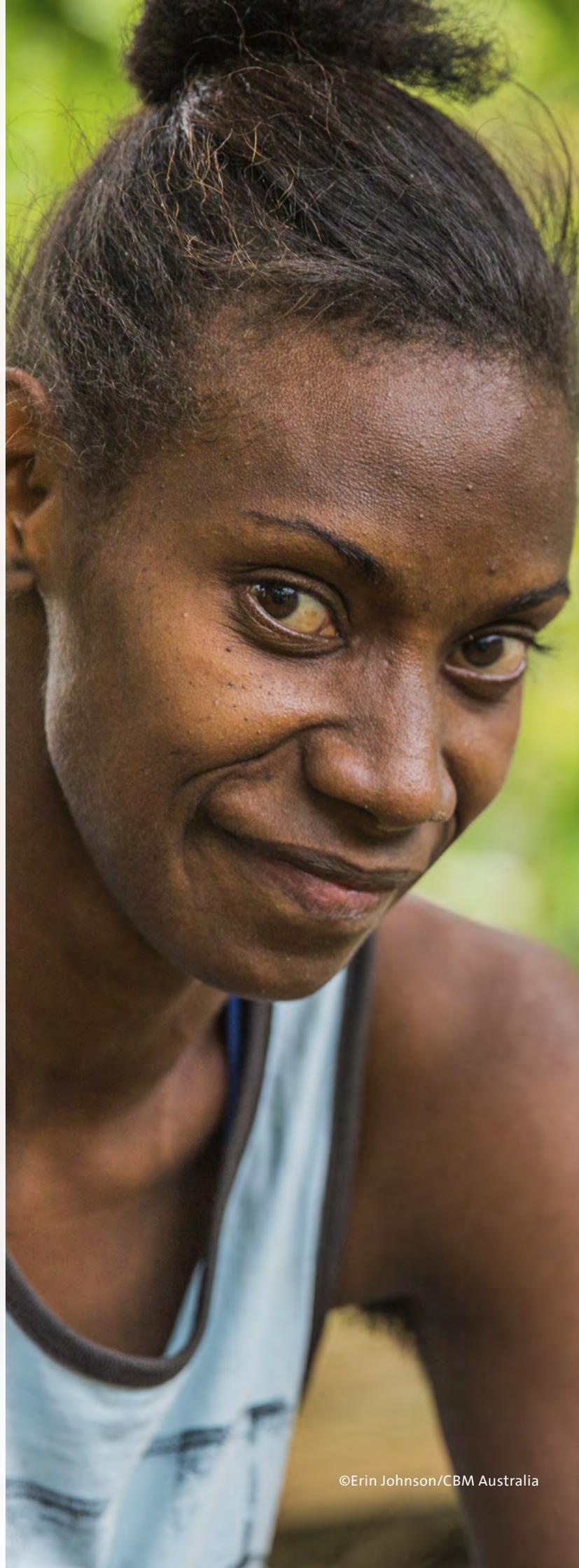


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Cover: Delta, 14, with her mother, Delvina, from Vanuatu. Delta has an intellectual impairment and has never attended school. She loves to read, play and go with her mother to community events.

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CBM Australia is an international Christian development organisation committed to improving the quality of life of people with disabilities in poor communities around the world.

Addressing poverty alleviation through development efforts that include people with disabilities, and prevent disability for those at risk; CBM Australia is helping to end the cycle of poverty and disability.

CBM Australia works in partnership with people with disabilities, non-government organisations, government and international agencies to empower people with disabilities to achieve their human rights and participate fully in society.

◀ Bronia, 24, is hard of hearing. She went to school but left in Year 5 as there was no sign interpreter or extra teaching assistance. To earn some income, Bronia braids hair when the cruise boats stop in port. She wants a stable job, but says she can't get one and worries about how she will support her four-year-old daughter.



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Even within dedicated approaches to disability-inclusive development, a failure to examine who is being left behind, and why, risks the achievement of sustainable development outcomes for all.

^ Phlabian, 5, is from a small village in north-eastern India and has vision and intellectual disabilities.

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OUR COLLECTIVE JOURNEY

In 2015, world leaders gathered at the United Nations to address some of the most complex issues faced by the global community – poverty, inequality, discrimination and environmental degradation – and to propose a new pathway towards a more sustainable, equitable and prosperous future.

The end result, the 2030 Agenda for Sustainable Development, sets out 17 goals and 169 targets to measure progress and to ensure that ‘on this collective journey... no one will be left behind’.¹

On the sidelines of these high-level discussions, people with disabilities assembled to make their presence and their demands known. In the preceding Millennium Development Goals, which drove global development efforts from 2000 until their expiry in 2015, disability was not mentioned. As a result, UN members and observers alike agreed that people with disabilities were disproportionately represented among those left behind, and registered grave concern that ‘persons with disabilities... continue to be subject to multiple, aggravated and intersecting forms of discrimination’.²

In contrast, the 2030 Agenda contains 11 specific references to people with disabilities across five goals, and features an overarching commitment to ensure that mainstream goals be implemented ‘for all’. The 2030 Agenda, and the Sustainable Development Goals contained therein, is the international development community’s most inclusive ever roadmap for change. With one in every seven people globally living with disability, the inclusion of people with disabilities in this framework is not simply a matter of principle; it is a practical requirement if the new development agenda is to succeed.

