iDDC International Disability and Development Consortium

# 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

"As we embark on this great collective journey, we pledge that no one will be left behind […] And we will endeavour to reach the furthest behind first." (Preamble of the 2030 Agenda for Sustainable Development - hereafter Agenda 2030)

"Millions of people are being left behind, especially the poorest and those disadvantaged because of their sex, age, disability, ethnicity or geographic location. Targeted efforts will be needed to reach the most vulnerable people."[1]

11 years after the United Nations Convention on the Rights of Persons with Disabilities (CRPD) entered into force, four years into the implementation of Agenda 2030, and considering the conclusions of the UN Flagship Report on Disability and Development (2018), the International Disability and Development Consortium (IDDC) notes with concern that too little is done to effectively realise the Leave No One Behind (LNOB) principle.

Together with like-minded partners, we consider the LNOB principle as a fundamental requirement for the successful implementation at all levels of Agenda 2030. Hence, we state that:

- The LNOB principle and the need to reach the furthest behind first were amongst the key lessons learnt from the Millennium Development Goals (MDGs, 2000-2015): the failure of the MDGs to put the most marginalised groups on top of the agenda resulted in unreached goals and sometimes even in widening development gaps at the expense of those groups.

- Agenda 2030 clearly identifies marginalised groups that have been left behind and that should now be the primary focus of all implementation efforts.

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[1] United Nations, The Millennium Development Goals Report 2015, p. 8
[2] UN General Assembly (2006), Convention on the Rights of Persons with Disabilities. 13 December 2006, A/RES/61/106, Annex I
[3] SDG 3: Ensure healthy lives and promote wellbeing for all at all ages.
[4] Hashemi, Kuper, Wickenden. (2017) SDGs, Inclusive Health and the path to Universal Health Coverage.

- The LNOB principle is deeply rooted in human rights law and principles and hence requires a rights-based approach. Disregarding the principle and the rights of all human beings, including those considered as marginalised, amounts to stigma, discrimination and a breach of human rights obligations.

- No policy, programme or other measures for realising the Sustainable Development Goals (SDGs) can be implemented without consistent and continuous application of the LNOB principle.

## 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

Access to healthcare is central to human rights, development progress and to every citizen's wellbeing, including persons with disabilities. Article 25 of the UN CRPD[2] reinforces the right to health of persons with disabilities stating that "persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability".

The commitment to "leave no one behind", enshrined in the Agenda 2030, requires all actors involved in the implementation of the SDGs to address the exclusion and the inequalities affecting marginalised groups, including persons with disabilities. SDG 3 sets out to "ensure healthy lives and promote well-being for all at all ages". Central to this is achieving universal health coverage (UHC, SDG 3.8), stating that everyone should have access to the health services they need without facing financial hardship.[3] This implicitly includes persons with disabilities.[4]

The need for health is the same for all people, though persons with disabilities can also have specific health needs and have a higher risk of experiencing physical and mental ill health. This is sometimes related to specific impairments or comorbidity (for example, mobility issues affecting health promotion, and isolation affecting mental health), but is also due to increased risk of exposure to negative social determinants such as poverty, violence and social exclusion. Because of this risk, persons with disabilities are likely to have a higher need for both specialist and general health services.[5]

Despite the higher risk, persons with disabilities are less likely to receive the health care they need and often encounter barriers to accessing health services.[6] Persons with disabilities are twice as likely to find health workers' skills and health facilities inadequate, three times more likely to be denied health care and four times more likely to be treated badly in the healthcare system.[7] They often cannot access the specialist health services, including rehabilitation services, that they may require as a result of their impairment and their general health needs are often overlooked in favour of a focus on impairment. In

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[2] UN General Assembly (2006), Convention on the Rights of Persons with Disabilities. 13 December 2006, A/RES/61/106, Annex I

[3] SDG 3: Ensure healthy lives and promote wellbeing for all at all ages.

[4] Hashemi, Kuper, Wickenden. (2017) SDGs, Inclusive Health and the path to Universal Health Coverage. Disability and the Global South.Vol.4, No. 1, 1088-1111.

[5] Shakespeare, Bright, Kuper (2018). Access to health for persons with disabilities. Discussion paper commissioned by the Special rapporteur on the rights of persons with disabilities.

[6] World Health Organization/World Bank (2011). World Report on Disability. Geneva: World Health Organisation/World Bank // UN General Assembly 73rd session (2018). Report of the Special Rapporteur on the rights of persons with disabilities. Commissioned by the Special rapporteur on the rights of persons with disabilities.

