



**Public Health Association**  
AUSTRALIA

# DFAT development of Australia's International Disability Equity and Rights Strategy

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The **Public Health Association of Australia** (PHAA) is Australia's peak body on public health. We advocate for the health and well-being of all individuals in Australia.

**We believe** that health is a human right, a vital resource for everyday life, and a key factor in sustainability. The health status of all people is impacted by the social, commercial, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the root causes of poor health and disease. These determinants underpin the strategic direction of PHAA. Our focus is not just on Australian residents and citizens, but extends to our regional neighbours. We see our well-being as connected to the global community, including those people fleeing violence and poverty, and seeking refuge and asylum in Australia.

**Our mission** is to promote better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

**Our vision** is for a healthy population, a healthy nation and a healthy world, with all people living in an equitable society, underpinned by a well-functioning ecosystem and a healthy environment.

**Traditional custodians** - we acknowledge the traditional custodians of the lands on which we live and work. We pay respect to Aboriginal and Torres Strait Islander elders past, present and emerging and extend that respect to all other Aboriginal and Torres Strait Islander people.

## Introduction

PHAA welcomes the opportunity to provide input towards the development of Australia's International Disability Equity and Rights Strategy ('the Strategy').

Building on the inclusion of disability equity and rights as a key commitment in Australia's International Development Policy, the Strategy provides an opportunity to outline a clear vision and framework to strengthen Australia's leadership in advancing equity and rights for people with disabilities globally. The PHAA's policy position statement on Disability and Health (1) affirms the rights of people with disability, recognises diversity and intersectionality of disability, and respect for dignity and worth of people with disability. Our submission on the Strategy aligns with PHAA's key policy positions on Disability and Health (1).

Disability is described as 'interaction between persons with impairments and attitudinal and environmental barriers that hinders full and effective participation in society on an equal basis with others' (48). An estimated 1.3 billion people – representing 16% of the global population – experience disability, of whom 80% live in low and middle income countries (LMICs) (2). Over 700 million people with disability live in the Asia-Pacific region (3). Globally, people with disability are among the poorest and most marginalised population groups; experience stark inequities with respect to social determinants of health; and are disproportionately impacted by humanitarian crises, climate change and disasters. The Sustainable Development Goals (SDGs) are underpinned by a commitment to 'leave no one behind'. (4) Yet, halfway towards 2030, people with disability *are* being left behind - both in terms of participation in, and benefitting from, development (5, 6, 49).

Our submission is underpinned by the belief that an individual's health is dependent on the attainment by every individual of the capacities required to participate fully in life. Such capacities include those related to bodily health and sovereignty, dignity, and control over one's environment. It is our collective responsibility to support the attainment of these capacities for all persons. Realisation of human rights and fundamental freedoms as specified in the CRPD requires elimination of discrimination on the basis of disability, legislative and administrative implementation of rights and freedoms and abolishing regulations, customs and practices that constitute discrimination (7).

PHAA advocates for a rights-based, intersectional approach to improving the health and quality of life of people with disability supported by strong investment from governments. We recognise and celebrate the diversity of people with disability and call for their active representation in all decisions that affect them, throughout the development process.

We have had the opportunity to review submissions to this consultation by the Australian Disability + Development Consortium (ADDC) (<https://www.addc.org.au/file/idears-submission/>), and by the charity organisation CBM Australia, and we endorse the recommendations these submitters have made to you.

# PHAA Response to the Consultation Questions

## 1. What should Australia prioritise to advance disability equity and rights internationally?

We echo CBM Australia's approval of the focus on equity and human rights signified by the name for the Strategy. Achieving equity requires achieving the preconditions for inclusion, addressing barriers to meaningful social and economic participation, embedding a strengths-based approach to disability, and climate and disaster risk reduction. Actions to achieve equity need active involvement of people with disability and we, like ADDC, are encouraged by the commitment to being led by 'the experiences and expertise of people with disabilities when designing and implementing development activities' (8, p15).

