



ASIA PACIFIC DECLARATION OF WOMEN & GIRLS WITH DISABILITIES

for Beijing +30, November 2024

35 Contributors

200+ Endorsers

Drafted and Facilitated by Rising Flame

Asia Pacific Declaration of Women and Girls with Disabilities: Beijing +30

I. Beijing Declaration and Global Commitments on Gender and Disability

This call to action, including contextual recommendations, seeks to advance the rights of women and girls with disabilities in all their diversities, including transgender, gender diverse, and non-binary persons with disabilities through the Beijing Declaration and Platform for Action (BPfA) and Beijing+5 Political Declaration and Outcome (B+5).

At its inception in 1995, the Beijing Declaration recognised the barriers women and girls with disabilities face—especially when intersecting with race, age, language, ethnicity, culture, caste, religion, or indigeneity—and called on states to intensify efforts to ensure equal enjoyment of all human rights and fundamental freedoms, including by committing to the following actions:

- enhancement of the self-reliance of women with disabilities (para. 175(d))
- equal access to appropriate education and skills training for their full participation in life (para. 280(c))
- improvement of their work opportunities (para. 82(k))
- creation of health programmes and services that address the specific needs of women with disabilities (para. 106(c))
- promotion of equity and positive action programmes to address systemic discrimination against women with disabilities in the labour force (para. 178(f)); and
- improvements in the concepts and methods of data collection on the participation of women and men with disabilities, including their access to resources (para. 206(k)).

Rights of women and girls with disabilities in all their diversities have been advanced through the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). The CRPD, currently ratified by 175 states, is the guiding tool on inclusion and accessibility. Article 32 gives clear responsibility to international and development co-operation, in support of national efforts, to realise the purpose and achieve the objectives of the Convention. This includes an obligation for any country that ratified the CRPD to make their international development programmes inclusive and accessible.

Recognising the intersecting vulnerabilities faced by women and girls with disabilities at the nexus of gender and disability, the rights of women and girls with disabilities are advanced in the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)¹,

¹ General Recommendation 18 (1991) of the Committee on the Elimination of Discrimination against Women (CEDAW), “Disabled Women” 24, recommends that States parties provide information on disabled women in their periodic reports, and on measures taken to deal with their particular situation, including special measures to ensure that they have equal access to education and employment, health services and social security, and to ensure that they can participate in all areas of social and cultural life.

Convention on the Rights of the Child (CRC)², the International Covenant on Civil and Political Rights (ICCPR), International Covenant on Economic, Social, and Cultural Rights (ICESCR), and the Sustainable Development Goals (SDGs)³.

In addition to this, in a General Assembly resolution 76/138 of 16 December 2021 on the follow-up to the Second World Assembly on Ageing, the Assembly recognised that the prevalence of disabilities increased with age and that many older persons lived with a disability. It called upon Member States to build capacity to alleviate poverty among older persons and to provide social welfare services on the basis of the specific needs of older persons, in particular older women with disabilities, to strengthen and incorporate a gender and disability perspective into all policy actions on ageing.

In the Asia-Pacific region with regards to disability-inclusive development, in May 2018, Economic and Social Commission for Asia and the Pacific (ESCAP) endorsed the Beijing Declaration, including the Action Plan to Accelerate the Implementation of the Incheon Strategy 2012⁴. Goal 6 of the Incheon strategy draws focus to women and girls with disabilities by demanding Member States ensure gender equality and women's empowerment. The Beijing Declaration and Action Plan clearly articulate the synergies and linkages between the 2030 Agenda, SDGs and the Incheon Strategy to "Make the Right Real" for Persons with Disabilities in Asia and the Pacific – and equips ESCAP Member States with policy recommendations on disability-inclusive development to leave no one behind.

The Jakarta Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2023–2032⁵ underscores a rights-based approach to empowering over 750 million persons with disabilities in the Asia-Pacific region and fostering their meaningful participation in society. This declaration features a novel gender-responsive life cycle approach to disability inclusion in the region. The Jakarta Declaration reaffirms the continued importance and relevance of the Incheon Strategy to "Make the Right Real" for Persons with Disabilities in Asia and the Pacific and the Beijing Declaration, including the Action Plan to Accelerate the Implementation of the

² The United Nations Convention on the Rights of the Child (Article 23), 1989 addresses education for children with disabilities (Article 23), establishing that a school is only inclusive when all its students are able to access resources and participate in activities without exception.

³ General Assembly resolution 70/1 of 25 September 2015, in which the Assembly adopted the 2030 Agenda for Sustainable Development, including the Sustainable Development Goals, which is inclusive of persons with disabilities and in which Member States pledged that no one will be left behind, and acknowledged that Member States, while implementing the 2030 Agenda, should, inter alia, respect, protect and promote human rights and fundamental freedoms for all, without discrimination of any kind.

⁴ Incheon Strategy was endorsed through ESCAP Resolution 74/7 at the seventy-fourth ESCAP session <https://www.unescap.org/resources/incheon-strategy-make-right-real-persons-disabilities-asia-and-pacific-and-beijing>

⁵ Jakarta declaration was endorsed by the Economic and Social Commission for Asia and the Pacific (ESCAP) through a resolution (E/ESCAP/RES/79/5) at its seventy-ninth session on 19 May 2023. It was adopted by ESCAP member States at the High-level Intergovernmental Meeting on the Final Review of the Asian and Pacific Decade of Persons with Disabilities, 2013–2022 held in Jakarta, Indonesia and online from 19 to 21 October 2022. This landmark Declaration can be accessed here: https://www.unescap.org/sites/default/d8files/event-documents/B2200897_L4_E.pdf

Incheon Strategy. Several key priorities for the region were also explored such as enhancing disability-specific social protection schemes, strengthening decent work and entrepreneurship opportunities, providing inclusive education for all learners with disabilities, ensuring disability inclusive disaster risk reduction and resilience measures, and improving the reliability of disability-disaggregated data.