[7] World Health Organization/World Bank (2011). World Report on Disability. Geneva: World Health Organisation/World Bank

many developing countries, more than 50% of persons with disabilities have an unmet need for rehabilitation services.[8] Persons with disabilities can be disproportionately denied their right to health in emergencies, disasters, conflict and displacement.

Various factors, including gender, age, type of disability, minority and migratory status – amongst others – can intersect to shape how individuals access their right to health. For example, women with disabilities face higher risk of sexual violence and significant barriers to having their sexual and reproductive health rights met.[9] In low and middle income countries, women with disabilities are two to four times more likely to experience intimate partner violence than women without disabilities.[10]

Limited availability, accessibility, affordability, and acceptability of services can result in reduced quality of and access to the full range of health services, from promotion and prevention, to treatment, rehabilitation and palliative care. Persons with disabilities face systematic challenges and barriers in realising their right to health. Examples include but are not limited to: inaccessible health infrastructure, remoteness of facilities, poor availability of appropriate and adapted medical equipment and less access to health information; communication barriers; limited availability of services relating to specific impairments or comorbidities; lack of knowledge on disability inclusion and human rights amongst health personnel; lack of standards and legislation; limited access to health insurance; stigma and discrimination and at worst forcible treatments.[11]

Persons with disabilities are also more likely to experience economic barriers to accessing the health services they need. They are twice as likely to incur catastrophic expenditure due to seeking care; an estimated 50% cannot afford this.[12] This includes direct costs, such as fees for general and specialised health services, and indirect costs of seeking care.[13] Persons with disabilities are also more likely to live in poverty and often face discriminatory barriers accessing private health insurance schemes due to pre-existing conditions.

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[8] UNDESA (2018)). UN Flagship Report on Disability and Development. New York, UNDESA.
[9] UNFPA (2018). Young persons with disabilities: Global study on ending gender-based violence and realising sexual and reproductive health and rights. New York, UNFPA.
[10] Dunkle et al. (2018). Disability and Violence against Women and Girls Global Programme. What Works to Prevent Violence 9 Banks and Polack (2013). The Economic Costs of Exclusion and Gains of Inclusion of People with Disabilities. Report by CBM and the London School of Hygiene and Tropical Medicine.
[11] UN General Assembly 73rd session (2018). Report of the Special Rapporteur on the rights of persons with disabilities. Commissioned by the Special rapporteur on the rights of persons with disabilities. Available at https://undocs.org/A/73/161 // Shakespeare, Bright, Kuper (2018). Access to health for persons with disabilities. Discussion paper commissioned by the Special rapporteur on the rights of persons with disabilities.
[12] World Health Organization/World Bank (2011). World Report on Disability. Geneva: World Health Organisation/World Bank
[13] Dunkle et al. (2018). Disability and Violence against Women and Girls Global Programme. What Works to Prevent Violence 9 Banks and Polack (2013). The Economic Costs of Exclusion and Gains of Inclusion of People with Disabilities. Report by CBM and the London School of Hygiene and Tropical Medicine.

State parties of the CRPD have committed to the right to health without discrimination (Article 25), and to improve accessibility (Article 9), habilitation and rehabilitation services (Article 26) for persons with disabilities. As countries work towards achieving SDG 3 on health and UHC, it is important that no one is left behind. However, the lack of good quality and comparable data on health status and access of persons with disabilities is a major challenge for monitoring the equity gaps in health status and access to health services for persons with disabilities.

To ensure that persons with disabilities enjoy the same right to physical and mental health as everyone, they need to have access to effective and quality health services according to their needs, including rehabilitation services, disability support and assistive technologies, at a cost that is affordable.

## 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)**

## Leaving No One Behind: Access to Education

The objective of SDG 4 is to achieve “inclusive and equitable quality education and promote lifelong learning opportunities for all” including persons with disabilities.

IDDC advocates for inclusive education as advocated in the UNCRPD Article 24 and General Comment 4 (2016).

Inclusive education means having one inclusive system of education for all learners, at all levels, (early childhood, primary, secondary and post-secondary) with the provision of specific supports to accommodate learners with disabilities and the existence of quality bilingual schools in national sign language and national written language. Particular attention needs to be paid made to include learners most likely to be excluded, such as children with intellectual, psychosocial or multiple/ complex disabilities, children with deafblindness, those living in remote areas, or from language and cultural minorities, or those affected by humanitarian crises.

