Realising the global commitment to Leave No One Behind

Ensuring that persons with disabilities and other marginalised groups are included in development cooperation

Leaving No One Behind: General Recommendations

Moving forward with the overall implementation of Agenda 2030, we recommend all governments and relevant stakeholders to ensure:

Participation

1. Effective, consistent and continuous involvement, and participation of persons directly affected by marginalisation and exclusion including Disabled Persons' Organisations (DPOs) in implementation efforts. They are best placed to identify their own needs and know how to address them.

Accessibility

2. Accessibility is a pre-condition for the participation and inclusion of persons with disabilities. From the outset with universal design and the expectations of reasonable accommodation, ensure access to the built environment, transportation, information and communication, assistive technologies (AT) and new technologies for all.

Accountability

3. Clear responsibilities for the implementation of Agenda 2030 and share them publicly by publishing periodic reports and including indicators for tracking progress towards LNOB, including equity as a measure to track the impact of all programs.

Inclusive financing

4. State actors and multilaterals provide adequate financial resources to effectively implement the LNOB principle. This includes a) tracking investments in disability inclusion within mainstream development programmes (using the OECD DAC Policy Marker) and b) establishing dedicated funds to remove barriers to effective participation by persons with disabilities and their representative organisations in those programmes.

Data collection and disaggregation

5. The systematic collection of disaggregated and globally comparable data. As a minimum standard and recognising the existing capacities of national statistical systems, we recommend using the Washington Group Short Set of Questions and the Washington Group/UNICEF Child functioning model for SDG data disaggregation as a basis for data collection.

Leaving No One Behind: Access to Health

Recommendations to policy-makers, donors and health service providers

1. Focus service delivery on primary healthcare as the gateway to leaving no one behind, and a means to achieving health coverage for all. Implement community-based practices to ensure a wide range of services are delivered to persons with disabilities within their communities. **Building Block: Service delivery**

2. Finance: Ensure that inclusive practices as described in the UNCRPD are adequately budgeted for so that barriers to health are removed. Including social protection; universal design and reasonable accommodation; transport; and inclusive practices such as sign language interpreters; alternative formats for documents etc. Ensure availability of adequate financing for building up of under-resourced specialised health services, rehabilitation, and mental health services. **Building Block: Health Financing**

3. Improve the availability and comparability of data on the health status and access to services for persons with disabilities and other marginalised groups. Collect and disseminate gender, age, and disability disaggregated data and information starting from birth, to reveal gaps, learn from best practices, and ensure appropriate planning for equitable access to health services for all people. **Building Block: Health Information Systems**

4. Ensure that the health workforce is composed of sufficient and well-distributed health workers who understand the needs of persons with disabilities and are competent and motivated to provide both general and specialist health services to all persons with disabilities, and to promote and protect the rights and dignity of persons with disabilities, including the particular needs of women with disabilities. There is also the need to bring persons with disabilities into the workforce as healthcare professionals. **Building Block: Health Workforce**

5. Ensure commitment and political will of decision makers at global, national, subnational and district/local levels to adopt CRPD compliant legislation, policies, guidelines and practices to systematically assess and remove barriers to health services. This political will needs to be accompanied by clear accountability and monitoring mechanisms. Include persons with disabilities in decision making structures to enable policy makers, decision makers, and implementers to be knowledgeable about and committed to deliver disability inclusive practices in health. **Building Block: Leadership/Governance**

6. Empower persons with disabilities to be informed, and make decisions about their personal health and how to maximise it. Mainstream inclusion and adopt targeted efforts to ensure that quality health information, training and peer support are made accessible and available to persons with disabilities, and ensure that healthcare is

provided to all people based on free and informed consent. **Building Block: Health Information systems**

7. Explore the potential of new technologies for opportunities to improve and scale up access to assistive technology as part of the right to rehabilitation. **Building Block: Medical products and technologies**

8. Establish partnerships to work collaboratively with international, national, district and community partners to improve the delivery of quality health services for persons with disabilities within the health system, ensuring representation, participatory approaches and the voice of persons with disabilities. This should include representation of persons with disabilities in the health workforce. **Building Block: Leadership/Governance**

9. Ensure the dialogue around UHC focuses on leaving no one behind. Progress towards UHC should reflect opportunities to provide disability-specific services as part of the priority package of services; to meet specific needs of persons with disabilities for financial risk protection; and to ensure that disability inclusion becomes standard in health service delivery to leave no one behind. **Health system outcome: Improved health (level and equity)**