

**Economic and Social Commission for Asia and the Pacific**

High-level Intergovernmental Meeting on the Midpoint Review of the
Asian and Pacific Decade of Persons with Disabilities, 2013-2022

Beijing, 27 November-1 December 2017
Items 3 and 4 of the provisional agenda**

**Review of progress in implementing the Incheon Strategy
to “Make the Right Real” for Persons with Disabilities in
Asia and the Pacific**

**Generating reliable and comparable data to promote
disability-inclusive development**

**Midpoint review of the implementation of the Incheon
Strategy to “Make the Right Real” for Persons with
Disabilities in Asia and the Pacific**

Note by the secretariat

Summary

Since 2013, the Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific has been a useful tool to support disability-inclusive development, which is an essential piece of the 2030 Agenda for Sustainable Development. The present document provides a summary of the midpoint review of the implementation of the Incheon Strategy, drawing mainly on the survey recently conducted by the Economic and Social Commission for Asia and the Pacific (ESCAP). The document provides highlights of areas of progress and good practices, as well as areas for improvement during the remaining five years of the Asian and Pacific Decade of Persons with Disabilities, 2013-2022.

The survey results are the world’s first regional baseline data on disability-inclusive development. The data demonstrate that persons with disabilities face multiple barriers to social and economic participation, including in decision-making processes and in accessing key development opportunities. One persistent challenge is the lack of comparable and reliable statistics, which are needed to measure any progress on or outcomes of disability-inclusive development.

The findings of the midpoint review will inform the policy dialogue on critical measures to accelerate the implementation of the Incheon Strategy for 2018 to 2022 and support the achievement of the 2030 Agenda and the Sustainable Development Goals.

* Reissued for technical reasons on 13 November 2017.

** E/ESCAP/APDDP(4)/L.1/Rev.1.

I. Introduction

1. The Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific, endorsed by the Commission in its resolution 69/13, provides the Asia and Pacific region, and the world, with the first regionally agreed disability-specific development goals. Building on the Convention on the Rights of Persons with Disabilities,¹ the Incheon Strategy promotes a rights-based and evidence-based approach to disability-inclusive development and contains 10 goals, 27 targets and 62 indicators.

2. Disability-inclusive development is supported by the post-2015 development agenda. The pledge in the 2030 Agenda for Sustainable Development to leave no one behind is a recognition of the fact that persons with disabilities as a group are at risk of being left behind in the development process. Five Sustainable Development Goals, covering education, decent work, reduced inequalities, sustainable cities and communities, and partnerships, have targets referring directly to persons with disabilities. Moreover, five additional Goals, covering poverty reduction; peace and justice; industry, innovation and infrastructure; good health and well-being; and climate action, are implicitly linked to disability.²

3. Against this background, the High-level Intergovernmental Meeting on the Midpoint Review of the Asian and Pacific Decade of Persons with Disabilities, 2013-2022, will take stock of the achievements, challenges and lessons learned over the first half of the Decade and reflect on practical and effective ways to accelerate the implementation of the Incheon Strategy for the remainder of the Decade.

4. In the lead-up to the High-level Intergovernmental Meeting, a regional survey was conducted from October 2016 to April 2017 to collect data and information from governments, civil society organizations, international organizations and development agencies on their efforts to promote disability-inclusive development in Asia and the Pacific. The present document provides a summary of the findings from the government survey as well as a brief review of the intersectionality of issues affecting persons with disabilities and current demographic trends and an overview of the mandates that promote disability-inclusive development. The present document contains background information for the discussions at the High-level Meeting and can be used to inform the draft Beijing declaration and action plan to accelerate the implementation of the Incheon Strategy for the remaining years of the Decade.

II. Persons with disabilities in the context of demographic changes

5. In Asia and the Pacific, an estimated 690 million people, or 15 per cent of the population, live with some form of disability.³ As defined in the Convention on the Rights of Persons with Disabilities, disability is the result of the interaction between long-term physical, mental, intellectual or sensory impairments and barriers in the environment.⁴ Various factors can affect the occurrence of impairment, including population ageing, non-communicable

¹ United Nations, *Treaty Series*, vol. 2515, No. 44910.

² More information on the linkages can be found in E/ESCAP/APDDP(4)/INF/1.

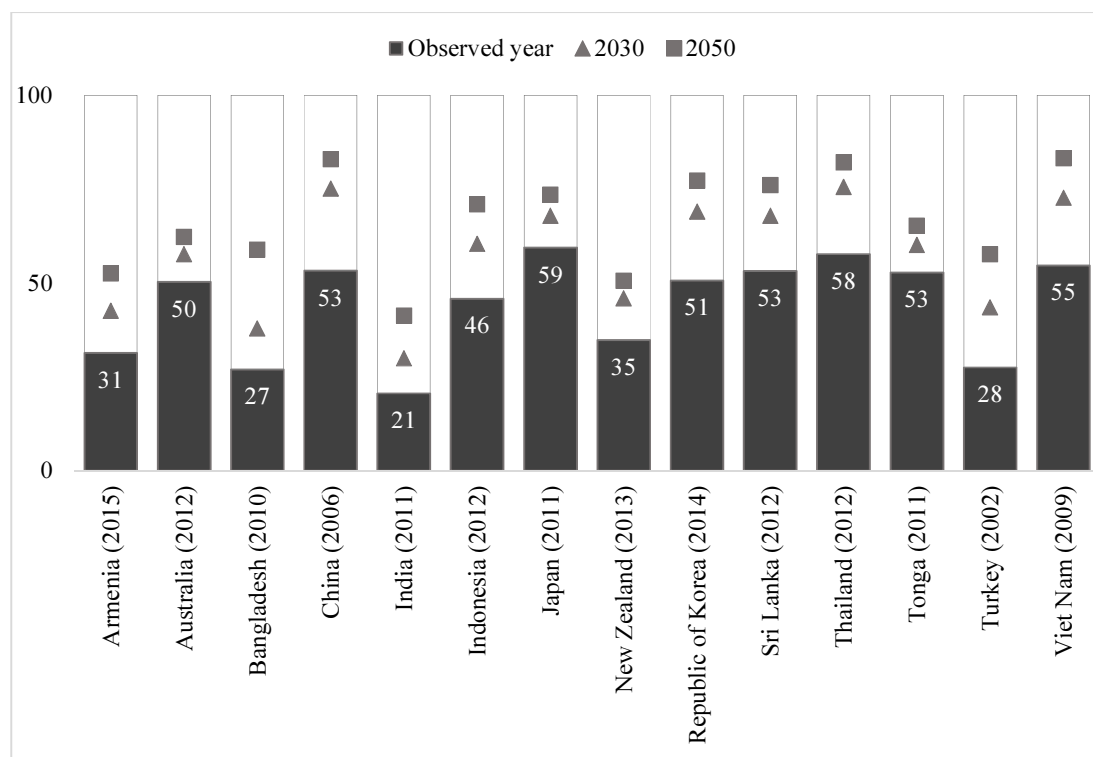
³ World Health Organization and World Bank, *World Report on Disability* (Geneva, World Health Organization, 2011).

⁴ United Nations, *Treaty Series*, vol. 2515, No. 44910, Article 1.

diseases, road traffic accidents, and disaster and humanitarian emergencies, among others, while medical advances serve to improve health and well-being, and extend lifespans. Barriers include poverty, the lack of accessible infrastructure, information and services, and prejudices and discriminatory attitudes against person with disabilities.

6. The interplay between disability and population aging warrants particular attention given current and projected demographic trends. Body functions often decline with age, and in many Asian and Pacific countries, more than half of persons with disabilities are older than 60 years. Moreover, the number of older persons with disabilities in the region is expected to increase over the coming decades, the result of the combined effects of population ageing and the higher prevalence of disability among older persons (figure I).

Figure I
Proportion of older persons with disabilities, observed year and projections for 2030 and 2050, selected countries
(Percentage)



Source: Economic and Social Commission for Asia and the Pacific (ESCAP) calculations based on United Nations, World Population Prospects: The 2017 Revision (available from <https://esa.un.org/unpd/wpp/>), and disability data from *Disability at a Glance 2015: Strengthening Employment Prospects for Persons with Disabilities in Asia and the Pacific* (United Nations publication, Sales No. E.16.II.F.4).

Note: Most countries in the figure consider older persons to be those 60 and older, while the following use different ages: Armenia, 63; Bangladesh, Japan and New Zealand, 65.