Other subregional frameworks that have been adopted to strengthen coordination and collaboration among Governments to support national and subregional initiatives in promoting, protecting and fulfilling the rights of persons with disabilities are the Pacific Framework for the Rights of Persons with Disabilities and the Association of Southeast Asian Nations (ASEAN) Enabling Masterplan 2025: Mainstreaming the Rights of Persons with Disabilities. They acknowledge the value of collaborating across regional, subregional and national levels.

These frameworks take measures towards disability-inclusive development through a whole-of-society approach in collaboration with all relevant stakeholders, particularly organisations of and for persons with disabilities and private sector entities, to accelerate action to promote and protect the rights of persons with disabilities.

We call on Member States to:

- ensure the inclusive, equitable and sustainable financing required to achieve these commitments—including by ensuring that national budgetary processes are participatory, include women and girls with disabilities in all their diversities, and allocate sufficient resources to ensure initiatives are inclusive across disabilities.
- take urgent action to protect the human rights of women and girls with disabilities in all their diversities as enshrined in international declarations, agreements, and human rights standards. Accelerate the implementation of the Beijing Declaration and Platform for Action, CRPD, CEDAW, CRC along with the concluding remarks, Incheon Strategy, Jakarta Declaration, ASEAN Enabling Masterplan 2025 and other existing sub-regional frameworks⁶.
- advance inclusive intergovernmental processes during the Ministerial Conference on the Beijing+30 Review and the 69th Session of the Commission on the Status of Women by prioritising accessibility, inclusion and advancing the perspectives and recommendations of women and girls with disabilities in all their diversities.

This Declaration, including input from 35 contributing organisations, has been endorsed already by more than 200+ organisations, collectives, networks and individuals as of November 12, 2024, 10 am BKK. You can still endorse here: <https://tinyurl.com/DeclarationDisabilities>

II. Context

One in every six people in the Asia-Pacific region lives with a disability that is over 650 million women, men and children of which 350 million women and girls with disabilities live in Asia and

⁶ From the Declaration released at Asia Pacific Congress on Women and Girls with Disabilities in December 2023.

the Pacific which is more than a half of the region's total population with disabilities.⁷ Women and girls with disabilities in all their diversities are systematically excluded in education, employment, social protection, health systems, and disaster response. They face barriers in accessing physical and digital spaces, meaningful representation and political participation, and face high levels of all forms of discrimination, abuse, and violence. Many countries in the region have stigma around disability and gender that are enhanced because of harmful beliefs, traditional practices and socio-cultural-familial contexts.

Data from Asia Pacific countries shows that girls with disabilities are less likely to receive early childhood education, more likely to be out of lower-secondary, and upper-secondary school than non-disabled peers.⁸⁹ Girls with disabilities who attend school experience exclusion due to inaccessibility of water, sanitation and hygiene facilities at schools, unidentified needs, discrimination, segregation, corporal punishment, and bullying.¹⁰ The result: lower academic achievement, poorer mental health outcomes, grade repetition, dropout, and limited future education and employment opportunities. Young women with disabilities in all their diversities also have harder transitions to higher and tertiary education due to stigma and discrimination that discourages disclosing disabilities; inaccessible buildings and learning resources, and digital access; and inadequate inclusion.¹¹ The mean years of schooling of young women with disabilities is less than men with disabilities.¹²

Women with disabilities in all their diversities are marginalised across labour markets in Asia and the Pacific regions and worldwide. They are far more likely to be unemployed, underemployed or economically inactive than either persons without disabilities or men with disabilities.¹³ ESCAP assessed the progress of Incheon Strategy to find that proportion of women with disabilities who are employed is lower than that of men with disabilities in all but

⁷ ESCAP, Disability in Asia and the Pacific: The facts – 2017, Midpoint review edition, 2017.

⁸ UNICEF, Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities, January 2022, available online, <https://data.unicef.org/resources/children-with-disabilities-report-2021/>.

⁹ UNESCO Institute for Statistics, Education and disability: analysis of data from 49 countries. Information Paper No. 49, 2018, available online, <http://uis.unesco.org/sites/default/files/documents/ip49-education-disability-2018-en.pdf>

¹⁰ UNICEF, Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities, January 2022, available online, <https://data.unicef.org/resources/children-with-disabilities-report-2021/>.

¹¹ See Shalini Saksena and Rashmi Sharma, "Deconstructing Barriers to Access Higher Education: A Case Study of Students with Disabilities in University of Delhi," DU Journal of Undergraduate Research and Innovation, Volume 1, Issue 2, page 316-337; Organisation for Economic Co-operation and Development (OECD), Inclusion of Students with Disabilities in Tertiary Education and Employment, 2011; Weiqin Chen, "Students with Disabilities and Digital Accessibility in Higher Education under COVID-19," in Rodrigo M.M.T et al. (Eds.) (2021), Proceedings of the 29th International Conference on Computers in Education. Asia-Pacific Society for Computers in Education.

¹² UNICEF, Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities, January 2022, available online, <https://data.unicef.org/resources/children-with-disabilities-report-2021/>.