### Preconditions for inclusion

Addressing the preconditions for inclusion (9) is foundational for the effective mainstreaming of disability equity work. This requires a focus on equitable and accessible service delivery across all sectors; developing accountability, governance and UN Convention on the Rights of Persons with Disabilities (CRPD)-compliant budgeting mechanisms; and addressing discriminatory practices. The Pacific Disability Forum also identifies community-based inclusive development (CBID) and social protection through appropriate strategic funding as necessary preconditions for inclusion (10). DFAT and Australian development partners can advocate for, and work with, national governments to address these preconditions through national disability strategies and the application of a disability lens to all policies. This includes supporting partner governments to develop disability inclusive and disability specific policies and economic and social protection schemes to support the participation and inclusion of people with disability (11).

### Social and economic participation

People with disability face barriers to social and economic participation that prevent them from having the rights and freedoms enjoyed by people without disability. Key barriers include inaccessible physical environments and transport, barriers to availability of assistive devices and technology, gaps in service availability and delivery, and direct and indirect discrimination (12, 13). People with disability are disadvantaged with respect to almost all social determinants of health, they are more likely to have lower education, lower levels of employment, lower wages, higher cost of living, and higher levels of poverty (12). People with disability are often excluded from education and employment through direct and indirect discrimination (13).

Disability inclusive international development in LMICs has been specifically referenced in the CRPD as important in addressing rights of people with disability (12). The 2030 Agenda for Sustainable Development states that disability cannot be used as a reason for lack of realisation of human rights or lack of access to development programming (12). Five of the SDGs specifically identify people with disability as key agents, including seven targets explicitly referring to people with disability and six targets that refer to people in vulnerable situations which includes people with disability (12, 14). The SDGs that explicitly include people with disability align with key social determinants of health and social and economic participation: SDG 4, quality education; SDG 8, decent work and economic growth; SDG 10, reduced inequalities; SDG 11, sustainable cities and communities; and SDG 17, partnerships for the goals (14).

Social and economic participation for people with disability should be *meaningful*, not tokenistic or 'othering', as such forms of participation further marginalise people with disability. Individualised and personalised social and economic participation that is built around the skills, strengths and interests of people with disabilities is the ideal (15). People with disability should be able to enjoy personal dignity, exercise choice, control and freedom in social and economic interactions that are in keeping with their individual preferences and aspirations (16). Creating meaningful employment opportunities for people with disability in non-segregated settings at the wages that are paid to people without disability can reduce experiences of violence, abuse, neglect and exploitation (17). Supported employment for people with disability in organisations that pay only a small fraction of minimum wage are not meaningful employment opportunities, and are exploiting people with disability (18).

Some groups are in more vulnerable situations, reflecting impacts of intersectionality – displacement, language, trauma and experiences of war and civil conflict: refugees, asylum seekers, migrants and those from culturally and linguistically diverse backgrounds face additional obstacles to obtaining work and navigating systems, and therefore need additional support (19). Voluntary and involuntary migrants with disability have been historically overlooked when considering human rights

(19). Improved data on health conditions of migrants would inform effective policy making to meet the equal right of migrants to health under the International Convention on the Protection of the Rights of all Migrant Workers and Members of their families (19).

### **Embedding a Strengths Based Approach to Disability Within Organisations Through Training, Policy, and Leadership Development**

A strengths-based approach focuses on individual assets, knowledge and capacities rather than deficits, or what people with disability are unable to do (20). Persons and organisations that support people with disability have an important role to play in putting necessary supports in place to ensure that rights to decision-making, education, and employment are realised. However, this requires a shift in thinking away from a deficit lens to a focus on the strengths of people with disability and their goals, and a recognition that additional supports may be required to achieve these goals (21). Therefore, all persons and organisations involved in the support of people with disability should have access to quality training addressing topics of supported decision-making (22) and supported inclusion (reasonable adjustment) (21) in education, healthcare, and workplace settings. Organisational policy must also be in place to ensure the provision of appropriate support in the face of competing pressures around risk management and the allocation of organisational resources (23), and priority should be given to the development of leadership capacities amongst people with disability (24).

