

Equal Basis 2015:

Inclusion and Rights in 33 Countries



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Background

This annual overview presents information on efforts to fulfill responsibilities in promoting the rights of persons with disabilities—including the survivors of landmines, cluster munitions, and other explosive remnants of war—as well as in providing assistance for activities that address the needs of survivors and other persons with disabilities with similar needs. All of the 33 countries reviewed in this report have made obligations and commitments to fulfill those rights.

The findings in this annual report contribute to the work of a range of actors in the fields of disability issues, humanitarian relief, development, and human rights, and also contribute to strengthening linkages among the actors in these fields. Particularly relevant are activities in development and post-conflict settings that result in progress in the inclusion and participation of persons with disabilities, including survivors, in their societies on an equal basis with others.

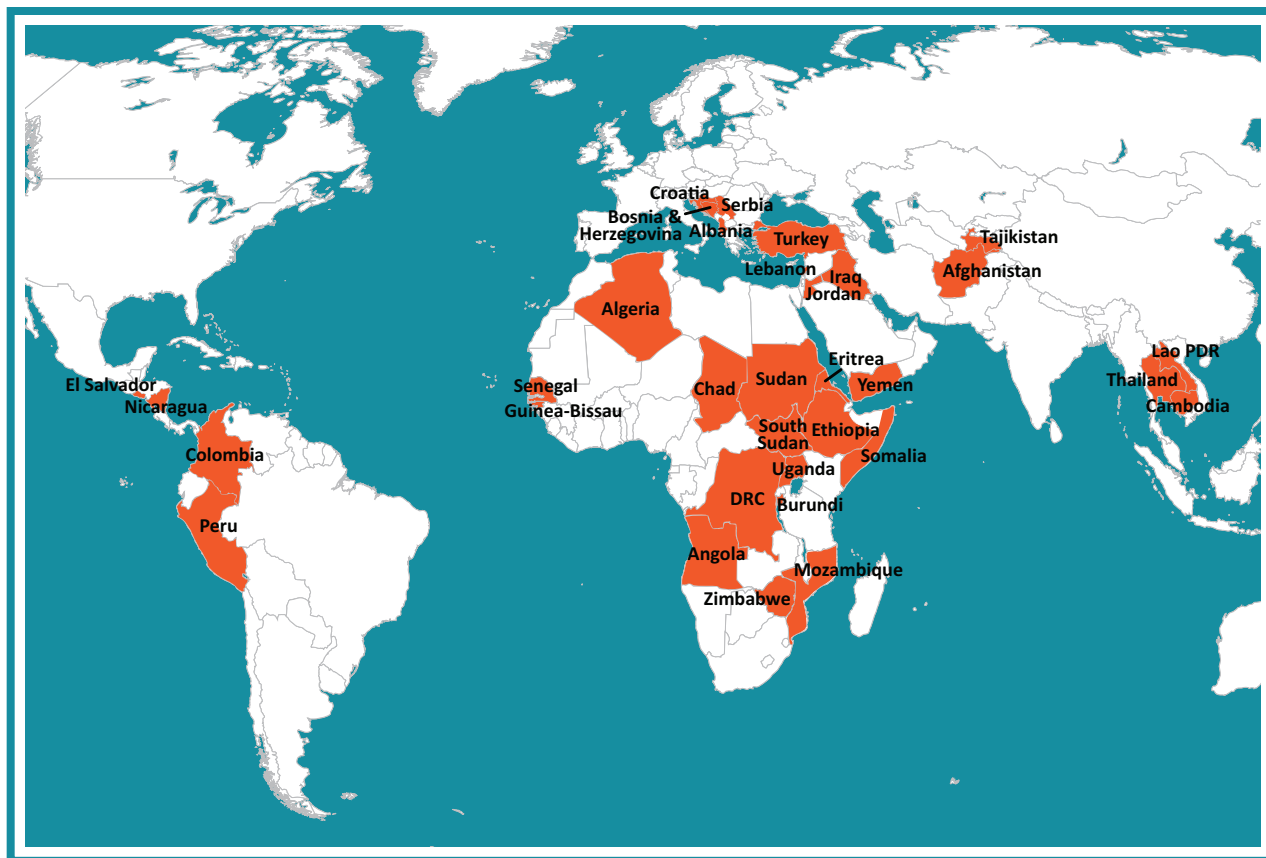
Landmine and Cluster Munition Monitor is a civil society initiative providing research for the Nobel Peace Prize co-laureate International Campaign to Ban Landmines (ICBL) and for the Cluster Munition Coalition (CMC). It has been the de facto monitoring regime of the Mine Ban Treaty since 1999 and of the Convention on Cluster Munitions since 2010. In this role, the Monitor has tracked the availability and accessibility of services and programs for persons with disabilities, as well as laws and policies to uphold their rights. The launch of this research initiative in 1999 marked the first time that NGOs came together in a coordinated, systematic, and sustained way to monitor a humanitarian law or disarmament treaty, and to continue annually documenting the progress and problems.