There are 193 seats in the United Nations’ General Assembly, where the 2030 Agenda was agreed. If they held a representative sample of the world’s population, 29 seats – representing over one billion people – would be filled by people with disabilities.³ In order to reach the furthest behind first, it must be recognised that people with disabilities are not a homogenous group. Within those 29 General Assembly seats occupied by people with disabilities, it can be estimated that:

- 23 live in developing countries⁴;
- 19 live in the Asia-Pacific region⁵;
- 12 are people with psychosocial disabilities⁶;
- 10 are deaf or hard of hearing⁷;
- Seven are blind or have low vision⁸, and four of these are women⁹;
- Five are people with intellectual disabilities¹⁰;
- Three require the use of a wheelchair¹¹; and
- An untold number experience multiple and intersecting forms of disability.

All have particular experiences of disability, and particular experiences of being left behind. As recognised in the Australian Government’s *Development for All 2015–2020: Strategy for strengthening disability-inclusive development in Australia’s aid program*, ‘some groups within the disability community are at heightened risk of marginalisation’¹². Even within dedicated approaches to disability-inclusive development, a failure to examine who is being left behind, and why, risks the achievement of sustainable development outcomes for all.

As we move towards 2030, we hold the tools to guide us on our collective journey. While the 2030 Agenda provides a roadmap, the United Nations' Convention on the Rights of Persons with Disabilities (CRPD) provides an instructional manual to ensure that the world we create along the way is inclusive for all people.

Used together, these frameworks grant us the means to ensure that those at risk or experiencing existing disadvantage – such as the deaf community, people with intellectual disabilities, people with psychosocial disabilities, and people with multiple disabilities living in poverty – are no longer left behind.

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▲ *Harriette, 48, from Vanuatu is deaf. She acquired her deafness after a surgery to remove a tumour. She stopped her education in primary school as there was no sign interpreter or extra teaching assistance provided. From a young age, Harriette has been a babysitter to earn an income. She also weaves bags, owns and runs a kava bar, and grows food for herself and her family. She is saving money to build her own home.*



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INCLUDING THE **DEAF** COMMUNITY

From the world's largest cities to some of its smallest villages, the experience of deafness¹³ has united people and provided a source of shared cultural and linguistic identity.

When faced by systemic exclusion from services, decision-making structures or social participation, many deaf communities have created their own mechanisms to make their views and aspirations known, including through the development of unique national sign languages. Equipped with expressive language, deaf leaders have worked to overcome barriers and contribute to the sustainable development of their communities, countries and the world.

The CRPD articulates a number of fundamental rights that underpin the inclusion of deaf people as active participants in community development, and in the implementation of frameworks such as the 2030 Agenda.

These include:

- Accepting and facilitating the use of sign languages, and recognising and promoting the use of sign languages as a matter of free expression and access to information¹⁴;
- Facilitating the learning of sign language and the promotion of the linguistic identity of the deaf community, and ensuring that the education of deaf people, particularly children, is delivered in the most appropriate language and means of communication for the individual¹⁵; and
- Recognising and supporting specific cultural and linguistic identity, including sign languages and deaf culture, to foster participation in cultural and social life¹⁶.

Despite these provisions, the deaf community around the world continues to face obstacles to achieving progress against many common development indicators. Of the 70 million deaf people around the world, 56 million – or 80 per cent – receive no education. This rate is higher for deaf people living in developing countries, or for deaf women and girls¹⁷. Deaf people are consistently and systemically un- or under-employed, with associated lost productivity posing an annual global cost of nearly \$105 billion¹⁸, 71 per cent of which is borne by low- and middle-income countries¹⁹. Exclusion from social structures and community life also causes isolation and loneliness for many deaf people, particularly those at already-heightened risk, such as older people.

In some parts of the world – particularly geographically remote areas – these challenges are exacerbated as formal, documented and widely-shared sign languages do not exist. Here, many deaf people live without language, and are unable to realise many of the basic human rights prioritised in the 2030 Agenda and the CRPD. Without a shared means of communication, people are blocked from accessing education, services, livelihoods, justice, or community decision-making. In these places, deaf people are among those left furthest behind.

In the Pacific region, geographical and social barriers have often prevented deaf people from meeting, building communities and developing sign languages. While some shared sign languages exist, often building upon a foundation of American Sign Language, Auslan or New Zealand Sign Language/ Te Reo Rotarota, many deaf Pacific islanders can express themselves only through ‘home signs’ that may be understood by family members.

Their isolation is extreme, and their barriers to ‘a world of universal respect for human rights and human dignity’²⁰ may seem insurmountable.