Children with disabilities are among the most marginalised, often invisible in household surveys and administrative data, as well as excluded from national and global strategies that target out-of-school children. In low and middle-income countries children with disabilities make up for half of the estimated 65 million primary and lower secondary school-aged children out-of-school. There is also a significant gender disparity in school attendance with two thirds of girls being amongst those out of school (IDDC 2016). Girls with disabilities are less likely than boys with disabilities to complete education (UNESCO 2018) experiencing double disadvantage of being female and being a person with a disability. Girls and women with disabilities in low and middle-income countries face further barriers to accessing education. Exclusion of children with disabilities from education has contributed to widening the literacy gap between girls and boys with disabilities and their non-disabled peers (UNESCO-UIS, 2018).

At school, the enrolment records of children with disabilities are lower and dropout rates higher, with poor levels of attendance, progression and learning. Very few young people with disabilities transition into higher levels of training and education. Only 5-15% of children who need assistive devices have access to them. Less than 1% of materials are available in accessible formats for blind or partially sighted readers, but when they are provided a 20% increase in student achievement is possible.

Other barriers faced by boys and girls with disabilities include discriminatory social attitudes, physical and communication barriers, resource constraints, and lack of support in classrooms and the wider community. Many countries have policies and legislation to support people with disabilities, but the challenge(s) often lies in the fact that they have a narrow disability focus or limited resources for their implementation and accountability.

Educating students with disabilities in inclusive settings has the potential for economic, social and health benefits for them and their families, as well as for the national GDP. It opens the door to greater participation in broader community activities and builds relationships with peers without disabilities.

When boys and girls with disabilities have access to early interventions and early years education, this leads to better educational outcomes. Inclusion involves a profound

cultural shift to ensure that all children feel valued, welcomed and respected. In addition, it is the right of children with disabilities to socialise with their peers, including those that have the same lived experiences and face similar issues. It requires a process of systemic reform with changes and modifications in content, curriculum, individualised considerations, accessibility, particularly to sign language, assistive aids and devices, teaching methods, approaches, structures and strategies.

## Recommendations to policy-makers, donors and education service providers

1. Allocate at least 6% of GDP and 20% of national budgets to education. Allocation and use of resources must be in accordance with the Committee on the Rights of Persons with Disabilities' General Comment No. 4, on Article 24 of the Convention on the Rights of Persons with Disabilities (CRPD), by investing in system-wide reform that takes into account disability-related needs and avoids all forms of segregation. Disability inclusion must be a requirement for accessing funding for all education programmes.

2. Strengthen national policies, laws and accountability mechanisms to prevent discrimination and ensure that all persons with disabilities can fully enjoy their right to quality education in their community.

3. Collect and analyse accurate, robust data on children with disabilities and their access to quality education and learning, disaggregated by sex, age and type of impairment. Collect school-level data on segregation in special institutions, accessibility, reasonable accommodation and teacher training.

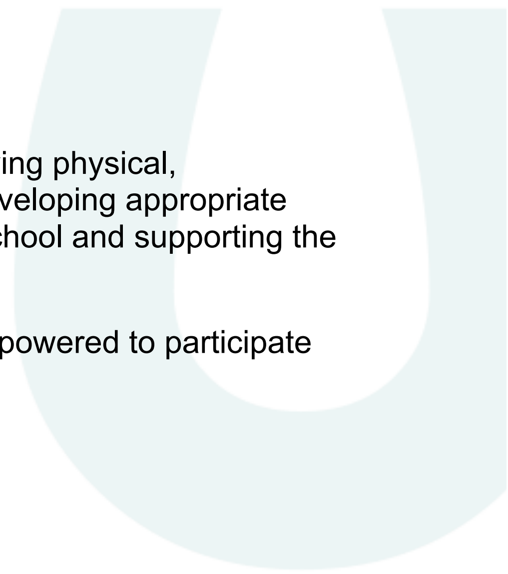
4. From birth and with the involvement of families, prioritise and adequately fund the provision of appropriate and timely, early identification of individual needs, early childhood intervention, and individualized education needs along with related support services. Individualised transition processes need to be in place from one education phase to another, from early years through to higher education.

5. Ensure all formal, non formal and informal learning environments are accessible, have child safety procedures in place, to deal with bullying, violence or harassment in particular, with teachers who are able to cater to different learning styles, individual communication needs, have inclusive curricula and learning assessments, as well as provide reasonable accommodation as required.

6. Utilise and support advancements in technology that assist learners with disabilities to access, among others the curriculum; information; communication; appropriate assistive devices; in order that they enjoy greater independence.