### **Climate and Disaster Risk Reduction**

People with disability are among those most vulnerable to, and affected by, climate change impacts (floods, drought, fires, famines, rising sea-levels, de-forestation), yet they are among the least able to participate in decision-making processes. This circumstance is described by the UN Special Rapporteur on Human Rights and Climate Change as a 'participation disconnect' (25). People with disability are disproportionately impacted by climate change and disasters due to multi-faceted, inter-related factors including (26, 27):

- Existing socio-economic disadvantages, including higher rates of poverty, insecure employment, social exclusion and limited access to basic services.
- That the vast majority of people with disability live in LMIC who are bearing the brunt of social and economic losses; these individuals experience adverse impacts at personal, economic and wider societal levels.
- Inaccessibility of information.
- Additional adverse impacts associated with evacuation or displacement, including loss of support networks and inaccessibility of evacuation facilities; or remaining behind without necessary supports and protections.
- The increased risk of discrimination, exploitation and abuse in new settings, such as evacuation centres.

The intersection of disability with other social, economic and cultural factors contribute to differing inequities and vulnerabilities.

Currently, there is limited consultation with OPDs in developing and resourcing climate change response, and limited pressure on State Parties to do so (25). Consequently, there is an urgent need for the development of participatory processes that enable the full and effective participation of people with disability and their representative organisations in political and decision-making processes (25). Rights-based, participatory approaches to climate and DRR actions are highlighted in the 2015 Sendai Framework for Disaster Risk Reduction and COP27 Action Plan for an Action on Climate Empowerment programme. The rights and principles outlined in the CRPD should be central to State Parties' climate response.

### **PHAA recommendations:**

- A strengths-based approach to disability equity and rights should be embedded within DFAT and partner organisations through training, policy and leadership development.
- Support partner governments to develop disability inclusive and disability specific economic and social protection schemes to support the participation and inclusion of people with disability.
- Development of rights-based, participatory processes that enable people with disability to meaningfully engage in decision-making processes related to climate action and DRR.

PHAA also supports **recommendations from ADDC's (11) and CBM Australia's (28) submissions** to this consultation, including:

- The purpose of the forthcoming International Disability Equity and Rights Strategy must be to achieve disability equity.
- Commit to adopting preconditions for inclusion as a specific outcome of the Strategy.
- Support the implementation of the Convention on the Rights of Persons with Disabilities (CRPD) across the region and globally through a lens of preconditions for inclusion to identify with OPDs and partner governments specific areas for investment.
- Access to assistive technologies is a necessary precondition for disability equity.
- Implement the recommended actions comprised in the WHO Global Report on Health Equity for Persons with Disabilities across Australia's ODA program and support development partners in doing the same.
- Ensure that climate change policies, plans and strategies recognise that the impacts of climate change and disasters are exacerbated for people with intersecting identities, particularly gender, age and disability.

## **2. What are the most effective approaches to progress these priorities?**

### **Human rights approach**

Without exception, Australia's international engagements should be underpinned by a commitment to upholding disability rights as outlined in the CRPD and Pacific Regional Framework on Rights of Persons with Disabilities (PRFRPD). The inherent dignity and worth of people with disability and the importance of individual autonomy and independence, including the freedom to make their own choices, must be reflected from the program level to policy level. Partnerships with OPDs are central to ensuring that dignity and rights for people with disability are upheld.

Australia is well placed to support the implementation of the CRPD throughout the Asia-Pacific region and globally, including through supporting partner governments to develop CRPD compliant budgeting, and legislative and structural reforms (28). Furthermore, targeted investment to build and share evidence and lessons learnt will serve to promote evidence-based practice in advancing disability rights (28).

### **Intersectional approach**

People with disability have unique and distinct needs and are diverse, both in their experience of disability and with respect to the intersection of disability with other characteristics (1). People with disability may experience multiple and intersecting discrimination on the basis of race, ethnicity, culture, religion, class, geographic location, gender, age, sex, sexuality or other characteristics, in addition to disability (1). Effectively removing barriers that hinder the full participation and rights of people with disability requires an intersectional lens, which recognises the various forms of inequality that operate simultaneously and compound the experience of disadvantage (29). Similarly, a life-cycle approach is necessary to consider the particular barriers, needs and experiences of people with disability throughout all stages of life (28).