¹³ International Labour Organisation (ILO), Policy brief: Making TVET and skills systems inclusive of persons with disabilities 2017, available online https://www.ilo.org/wcmsp5/groups/public/---ed_emp/---ifp_skills/documents/publication/wcms_605087.pdf.

four reporting countries while it was also observed that there was a greater inequality of employment between women with disabilities and the overall female population. Lack of attention to including women with disabilities in all their diversities in business development policies forecloses avenues to self-employment. At work, women with disabilities in all their diversities are more likely to face workplace discrimination, low wages, poor working conditions, few prospects for promotion, and heightened harassment and violence—especially women with intellectual and psychosocial disabilities.¹⁴ When compared with men with disabilities, women with disabilities in all their diversities are more likely to experience poverty and isolation and tend to have lower salaries.¹⁵

Women with disabilities in all their diversities who face multiple discrimination are more likely to experience adverse socioeconomic outcomes and are often poor.¹⁶ Where social protection programmes are in place, which help them break free of the poverty traps, women with disabilities in all their diversities currently face barriers including: inaccessible procedures and centres, discrimination from programme administrators, conditional benefits, inadequate needs assessments, lack of alignment with their needs, lack of involvement in programme design and evaluation and lack of information on programmes, eligibility, and access pathways.¹⁷¹⁸

Women and girls with disabilities in all their diversities receive lower levels of health care than persons without disabilities and men and boys with disabilities, contributing to poorer health

¹⁴ See International Labour Organisation (ILO), Disability Discrimination at Work, available online https://www.ilo.org/wcmsp5/groups/public/@ed_norm/@declaration/documents/publication/wcms_decl_fs_87_en.pdf; International Labour Organisation (ILO), Violence and harassment against persons with disabilities in the world of work, available online https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/briefingnote/wcms_738118.pdf; International Labour Organisation (ILO), Policy brief: Making TVET and skills systems inclusive of persons with disabilities, available online

¹⁵ United Nations General Assembly, Thematic study on the issue of violence against women and girls and disability, para. 17, A/HRC/20/5, 30 March 2012, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G12/125/80/PDF/G1212580.pdf?OpenElement>.

¹⁶ International Labour Organisation (ILO), Policy brief: Making TVET and skills systems inclusive of persons with disabilities, available online https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@ed_emp/@ifp_skills/documents/publication/wcms_605087.pdf.

¹⁷ See World Health Organisation, & World Bank, 2011, World report on disability. Malta: World Health Organisation; Gooding, K., & Marriot, A. (2009). Including persons with disabilities in social cash transfer programmes in developing countries. *Journal of International Development*, 21(5), 685-698. doi: 10.1002/jid.1597; Mitra, S. (2005). Disability and Social Safety Nets in Developing Countries. Washington, DC: World Bank

¹⁸ See World Health Organisation, & World Bank, 2011, World report on disability. Malta: World Health Organisation; Gooding, K., & Marriot, A. (2009). "Including persons with disabilities in social cash transfer programmes in developing countries. *Journal of International Development*," 21(5), 685-698. doi: 10.1002/jid.1597; Mitra, S. (2005). Disability and Social Safety Nets in Developing Countries. Washington, DC: World Bank

outcomes, reduced life expectancy and higher mortality rates.¹⁹ Women and girls with disabilities in all their diversities experience health inequities arising from structural factors that generate social stratification; risk factors for disease; and barriers within health systems—including limited access to health services, social care, and rehabilitation; inadequate treatment; involuntary treatment and confinement;²⁰ heightened discrimination, and barriers to sexual and reproductive healthcare.²¹ The inability to access transport facilities for their health care and the inability to pay is a major issue for persons with disabilities in Asia Pacific.²² When women and girls with disabilities in all their diversities do receive treatment, lack of knowledge and skills on addressing their health needs at the intersection of gender and disability among health service providers contributes to poorer care.²³

Women and girls with disabilities in all their diversities also face a heightened range of physical, resource and attitudinal barriers, including not heard, believed or supported when disclosing their experiences. For instance, women and girls with disabilities in all their diversities are 37% less likely to be screened for cervical cancer, 25% less likely to be screened for breast cancer compared to their non-disabled peers,²⁴ 29% of births by mothers with disabilities in a few developing countries are not attended to by a skilled health worker and 22% of married women with disabilities have an unmet need for family planning.²⁵ Research has shown that older women are more likely than men to become and remain disabled due to the presence of chronic diseases, neurological conditions and other health conditions.²⁶ For instance, there are

¹⁹ World Health Organisation (WHO), “Health inequities lead to early death in many persons with disabilities,” 2 December 2022, available online at <https://www.who.int/news/item/02-12-2022-health-inequities-lead-to-early-death-in-many-persons-with-disabilities>

²⁰ The Committee on the Rights of Persons with Disabilities (CRPD) has also expressed concern about involuntary treatment and confinement and has recommended States to take legal steps to abolish surgery and treatment without the full and informed consent of the patient (Art. 23, 25). The Committee has affirmed that special protection is necessary in the case of some persons so they are not subjected to any medical or scientific experimentation that may be detrimental to their health. See General comment No. 20 (1992) on prohibition of torture and cruel treatment or punishment, para. 7.

²¹ See World Health Organisation, Global report on health equity for persons with disabilities 2023, p. 33-34, 61-68, 81, 88, 98-103, available online <https://www.who.int/publications/i/item/9789240063600>; UNFPA and Women Enabled International, The Impact of COVID-19 on Women and Girls with Disabilities: A Global Assessment and Case Studies on Sexual and Reproductive Health and Rights, Gender-Based Violence, and Related Rights, 2021, p. 2;

²² United Nations Department of Economic and Social Affairs. Disability and development report, Realization of the Sustainable Development Goals by, for and with persons with disabilities. New York, 2018, available online, <https://social.un.org/publications/UN-Flagship-Report-Disability-Final.pdf>

²³ World Health Organisation, Global report on health equity for persons with disabilities 2023, p. 91, available online <https://www.who.int/publications/i/item/9789240063600>.

²⁴ Missing Billion, Reimagining Health Systems—That Expect, Accept and Connect 1 Billion People with Disabilities, 2022.