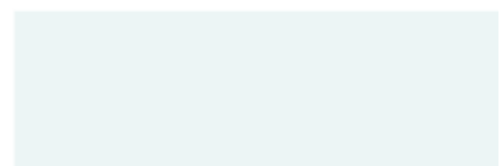
7. Adopt inclusive social protection systems to address the extra costs of disability and multiple disadvantages faced by children with disabilities and their families in order to facilitate access to education.

8. Develop, train and support an education workforce that is equipped to deliver inclusive education, including enabling persons with disabilities to become teachers, support staff and allied professionals.



9. Ensure a multi-sectoral approach to education by removing physical, organisational and attitudinal barriers to inclusion, by developing appropriate referral systems, accessible transport from and to the school and supporting the development of broader inclusive infrastructure.

10. Guarantee a school environment where children are empowered to participate and make active choices about their education.



## Leaving No One Behind: Access to Employment and Decent Work

Article 27 of the UNCRPD "recognizes the right of persons with disabilities to work, on an equal basis with others"[14] and it prohibits discrimination on the basis of disability with regard to all matters concerning all forms of employment.

SDG 8 on Decent Work and Economic Growth calls on Member States to "achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value." [15]

It is estimated that 1 billion people have a disability, which is approximately 15% of the world's population.[16] This represents a significant proportion of the workforce. While employment and work rights of persons with disabilities are recognised and protected by internationally agreed frameworks, the international community still has much to do to make the SDG 8 commitments a reality. Across the globe, persons with disabilities, especially women with disabilities, experience higher rates of unemployment and exclusion from mainstream labour markets than persons without disabilities.[17] Exclusion from employment may lead to lower income for persons with disabilities and therefore increase their risk of poverty. Persons with disabilities – especially women with disabilities – are more likely to face- discriminatory wage gaps.[18] Persons with disabilities are also more likely to be in precarious or unstable work such as in the informal sector or part-time work[19], making them more vulnerable to exploitative arrangements and unsafe working conditions.

The barriers in accessing productive and decent work are many. The high levels of prejudice, stigma and stereotypes facing persons with disabilities, contribute to discriminatory hiring practices excluding them from the workplace.[20] The interplay between a lack of education and training opportunities[21], a lack of reasonable accommodation in the workplace[22], and inadequate laws and policies[23] inhibits opportunities for decent work for persons with disabilities.

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[14] United Nations. (2006). Convention on the Rights of Persons with Disabilities. Available at:
[15] United Nations. (2015). Transforming our World. The 2030 Agenda for Sustainable Development.
[16] World Health Organization and The World Bank. (2011). World Report on Disability.
[17] Idem
[18] United Nations Department of Economic and Social Affairs. (2018). The UN Flagship Report on Disability and Development 2018., p. 136.
[19] World Health Organization and The World Bank. (2011). World Report on Disability. Available at: https://www.who.int/disabilities/world_report/2011/report.pdf
[20] Lamichhane, K. (2012). Employment situation and life changes for people with disabilities: evidence from Nepal, Disability & Society, 27:4, 471-485
[21] Rohwerder, B. (2015). Disability inclusion: Topic guide. Birmingham, UK: GSDRC, University of Birmingham
[22] Nevala, N. *et al.* (2015) Workplace Accommodation Among Persons with Disabilities: A Systematic Review of Its Effectiveness and Barriers or Facilitators, *J Occup Rehabil*. 25:432–448

Access to productive and decent work for persons with disabilities have been shown to increase confidence, social status and skills acquirement[24] thereby facilitating inclusion into mainstream society. Furthermore, it is not only a social and human rights issue, but also an economical issue as the International Labour Organisation (ILO) conservatively estimates the global economic loss related to the exclusion of persons with disabilities at up to 7% of GDP.[25]

All these point to the urgent need for action towards inclusive employment and decent work if the global community is to reduce inequalities and leave no-one behind by 2030, as affirmed in the Agenda 2030. Indeed governments and other stakeholders need to address the structural barriers that limit access of persons with disabilities to economic and social opportunities, thereby depriving them of the ability to live independently and with dignity.

## Recommendations to policy-makers, donors and employers

1. Include persons with disabilities and their representative organisations in any discussion centred on the economy, technology and global wellbeing, in line with the General Comment No. 7 of the CRPD on participation. This includes making reasonable accommodation for their engagement.

2. Ensure that national legislation protects persons with disabilities from discrimination on the basis of disability in all matters of employment, vocational training and access to entrepreneurship. Denial of reasonable accommodation is also a form of discrimination.

3. Consider a flexible combination of income security and disability-related support to promote labour market participation of persons with disabilities and create a positive link between employment and social protection schemes on disability.