Although data – particularly in the Pacific – is scarce, it was possible to observe the exclusion of deaf people from outcomes recorded at the expiry of the Millennium Development Goals in 2015. Kiribati and Papua New Guinea were the only Pacific countries to report failure to achieve progress against the Millennium Development Goal target of universal primary education²¹; however, only Fiji’s Gospel School for the Deaf has the capacity to educate deaf students in their native sign language. Those unable to attend, due to distance, poverty or the absence of shared sign language, remain excluded from quality education and fall behind in common measures, such as literacy²². In Vanuatu, where home sign communication is common, deaf children experienced ‘significantly negative impact’²³ from their exclusion from school, including ongoing social isolation and severely limited employment prospects.

Life without language is a life limited. For deaf women, men, girls and boys across the Pacific, the formalisation and socialisation of sign language is an urgent need. In order to ensure that the global deaf community shares in the prosperity and promise of the 2030 Agenda for Sustainable Development, focused efforts are required. By celebrating the cultural and linguistic identity of deaf people, supporting sign language development and deaf community-building, and facilitating inclusion through sign language, we can put in place the fundamental precursors for achieving any – let alone all – of the goals outlined in the 2030 Agenda.

DEAF
PEOPLE

70
MILLION
WORLDWIDE

80%
RECEIVE
NO EDUCATION



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KWEMAL AND MAINA'S STORY

Kwemal, 55, and Maina, 24, are a mother and daughter living in Vanuatu. Both are deaf. Like most countries in the Pacific, Vanuatu has no formal and shared sign language.

Without a formal sign language, Kwemal and Maina communicate through some basic home sign and lip-reading. Outside of their community, few people know they are deaf and they find it difficult to communicate and participate. Even within the deaf community communication is limited; due to lack of a

common sign language, each person has their own version of home sign.

Kwemal left school in year five as no sign interpreter or extra teaching assistance was available to her. Despite her incomplete education, she has always had a job and now runs her own successful tailoring business.

Maina left school in year one. Similar to the experience of her mother, with no sign interpreter and no extra teaching assistance, the opportunity to equally participate and

advance her education was never available to her. Without an education, Maina has only held one job. She worked for four months at a retail store, but experienced harassment in the workplace. She quit her job and hasn't wanted to return to work since.

Maina feels happiest when she is with friends, family and playing football. In the future she wants to go back to school, but says she needs an interpreter to help her understand the classes and communicate with the teacher.

INCLUDING PEOPLE WITH INTELLECTUAL DISABILITIES

Almost all people with disabilities, throughout their lives, face questions and doubt about their ability to make decisions and lead, but few will be questioned as consistently as people with intellectual disabilities.

Under-represented even within many disability advocacy movements, people with intellectual disabilities are often sidelined and spoken for by family members or others with their best interests at heart, despite the strong self-advocacy capacity of many people with diverse experiences of intellectual disability.

This capacity is reflected in the CRPD, which broke new ground by affirming the equal recognition of all people with disabilities, including those with intellectual disabilities, before the law. Article 12 of the CRPD recognises:

- The legal capacity of all people with disabilities on an equal basis with others in all aspects of life;
- The need for appropriate measures to provide access to the support that people with disabilities may require to exercise their legal capacity; and
- The role of appropriate and effective safeguards to prevent abuse, conflict of interest or undue influence in measures which support the exercising of legal capacity by people with disabilities²⁴.

The need for people with intellectual disabilities to speak out in support of their own interests is not abstract. The challenges faced by this group of people can be extreme – ranging from systemic exclusion to socially-sanctioned violence – and their risk of being left behind in global development efforts is high. This is recognised by governments and major development actors, including the Australian

Government. In Australia's *Development for All* strategy, people with intellectual disabilities are highlighted as both misunderstood and stigmatised, and requiring additional attention in disability-inclusive development efforts.

This focus is critical in many countries in which Australia's aid program operates. Across the Asia-Pacific, people with intellectual disabilities are 'often shunned and seen as having little or no value or potential, and not deserving of public investment'²⁵. Compounding this stigma, people with intellectual disabilities are frequently hidden from public life and are not counted in data collection efforts. In statistical depictions of their communities, countries and even the world, many people with intellectual disabilities are invisible. This invisibility results in systemic exclusion from development programs and state services. People with intellectual disabilities experience heightened barriers to accessing mainstream health screenings, with children with intellectual disabilities in parts of Asia reported as less likely to receive vaccinations against polio, diphtheria and measles than their counterparts without disabilities²⁶.

People with intellectual disabilities are also overlooked in consultation informing the design of development programs, with governments, non-government organisations and other development actors often seeking input from family members instead. As a result, people with intellectual



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^ Udom, 13, from Cambodia takes part in research conducted by CBM-Nossal, on behalf of UNICEF Cambodia, to better understand and document the situation of children with disabilities in Cambodia.

disabilities may be placed in segregated day programs or workshops. While these meet the needs of families, they may not provide meaningful opportunities for participants to learn, seek viable employment, or feel included in the wider community²⁷.