7. Given unprecedented population ageing combined with lower fertility rates, there will be increased pressure on the working-age population to support non-working groups, including older persons with disabilities. The old-age support ratio in Asia and the Pacific is expected to more than double between

2015 and 2050. In 2015, every 100 persons of working-age supported 12 persons aged 65 and older; by 2050, those 100 persons will have to support 29 persons aged 65 and older.⁵

8. Improved utilization of the potentially productive capacities of working-age persons with disabilities may benefit governments by reducing their expenditures on cash transfer programmes for persons with disabilities and filling projected labour shortages. The full and effective participation of persons with disabilities in the workforce could boost gross domestic product growth by between 1 and 7 per cent.⁶

III. The Commission's midpoint survey: overview and methodology

9. The Commission's midpoint survey was conducted separately for (a) governments; (b) civil society organizations; and (c) international organizations and development agencies. The present document addresses the responses provided by governments; a separate document contains the analysis of the responses obtained from civil society, international organizations and development agencies.⁷

10. The government survey examines institutional set-up, policy and legal environments, and national programmes, together with the Incheon Strategy goals by indicator.

11. A total of 35 ESCAP member States and associate members (60 per cent) responded to the survey:⁸

(a) **East and North-East Asia.** China; Hong Kong, China; Japan; Macao, China; Mongolia; and Republic of Korea;

(b) **North and Central Asia.** Armenia; Azerbaijan; Georgia; Kyrgyzstan; and Russian Federation;

(c) **Pacific.** Fiji; Micronesia (Federated States of); Nauru; New Caledonia; Palau; Samoa; Tonga; and Vanuatu;

(d) **South and South-West Asia.** Afghanistan; Bangladesh; Bhutan; India; Iran (Islamic Republic of); Pakistan; and Turkey;

(e) **South-East Asia.** Brunei Darussalam; Cambodia; Indonesia; Malaysia; Philippines; Singapore; Thailand; Timor-Leste; and Viet Nam.

These countries and areas constitute 95 per cent of the total population of the Asia-Pacific region.

⁵ ESCAP calculations based on United Nations, World Population Prospects: The 2017 Revision. Available from <https://esa.un.org/unpd/wpp/>.

⁶ *Disability at a Glance 2015: Strengthening Employment Prospects for Persons with Disabilities in Asia and the Pacific* (United Nations publication, Sales No. E.16.II.F.4).

⁷ E/ESCAP/APDDP(4)/2.

⁸ The present document addresses responses received by the end of April 2017; Brunei Darussalam is not included in the analysis in the current report. The non-regional members of ESCAP (France, the Netherlands, the United Kingdom of Great Britain and Northern Ireland and the United States of America) were not included in the survey.

12. Governments that provided incomplete responses to the survey are treated as not having responded to those specific components. Non-responding governments are not included in this review aside from prevalence data.

13. The difference in methods of quantifying persons with disabilities and in measuring accessibility across the region limits the analysis and reporting of regional-level statistics such as averages. In such cases, ranges are provided to indicate the scope of the responses, and limitations of other statistics are acknowledged.

IV. Key findings of the survey

14. None of the 34 responding governments established a full baseline, requiring 30 indicators, and 20 reported on fewer than half of the indicators, indicating challenges in data collection and coordination within a government. While taking into account this limitation, this section provides highlights of accomplishments, challenges and gaps. The following section will further expand on the analysis of each indicator.

15. Main findings:

(a) **Ratification of the Convention on the Rights of Persons with Disabilities in the region is on track.** Since the adoption of the Incheon Strategy, 10 more countries became States parties to the Convention, by 2015, indicating the early achievement of target 9.A. The total number of parties was 43 as of 8 August 2017. However, only 12 Governments have adopted disability-specific anti-discrimination laws, a key marker of the harmonization of domestic legislation with the Convention;

(b) **An enabling legal and policy environment has been created to promote the rights of persons with disabilities.** A total of 15 responding governments have adopted at least one new disability-specific law, while 11 adopted at least one new disability-specific national action plan, bringing the number of governments with disability-specific legal and policy measures to 27. Twenty governments have mainstreamed disability issues into other sectoral laws and action plans: 11 with new laws and 7 with new action plans since the beginning of the Decade. Mainstreamed policies tend to focus on sectors such as health care and employment;

(c) **A greater proportion of persons with disabilities live in poverty compared to the overall population in all reporting countries and areas.** The difference in the poverty headcount ratio between persons with disabilities and the overall population ranges from 3.9 to 20.6 percent;

(d) **With the exception of a few countries and areas, persons with disabilities are two to six times less likely to be employed compared to the overall population;**

(e) **Persons with disabilities have limited access to vocational training opportunities.** The average proportion of participants with disabilities in government-funded vocational training is as low as 3.4 per cent of all persons trained;

(f) **Persons with disabilities are nearly invisible in national legislative bodies.** The likelihood of persons with disabilities being a member of a national legislative body is very low, with representation in national parliaments averaging 0.4 per cent. In some countries and areas, persons with disabilities have never held seats within parliament;

(g) **National efforts to ensure accessibility tend to focus on certain types of disabilities.** Measures taken by governments to ensure accessibility do not encompass the accessibility concerns of all persons with disabilities, often focusing on the needs of wheelchair users. Furthermore, the comprehensiveness of technical accessibility standards is unclear, and most governments lack national strategies to enhance built environments, public transportation, and information and communication services in line with international standards on accessibility;

(h) **Social protection measures do not adequately cover the needs of persons with disabilities.** In some countries, only one third of persons with disabilities are covered by government-supported health-care, cash transfer or other benefit programmes. Narrow eligibility criteria may not account for the diversity of persons with disabilities;

(i) **Early childhood intervention does not reach children with disabilities who are most in need.** Between 12.6 to 63.5 per cent of children with disabilities have access to early intervention services;

(j) **Women with disabilities face additional discrimination compared to men with disabilities.** The ratio of male to female parliamentarians with disabilities in the region is approximately three to one. Furthermore, women with disabilities experience greater discrimination in the labour market in nine responding countries and areas due to their gender and disability;

(k) **Differing concepts of disability as well as approaches and methods to data collection inhibit intercountry comparability of disability data, including prevalence.** Governments utilized new data collection methods and modules and updated existing data; nine governments use a disability module in the population census as the key source for collecting disability data for the first time. Disability prevalence across the Asia-Pacific region ranges from 1.1 to 24 per cent, with a population-weighted average of 5 per cent, in contrast to the global disability prevalence of 15.3 per cent. These varying approaches must be considered in the comparison of indicators that use population statistics.

V. The baseline data on the Incheon Strategy

16. This section will expand on the analysis of each indicator. The following review of the implementation of the Incheon Strategy is presented by indicator within each goal, and additional information is provided on programmes and efforts, where relevant.

Goal 1. Reduce poverty and enhance work and employment prospects

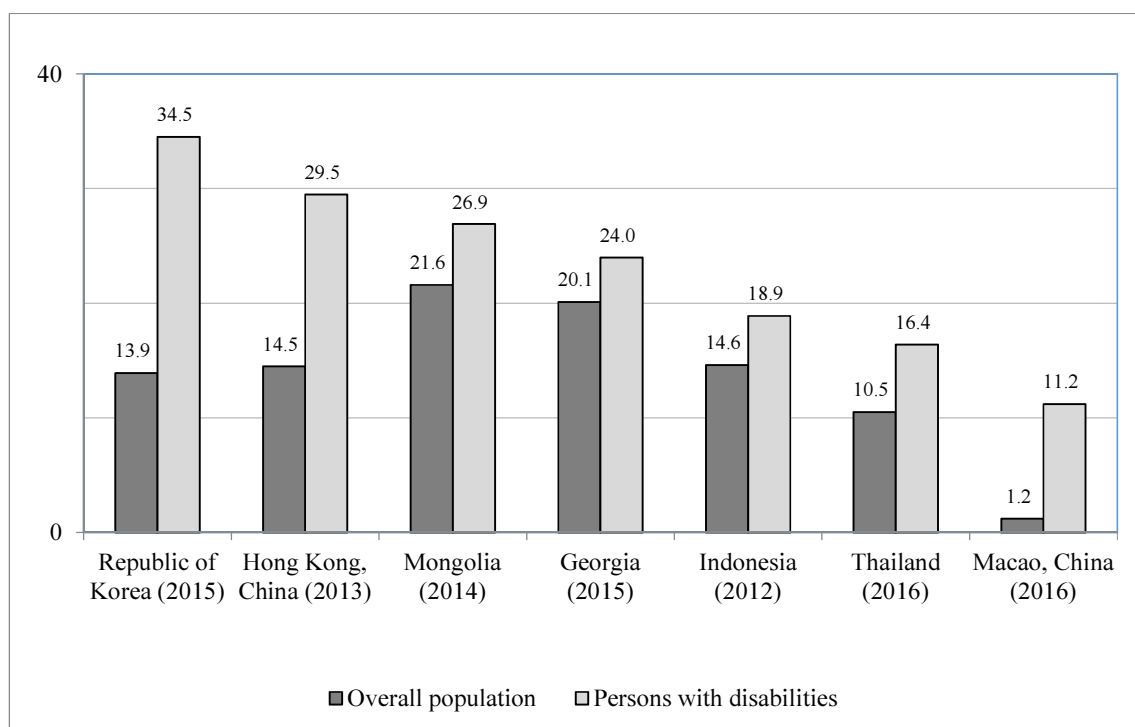
Indicator 1.1

17. A total of 10 governments (29 per cent of respondents) reported on poverty among persons with disabilities. Three (Republic of Korea, Thailand and Vanuatu) submitted data on persons with disabilities living below the \$1.25 per day international poverty line. As the Republic of Korea was the only respondent to provide information on the proportion of persons with disabilities compared to the overall population, a regional average cannot be calculated.