²⁵ Department of Economic and Social Affairs Social Inclusion, *Disability and development report*, 2018 available online, <https://social.un.org/publications/UN-Flagship-Report-Disability-Final.pdf>

²⁶ Salinas-Rodríguez, A., Rivera-Almaraz, A., Scott, A., & Manrique-Espinoza, B. (2020). Severity levels of disability among older adults in low- and middle-income countries: Results from the study on Global Ageing and Adult Health (SAGE). *Frontiers in Medicine*, 7. <https://doi.org/10.3389/fmed.2020.562963>

more than 55 million people who live with dementia worldwide where over 60% live in low-and middle-income countries²⁷ and women are disproportionately affected by dementia, both directly and indirectly.²⁸ Elderly women with disabilities also face a greater risk to abuse than men with disabilities.²⁹

Persons with disabilities who identify as lesbian, gay, bisexual, trans, queer or questioning, intersex, asexual, or non-binary (LGBTQIA+) experience not only heightened health risks but also heightened discrimination in accessing health services, negatively impacting quality of care and health-seeking behaviours.³⁰ These experiences of discrimination add to their experience of isolation, marginalisation and oppression in many contexts.³¹

Meaningful participation of women with disabilities in all their diversities in governance at all levels is critical to effective planning and implementation, and confronting stigma and discrimination that furthers the exclusion of women and girls with disabilities in all their diversities across domains. According to 2017 data, in 14 out of 18 countries in Asia and the Pacific region, there were no women parliamentarians with disabilities in the national legislative body; and in the other four countries, the share of women parliamentarians with disabilities ranged from 0.3 to 6.3 per cent.³²

Women and girls with disabilities in all their diversities face physical, social, and attitudinal barriers that lead to widespread exclusion across domains. Women with disabilities in all their diversities are twice as likely as men to live in residential care settings and experience restrictions in daily functioning.³³ Many women and girls with disabilities in all their diversities who live in health and social care settings experience neglect, physical and mental abuse, and sexual violence.³⁴ In fact, women with intellectual and psychosocial disabilities, and in particular those living in institutionalised settings are among the most vulnerable to violence. Finally, women and girls with disabilities in all their diversities who enter institutional spaces often face significant challenges, stigma and lack of support in community reintegration. Women and girls

²⁷ WHO Factsheet on Dementia: <https://www.who.int/news-room/fact-sheets/detail/dementia>

²⁸ WHO Factsheet on Dementia: <https://www.who.int/news-room/fact-sheets/detail/dementia>

²⁹ Sathya, T., & Premkumar, R. (2020). Association of functional limitations and disability with elder abuse in India: A cross-sectional study. *BMC Geriatrics*, 20(1). <https://doi.org/10.1186/s12877-020-01619-3>

³⁰ World Health Organisation, Global report on health equity for persons with disabilities 2023, p. 84, 102, available online <https://www.who.int/publications/i/item/9789240063600>.

³¹ Jen Blyth, Karen Alexander and Lana Woolf, *Out of the Margins: An Intersectional Analysis of Disability and Diverse Sexual Orientation, Gender Identity, Expression & Sex Characteristics in Humanitarian and Development Contexts* (CBM Australia, Edge Effect and Nossal Institute, 2020).

³² UN Women. (2021). Leadership and Political Participation of Women with Disabilities. In *UN Women*. <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2019/Brief-Leadership-and-political-participation-of-women-with-disabilities-en.pdf>

³³ United Nations General Assembly, Thematic study on the issue of violence against women and girls and disability, para. 20, A/HRC/20/5, 30 March 2012, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G12/125/80/PDF/G1212580.pdf?OpenElement>.

³⁴ World Health Organisation, Global report on health equity for persons with disabilities 2023, p. 80, available online <https://www.who.int/publications/i/item/9789240063600>.

with disabilities who experience violence in the institutions face further challenges in accessing justice because of lack of support, legal and social.

Gender-based violence, in particular sexual violence, perpetrated against women and girls with disabilities in all their diversities can result in significant, long-standing physical and mental health consequences, including permanent injuries and consequent disabilities for survivors.³⁵ The UNCRPD recognises that women and girls with disabilities are often at greater risk, both within and outside the home, of violence,³⁶ injury, abuse, neglect, negligent treatment, maltreatment and exploitation. Research conducted by the Department of Foreign Affairs and Trade (DFAT, Australian government) found that women with disabilities in the Asia and Pacific region are not only more likely to experience violence than women without disabilities but are also victims of different kinds of violence, such as withholding of medication, involuntary and forced sterilisation. The findings also showed the disproportionate family violence experienced by women and girls with disabilities and their lack of access to appropriate support services as a result of discrimination.³⁷ Health care professionals also hold prejudiced ideas that women with disabilities cannot raise children, and to prevent or avoid pregnancy among women and girls with disabilities, encourage forced, coerced and involuntary hysterectomies and sterilisation.

The exposure of women and girls with disabilities in all their diversities to violence is, on the one hand, directly linked to cultures of stigma and exclusion; and on the other, factors that increase their dependence on others and disempower and disenfranchise them. As a result, discrimination, and violence against women and girls with disabilities in all their diversities is all too often perpetrated with impunity, goes unreported, and lasts for extended periods of time.³⁸ Risk factors for violence are heightened for women and girls with disabilities in all their

³⁵ United Nations General Assembly, Thematic study on the issue of violence against women and girls and disability, para 27, A/HRC/20/5, 30 March 2012, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G12/125/80/PDF/G1212580.pdf?OpenElement>.

³⁶ The UN Office of the High Commission of Human Rights defines violence against women and girls with disabilities as “violence accomplished by physical force, legal compulsion, economic coercion, intimidation, psychological manipulation, deception, and misinformation, and in which absence of free and informed consent is a key analytical component.” Acts of violence against women and girls with disabilities also include other forms of physical and psychological violence and neglect, including the withholding of medication and assistive devices; the removal of a ramp or mobility devices; refusal of caregivers to assist with daily living; denial of food or water, or threat of any of these acts; verbal abuse and ridicule relating to the disability; removing or controlling communication aids; causing fear by intimidation; harming or threatening to harm, take or kill pets or destroy objects; psychological manipulation; and controlling behaviours involving restricting access to family, friends or phone calls. See United Nations General Assembly, *Thematic study on the issue of violence against women and girls and disability*, A/HRC/20/5, 30 March 2012, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G12/125/80/PDF/G1212580.pdf?OpenElement>.