Examples of intersections of disability and other characteristics include:

- Women and girls with disability experience higher rates of gender-based violence than women and girls without disability (30), and face unique challenges in accessing support services and reporting abuse (31). Women and girls with intellectual disability, and those who are blind or deaf, are particularly vulnerable to violence (31).
- The relationship between poverty and disability is mutually reinforcing; poverty exacerbates impairments - including through lack of access to healthcare and healthy living conditions - whilst disability intensifies poverty, particularly in contexts where people with disability experience discriminatory policies, attitudes and practices (32).

PHAA welcomes DFAT's commitment to build clear connections between existing and future strategies, including a First Nations approach to foreign policy, an International Gender Equality Strategy, a Humanitarian Strategy and a human rights engagement strategy for LGBTQIA+ equality and inclusion, and Australia's Disability Strategy (33). Links between these strategies will strengthen an intersectional approach to achieving disability equity and rights.

### **Strength-based approach and capacity building**

The Australian National Alliance of Capacity Building Organisations (NACBO) offers a model for how a strengths-based approach to disability support might be achieved, requiring a commitment to capacity building through activities of education, peer learning, and leadership development. Evaluation of this alliance identified positive outcomes for people with disability in areas of educational inclusion, having a greater say in daily life, belonging and community, economic contribution, and safeguarding for the future (24).

### **Adequate resourcing and requirements for funding**

The Australian Government's commitment to remaining a strong and consistent leader in advancing disability equity and rights (33) requires ongoing, adequate resourcing. Accordingly, PHAA echoes the Australian Disability + Development Consortium (ADDC) and CBM's call regarding ambitious resourcing targets (11, 28):

- Set a 2030 target of 10% of Official Development Assistance (ODA) being allocated to initiatives with disability equity as a principal objective, according to the OECD Development Assistance Committee Disability policy marker.
- Require that all in-country programs over \$3m have a disability equity objective, in line with existing requirements for climate change and gender equality.
- Establish an ambitious target of 80% of investments effectively addresses disability equity.
- Increase the central disability allocation to \$20m per annum with annual increases thereafter in line with overall budget increases.
- Ensure that costs and resources associated with reasonable adjustments are considered and budgeted for in the initial stages of program planning and design.

Funding across core sectors, including gender, climate, education, health, governance and humanitarian, should be required to demonstrate both mainstreamed disability equity investment and allocation for specific contribution to addressing the empowerment and preconditions for inclusion of people with disabilities (11).

### **Twin-track approach: Mainstream and disability-specific services**

People with disability require both mainstream services and infrastructure, and services specifically designed for people with disability (9). Accessibility of mainstream services does not replace the need for disability-specific services, nor does the provision of disability-specific services negate the need for accessibility of mainstream services; both are identified as pre-conditions for inclusion (9).

### **Localisation**

We echo CMB Australia's call (28) for investment in the capacity of key stakeholders. This is essential to supporting locally led solutions and development by people with disabilities and representative organisations. Australia has an important leadership role, particularly in the Asia-Pacific region, and capacity building of key stakeholders will enable local development of solutions that are appropriate for different contexts in LMICs.

### **Partnerships and co-design**

Australian development agencies' should partner with OPDs and this partnership must be underpinned by the core principle of the disability movement, 'Nothing about us, without us', ensuring that OPDs are meaningfully involved in all stages of the program cycle. Genuine co-design must involve OPDs at all stages from conception through to delivery and evaluation.

### **Data and Surveillance**

Because public resources are finite, it is essential to collect data that can be used to help prioritise the allocation of resources likely to deliver the best outcomes for people with disability (34). Disability disaggregated data is necessary to understand the situation and needs of people with disability compared to the general population; identify disparities between people with and without disability across health, economic and social measures; evaluate disability inclusion within development programs; and inform service and policy development. However, people with disability are often excluded from SDG data collection processes and their perspectives and experiences are consequently underrepresented (6). In the 2022 SDG Report, disability disaggregated data was only available for 2 of 10 SDG indicators that required such



disaggregation (5). Building the capacity of LMICs to increase the availability of high-quality, timely and reliable data disaggregated by disability (and other characteristics) is identified as a target within SDG 17 (35).