Most insidiously, people – particularly children and women – with intellectual disabilities are at heightened risk of sexual, physical and emotional violence. In the Pacific, as in many locations around the world, children with intellectual disabilities can be perceived as ‘a curse, linked to sorcery, or a punishment for wrong-doing’²⁸ or a risk to others’ safety. As a result, these children are neglected by their families or the institutions into which they may be placed, or receive violent treatment from adults or other children without disabilities, who have been socialised to view children with intellectual disabilities as vulnerable, easy targets, or less than human.

For many, this treatment continues into adulthood, especially for women. For women and girls with intellectual disabilities, sexual violence, often perpetrated by multiple men over time, is ‘a common occurrence’²⁹. Already facing the high rates of violence against women that exist in the Pacific, women with intellectual disabilities are at heightened risk due to the additional stigma of their often-misunderstood disability. Sexual health and education services are frequently not accessible, leaving women with intellectual disabilities unable to receive appropriate information about their bodies, consent or safety.

Women with intellectual disabilities are also less likely to be aware of – and subsequently to access – support, refuge and legal redress where such services exist³⁰.

At the expiry of the Millennium Development Goals in 2015, Pacific island states such as Fiji, Kiribati, Papua New Guinea, Solomon Islands and Vanuatu reported minimal progress against the targets pertaining to violence against women. With the prevalence of violence against women and girls in the Pacific persisting at rates among the highest in the world, and with major regional development actors such as the Australian Government articulating gender-based violence prevention as a priority issue, the inclusion of women and children with intellectual disabilities in these efforts is critical for the implementation of the 2030 Agenda for all people.

Working from a foundation of marginalisation and underrepresentation, even within disability rights movements, fostering the inclusion of people with intellectual disabilities in gender equality conversations and mainstream development discussions is likely to be challenging for many. But with the guidance provided by the CRPD, and the impetus delivered by development actors such as the Australian Government, the need to recognise and support the legal capacity of people with intellectual disabilities is clear. Celebrated and supported, people with intellectual disabilities have a role to play in ensuring that the 2030 Agenda addresses their unique needs, and the needs of other people with disabilities, to ensure that no one is left behind.



INCLUDING PEOPLE WITH **PSYCHOSOCIAL** DISABILITIES

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While the introduction of the 2030 Agenda represents a step forward for all people with disabilities, the development of the new framework was a particular triumph for people with psychosocial disabilities – defined as people with ongoing mental health issues which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.

The preceding Millennium Development Goals contained no reference to mental health; however, the Sustainable Development Goals specifically highlight the promotion of mental health as intrinsically tied to broader health and wellbeing outcomes³¹. This is a significant step, but much remains to be done in the implementation of the 2030 Agenda to include people with psychosocial disabilities in all goals, and all global development efforts.

Like their counterparts with intellectual disabilities, people with psychosocial disabilities are highlighted in the Australian Government's *Development for All* strategy as particularly prone to being 'left out of disability-inclusive development efforts'³². People with psychosocial disabilities are often viewed as medically dependent, with power and responsibility taken away from individuals and assumed by psychiatrists or institutions. This overlooks the richness of the lives of people with psychosocial disabilities, and their capacity to work towards not only personal growth, but the inclusive growth of their communities.

◀ *Women with psychosocial disabilities and support workers gather weekly at a hospital in southern India. The CBM-supported Self Help Group joins together to print designs on fabric, such as saris and table cloths. This has two purposes: it trains the women in a skill to generate an income, and it serves as a support group where the women can freely discuss issues they face and solve them together.*

While all articles of the CRPD support the rights of people with psychosocial disabilities, the efforts of a number of self-advocates and advocacy organisations saw particularly meaningful articles included in the convention. In addition to Article 12 and its focus on decision-making and self-determination, key provisions for people with psychosocial disabilities include:

- Freedom from deprivation of liberty³³;
- Freedom from torture or cruel, inhuman or degrading treatment or punishment, including medical or scientific experimentation without full and informed consent of the individual³⁴;
- Respect for the physical and mental integrity of people with disabilities on an equal basis with others³⁵;
- Freedom to live independently and be included in the community³⁶; and
- The requirement that healthcare professionals provide people with disabilities with the same care as others, including on the basis of free and informed consent³⁷.

Although the rights regarding free and informed access to healthcare for people with psychosocial disabilities are clear, the reality is more complex. In low- and middle-income countries, between 75 and 85 per cent of people with psychosocial disabilities are unable to access treatment options to support their mental wellbeing³⁸. Where they exist, these treatment options are often 'poor or even harmful and can actively hinder recovery'³⁹. The Australian Government's *Development for All* commitment to 'strengthen systems to improve health service provision and access... for people with psychosocial disabilities'⁴⁰ is a necessary start; despite being at higher risk of experiencing physical health issues, including non-communicable disease and maternal health complications, people with psychosocial disabilities are also among those least likely to gain access to health services for concerns unrelated to their disability.