³⁷ Department of Foreign Affairs and Trade (DFAT). *Development for All 2015–2020: Strategy for Strengthening Disability-Inclusive Development in Australia’s Aid Program*, 2015, www.dfat.gov.au/sites/default/files/development-for-all-2015-2020.pdf.

³⁸ United Nations General Assembly, *Thematic study on the issue of violence against women and girls and disability*, para. 16, A/HRC/20/5, 30 March 2012, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G12/125/80/PDF/G1212580.pdf?OpenElement>.

diversities who face discrimination on the basis of race, gender-identity, caste, sexual orientation, age, indigeneity, and refugee or migration status.³⁹

Women and girls with disabilities in all their diversities are particularly vulnerable in environment and climate-driven disasters—including cyclones, floods, heat waves, and severe storms. They may also be less able to access warnings and emergency information, are left behind during evacuation, require access to medications and assistive aids, experience greater challenges accessing basic needs, and face discrimination when resources are scarce. Women and girls with disabilities in all their diversities are also excluded from disaster risk reduction policies, plans, and programmes and are therefore particularly at risk in the aftermath of disasters.⁴⁰ There is an increase in commitment to increase women's involvement as well as advance disability inclusion in the disaster risk reduction planning in many Pacific countries. However, the Pacific countries still need to promote the leadership of women with disabilities in all their diversities.⁴¹

Barriers to accessing digital and assistive technologies hinder women and girls with disabilities from accessing education, work, essential social protection, and healthcare.⁴² AI technology is revolutionising the provision of disability support.⁴³ However, emerging AI and technology advancements must be designed inclusively to prevent reinforcing existing disparities. These advancements in technology are helping to minimise isolation, emphasise individual abilities, and encourage independence.

In each of these areas, across Asia and the Pacific regions, exclusion of women and girls with disabilities in all their diversities is heightened for those who face compounded discrimination based on their age, gender-identity, caste, sexual identity, race, religion, indigeneity, ethnicity, and other factors.

Addressing these diverse issues requires inclusive policies tailored to address needs of women and girls with disabilities in a region where socio-cultural, religious and political dynamics impact the access to rights, protections and entitlements.

³⁹ *ibid*

⁴⁰ See World Health Organisation, *Global report on health equity for persons with disabilities 2023*, p. 82-83 available online <https://www.who.int/publications/i/item/9789240063600>; Human Rights Watch, *Leave No One Behind: People with Disabilities and Older People in Climate-Related Disasters*, 2022; United Nations, Department of Economic and Social Affairs—Disability, “Disability-Inclusive Disaster Reduction and Emergency Situations”, available online <https://www.un.org/development/desa/disabilities/issues/disability-inclusive-disaster-risk-reduction-and-emergency-situations.html>.

⁴¹ Review of Gender-Responsiveness and Disability-Inclusion in Disaster Risk Reduction in Asia and the Pacific, 2021, https://www.preventionweb.net/files/73853_sendaireportfinalcompressed.pdf

⁴² WHO and Unicef, *Global report on assistive technology*, 2022, available online, <https://iris.who.int/bitstream/handle/10665/354357/9789240049451-eng.pdf?sequence=1&isAllowed=y>.

⁴³ <https://www.undp.org/uzbekistan/blog/ai-revolution-it-game-changer-disability-inclusion#:~:text=Safeguarding%20the%20inclusion%20and%20safety,people%20with%20disabilities%20is%20substantial.Recommendations>

III. Recommendations

Advancing economic justice for women and girls with disabilities through employment, decent work, social protection and entrepreneurship

Education and skilling

1. Increase labour force participation for women with disabilities in all their diversities through job and vocational training, skill development, reskilling, training for platform economy jobs, labour formalisation, and social protection. Ensure mainstream technical, vocational education, training, labour market skills and apprenticeship programmes include women and girls with disabilities in all their diversities.
2. Ensure equitable, inclusive and accessible education for women and girls with disabilities in all their diversities through adequate funding in educational, research and training institutions across all levels in terms of design, infrastructure, and information communication technologies.
 - a. Include universal design for learning, access to reading-teaching materials online and offline, assistive devices, classrooms, toilets, exams, laboratories, libraries, exhibitions, exposure visits, physical education, and sports, etc.
 - b. Train educators on disability and gender inclusivity.
 - c. Develop curricula that includes disability and gender perspectives and counteracts stigmatising representation.
 - d. Ensure that sexual and reproductive health and rights education is accessible, inclusive, and gender and disability-sensitive.
 - e. Invest in the education of women and girls with disabilities in all their diversities by providing financial aid to support costs of school and required assistive devices and other support services.
 - f. Conduct campaigns among parents of girls with disabilities to emphasise the importance of education, including completion of higher education for girls with disabilities.
 - g. Ensure that women and girls with disabilities in all their diversities in rural and remote areas have access to schools, including by facilitating accessible transportation and distance (online and home-based) learning.
3. Ensure women and girls with disabilities in all their diversities have equitable access and training for STEM, digital skills, internet and other technological devices.
4. Support community-based continuous lifelong learning for women and girls with disabilities in all their diversities across age levels, with focus on those from underrepresented disabilities or facing higher access barriers like deaf, deafblind, multiple disabilities, intellectual disabilities and so on, including in the following areas:
 - a. Numeracy and literacy;
 - b. Navigating government services, schemes and legal literacy;
 - c. Technical, digital and financial literacy.