18. Nine governments, (China; Georgia; Hong Kong, China; Indonesia; Macao, China; Mongolia; Republic of Korea; Thailand; and Turkey) submitted data on persons with disabilities living below the national poverty line. The reported data are based on household surveys (five) and administrative sources (four).⁹

19. According to the available data, the difference in the proportion of persons living in poverty between those with disabilities and the overall population ranges between countries and areas from 3.9 to 20.6 percent (figure II).¹⁰

Figure II
Proportion of persons living under the national poverty line, by country or area and disability status
(Percentage)



Indicator 1.2

20. A total of 19 governments (56 per cent of respondents) reported on the employment of persons with disabilities, utilizing sources such as population censuses (nine), labour force surveys (three), disability-dedicated surveys (three) and administrative sources (three).

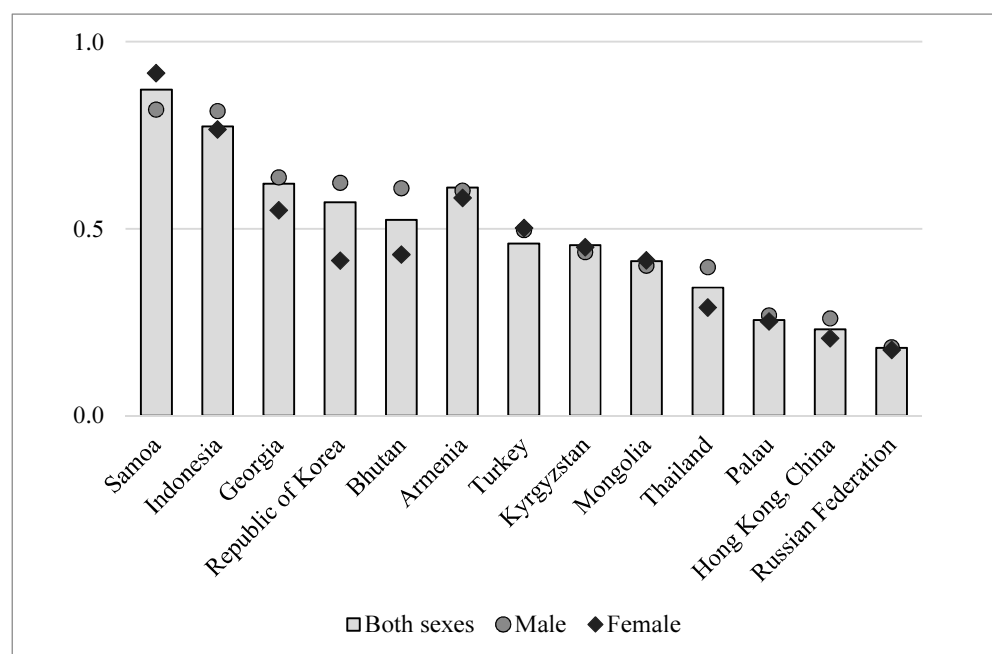
21. The findings indicate that persons with disabilities have lower employment rates than persons without disabilities, except in three countries (Federated States of Micronesia, Timor-Leste and Tonga). Inequality in employment, expressed as the ratio of employment rates of persons with disabilities to the overall population, varies from 0.18 to 0.87 and averages 0.50.

⁹ The number in parentheses indicates the number of governments that reported using the stated data collection method. The same applies to forthcoming paragraphs.

¹⁰ Unless otherwise indicated, the figures are based on the findings from the ESCAP survey on the midpoint review of the Asian and Pacific Decade of Persons with Disabilities, 2013-2022.

22. This inequality tends to be greater among women: nine responding countries and areas reported greater inequality between women with disabilities and the overall female population, while only four reported greater inequality among men. Employment gaps between the two population groups range from 8.1 to 56.6 per cent (figure III).

Figure III
Employment inequality between persons with disabilities and the overall population, by gender
 (0=perfect inequality; 1=perfect equality)



Indicator 1.3

23. A total of 15 governments (44 per cent of respondents) reported on the participation of persons with disabilities in government-funded vocational training and employment-support programmes. The data were drawn from administrative sources for most countries and areas, except three (Federated States of Micronesia, Japan and Nauru), which collected the data either from population censuses or surveys. The proportion of persons with disabilities participating in government-funded vocational training programmes ranges from 0.1 to 72.5 per cent, with an average of 3.4 per cent. It should be noted that this variation may result from government strategies regarding whether vocational training is disability-specific or disability-inclusive.

24. Governments have set up a variety of job creation programmes and services, such as job coaching, job fairs, skills training, subsidies for employers, and quota systems for the public and private sectors.

Goal 2. Promote participation in political processes and in decision-making

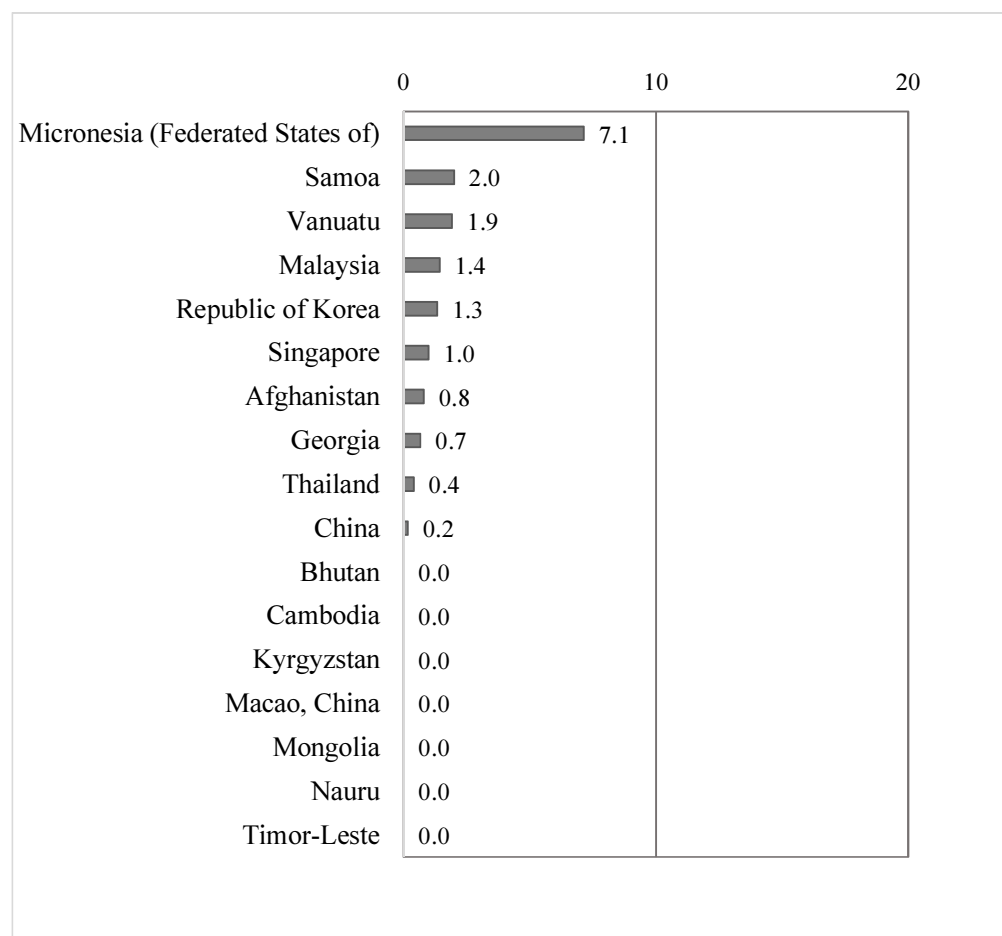
Indicator 2.1

25. A total of 17 governments (50 per cent of respondents) submitted data on persons with disabilities in national parliaments.¹¹ Persons with disabilities were identified by administrative records (seven), observation (four), self-identification (three), phone call surveys (one) or medical tests (one).