The International Classification of Functioning, Disability and Health (ICF) model conceptualises disability as the result of ‘interaction between persons with impairments and attitudinal and environmental barriers that hinders full and effective participation in society on an equal basis with others’ (36). Hence, data that reflects the different components of this framework - impairment, activity limitation and participation restriction (37) - is necessary to understand the different experience, needs and priorities among this heterogenous population. People with disability and their representative organisations should have a key role in determining what data is collected throughout the program cycle, across both formative (process) and summative (outcome) evaluation.

### Disability inclusive approaches to climate action

The overarching policy levers identified in CBM UK’s 2022 policy position paper (27) provide an example of how the above approaches can be applied to a priority area:

1. Data disaggregation & valuing different kinds of evidence
2. Accessible communication of risk and disaster response information
3. Mobilising disability inclusive climate finance
4. Partnerships and alliances with the disability movement
5. Tackle stigma, harmful norms and disability discrimination
6. Thinking and working with a disability inclusive lens.

### PHAA recommendations

- Prioritise the collection of disability-specific SDG data, with data collection processes designed by and with people with disability and organisations of people with disability (6).

PHAA also supports **recommendations from ADDC’s (11) and CBM Australia’s (28) submissions** to this consultation, including:

- Adequately resource the key role DFAT’s central disability allocation plays in building and strengthening the disability movement and driving DFAT’s capability to deliver on the Strategy, by increasing the allocation to \$20 million per annum in the 2024-2025 Federal Budget with annual increases thereafter in line with overall budget increases.
- Add disability equity as a criterion for development financing, along with gender equality.
- Develop, resource and report publicly the measures to systematically address disability equity across the development program.
- Establish an external Disability Board to offer ongoing technical advice to the new strategy and its implementation, comprised of external experts from academia, civil society, the private sector, and including regional representatives from OPDs with deep localised technical expertise.
- Commit to a timeline to re-establish expertise and increase applicable understanding of disability equity and rights across DFAT.
- Develop and promote resources to support staff and delivery partners to embed the strategy in action, including: how to establish accessible complaints mechanisms, guidance on meaningful engagement with OPDs, and guidance on engaging with people with diverse and/or marginalised identities.
- In line with the International Development policy, the Strategy must be delivered hand-in-hand with civil society and other partners, particularly those representing people with disabilities themselves.
- Commit to partnering and supporting Organisations of People with Disabilities (OPDs) to grow stronger, to become more able to pursue their priorities, to advocate and fulfil their duties as civil society organisations with the mandate to keep their governments to account and have greater influence in Australia’s International Development program.
- Commit to contributing to the evidence base around disability equity programs, in line with commitments to enhance evaluation and learning in the International Development Policy.

- Build on Australia's prior support as a leader in inclusive data by funding and enabling exploratory forms of data collection in the region, including but not limited to citizen-generated data as well as support to the Pacific Group on Disability Statistics.
- Commit ongoing support to the Pacific Regional Mechanism beyond the co-design phase, to accelerate the implementation of the Pacific Framework for the Rights of Persons with Disabilities 2016-2025.
- Commit to both investments specifically addressing the increased rates of violence women and girls with disabilities and people of diverse sexual orientation, gender identity, gender expression and sex characteristics with disabilities experience, as well as commit to increase funding for the inclusion of women with disabilities and people of diverse sexual orientation, gender identity, gender expression and sex characteristics with disabilities in all programs to combat gender-based violence.
- Ensure that climate change policies, plans and strategies recognise that the impacts of climate change and disasters are exacerbated for people with intersecting identities, particularly gender, age and disability.
- Ensure education programs and initiatives include specific targeting of children with disabilities to improve enrolments and educational achievement.
- Include provision within education programs and initiatives to build the capacity and knowledge of disability inclusion of education practitioners, to ensure children with disabilities are served by education policies and practices.