Employment

5. Ensure and enforce legal protections against all forms of workplace discrimination, harassment and violence against women with disabilities in all their diversities.
6. Take measures to ensure that women with disabilities in all their diversities have access to decent work on an equal basis with others in the public and private sectors. With regard to all matters concerning employment—recruitment, retention and promotion, and the provision of safe, secure, healthy working conditions:
 - a. ensure labour markets and work environments are open, inclusive and accessible to persons with disabilities
 - b. take positive measures to increase employment of women with disabilities
 - c. eliminate discrimination on the basis of disability
 - d. promote accessibility
7. Adjust working conditions, to the extent possible, to suit the needs of women with disabilities, who should be assured legal protection against unfunded job loss on account of their disabilities and require employers to have accessible work facilities and provide reasonable accommodations and personalised support to women with disabilities.
8. Mandate and enforce the responsibility for public and private employers to ensure accessible physical and digital infrastructure and provide reasonable accommodations to women with disabilities in all their diversities. Incentivise inclusion policies, including hiring targets and career development for women with disabilities in all their diversities.
9. Provide technical and financial assistance to small and medium enterprises to promote inclusion of women with disabilities in all their diversities and support them within the informal economy and through self-help groups.
10. Adapt existing business development policies and programmes to include women with disabilities who are entrepreneurs and improve their access to specialised trainings, credit, technical and financial resources.

Social protection

11. Ensure access by women and girls with disabilities in all their diversities to CRPD compliant social protection and poverty reduction, and health programmes.
 - a. Streamline procurement of disability certificates at local levels for all women and girls with disabilities in all their diversities, including those with invisible disabilities and fluid conditions.
 - b. Establish a single-window system for easy access to all relevant social welfare schemes—including healthcare, pensions, housing support, and educational

benefits, ensuring women across disabilities can access all available benefits under one umbrella without bureaucratic obstacles.

- c. Develop outreach and sensitisation programmes to address stigma within service delivery.
12. Provide direct financial assistance to women and girls with disabilities in all their diversities and their households based on need, including through disability-specific cash transfers, pensions, targeted subsidies, employment support and incentives, means-tested benefits, and financial inclusion and counselling.
 13. Provide insurance protection for women with disabilities in all their diversities, including income replacement; vocational rehabilitation and job retention programmes to address unemployment; and disability insurance and rehabilitation support in case of sickness or disability related challenges.
 14. Provide social insurance coverage, benefits or allowances to compensate for income loss due to caregiving responsibilities incurred by caregivers, including family members of girls and persons with disabilities. Provide care protection coverage for women and girls with disabilities who are carers, particularly mothers.

Health

15. Take urgent action to address the vast inequities in health care access for all women and girls with disabilities in all their diversities, including invisible disabilities, fluid conditions, mental health conditions, chronic illnesses and rare diseases, by taking integrated action to strengthen health systems, policies, financing and budgetary allocations.
16. Ensure Universal Health Coverage for all women and girls with disabilities in all their diversities throughout their life cycle.
17. Ensure all health infrastructure at all levels is accessible to women and girls with disabilities in all their diversities across disabilities, including physical and digital health infrastructure—such as diagnostic centres, medical reports, medical clinics and hospitals, access to information, community-based rehabilitation, and public health initiatives.
 - a. Train all health professionals on gender and disability needs and invest in installing adequate support personnel.
 - b. Ensure access to health services for women and girls with disabilities in all their diversities by considering last-mile connectivity, access to transportation, and expansion of home-based services.
 - c. Ensure all public health initiatives, programmes, curricula and health schemes are disability inclusive and gender sensitive.

- d. Ensure design of existing and new technologies like menstrual products, home tests like pregnancy, COVID etc, follows universal accessibility principles to maintain privacy, independence and dignity of women and girls with disabilities.
- 18. Mandate providing full medical insurance for women and girls with disabilities in all their diversities with no discrimination by public and private players.
- 19. Address the mental health needs of women and girls with disabilities in all their diversities, including through access to counselling services, psychosocial support, and mental health interventions.
- 20. Take measures in national plans, programmes, policies and legislation on health to protect sexual and reproductive rights and reduce maternal and newborn morbidity and mortality for women and girls with disabilities in all their diversities.
 - a. Promote reproductive health rights for women and girls with disabilities in all their diversities by providing family planning services and access to abortion.
 - b. Ensure that sexual and reproductive health goods and services are physically and financially accessible.
 - c. Ensure affordable access to essential obstetric care, well-equipped obstetric services with sufficient staff, assisted delivery by qualified personnel, emergency obstetric care, effective delivery and transport to higher-level care centres.
 - d. Ensure support for parents with disabilities and equal access to assistive reproductive technologies and adoption for persons with disabilities.
 - e. Improve access to sexual and reproductive health rights including access to abortion for women with disabilities in all their diversities.

Boosting leadership, representation and political participation for women and girls with disabilities

Participation and leadership

- 21. Include women and girls with disabilities in all their diversities in leadership and decision making at all levels of local governance and civic and public life, including international policy making forums.
 - a. Ensure that elections are accessible and inclusive, especially voting processes. Measures include using digital kiosks to support independent voting, ensuring government websites and portals are accessible.
 - b. Ensure that women and girls with disabilities in all their diversities across disabilities are included in decision-making, especially those at the intersections of other marginalisations like race, age, language, ethnicity, caste, religion, or indigeneity.
 - c. Encourage representatives from women with disabilities in all their diversities networks to take leadership roles in public decision-making processes, bodies, and institutions.