26. The representation of persons with disabilities in national parliaments ranges from 0 to 7.1 per cent, with a regional average of 0.4 per cent. Seven governments reported no representation of persons with disabilities in their legislature, and six reported that the proportion of seats held by persons with disabilities in their parliaments was equal to or greater than 1 per cent (figure IV).

Figure IV

Proportion of legislators with disabilities, by country or area (Percentage)



¹¹ For those with bicameral legislatures, data on both upper and lower houses were submitted to the extent possible.

Indicator 2.2

27. A total of 17 governments (50 per cent of respondents) provided information on representation of organizations of and for persons with disabilities in the national coordination mechanism on disability, identified by administrative records (10), medical tests (3), self-identification (2) or face-to-face interview (1).

28. The representation of disability groups in the national coordination mechanism ranges from 0 to 85.7 per cent, with a regional average of 25 per cent. Two governments reported no representation, and five Governments (Federated States of Micronesia, Georgia, Japan, Malaysia and Republic of Korea) reported representation equal to and greater than 50 per cent.

Indicator 2.3

29. A total of 12 governments (35 per cent of respondents) submitted data on representation of persons with disabilities in the national machinery for gender equality and women's empowerment, identified by administrative records (six), medical tests (three), self-identification (one) or interview-cum-observation (one).

30. The proportion of those represented in the national machinery for gender equality and women's empowerment who are persons with disabilities ranges from 0 to 20 per cent. Six governments reported no representation of persons with disabilities, and two, Nauru and Thailand, reported a representation of 20 and 12.5 per cent, respectively.

Indicator 2.4

31. A total of 16 governments (47 per cent of respondents) provided information on accessible polling stations in their national capitals; 8 reported conducting accessibility audits of polling stations, and 12 reported having national accessibility standards for polling stations.

32. A total of 59.8 per cent of polling stations in national capitals of the respondents are considered accessible, though individual reported proportions range from 0 to 100 per cent. Some governments, including those without formal accessibility standards, meet limited and minimum accessibility requirements at polling stations, such as physical access for wheelchair users.

33. To enhance the political participation of persons with disabilities, measures have been taken in several countries and areas. For example, Georgia provides adapted websites, tactile ballot guides, magnifying sheets, mobile ballot boxes and physical space upgrades to enhance accessibility.

Goal 3. Enhance access to the physical environment, public transportation, knowledge, information and communication**Indicator 3.1**

34. Of the 19 governments that reported having national accessibility standards that applied to government buildings, the standards in 10 countries and areas address only the accessibility of the built environment, focusing on the needs of wheelchair users. A total of 13 governments (38 per cent of respondents) provided information on the proportion of accessible government buildings in their national capitals; of those, 8 reported on accessibility audits conducted on government buildings.

35. A total of 66.5 per cent of government buildings across the region are considered accessible, with the proportion of accessibility in the countries and areas ranging from 0 to 100 per cent.

Indicator 3.2

36. A total of 20 governments (59 per cent of respondents) submitted data on the accessibility of international airports. While 19 governments reported having national accessibility standards for international airports, only 12 conducted accessibility audits and 10 reported the proportion of international airports considered accessible. The proportion of accessibility of international airports in those 10 countries and areas ranges from 0 to 100 per cent, with a regional average of 70.6 per cent of international airports considered accessible.

Indicator 3.3

37. A total of 10 governments (29 per cent of respondents) reported on daily captioning and/or sign-language interpretation of public television news programmes. Regarding data collection, China and Macao, China conducted audits of broadcasts, while other respondents consulted the reports of stations and/or broadcasters.

38. The proportion of the broadcast time of public television news programmes with accessibility provisions ranges from 0 to 100 per cent. The average time such provisions are offered is 36.9 per cent of the time. Captioning was reported as the main method of providing accessibility, compared to sign language interpretation.

Indicator 3.4

39. A total of nine governments (26 per cent of respondents) provided information on the accessibility of public websites. China, India, the Republic of Korea and Thailand reported conducting accessibility audits on public websites based on pre-established technical guidelines that meet international accessibility standards such as the Web Content Accessibility Guidelines 2.0.

40. A total of 40.1 per cent of public websites are considered accessible. The accessibility of public websites ranges from 3.4 per cent to 100 per cent for the respondents. The Russian Federation and Thailand both reported that 100 per cent of their public documents are accessible and usable.

41. A total of 23 governments have created programmes to enhance the accessibility of the physical environment, public transportation, and information and communications technology. In Singapore, the Government has put in place a programme to promote the concept of universal design in government buildings as well as in buildings in the main shopping areas to make them barrier free. The Accessible India Campaign conducts time-sensitive initiatives to ensure that public websites, documents and television news meet accessibility standards. In addition, some governments, including those of Bhutan, the Philippines and Samoa, reported programmes involving the provision of assistive devices to persons with disabilities.

42. Observation of the data and information provided for the accessibility-related indicators under this goal and goals 2 (indicator 2.4) and 7 (indicator 7.3) indicate that a government's accessibility standards may not be underpinned by uniform principles and criteria and may vary in their content and application across different sectors.

Indicator 3.5

43. A total of 14 governments (41 per cent of respondents) provided information on persons with disabilities who need and use assistive devices. Indonesia, the Republic of Korea, the Russian Federation and Thailand used disability-specific or socioeconomic surveys, while other governments used administrative registers to collect the data. Administrative sources may only count persons with disabilities under specific support schemes. The proportion of persons with disabilities using assistive devices ranges between 17.6 and 100 per cent, with a regional average of 62.8 per cent of persons with disabilities who need assistive devices having access to them.

Goal 4. Strengthen social protection

Indicator 4.1

44. A total of 10 governments (29 per cent of respondents) provided information on persons with disabilities who use government-supported health-care programmes. Four of those (Georgia, Indonesia, New Caledonia and Thailand) provided the proportion of use compared to the general population, based on either administrative records of the ministry of health, labour or social services or a disability or socioeconomic survey. The proportion of health-care utilization ranges from 38.1 to 100 per cent.

Indicator 4.2

45. A total of 20 governments (59 per cent of respondents) reported on persons with disabilities who are in government-funded social protection programmes. The governments used administrative records of the ministry of labour or social welfare, except Indonesia, which collected information from a survey. The proportion of persons with disabilities who are in government-funded social protection programmes in eight countries and areas ranges from 28.4 to 100 per cent; the average across these responding countries and areas is 61.2 per cent.

Indicator 4.3

46. A total of 22 governments (65 per cent of respondents) reported funding services and programmes, including personal assistance and peer counselling, to enable persons with disabilities to live independently in the community. The number of services or programmes ranges from 1 to 16 per government.

47. A total of 27 governments reported having national programmes that strengthen social protection for persons with disabilities. Some of these programmes involved insurance schemes, while others related to the provision of free health services, transportation, food or legal aid. Recipients include children and women with disabilities, and the programmes cover home care, rehabilitation, education, work injury compensation and pensions, among other issues. For example, Bangladesh offers community-based integrated disability service centres as well as mobile vans to increase access to counselling, diagnostic and treatment services.

Goal 5. Expand early intervention and education of children with disabilities

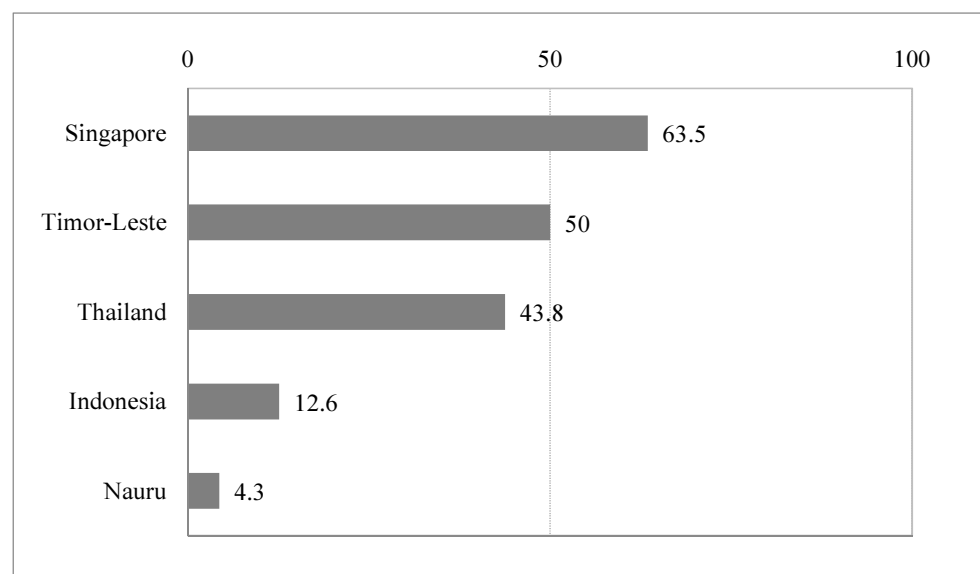
Indicator 5.1

48. A total of 16 governments (47 per cent of respondents) provided information on children with disabilities receiving early childhood intervention, based on administrative records of the ministry of health, education or social services, except the Governments of Indonesia, Nauru and Palau which collected information from population censuses or surveys. Of the total respondents, five reported an estimated number (figure V). A total of 445,836 children have received early childhood intervention in the region.