### **3. How can DFAT support the role of, and partner with, organisations of persons with disabilities?**

#### **DFAT can support the role of OPDs through:**

- Capacity building, including in leadership, advocacy and technical expertise to enable the meaningful engagement of OPDs in budgetary and policy decisions that relate to people with disability.
- Facilitating and resourcing networking between OPDs to foster the sharing of best practice, lessons at local, national & regional levels.
- Strengthening collaborative relationships between OPDs, governments at all levels, civil society and partner agencies to promote the inclusion of people with disability in humanitarian action, disaster risk reduction efforts and climate change adaptation.

#### **Partnering with OPDs**

To promote effective, authentic partnerships, OPDs must be recognised as equal partners, and the experts in identifying their own needs, priorities and contextualised solutions. PHAA recommends a two-way model for partnering with OPDs, in which OPDs train mainstream agencies in disability inclusive practices whilst mainstream agencies provide training to build capacity in areas such as leadership, advocacy, and technical expertise. Recent increased engagement between OPDs and Australian development agencies is a positive step towards inclusive development. However, this increased demand on OPDs should be balanced with flexible funding for core costs to enable OPDs to determine their own strategic direction (38).

Engagement with local, national, regional and global OPDs is key to fulfilling commitment and strategies to advance equity and human rights for people with disability, but requires adequate resourcing. We support CBM Australia's call (28) for adequate resourcing to achieve organisational capacity within DFAT for this engagement and the necessary expertise in DFAT to realise commitments and execute strategies well through program delivery in country. Underpinning partnerships with OPDs must be a commitment to ensuring that DFAT's systems, process and practices are accessible to people with disability and OPDs. We support ADDC's call to undertake an accessibility audit of DFAT's internal process and systems, in partnership with OPDs, as a first step to strengthening DFAT's capabilities in implementing this new development policy inclusively (38).

Alongside partnering with OPDs, active steps must be taken to engage people with disability who are not associated with OPDs, including those who may experience intersecting disadvantage. Whilst the representativeness of OPDs varies between contexts, a recent study in nine LMICs found that approximately one third of people with disability were aware of OPDs, and fewer than 15% were members (39). People with difficulties communicating, remembering and with self-care, older adults, women, people with less education, in poverty and in rural areas were underrepresented in OPD membership (39).

Australia has an opportunity to lead in modelling authentic partnerships with OPDs. Australia can lead by example through continuing to advance regional and global discussion and commitment to disability inclusion in partnership with local, national, regional and global OPDs. This lends authority to DFAT efforts to assist with development of partnerships towards achieving equity in other countries in our region.

**PHAA Recommendations:**

- Employ a strengths-based approach when partnering with people with disability and OPDs; valuing their abilities, knowledge and capacities; and recognising them as experts in identifying their own needs, priorities and contextualised solutions.
- Support the disability movement to be more inclusive of all people with disabilities, including by funding and supporting representative organisations of all groups of impairments, such as organisations of people with psychosocial disabilities (40).
- Support disabled people’s organisations to understand gender dynamics and how these interact with the social norms surrounding disability, and create links with the gender equality movement (40).
- Undertake an accessibility audit of DFAT’s internal process and systems, in partnership with OPDs, as a first step to strengthening DFAT’s capabilities in implementing this new development policy inclusively (38).

PHAA also supports **recommendations from ADDC’s (11) and CBM Australia’s (28) submissions** to this consultation, including:

- In line with the International Development policy, the Strategy must be delivered hand-in-hand with civil society and other partners, particularly those representing people with disabilities themselves.
- Commit to partnering and supporting Organisations of People with Disabilities (OPDs) to grow stronger, to become more able to pursue their priorities, to advocate and fulfil their duties as civil society organisations with the mandate to keep their governments to account and have greater influence in Australia’s International Development program.
- Support the implementation of the Convention on the Rights of Persons with Disabilities (CRPD) across the region and globally through a lens of preconditions for inclusion to identify with OPDs and partner governments specific areas for investment.
- Establish an external Disability Board to offer ongoing technical advice to the new strategy and its implementation, comprised of external experts from academia, civil society, the private sector, and including regional representatives from OPDs with deep localised technical expertise.
- Develop and promote resources to support staff and delivery partners to embed the strategy in action, including: how to establish accessible complaints mechanisms, guidance on meaningful engagement with OPDs, and guidance on engaging with people with diverse and/or marginalised identities.