In addition to being excluded from decisions regarding their own wellbeing, people with psychosocial disabilities around the world are blocked from active citizenship. They are denied political rights, including the right to run for representative office or even vote, on the basis of incapacity. This exclusion trickles down through communities, leaving people with psychosocial disabilities unable to express their individual or collective voice. Only 49 per cent of low-income countries have an organisation representing people with psychosocial disabilities, compared to 83 per cent of high-income countries⁴¹. In addition, many cross-disability disabled people's organisations (DPOs) do not represent people with psychosocial disabilities.

In the Pacific, community-based exclusion is not limited to election cycles or medical events. People with psychosocial disabilities are among the furthest left behind, isolated and even physically restrained due to deeply-ingrained beliefs that 'disturbed behaviour is a manifestation of an external spiritual force, especially ancestral spirits who have taken possession of the person because the person or the person's family have broken a certain custom or offended the spirits in some way'⁴². Violence and deprivation of liberty are not limited to the home; they also occur in formal institutional settings. Around the world, people with psychosocial disabilities repeatedly experience overcrowding, physical and sexual violence, and prolonged confinement in institutions run under mental health laws which are non-compliant with the rights set out in the CRPD⁴³. Whether physically restrained or bound by laws and social norms, many people with psychosocial disabilities living in poverty will find even the most basic of outcomes associated with the 2030 Agenda and the CRPD out of reach.

In evaluating the performance of the Millennium Development Goals prior to their expiry in 2015, poor outcomes for people with psychosocial disabilities in the Asia-Pacific region did not go unnoticed. In their 2013 communiqué, Pacific leaders highlighted mental health, alongside disaster risk reduction and cultural heritage, as a priority issue for attention in the post-2015 framework⁴⁴. With mental health specifically referenced in the 2030 Agenda, and with the Sustainable Development Goals applying to all people, there is ample opportunity for the international development community to work towards the improved inclusion of people with psychosocial disabilities – and critically, to ensure that this process places self-advocates at the heart of their, and their communities', development.

INCLUDING PEOPLE WITH MULTIPLE DISABILITIES

For many communities, the inclusion of a person with a disability is a challenge – but the inclusion of a person with multiple, intersecting forms of disability can seem overwhelming.

Behind closed doors around the world, people with multiple disabilities are hidden, left behind even among those left furthest behind.

The diversity and complexity of identity among people with multiple disabilities is reflected in the many ways in which this community can engage with, and benefit from, the rights articulated in the CRPD. In setting the tone for the inclusive framework to follow, the preamble to the Convention recognises:

- That disability is an evolving concept;
- The diversity of people with disabilities;
- The need to promote and protect the human rights of all people with disabilities, including those who require more intensive support; and
- The difficult conditions faced by people with disabilities who are subject to multiple or aggravated forms of discrimination⁴⁵.

On paper, people with multiple and intersecting forms of disability are recognised and valued in all of their diversity. In reality, however, people with multiple disabilities are often only spoken about as recipients of benefits or care, with concern instead expressed for the rights and wellbeing of their families or support providers.

By virtue of their seeming invisibility, it may also appear that people with multiple disabilities are a small part of the global disability community. But the prevalence of multiple disabilities is higher than many statistics can show.

Globally, we understand that people with sensory disabilities are more likely to experience multiple forms of disability or mental illness. Around a quarter of all deaf individuals have additional psychosocial disabilities or short-term mental health concerns resulting, in part, from social isolation⁴⁶.

Many health centres and services are inaccessible to people with disabilities, with barriers including physical inaccessibility; lack of staff with positive perceptions of people with disabilities; the absence of relevant and accessible information for people with sensory, psychosocial or intellectual disabilities; and inadequate disability policies. This places people with an existing disability at heightened risk of acquiring additional, preventable disabilities such as blindness resulting from such treatable conditions as cataract, trachoma or river blindness⁴⁷.

Evidence shows that over half of all Australians with a disability had a combination of two or more intellectual, psychosocial, sensory or physical disabilities⁴⁸. But many neighbouring countries in the Asia-Pacific region lack the capacity to reflect this complexity in their data. For countless people living in poverty, the picture of life with disabilities is incomplete. *Continues page 14 >*



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PHLABIAN'S STORY

Phlabian, 5, is from a small village in north-eastern India. He has vision and intellectual disabilities. From birth, he and his family have faced discrimination from within and outside of their community. Some neighbours questioned what would become of his future as he is a 'burden' to the family.

A community worker from one of CBM's partners, supported by the Australian Government through the Australian NGO Cooperation Program, first met Phlabian when he was around two years old. He had severe developmental delays and could barely see, walk, talk or sit, and was left isolated at home. Phlabian first underwent an eye surgery before beginning rehabilitation to learn to walk, talk and begin participating in his community.