49. A total of 23 governments (68 per cent of respondents) reported funding early childhood intervention services, with 1 to 10 services per country or area. The majority focus on rehabilitation services, including physiotherapy, occupational therapy, and speech and language support, among others.

Figure V

Proportion of children with disabilities receiving early childhood intervention (Percentage)



Indicators 5.2 and 5.3

50. A total of 28 governments (82 per cent of respondents) submitted information on the number of children with disabilities in primary education in mainstream and special schools.

51. A total of 24 governments (71 per cent of respondents) submitted information on the number of children with disabilities enrolled in secondary education in mainstream and special schools.

52. For indicators 5.2 and 5.3, most governments provided data from administrative records of their ministry of education, though for three countries (Indonesia, Nauru and Palau), the data is drawn from population censuses. Many responding governments were unable to estimate the enrolment rate due to the lack of data on children with disabilities of primary and secondary school ages.

Goal 6. Ensure gender equality and women's empowerment**Indicator 6.1**

53. Of the 14 governments that reported having national action plans on gender equality and women's empowerment, 12 indicated that their plan promoted the participation of women and girls with disabilities.

Indicator 6.2

54. A total of 17 governments (50 per cent of respondents) submitted gender-disaggregated data on persons with disabilities in national parliaments; of those, 14 reported zero representation of women with disabilities in their legislatures. Only Afghanistan, China, Malaysia and Singapore reported any representation of women with disabilities in their national parliaments.

Indicator 6.3

55. Only one country (Indonesia) provided information on the proportion of girls and women with disabilities who access sexual and reproductive health services provided by the Government and civil society, compared to women and girls without disabilities. Indonesia reported that 45.7 per cent of married women with disabilities use contraceptives and 35.2 per cent of married women with disabilities have unmet needs for family planning, compared to 58.4 and 21.8 per cent of women without disabilities, respectively.

Indicator 6.4

56. Of the 17 governments (50 per cent of respondents) that reported on government programmes aimed at eliminating gender-based violence, including sexual abuse and exploitation, 5 (India, Kyrgyzstan, Mongolia, Russian Federation and Thailand) reported 15 programmes that specifically mention women and girls with disabilities. Those programmes include campaigns, legal education, training and other prevention efforts.

Indicator 6.5

57. Of the 14 governments (44 per cent of respondents) that reported on government programmes that provide care and support, including rehabilitation, to women and girls who are victims of any form of violence and abuse, four (Georgia; Macao, China; Thailand; and Timor-Leste) reported nine programmes that mention women and girls with disabilities specifically.

58. National programmes in many countries and areas address the concerns of women and girls with disabilities who are victims of any form of violence and abuse. They provide first aid, relief care, rehabilitation and guidance for reporting.

Goal 7. Ensure disability-inclusive disaster risk reduction and management**Indicator 7.1**

59. Of the 12 governments (35 per cent of respondents) that reported having national disaster risk reduction plans, seven (Bhutan, Georgia, Japan, Pakistan, Republic of Korea, Russian Federation and Singapore) indicated that their plans are disability inclusive. Most action plans were adopted in 2013 or later.

Indicator 7.2

60. Eight governments (Bhutan, Mongolia, Pakistan, Philippines, Republic of Korea, Russian Federation, Thailand and Turkey) reported that their training programmes for disaster rescue workers were disability inclusive. The Governments of Bhutan, Mongolia and Thailand reported a total of at least 5,036 workers who received disability-inclusive disaster response training, including disaster-related government staff, public health personnel, disaster health-care workers, fire and rescue workers, police, military and others.

Indicator 7.3

61. A total of five governments (15 per cent of respondents) reported on the accessibility of emergency relief sites and shelters (Georgia; Macao, China; Micronesia (Federated States of); Republic of Korea; and Singapore). The data are collected from accessibility audits (Macao, China; and Singapore), survey (Republic of Korea) and administrative sources (Georgia). Nine governments reported having national accessibility standards that applied to emergency shelters and disaster relief sites, with most governments addressing only physical accessibility, targeted mainly at wheelchair users. The proportion of accessible shelters and relief sites among these countries and areas ranges from 0 to 100 per cent.

62. A total of 18 governments reported having national programmes to promote disability-inclusive disaster risk reduction and management. Only Mongolia and Timor-Leste reported programmes on increasing public awareness of the needs of persons with disabilities during disasters as well as on building capacity among disaster relief workers.

Goal 8. Improve the reliability and comparability of disability data**Indicator 8.1**

63. Disability prevalence data have been compiled for 57 countries and areas, based on government estimates as reported for the survey and from other sources for the non-responding governments. Prevalence across the Asia-Pacific region ranges from 1.1 to 24 per cent, with a population-weighted average of 5 per cent, in contrast to the global disability prevalence of 15.3 per cent. The prevalence of disability by country or area is conveyed in figure VI, which shows the wide range of prevalence across the region.

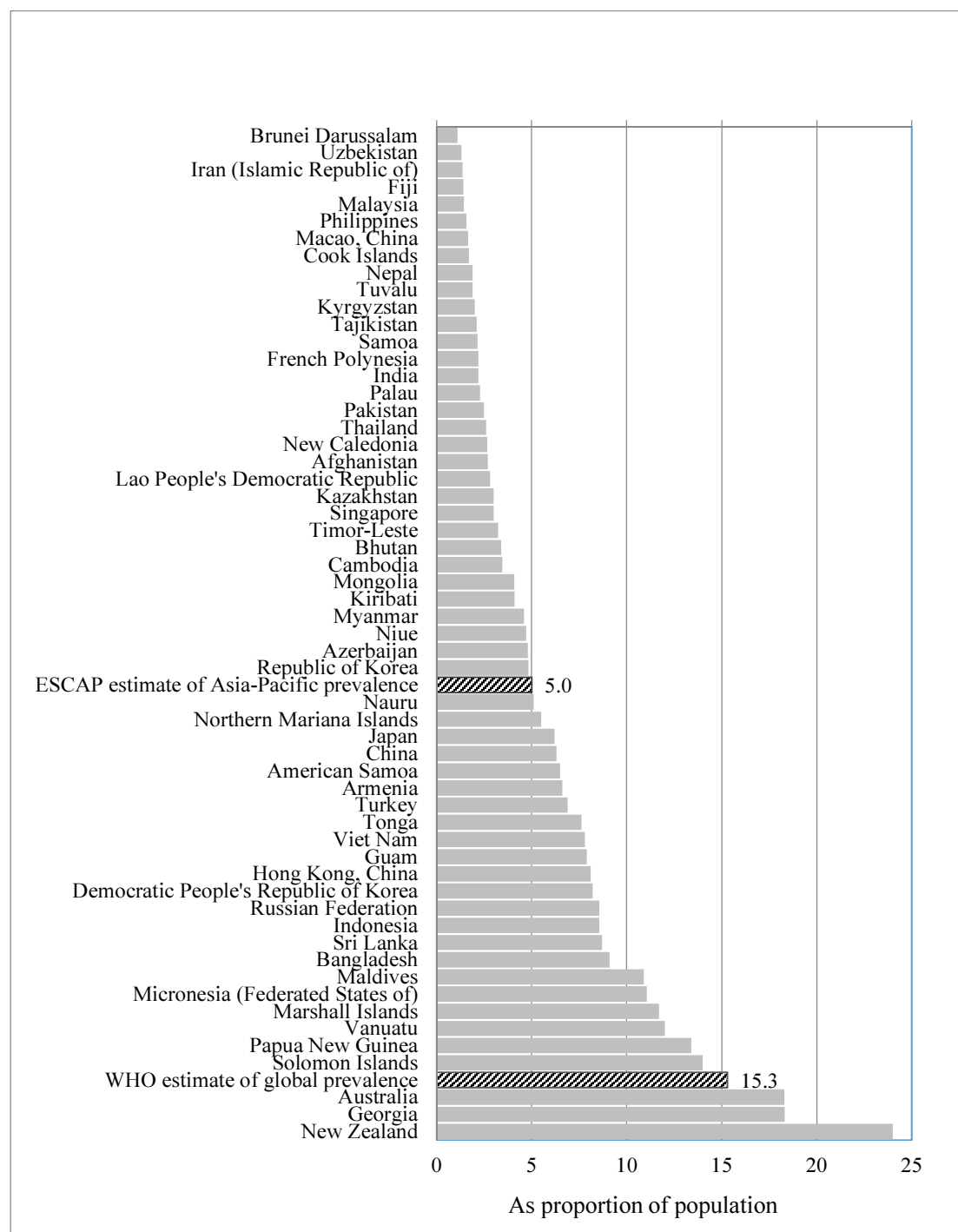
64. The variation in prevalence may be due to inconsistent concepts of disability and methods of data collection, which result in a lack of comparability of disability data between countries and areas. As well, the purposes of data collection may vary. For example, segments of the population with functional difficulties may be identified in order to inform policy development across various sectors, such as urban planning or infrastructure development. Or, data may be collected to identify members of a group for a specific outcome, such as recipients of a prescribed set of social protection services.