- d. Engage women with disabilities in all their diversities in planning and response in high-risk situations, including climate change, natural disasters, political instability, and conflict.
 - e. When undertaking projects that impact indigenous communities, take active measures to include indigenous women with disabilities in processes of securing Free, Prior, and Informed Consent (FPIC), including by building trust between indigenous women with disabilities in all their diversities and local authorities.
- 22. Establish dedicated pathways to leadership for women and girls with disabilities in all their diversities through mentorship, targeted funding, and policy mandates that uplift disabled voices across government, civil society, and the private sector.
- 23. Conduct public awareness programmes to eliminate erroneous stereotyping and stigma against women and girls with disabilities. Conduct programmes to promote inclusion of women and girls with disabilities in social, economic, cultural, political, and community spaces.
- 24. Encourage participation of women and girls with disabilities in all their diversities in public discourse by ensuring that all public communication is accessible across disabilities. Effective disability inclusion requires:
 - a. ensuring that physical or virtual sites for meetings and consultations are safe, non-discriminatory, barrier-free, stigma-free and accessible.
 - b. providing information in accessible formats.
- 25. Recognise the full legal capacity of women with disabilities in all their diversities on an equal basis with others.
 - a. Remove all legal barriers to the enjoyment of full freedoms and human rights for women and girls with disabilities in all their diversities.
 - b. Recognise and support the rights of women with disabilities in all their diversities as individuals and collectives, including women and girls with psychosocial disabilities and intellectual disabilities. Women with disabilities in all their diversities should have the right to exercise their legal capacity before (as rights holders) and under (as actors) the law, and where needed by providing supports to make informed decisions.
 - c. Support independent living, community inclusion, right to housing, and family integrity. Establish safeguards to protect and support the exercise of these rights.
- 26. Prioritise digital accessibility for persons across disabilities within banking and payment mechanisms particularly as countries move increasingly towards digital financial systems.
- 27. Collect disaggregated data by age, disability, gender and other social identity markers—including indigeneity, caste, race, religion, and others — around education, health

needs, labour force participation, business ownership, climate change vulnerability, access to credit, financial inclusion, violence and abuse.

28. Allocate necessary, adequate and sufficient human, financial and technical resources, to the maximum available, to ensure the provision of inclusive services and the guarantee of all rights of women and girls with disabilities, including through international cooperation if necessary.
29. Strengthen institutional and environmental support for women with disabilities, most of whom lack the necessary supportive and enabling conditions for developing a political career, even when they are interested and qualified.

Accessible and inclusive communities

30. Adopt, mandate, and enforce accessibility standards, Universal Design Principles, and reasonable accommodation standards across public and private domains.
 - a. Assign appropriate budgetary allocations in development and retrofitting of physical and digital infrastructure in rural and urban areas.
 - b. Ensure accessible transportation systems, public buildings, housing and shelter, educational institutions, health centres, private and public workplaces, financial institutions, parks, sidewalks, and other essential facilities.
 - c. Ensure that public spaces, including privately owned public spaces such as malls, have gender-neutral accessible toilets.
 - d. Address the specific accessibility needs of women and girls with disabilities in all their diversities with multiple disabilities. For instance, women with deaf blindness rely heavily on touch-based inputs.
31. Reduce inequities in access to technologies and expand availability of assistive devices for women and girls with disabilities in all their diversities.
 - a. Ensure increased manufacturing and availability of tax-free, duty-free, affordable assistive devices and technologies for women and girls with disabilities in all their diversities.
 - b. Set new standards and benchmarks to promote inclusive and accessible public procurement of assistive devices and technology.
 - c. Subsidise costs of assistive devices through grants and low interest loans.
 - d. Allocate resources for research and development of affordable assistive devices and technology which also address specific needs of women and girls with disabilities.
32. Develop a time-bound plan and allocate budgets to deinstitutionalise women and girls with disabilities in all their diversities, through personalised support services, and supported and independent community-based living options.

Advancing strategies to end discrimination, sexual and gender-based violence against women and girls with disabilities

Violence

33. Review, strengthen, enforce and effectively implement laws prohibiting discrimination, harassment, and violence against women and girls with disabilities in all their diversities in all public, private and social arenas.
 - a. Amend laws, policies and guidelines that reinforce stigma and encourage discrimination against women and girls with disabilities in all their diversities, including in issues of inheritance, divorce, abortion, adoption and custody.
34. Provide accessible pathways for women and girls with disabilities in all their diversities to access justice, redressal mechanisms and support services, including filing police reports, and accessing legal assistance, medical care, counselling, shelters, crises centres, courts, and rehabilitation support as required.
 - a. Ensure that institutional and procedural arrangements meet the needs of women and girls with disabilities in all their diversities based on disability, gender and age.
 - b. Ensure that all infrastructure, processes, information formats, and services are accessible across disabilities.
 - c. Provide training for law enforcement officers, healthcare providers, social workers, counsellors and educators on identifying and responding to discrimination and violence faced by women and girls with disabilities in all their diversities.
 - d. Ensure availability of shelter infrastructure which is safe, accessible and inclusive of women and girls with disabilities who are survivors of violence.
 - e. Provide monetary compensation and support for survivors of violence to ensure economic security through their recovery period.
35. Engage women with disabilities in all their diversities and their organisations in designing, implementing, and evaluating programmes aimed at ending sexual and gender-based violence.
36. Ensure informed consent and supported decision making for women with disabilities in all their diversities, particularly persons living with psychosocial and intellectual disabilities, prior to initiating any health procedures or treatments.
37. Address the multiple barriers faced by women and girls with disabilities in all their diversities in enjoying their right to health:
 - a. Conduct education campaigns among health care professionals to counteract prejudices and stereotypes among medical professionals at all levels.
 - b. End coercive and non-consensual medical practices, including forced institutionalisation, psychiatric drugging, psycho-surgeries, shock treatments,

forced sterilisation, forced hysterectomies, conversion therapies and various other coercive treatments.

38. Ensure that budgetary allocations for women and girls with disabilities in all their diversities include adequate resources for prevention and response of sexual and gender-based violence.
39. Collect disaggregated data based on age, disability, gender and other marginalised identity markers of the discrimination and violence women and girls with disabilities in all their diversities face.