4. Provide incentives, support and guidance to employers including on accessibility, reasonable accommodation and awareness.

5. Promote inclusive vocational skills development systems, including technical vocational education, training systems, programmes and other skills development programmes.

6. Support self-employment by persons with disabilities by strengthening access to entrepreneurship, skills development and financial services.

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[23] World Health Organization and The World Bank. (2011). World Report on Disability. Available at: https://www.who.int/disabilities/world_report/2011/report.pdf

[24] Lamichhane, K. (2012). Employment situation and life changes for people with disabilities: evidence from Nepal, Disability & Society, 27:4, 471-485

[25] The International Labour Office. (2009) The price of exclusion: The economic consequences of excluding people with disabilities from the world of work. Available at: https://www.ilo.org/wcmsp5/groups/public/---ed_emp/---ifp_skills/documents/publication/wcms_119305.pdf

7. Gather systematic labour data disaggregated by disability, analyse and utilise it to develop and implement disability-inclusive policies and practices and connect data with policymakers.

## Leaving No One Behind: Global Partnerships

It is estimated that 1 billion people have a disability, which is approximately 15% of the world's population[26]. Persons with disabilities are overrepresented among the poorest in the world: the Agenda 2030 for Sustainable Development states that more than 80% of persons with disabilities live in poverty.[27] Yet they are underrepresented in global partnerships.

Persons with disabilities face widespread exclusion from all areas of economic, political, social, civil and cultural life, including employment, education, health care, and safe and adequate housing. Persons with disabilities experience higher rates of poverty and deprivation and lower levels of income than the general population[28]. This stems from pervasive discrimination and stigma, unequal opportunities, and physical and attitudinal barriers. And these same factors also mean that the rights of persons with disabilities are not adequately addressed in poverty-reduction programmes, social protection floors or development programmes and funds.

Positively, Agenda 2030 for Sustainable Development commits to transform the lives of persons with disabilities, however, these commitments can only be achieved if the implementation is guided by the CRPD. Agenda 2030 shifts the traditional vision of partnerships by highlighting the significant role of stakeholders, including persons with disabilities. This view is in line with Articles 4.3 and 32 of the CRPD and the foundation of the disability movement "Nothing about us, without us." SDG 17 further strengthens the importance of global partnerships by recognising the key role of stakeholders in the implementation of the SDGs. In particular, SDG 17 stresses the development of multi-stakeholder partnerships that call upon diverse stakeholders such as persons with disabilities and their representative organisations to mobilise and share their expertise and resources in order to achieve the SDGs. The development of public, public-private and civil society partnerships are also encouraged and promoted.

New global partnerships should be based on the principles of inclusivity, mutual respect, and mutual benefits for all partners. Global partnerships should bring together global communities concerned with economic, social and environmental progress, including persons with disabilities, other marginalised groups, local communities, multilateral institutions, local and national governments, businesses, civil society, private philanthropists, scientists and academia.

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[26] World Health Organization and The World Bank. (2011). *World Report on Disability.* Available at: https://www.who.int/disabilities/world_report/2011/report.pdf

[27] Transforming Our World: the 2030 Agenda for Sustainable Development, paragraph 23

[28] S. Mitra, A. Posarac and B. Vick. (2011). *Disability and Poverty in Developing Countries: a Snapshot from the World Health Survey*: http://siteresources.worldbank.org/SOCIALPROTECTION/Resources/SP-Discussion-papers/Disability-DP/1109.pdf

Partnerships are critical for persons with disabilities and their representative organisations because this is the best way to ensure that the disability community has representation and that the challenges faced by persons with disabilities are accounted for and met in the implementation of the SDGs**.** Persons with disabilities must, therefore, take a direct role in these partnerships to ensure that their interests are part of the Agenda 2030 and the SDGs for the years to come.

## Recommendations to policymakers and donors

1. Engage in strategic partnerships with a wide range of multi-stakeholder organisations and organisations of persons with disabilities (DPOs), including parent organisations to further the inclusive agenda

2. Ensure meaningful representation of persons with a broad range of disabilities in all planning and policymaking activities.

3. Ensure space for civil society from grassroots to global level to realise sustainable impact at scale by supporting collaborative approaches, mobilisation and advocacy.

4. Advance more integrated, efficient, inclusive and effective approaches to financing.

5. Facilitate and support capacity-building, including through the exchange and sharing of information, experiences, training programmes and best practices.

6. Facilitate cooperation in research and access to scientific and technical knowledge.

7. Support and carry out global, regional and national data collection, capacity building and disaggregation of data by disability.