65. Nonetheless, many governments are making progress in increasing the comparability and reliability of disability data by incorporating question sets based on the International Classification of Functioning, Disability and Health into various data collection methods, including censuses (eight governments), surveys (eight governments) and administrative sources (one government). Moreover, since 2012, nine governments collected disability data for the first time. Furthermore, 28 governments have updated their prevalence data since

2012; 15 used population censuses, 8 used surveys and 5 used administrative sources.

66. Disability prevalence data is generally disaggregated by age, sex and type of impairment. An urban or rural parameter has also been used by 17 governments to study the location-based frequency of disability.

Figure VI
Disability prevalence in Asia-Pacific countries and areas
 (Percentage)



Abbreviations: ESCAP, Economic and Social Commission for Asia and the Pacific; WHO, World Health Organization.

Indicator 8.2

67. Of the 41 core indicators in the Incheon Strategy, governments are required to monitor 23 outcome indicators and 7 policy indicators.¹² The other indicators are to be monitored by ESCAP. Although no government has established a full data set for these 30 core indicators, six governments (Georgia; Hong Kong, China; Mongolia; Nauru; Republic of Korea; and Thailand) have established baseline data for more than 20. A total of 14 governments (41 per cent of respondents) have established baseline data for at least half of the indicators (table 1); they report most frequently on indicator 5.2 and least frequently on indicator 6.3 (figure VII).

Table 1

Availability of baseline data for 30 core indicators

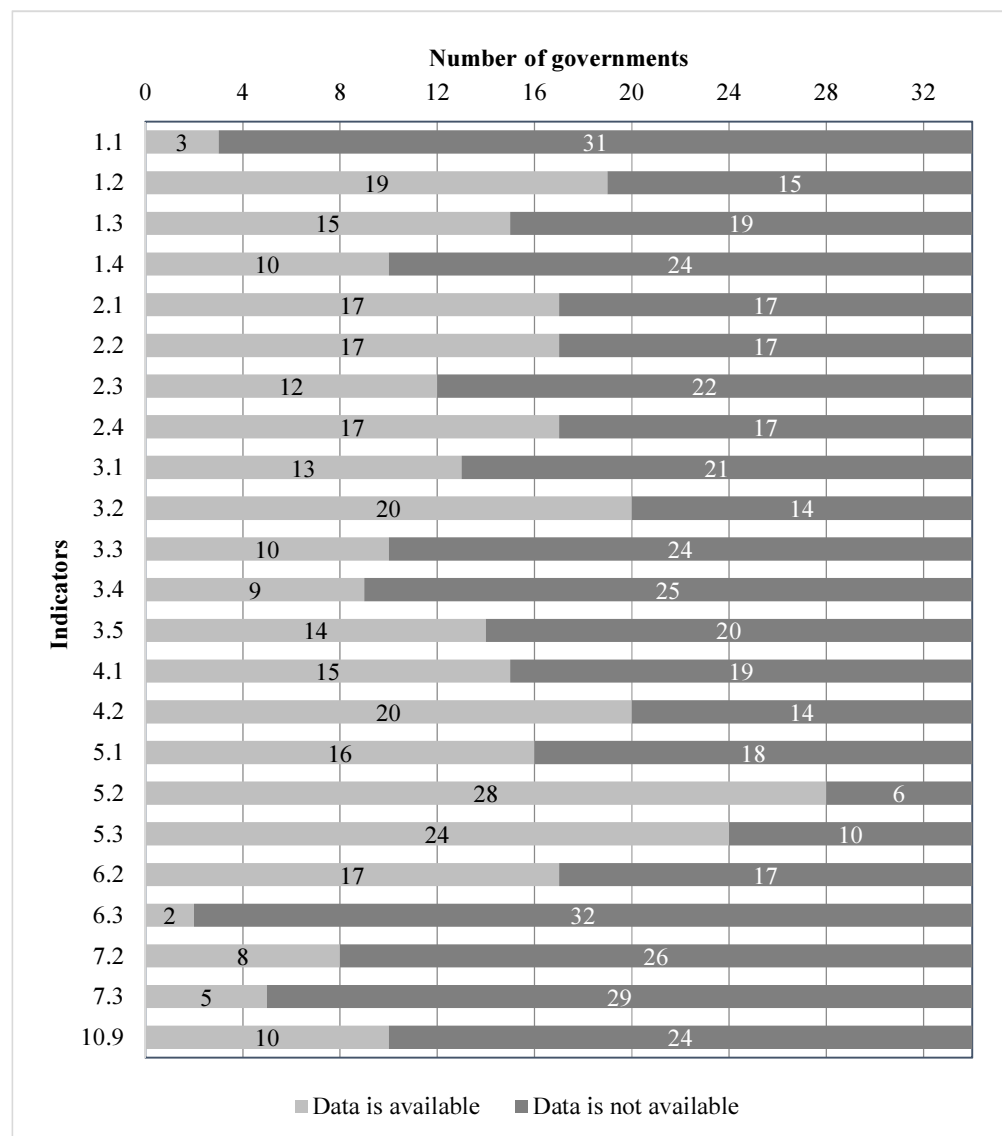
<i>Number of indicators</i>	<i>Governments that have established baseline data</i>
1-5	Afghanistan Azerbaijan Fiji Iran (Islamic Republic of) Viet Nam
6-10	Bangladesh Palau Tonga
11-15	Armenia Bhutan China India Japan Malaysia New Caledonia Pakistan Philippines Samoa Timor-Leste Turkey
16-20	Cambodia Indonesia Kyrgyzstan Macao, China Micronesia (Federated States of) Russian Federation Singapore Vanuatu
21-25	Georgia Hong Kong, China Mongolia Nauru Thailand
26-30	Republic of Korea

¹² Outcome indicators are 1.1-1.3, 2.1-2.4, 3.1-3.5, 4.1, 4.2, 5.1-5.3, 6.2, 6.3, 7.2, 7.3, 8.1 and 10.9. Policy indicators are 4.3, 6.1, 6.4, 6.5, 7.1, 9.1 and 9.2.

Indicator 8.3

68. A total of 13 indicators are required to be disaggregated by sex.¹³ Three countries (Georgia, Republic of Korea and Thailand) have disaggregated by sex for more than 90 per cent of the indicators. Ten countries and areas (Cambodia; Hong Kong, China; Indonesia; Kyrgyzstan; Macao, China; Micronesia (Federated States of); Mongolia; Nauru; Samoa; and Timor-Leste) have disaggregated by sex for more than 60 per cent.

Figure VII

Number of governments that have established baseline data by indicator

¹³ Disaggregation by sex is required for indicators 1.1-1.3, 2.1-2.3, 3.5, 4.1, 4.2, 5.1-5.3 and 8.1.