Advancing gender equity for women and girls with disabilities—climate change and leveraging emerging technology to advance accessibility

Climate change and environmental justice

40. Ensure all climate-related policies and solutions are compliant with existing international treaties and frameworks such as the Sustainable Development Goals, the Sendai Framework for Disaster Risk Reduction, the Generation Equality Forum Feminist Action for Climate Justice, the Women, Security, and Peace agenda, the Convention on Biological Diversity, CEDAW, the Global Compact on Migration and the existing human rights law frameworks and include women and girls with disabilities in all their diversities.
41. Include women and girls with disabilities in all their diversities across locations including landlocked countries, small islands, coastal regions, and their needs in design, implementation, communication and monitoring at all stages of climate change and disaster management process, policies, plans and programmes.
42. Ensure timely and appropriate health care including sanitation and hygiene for women and girls with disabilities in all their diversities, during extreme weather events and disasters.
43. Invest in accessible infrastructure to ensure evacuation centres and shelter homes are safe and accessible for women and girls with disabilities in all their diversities during disasters. Ensure reconstructed infrastructure is resilient to future hazards and accessible across disabilities.
44. Conduct studies on mental and physical health impact of women and girls with disabilities in lieu of climate change.

Leveraging emerging technology to advance accessibility and inclusion

45. Bridge the digital divide and ensure that women and girls with disabilities have the possibility to own, access and use technology by making it affordable and accessible to all.
 - a. Invest in building digital literacy for women and girls with disabilities in all their diversities. As a preliminary measure, focus on access to digital portals for government entitlements to ensure ongoing access to social services and protection.
 - b. Mandate digital accessibility to support independent living for women with disabilities in all their diversities in areas including but not limited to banking and finance, social platforms, e-commerce, and online entertainment.
46. Design and adopt laws, policies and practices to harness AI to establish economic and social systems that are inclusive.
47. Harness AI to advance assistive technology. Work closely with the disability communities to guarantee the availability of superior, varied data and knowledge needed for successful implementation of AI in assistive technology.
48. Prioritise ethical development and user-centered design for AI to significantly improve lives and promote accessibility.
49. Leverage digital advances to extend access to information and services for women and girls with disabilities in all their diversities.
 - a. Use digital technology to support health services for women and girls with disabilities in all their diversities, including medication monitoring, access to digital medical information and services.
50. Promote long-term inclusion by ensuring that technology, design, and management curricula cover digital accessibility principles.
51. Ensure safe and inclusive digital spaces for women and girls with disabilities in all their diversities
 - a. Provide accessible and inclusive community-level training on safe use of smart technology, including identifying and avoiding scams and other abuses.
 - b. Require digital social platforms to facilitate and address reports of digital harassment and violence, including from gender and disability specialists.

IV. Inputs by

35 organisations contributed to this Asia Pacific Declaration of Women and Girls with Disabilities in all their diversities. The organisations who consented to be listed are: Ability for Action, Sri Lanka; AIDA (Autism Inclusiveness Direct Action Group), Malaysia; ASEAN Disability Forum, Southeast Asia; Asia Pacific Indigenous Women and Girls with Disabilities Network, Asia-Pacific; Centre for Indigenous Person with Disability, Research and Development, Nepal; Chronic Pain India, India; CommonAge (The Commonwealth Association for the Ageing), Asia

Chapter – Brunei Darussalam & Malaysia; CREA, Global; Culture Centre for the Deaf, Mongolia; Enable India, India; Federation of Women with Disability, Nepal; Global Concerns India; Himpunan Wanita Disabilitas Indonesia (HWDI) Sulawesi Selatan, Indonesia; KOTHOWAIN (Vulnerable Peoples Development Organisation) Bandarban Hill Tract, Bangladesh; La Kopi Dementia Peer Support Group, Singapore; Madhesh Indigenous Disabled Women Association (MIDWAN), Nepal; Mariwala Health Initiative, India; Men Engage, Nigeria; National Indigenous Disabled women Association Nepal (NIDWAN), Nepal; Network of Women with Disabilities, Nigeria; Nina Foundation, India; NLR India, India; NLR Nepal, Nepal; Papua New Guinea Women Disability Network, Papua New Guinea; Point of View, India; The OKU Rights Matter Project, Malaysia; Rising Flame, India; Sense International India, India; Sightsavers, United Kingdom; Shanta Memorial Rehabilitation Center (SMRC), India; Taiwan Mad Alliance, Taiwan; Transforming Communities for Inclusion (TCI Global), Global (including Asia and Pacific); Women Enabled International, Global, Women With Disabilities India Network, India; Saowalak Thongkuay, Secretary General for the Association of Women with Disabilities, Children with Disabilities and Family (AWCF), Thailand.

V. Endorsements by

200+ organisations, networks, collectives and individuals that have already endorsed the declaration as of November 12, 10 am BKK. You can access the full list here:



The declaration is still open for endorsements: <https://tinyurl.com/DeclarationDisabilities>

VI. Acknowledgements

Collaboration, consultation, and drafting for this declaration was facilitated by Rising Flame, India where an open call for inputs was released and circulated through multiple media across Asia and the Pacific and globally. The inputs received were duly integrated into the declaration along with recent consultative reports from the region. After the declaration was circulated, Rising Flame incorporated a second round of feedback and inputs into the declaration and facilitated a mass outreach for endorsements through multiple channels – emails, listservs, WhatsApp and WhatsApp groups, social media platforms.

Rising Flame celebrates the participation of women and persons with disabilities, including 35 organisations, networks and collectives that contributed to this declaration and more than 200+ organisations, networks, collectives and individuals that have already endorsed the declaration as of November 12, 2024, 10 am BKK. Rising Flame recognises and reiterates the value of the Beijing Declaration and Platform for Action in catalysing inclusive organising and action among women from diverse social contexts and across generations and abilities to advance the position of all women and girls. Together we rise!