## **4. What are the biggest challenges to and opportunities for advancing disability equity and rights?**

### **Impact of pandemics and climate and weather events**

The COVID-19 pandemic exacerbated existing inequities for people with disability and barriers to equity, and continues to do so. Likewise, climate change amplifies the risks and exclusion people with disability already experience on a daily basis (41).

### **Deinstitutionalisation and mainstream services**

CRPD-compliant services require a focus on deinstitutionalisation, a process which restores autonomy, choice and control to people with disability to decide how they live (42). The process of deinstitutionalisation should be led by people with disability, including those with lived-experience of institutionalisation (42). Deinstitutionalisation is a particular priority for people with cognitive and psychosocial disabilities, with institutionalisation contributing to persistent negative attitudes towards people with disabilities (43).

Deinstitutionalisation requires strong investment in community-based supports and services and, in accordance with the UNCRPD, no funds should be spent on ‘maintaining, renovating, establishing, building or creating any form of institution’ (44, p11) A lack of community-based supports and services should not be used to justify maintenance of institutions (42).

Supporting individuals transitioning from institutional environments to develop support networks within their communities, including peer support, is essential to strengthen their voice and transition from substitute decision-making to supported decision-making processes.

### **Assistive Technology**

Assistive technology (AT) is recognised as a mediator of human rights and promotes inclusion of people with disability (45, 46). With the global number of people needing AT expected to reach 2 billion by 2050 (47), there is a clear need to scale up access to AT. There is significant, increasing need for AT in Pacific Island Countries, driven by health and demographic trends (46). PHAA supports the recommendations outlined in the Australian government funded WHO Western Pacific Region 2020 Assistive Technology Procurement Study (46), including the establishment of a Pacific AT resource facility and supply chain hub.

### **PHAA Recommendations:**

- Support partner governments to strengthen community-based supports and services.
- Ensure that the process of deinstitutionalisation is led by people with disability, including those with lived-experience of institutionalisation (42).
- Implement the recommendations from the WHO Western Pacific Region 2020 Assistive Technology Procurement Study (46), including the establishment of a Pacific AT resource facility and supply chain hub.

PHAA supports **recommendations from ADDC's (11) and CBM Australia's (28) submissions** to this consultation, including:

- Access to assistive technologies is a necessary precondition for disability equity.
- Play a leadership role in ensuring the provision of appropriate, quality and affordable assistive technology and support services across the Indo-Pacific.

## Summary of Recommendations

(Note: the list of recommendations below repeats those made above under each separate topic.)

### PHAA Recommendations:

- A strengths-based approach to disability equity and rights should be embedded within DFAT and partner organisations through training, policy and leadership development.
- Support partner governments to develop disability inclusive and disability specific economic and social protection schemes to support the participation and inclusion of people with disability.
- Development of rights-based, participatory processes that enable people with disability to meaningfully engage in decision-making processes related to climate action and DRR.
- Employ a strengths-based approach when partnering with people with disability and OPDs; valuing their abilities, knowledge and capacities; and recognising them as experts in identifying their own needs, priorities and contextualised solutions.
- Support the disability movement to be more inclusive of all people with disabilities, including by funding and supporting representative organisations of all groups of impairments, such as organisations of people with psychosocial disabilities (40).
- Support disabled people's organisations to understand gender dynamics and how these interact with the social norms surrounding disability, and create links with the gender equality movement (40).
- Undertake an accessibility audit of DFAT's internal process and systems, in partnership with OPDs, as a first step to strengthening DFAT's capabilities in implementing this new development policy inclusively (38).
- Support partner governments to strengthen community-based supports and services.
- Ensure that the process of deinstitutionalisation is led by people with disability, including those with lived-experience of institutionalisation (42).
- Implement the recommendations from the WHO Western Pacific Region 2020 Assistive Technology Procurement Study (46), including the establishment of a Pacific AT resource facility and supply chain hub.