Goal 9. Accelerate the ratification and implementation of the Convention on the Rights of Persons with Disabilities and the harmonization of national legislation with the Convention

Indicator 9.1

69. A total of 16 ESCAP member States ratified or acceded to the Convention on the Rights of Persons with Disabilities, and 4 ratified the Optional Protocol thereto in the first half of the Decade, bringing the totals to 43 States parties to the Convention (86 per cent of ESCAP member States) and 12 to the Optional Protocol (24 per cent of ESCAP member States).¹⁴

Indicator 9.2

70. A total of 12 governments reported having national anti-discrimination legislation to protect the rights of persons with disabilities; 7 had enacted new legislation in the first half of the Decade.

71. The Governments of Indonesia, Japan, Mongolia and the Republic of Korea report having disability-specific anti-discrimination laws that address all Incheon Strategy goals.

Goal 10. Advance subregional, regional and interregional cooperation

Indicators 10.1 and 10.2

72. During the first half of the Decade, a total of \$150,000 was contributed by three donors, namely Australia, China and the Republic of Korea, to the Asia-Pacific Multi-donor Trust Fund to support the implementation of the Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2013-2022, and the Incheon Strategy (table 2).

Table 2

Contribution to the Asia-Pacific Multi-donor Trust Fund to support the implementation of the Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2013-2022, and the Incheon Strategy, by year and donor

<i>Year</i>	<i>Donor and amount of contribution (United States dollars)</i>
2013	Australia, 50,000 China, 10,000 Republic of Korea, 50,000
2014	China, 10,000
2015	China, 10,000
2016	China, 10,000
2017	China, 10,000

¹⁴ As of 15 June 2017.

Indicator 10.3

73. The contributions indicated in table 3 were made between 2013 and 2017 to ESCAP projects to support the implementation of the Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2013-2022, and the Incheon Strategy.

Table 3

Contributions to disability projects of the Economic and Social Commission for Asia and the Pacific, by year and donor

<i>Year</i>	<i>Donor and amount of contribution (United States dollars)</i>
2013	Nippon Foundation, 87,300
2014	China, 250,000 Japan, 60,000 Republic of Korea, 248,600
2015	Republic of Korea, 360,000
2016	Japan, 50,000 Republic of Korea, 346,116
2017	Republic of Korea, 421,668

Indicator 10.4

74. The results from the midpoint survey of international organizations and development agencies¹⁵ indicate the following eight United Nations entities have disability initiatives or projects supporting the implementation of the Incheon Strategy in Asia and the Pacific: Food and Agriculture Organization of the United Nations; International Civil Aviation Organization; International Labour Organization; International Telecommunication Union; United Nations Development Programme; Office of the United Nations High Commissioner for Refugees; United Nations Children's Fund; and World Tourism Organization. The scope of their projects is global, regional and national; countries with projects include Bangladesh, China, Indonesia, Papua New Guinea and Viet Nam.

Indicators 10.5 and 10.6

75. Two subregional intergovernmental organizations reported on their efforts to support the implementation of the Incheon Strategy. The Pacific Islands Forum adopted the Pacific Framework for the Rights of Persons with Disabilities, 2016-2025, to build synergy within the subregion on disability-inclusive development. The Association of Southeast Asian Nations Intergovernmental Commission on Human Rights has been working on developing a plan to mainstream disability perspectives in the blueprints of the three pillars of the Association of Southeast Asian Nations.

¹⁵ See E/ESCAP/APDDP(4)/2.

Indicator 10.7

76. The following international organizations and development agencies have initiatives or projects supporting the implementation of the Incheon Strategy in Asia and the Pacific: Asian Development Bank; Delegation of the European Union; Japan International Cooperation Agency; Korea International Cooperation Agency; and New Zealand Ministry of Foreign Affairs and Trade. The scope of their projects is regional and national; countries with projects include Bangladesh, Cook Islands, Fiji, India, Indonesia, Malaysia, Mongolia, Myanmar, Papua New Guinea, the Philippines, Samoa, Solomon Islands and Thailand.

Indicator 10.8

77. The five regional commissions of the United Nations did not participate in any joint activity to support the implementation of the Convention on the Rights of Persons with Disabilities.

Indicator 10.9

78. At least 32 statisticians from nine governments in the region were trained on disability statistics.

Indicator 10.10

79. Development assistance frameworks that explicitly reference disability-inclusive development include the following: the 2030 Agenda for Sustainable Development; the Global Disability Action Plan 2014-2021 of the World Health Organization; the Sendai Framework for Disaster Risk Reduction 2015-2030; the Marrakesh Treaty to Facilitate Access to Published Works for Persons Who Are Blind, Visually Impaired or Otherwise Print Disabled; and the outcomes of the 20-year review of the implementation of the Beijing Declaration and Platform for Action. In addition, the most recent development assistance frameworks of at least 26 countries and areas specifically reference disability.

VI. National-level efforts to implement the Incheon Strategy**A. Policy coordination mechanism on disability****1. National coordination mechanism on disability matters**

80. The primary responsibility for coordinating and catalysing the implementation of the Incheon Strategy at the national and subnational levels is with the national coordination mechanism.¹⁶ Its effectiveness depends on the breadth of its composition, the incorporation of diverse audiences' concerns into new policies and its role in enforcing those policies. Such a mechanism should allow multi-stakeholder participation, including by persons with disabilities and their organizations.¹⁷

81. A total of 26 governments (76 per cent of respondents) reported on their national coordination mechanisms for disability. In many countries and areas, the composition and mandate of national coordination mechanisms on disability matters are set by laws or executive orders. For instance, the

¹⁶ Commission resolution 69/13, annex, appendix I, paras. 22-26.

¹⁷ Convention on the Rights of Persons with Disabilities, United Nations, *Treaty Series*, vol. 2515, No. 44910, Article 33.

Disability Action Council of Cambodia was established upon promulgation of the Law on the Protection and the Promotion of the Rights of Persons with Disabilities and by a royal government subdecree. In the Philippines, the National Council on Disability Affairs was created by executive order 709. Some national coordination mechanisms involve leadership at the highest executive levels. In Georgia, Mongolia, the Republic of Korea and Thailand, the disability coordination mechanism is chaired by the Prime Minister, and in China and the Russian Federation, by a Deputy Prime Minister. In 14 others, a minister chairs the coordination mechanism.

82. A total of 24 governments (71 per cent of respondents) reported mechanisms composed of diverse stakeholders, including government line ministries, business entities, community leaders and/or other civil society actors. Many indicated that their mechanisms strengthen coordination among stakeholders and ensure better communication from the central government to local governments. The Governments of Japan and Tonga reported that their mechanisms were used to monitor the implementation of disability policies. Eighteen countries and areas involve organizations of and for persons with disabilities to better reflect their voices in national development policies and programmes. Only a few governments reported that their department-level offices play a dual role as focal point and coordinator.

2. National disability focal points

83. A total of 30 governments (88 per cent of respondents) reported on their national disability focal points. Among them, five indicated that their national disability focal points function at a higher than ministerial level, including the Gross National Happiness Commission of the Government of Bhutan and the Human Rights Secretariat of the Administration of the Government of Georgia. Another 22 governments indicated that their focal points are in department-level offices under the ministries responsible for human rights, education, health, welfare, community affairs or social development. In contrast, the disability focal point is an independent body established to work exclusively on disability policies in Cambodia, China, Japan, Malaysia and the Philippines.

3. National mainstreaming in government offices

84. Effective implementation of the Incheon Strategy depends on disability mainstreaming in the work of other ministries, including by designating a disability focal point in each ministry or by promoting disability-budgeting in each ministry's programme of work. A total of 13 governments reported that at least one ministry other than the disability focal office has a mandate on disability matters, whereas 18 governments do not have disability focal points in any additional ministries.

B. National statistical systems for the collection of disability information

85. Effective and timely collection and analysis of sex- and disability-disaggregated data is necessary to inform policies and programmes for the realization and protection of the rights of persons with disabilities in the Asia and Pacific region. Goal 8 of the Incheon Strategy requires the production of reliable and comparable statistics on persons with disabilities and on their socioeconomic status. National statistical offices should work with other

stakeholders to establish baseline data for Incheon Strategy indicators and to track implementation progress.¹⁸

86. A total of 24 governments recognized the critical role of national statistical offices in collecting disability statistics through pre-established census or survey tools. Disability data collection is also conducted through multi-stakeholder partnerships in five countries: Bhutan, Indonesia, Japan, Mongolia and the Republic of Korea. These countries' national statistical offices collect disability data in collaboration with line ministries, such as the ministries of education, health, labour or social welfare.

87. Based on the results of the survey and other sources, 32 governments collect disability data using population censuses. In addition, 25 governments use sample surveys, such as disability-dedicated surveys or non-disability specific surveys, including demographic health surveys and socioeconomic surveys.