His parents work as day labourers in rice paddy fields in the area. They felt despair – they had spent as much money as they could on transport and treatment for Phlabian only to be dismissed by healthcare providers. Beginning to believe what their neighbours would say about their son, they too needed support.

His parents were taught daily exercises to do with Phlabian at home, to help him build strength. They also attended workshops on disability inclusion where they had the opportunity to meet other families with children with disabilities. This not only provided a support group for Phlabian's parents; it also changed the way they viewed their son and disability.

Through CBM's partner, Phlabian's family was chosen for a microfinance loan to grow and harvest tea leaves. Given a tea plantation can be productive for 50 to 100 years, it provides a sustainable income with good monthly profits. The tea plantation was set-up in Phlabian's name which helps to ensure his parents can provide for his future.

Phlabian has made a lot of progress and is no longer isolated at home. He can now walk, interact with children from his community and attends preschool. Attitude is often the most difficult barrier to break, but now Phlabian's parents no longer believe their neighbours when they say their son is a 'burden'.

< From page 12 This statistical absence contributes to the severely limited availability of trained support workers or assistive devices for those people with multiple disabilities who require them to experience full inclusion. For many people who are deaf-blind, a skilled partner or support worker is critical for facilitating their independence, participation, access to services and community inclusion through tactile sign language or other communication support⁴⁹. In many parts of Asia and the Pacific, qualified sign language interpreters are in short supply, and tactile sign interpreters are even rarer. This is not the result of a lack of need, but instead of severely underfunded disability services sectors which, without a full picture of the community of people with disabilities, are unable to grow to meet those needs.

Although people with multiple disabilities may require additional support, they also have needs and desires that are shared by people with less complex experiences of disability, or people without disabilities at all. When interviewed, children with multiple and intersecting forms of disability in Papua New Guinea overwhelmingly reported their desire to be included in their communities as a primary concern. For too many, participation in recreational activities such as sport or music, active roles in church ceremonies, and even playing with friends were considered ‘rare but treasured events’⁵⁰. Opportunities to socialise with other children are scarce, with children with multiple disabilities attending school at lower rates than the

average attendance for people with disabilities. In the Solomon Islands, 10.6 per cent of people with multiple disabilities aged between five and 29 years had attended school, compared to 23.9 per cent of people with general disabilities, and 66.8 per cent of the general population⁵¹. For children with multiple disabilities, investment in early childhood development services is critical not only for their immediate support and inclusion, but also for preventing many of the barriers to employment and community life that adults with disabilities will go on to face.

When reviewing outcomes against the Millennium Development Goals, we can – based on available evidence and reported, lived experiences – assume that people with multiple and intersecting forms of disability benefited at lower rates than their counterparts without disabilities, or even those with singular forms of disability. Yet the extent of their exclusion is impossible to fully understand; on the starting line of the pursuit of the 2030 Agenda, people with multiple disabilities are so far behind as to remain almost unseen. Concerted effort and investment from the international development community is required to gather data, inform service development, and support all people with disabilities to realise their ambitions. It is only with this data and knowledge that the picture of our global community can be completed, and that we can work to ensure that no one remains out of frame, and left behind.





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LEAVE NO ONE BEHIND: PRINCIPLES FOR INCLUSION

In 2016, we celebrated ten years of the United Nations' CRPD defending and driving action for the rights of all people with disabilities.

The introduction of the 2030 Agenda has ensured that that this progress will not slow, as we work towards a near-future in which all people are included in the prosperity, peace and global partnership sought via the Sustainable Development Goals.

Closer to home, the Australian Government's *Development for All* strategy has helped to create unprecedented momentum for disability-inclusive development in Australia's aid program. With its guiding principles articulating active and central roles for people with disabilities; recognition of the intersections between gender and disability; and commitment to the inclusion of a diverse range of people with disabilities, *Development for All*

provides a necessary foundation for Australia's work in implementing the 2030 Agenda for all people, everywhere.

Other development actors – from international non-government organisations to managing contractors, academics to advocates – increasingly understand the value of rights-based disability inclusion, and are beginning more systematically address disability across the programs, policy and research they undertake. As the international community mobilises in support of the 2030 Agenda, however, all stakeholders need to grant even more attention to those who are still being left behind, even within existing inclusion efforts.