PHAA also supports **recommendations from ADDC's and CBM Australia's submissions** to this consultation, including:

- The purpose of the forthcoming International Disability Equity and Rights Strategy must be to achieve disability equity.
- Commit to adopting preconditions for inclusion as a specific outcome of the Strategy.
- Access to assistive technologies is a necessary precondition for disability equity.
- Commit to partnering and supporting Organisations of People with Disabilities (OPDs) to grow stronger, to become more able to pursue their priorities, to advocate and fulfil their duties as civil society organisations with the mandate to keep their governments to account and have greater influence in Australia's International Development program.
- Adequately resource the key role DFAT's central disability allocation plays in building and strengthening the disability movement and driving DFAT's capability to deliver on the Strategy, by increasing the allocation to \$20 million per annum in the 2024-2025 Federal Budget with annual increases thereafter in line with overall budget increases.
- Commit to both investments specifically addressing the increased rates of violence women and girls with disabilities and people of diverse sexual orientation, gender identity, gender expression and sex characteristics with disabilities experience, as well as commit to increase funding for the inclusion of women with disabilities and people of diverse sexual orientation, gender identity, gender expression and sex characteristics with disabilities in all programs to combat gender-based violence.
- Ensure that climate change policies, plans and strategies recognise that the impacts of climate change and disasters are exacerbated for people with intersecting identities, particularly gender, age and disability.
- Develop, resource and report publicly the measures to systematically address disability equity across the development program.
- Support the implementation of the Convention on the Rights of Persons with Disabilities (CRPD) across the region and globally through a lens of preconditions for inclusion to identify with OPDs and partner governments specific areas for investment.

## *PHAA submission on International Disability Equity and Rights Strategy*

- Commit to a timeline to re-establish expertise and increase applicable understanding of disability equity and rights across DFAT.
- In line with the International Development policy, the Strategy must be delivered hand-in-hand with civil society and other partners, particularly those representing people with disabilities themselves.
- DFAT commits to contributing to the evidence base around disability equity programs, in line with commitments to enhance evaluation and learning in the International Development Policy.
- Commit ongoing support to the Pacific Regional Mechanism beyond the co-design phase, to accelerate the implementation of the Pacific Framework for the Rights of Persons with Disabilities 2016-2025.
- Establish an external Disability Board to offer ongoing technical advice to the new strategy and its implementation, comprised of external experts from academia, civil society, the private sector, and including regional representatives from OPDs with deep localised technical expertise.
- Develop and promote resources to support staff and delivery partners to embed the strategy in action, including how to establish accessible complaints mechanisms, guidance on meaningful engagement with OPDs, and guidance on engaging with people with diverse and/or marginalised identities.
- Add disability equity as a criterion for development financing, along with gender equality.
- Build on Australia's prior support as a leader in inclusive data by funding and enabling exploratory forms of data collection in the region, including but not limited to citizen-generated data as well as support to the Pacific Group on Disability Statistics.
- Play a leadership role in ensuring the provision of appropriate, quality and affordable assistive technology and support services across the Indo-Pacific.
- Implement the recommended actions comprised in the WHO Global Report on Health Equity for Persons with Disabilities across Australia's ODA program and support development partners in doing the same.
- Ensure education programs and initiatives include specific targeting of children with disabilities to improve enrolments and educational achievement.
- Include provision within education programs and initiatives to build the capacity and knowledge of disability inclusion of education practitioners, to ensure children with disabilities are served by education policies and practices.

## Conclusion

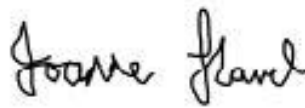
PHAA appreciates the opportunity to make this submission. Australia has the opportunity to demonstrate continued leadership, as an international champion for disability equity and rights, in our region and beyond. We would like to highlight that achieving disability equity and rights requires:

- A rights-based, intersectional and participatory approach, which centres people with disability and their representative organisations.
- Addressing the preconditions for inclusion as a priority, including the meaningful social and economic participation of people with disability, strengthened community-based supports and access to assistive technology.
- Ongoing, adequate resourcing.

Please do not hesitate to contact us should you require additional information or have any queries in relation to this submission.



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