88. A total of 25 governments use administrative registers to collect or supplement disability information, with governments in North and Central Asia relying heavily on administrative sources.¹⁹ Some governments use more than two sources. The Government of Cambodia included disability questions for the first time in its 2008 general population census and its subsequent intercensal survey in 2013, and it later added a disability module in the 2014 Demographic and Health Survey and the yearly Socioeconomic Survey. In Georgia, India, Thailand and Vanuatu, disability information was collected from censuses, surveys and administrative sources.

C. Legal and policy measures

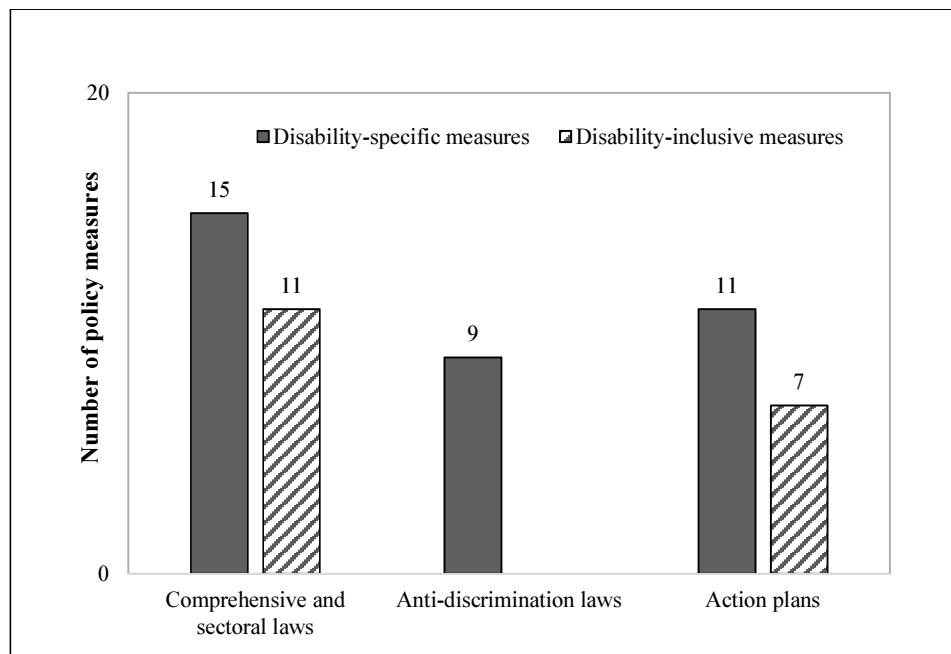
89. Continuing efforts by governments to develop enabling legislative, policy and administrative measures for persons with disabilities are evident. Since the beginning of the Decade, comprehensive disability laws or action plans covering all specific goals in the Incheon Strategy were adopted by 11 States parties to the Convention on the Rights of Persons with Disabilities: Bangladesh, Cambodia, India, Indonesia, Japan, Malaysia, Mongolia, Samoa, Singapore, Tonga and Turkey.

90. A total of 29 governments have adopted at least one disability-specific comprehensive or sectoral law or action plan. Since the beginning of the Decade, 15 governments have adopted at least one new disability-specific law while 11 have adopted at least one new disability-specific national action plan.

¹⁸ For more information on the Fundamental Principles of Official Statistics and the operation and organization of a statistical agency, see Economic and Social Council resolution 2013/21 and *Handbook of Statistical Organization, Third Edition: The Operation and Organization of a Statistical Agency* (United Nations publication, Sales No. E.03.XVII.7). Available from https://unstats.un.org/unsd/publication/SeriesF/SeriesF_88E.pdf.

¹⁹ It is worth noting that neither censuses nor surveys are used to collect disability statistics in any country in this subregion, except Georgia.

Figure VIII
Disability-specific and disability-inclusive legal and policy measures adopted since the beginning of the Asian and Pacific Decade of Persons with Disabilities, 2013-2022



91. A total of 20 responding governments reported having laws or action plans which mainstream disability, with 11 of those governments having adopted such measures since the beginning of the Decade. For example, Armenia and Fiji amended their constitutions to include persons with disabilities, and 7 governments included disability in sectoral action plans relating to topics such as employment, human rights, health care, education, and disaster risk reduction. Figure VIII summarizes these legal and policy measures across the region.

4. Promotion and raising awareness of the Incheon Strategy

92. Initiatives by ESCAP member States and associate members to promote awareness of the Incheon Strategy include, as a first step, translation of the Incheon Strategy into national languages and conversion into accessible formats to make it available to persons with disabilities. A total of 13 governments reported having translated the Incheon Strategy into their national languages. As a result, the Incheon Strategy is available in 12 languages, including Chinese, English (original), French, Hindi, Bahasa Indonesia, Japanese, Khmer, Korean, Mongol, Russian, Thai and Urdu. The governments of Macao, China; Mongolia; and the Republic of Korea created online versions in accessible formats, which are compatible with text-to-speech conversion or screen reading software.

93. A number of governments, including those of Bangladesh, Bhutan, Cambodia, Georgia, India, Indonesia, the Marshall Islands, Mongolia, Myanmar, the Philippines, Thailand and Viet Nam, participated in a regional project implemented by ESCAP to raise awareness of the Incheon Strategy and develop national action plans to collect statistics on its indicators. Some governments, including those of Macao, China; Malaysia; Nauru; and Singapore, established a national road map on the implementation of the Incheon Strategy.

94. A total of 29 governments rated levels of awareness of the Incheon Strategy among various professional and demographic groups in their country or area. The highest awareness levels are found among organizations for persons with disabilities and persons with disabilities themselves, followed by government officials and legislators. The lowest awareness levels are found among religious institutions, school teachers and business entrepreneurs.

VII. Conclusion

95. The midpoint review of the Incheon Strategy reveals that while the region has made progress in formulating both disability-specific and disability-inclusive laws, policies and programmes, persistent challenges for persons with disabilities remain, across the region and across sectors of society. Major gaps exist in poverty reduction, employment opportunities, early childhood intervention and education, social protection measures and the participation of persons with disabilities in decision-making processes.

96. As persons with disabilities are among the most marginalized and vulnerable groups which are likely to be left behind in the development process, the full and effective implementation of the Incheon Strategy is critical to achieving the 2030 Agenda for Sustainable Development and the Sustainable Development Goals.

97. To accelerate the implementation of the Incheon Strategy, governments may wish to consider introducing the following measures:

(a) Integrating disability concerns into national implementation plans and the relevant monitoring and indicator frameworks of the 2030 Agenda, capitalizing on the Incheon Strategy indicators exercise;

(b) Establishing and/or strengthening national coordination mechanisms on disability with the power to draft disability-specific and disability-inclusive policies and to review their implementation, as well as strengthening multi-ministerial, intra-ministerial and multisectoral cooperation on disability inclusion and checking whether principles of accessibility, universal design and non-discrimination are reflected in laws, policies, and regulations;

(c) Mapping the status of disability statistics across ministries and formulating national action plans that aim to improve the collection and use of disability data, in line with the requirements of the Sustainable Development Goals;

(d) Adopting and implementing comprehensive poverty reduction measures for persons with disabilities, taking into consideration the multiple dimensions of poverty and social protection measures;

(e) Adopting enabling schemes to promote the employment, the entrepreneurship and the self-employment of persons with disabilities and to increase their livelihood opportunities in the open labour market, and in particular promoting the inclusion of persons with diverse disabilities and women with disabilities, keeping in mind the provision of reasonable accommodation, and strengthening the implementation of such enabling schemes;

(f) Reviewing mainstream education policies, schemes and approaches to make them disability inclusive, at pre-primary, primary and secondary levels, and promoting a barrier-free learning environment and educational approach for every learner at all levels;

(g) Implementing policy measures, including affirmative action, to increase the meaningful representation of persons with disabilities in parliaments or equivalent bodies, political parties and national gender equality mechanisms, as well as in decision-making and governance at all levels;

(h) Developing, adopting and implementing universal design-based technical standards on the accessibility of the built environment, including accessible toilets, transportation, and information and communications technologies, which underpin multi-ministerial work on accessibility.

98. Putting into place policies and implementing them effectively require the existence of enabling factors, including the presence of political will; commitment and leadership of concerned government entities; good governance; multi-ministerial cooperation; and the allocation of appropriate budgets and sufficient human resources equipped with sufficient technical knowledge.

99. Taking into account these findings and recommendations, the proposed Beijing ministerial declaration and action plan should provide governments with guidance and policy tools to effectively implement the Incheon Strategy for the remainder of the Decade, 2018 to 2022, and support their implementation of the 2030 Agenda for Sustainable Development.