In order to implement action towards the Sustainable Development Goals for *all* people with disabilities; to maintain its global leadership in disability-inclusive development; and to remain true to the guiding principles of the *Development for All* strategy, the Australian Government should:

- Continue to grow the disability-inclusive development evidence base, including through new research, to determine who is being left behind in Australia's disability-inclusive development work.
- Continue to build the capacity of development partners to develop and implement evidence-informed strategies to include people with disabilities who are being left behind.
- Continue to take targeted actions to support people with significant impairments to access basic and inclusive services including water, sanitation, health, education, rehabilitation, community services and social protection.
- Take specific actions to remove communication barriers for deaf people, people with intellectual disabilities and people with psychosocial disabilities, most urgently in the health, women's services and violence prevention sectors. In particular, support the development of sign language in the Pacific in order to better enable the deaf community to access and be included in development programs.
- Support the disability movement to be more inclusive of all people with disabilities, including by funding and supporting representative organisations of all groups of impairments, such as organisations of people with psychosocial disabilities.
- Continue to encourage and support the gender equality movement to understand disability inclusion, and in particular include more women with disabilities. Simultaneously, support disabled people's organisations to understand gender dynamics and how these interact with the social norms surrounding disability, and create links with the gender equality movement.
- Include people with disabilities and their representative organisations in Australia's voluntary national reporting against the 2030 Agenda.
- Commit to improve annual reporting on Australia's aid program, with explicit reference to the implementation of the *Development for All* strategy.

By taking these actions, Australia's international development efforts can play a substantial and leading role in ensuring that the world's collective journey towards a more prosperous and sustainable 2030 is an inclusive one, with no one left behind.

REFERENCES



- 1 United Nations, General Assembly, *Transforming our world: the 2030 Agenda for Sustainable Development*, A/RES/70/1 (25 September 2015), available from undocs.org/A/RES/70/1.
- 2 United Nations, General Assembly, *Inclusive development for persons with disabilities*, A/RES/71/165 (19 December 2016), available from <http://undocs.org/A/RES/71/165>.
- 3 Based on estimate that 15 per cent of the world's population live with disability, as outlined in World Health Organisation (WHO), 2011. *World Report on Disability*. WHO, p. 29.
- 4 United Nations, General Assembly, *Transforming our world: the 2030 Agenda for Sustainable Development*.
- 5 United Nations Economic and Social Commission for Asia and the Pacific, 2012. *Incheon Strategy to 'Make the Right Real' for Persons with Disabilities in Asia and the Pacific*. United Nations, Bangkok. p. 2.
- 6 World Health Organisation, 2017. *Mental Disorders: Fact Sheet*. Available from <http://www.who.int/mediacentre/factsheets/fs396/en/>.
- 7 World Health Organisation, 2013. *Millions of people in the world have hearing loss that can be treated or prevented*. Available from <http://www.who.int/pbd/deafness/news/Millionslivewithhearingloss.pdf>.
- 8 World Health Organisation, 2014. *Visual impairment and blindness: Fact Sheet No. 282*. Available from <http://www.who.int/mediacentre/factsheets/fs282/en/>.
- 9 Seva Canada, 2012. *Gender and Blindness: Initiatives to Address Inequity*. p. 3.
- 10 PyeongChang Declaration, 2013. *Having All Voices Heard, Making Changes*. Available from http://www.specialolympics.org/uploadedFiles/News_and_Stories/Stories2013/World_Games_2013/pyeongchang%20declaration.pdf.
- 11 World Health Organisation Regional Office for South-East Asia, 2010. Factsheet on wheelchairs. Available from http://www.searo.who.int/entity/disabilities_injury_rehabilitation/wheelchair_factsheet.pdf.
- 12 Commonwealth of Australia, 2015. *Development for All 2015-2020: Strategy for strengthening disability-inclusive development in Australia's aid program*. DFAT, Canberra. p. 11.
- 13 Throughout this report, the lowercase 'deaf' will be used to denote the audiological experience of deafness, and to reflect the absence of Deaf culture and community experienced by many deaf people living in poverty.
- 14 United Nations, General Assembly, *Article 21, Convention on the Rights of Persons with Disabilities*, A/RES/61/106 (13 December 2006), available from <https://undocs.org/A/RES/61/106>.
- 15 United Nations, General Assembly, *Article 24, Convention on the Rights of Persons with Disabilities*.
- 16 United Nations, General Assembly, *Article 30, Convention on the Rights of Persons with Disabilities*.
- 17 World Federation of the Deaf, Human Rights. Available from <https://wfdeaf.org/our-work/human-rights-of-the-deaf/>.
- 18 Figure cited in international dollars.
- 19 World Health Organisation, 2017. *Global costs of unaddressed hearing loss and cost-effectiveness of interventions*. WHO, Geneva. p. 20.
- 20 United Nations, General Assembly, *Transforming our world: the 2030 Agenda for Sustainable Development*.
- 21 Pacific Islands Forum Secretariat, 2015. *2015 Pacific Regional MDGs Tracking Report*. p. 16
- 22 World Federation of the Deaf, 2016. *WFD Position Paper on the Language Rights of Deaf Children*. p. 2.
- 23 Jenkin E, Wilson E, Murfitt K, Clarke M, Campaign R, Stockman L, Caleb N, James K, Goulding M and Joel L. 2015. *The Human Rights Needs and Priorities of Children with Disability in Vanuatu: A final report from the 'Voices of Pacific children with disability: Identifying the needs and priorities of children with disability in Vanuatu and Papua New Guinea' research project*. Deakin University, Burwood. p. 6.

- 24 United Nations, General Assembly, *Article 12, Convention on the Rights of Persons with Disabilities*.
- 25 Inclusion International, 2006. *Hear Our Voices: A Global Report*. Available from <http://inclusion-international.org/wp-content/uploads/2013/07/Hear-Our-Voices-with-Covers.pdf>. p. 44.
- 26 Emerson E and Hatton C. 2014. *Health Inequalities and People with Intellectual Disabilities*. Cambridge University Press, Cambridge. p. 97.
- 27 Inclusion International, 2012. *Inclusive Communities = Stronger Communities – Global Report on Article 19: The Right to Live and Be Included in the Community*. Available from <http://inclusion-international.org/wp-content/uploads/2010/05/Global-Report-Living-Colour-dr2-2.pdf>. pp. 77-78.
- 28 Tavola H and Whippy N. 2010. *Pacific Children with Disabilities: A Report for UNICEF Pacific's 2010 Mid-Term Review*. UNICEF, Suva. p. 12.
- 29 Spratt J M. 2013. *A Deeper Silence: The Unheard Experiences of Women with Disabilities - Sexual and Reproductive Health and Violence Against Women in Kiribati, Solomon Islands and Tonga*. United Nations Population Fund Pacific Sub-Regional Office, Suva. p. 44.
- 30 Stubbs D and Tawake S. 2009. *Pacific Sisters with Disabilities: At the Intersection of Discrimination*. UNDP Pacific Centre, Suva. p. 18.
- 31 United Nations, General Assembly, *Transforming our world: the 2030 Agenda for Sustainable Development*.
- 32 Commonwealth of Australia, 2015. p. 11.
- 33 United Nations, General Assembly, *Article 14, Convention on the Rights of Persons with Disabilities*.
- 34 United Nations, General Assembly, *Article 15, Convention on the Rights of Persons with Disabilities*.
- 35 United Nations, General Assembly, *Article 17, Convention on the Rights of Persons with Disabilities*.
- 36 United Nations, General Assembly, *Article 19, Convention on the Rights of Persons with Disabilities*.
- 37 United Nations, General Assembly, *Article 25, Convention on the Rights of Persons with Disabilities*.
- 38 World Health Organization, 2010. *UN(DESA)-WHO Policy Analysis – Mental Health and Development: Integrating Mental Health into All Development Efforts including MDGs*. Accessed from http://www.who.int/mental_health/policy/mhtargeting/mh_policyanalysis_who_undesa.pdf.
- 39 World Health Organisation, 2012. *WHO Quality Rights Tool Kit: Assessing and Improving Quality and Human Rights in Mental Health and Social Care Facilities*. WHO, Geneva. p. 1.
- 40 Commonwealth of Australia, 2015. p. 16.
- 41 World Health Organisation, 2011. *Global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level*. Accessed from http://apps.who.int/gb/ebwha/pdf_files/EB130/B130_9-en.pdf.
- 42 Ministry of Health. 2008. *Pacific Peoples and Mental Health: A paper for the Pacific Health and Disability Action Plan review*. New Zealand Government, Wellington. p. 2.
- 43 Drew N, Funk M, Tang S, Lamichane J, Chavez E, Katontoka S, Pathare S, Lewis O, Gostin L, Saraceno B. 2011. 'Human rights violations of people with mental and psychosocial disability: an unresolved global crisis'. *The Lancet*, volume 378 , issue 9803.
- 44 Pacific Islands Forum Secretariat. p. 103.
- 45 United Nations, General Assembly, *Preamble, Convention on the Rights of Persons with Disabilities*.
- 46 Fellingner J, Holzinger D and Pollard R. March 2012. 'The mental health of Deaf people'. *The Lancet*, volume 379, issue 9820.

- 47 CBM International. *Inclusion Made Easy in Eye Health Programs: Disability Inclusive Practices for Strengthening Comprehensive Eye Care*. Available from http://www.cbm.org/article/downloads/54741/Inclusion_in_Eye_Health_Guide.pdf.
- 48 Australian Institute of Health and Welfare. 2009. *Disability in Australia: Multiple Disabilities and Need for Assistance*. AIHW, Canberra. p. v.
- 49 Netværk Øst for Praksisledere, 2015. *Congenital Deaf-Blindness: In Light of the UN's Convention on the Rights of Persons with Disabilities, Article 3*. Available from <http://www.deafblindinternational.org/PDF/UN%20Convention%20on%20Rights.pdf>.
- 50 Jenkin E, Wilson E, Murfitt K, Clarke M, Campain R, Stockman L, Leanave I, Neras L N, Hahambu B, Wasape P, McSivvi Z, Powaseu I and Hagarty C. 2015. *The Human Rights Needs and Priorities of Children with Disability in Papua New Guinea: A final report from the 'Voices of Pacific children with disability: Identifying the needs and priorities of children with disability in Vanuatu and Papua New Guinea' research project*. Deakin University, Burwood. p. 2.
- 51 Stubbs D and Tawake S. p. 73.

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