This research on issues related to persons with disabilities and impairments has been carried out as an integral part of the Monitor's reporting on the implementation of provisions of what has been termed in humanitarian disarmament conventions as "victim assistance." To date, victim assistance efforts have mainly been limited to the enhancement of programs and policies for persons with disabilities including survivors. The definitions of "victim" used in the work of the 1997 Mine Ban Treaty and the 2008 Convention on Cluster Munitions relates to violations of human rights and humanitarian norms. The definitions include all persons who have been killed or physically or psychologically injured, or suffered economic loss, social marginalization, or substantial impairment of the realization of their rights caused by the use of a prohibited weapon. This definition includes survivors, those persons killed or otherwise directly affected as well as their families and communities, including persons with disabilities.

Geographic coverage and context of research

This report focuses on 33 countries that have reported substantial numbers of survivors of landmines, cluster munitions, or other indiscriminate effects of weapons. Most of these states have also recognized that these survivors, many of whom are persons with disabilities, have significant needs for which the state has obligations or made commitments to address.

While much of the data gathered addresses the situation of persons with disabilities in the country as a whole, some information is specific to the situation in particular regions of a country, namely those that are most impacted by indiscriminate weapons and the indiscriminate effects of explosive remnants of war (ERW).¹ These regions tend to be rural and remote areas. The research in this report provides particular insight into the needs of persons with disabilities who live far from most urban-centered services and into programs and responses that have been developed to address their needs.



Research methodology

The Monitor research that forms the basis for this reporting was collected through interviews and questionnaires from a broad range of sources that included government representatives from national councils on disability; ministries of health; ministries of social affairs; mine action centers; representatives of disabled persons’ organizations (DPOs), including mine/ERW survivor networks;² international and national NGOs; United Nations (UN) staff; and many other service providers. This information was supplemented with publicly available reports, statements, and publications.

The editorial team researching this report included Loren Persi Vicentic, Erin Hunt, Clémence Caraux-Pelletan, Marie-Josée Hamel, Michael Moore, and Marianne Schulze. The editorial team for this report worked with the following researchers, Islam Mohammadi, Ayman Sorour, Ania Kudarewska, Denise Coghlan, Camilo Serna Villegas, Francky Miantuala, Jesus Martinez, Marija Breber, Aisha Saeed, Bekele Gonfa, Sichanh Sitthiphonh, Geoffrey Duke, Mamady Gassama, Jelena Vicentic, Shushira Chonhenchob, Muteber Ogreten, and Margaret Arech Orech.³

Since 1999, the Monitor has produced country-specific profiles detailing findings on the situation of services for survivors of landmines, cluster munitions, and ERW⁴—hereafter “survivors”⁵—including persons with disabilities with similar needs facing similar barriers, in 50 to 100 countries annually. Detailed annual country profiles for 2015⁶ and all previous years back to 1999 are available online.

States reviewed in this report—treaty membership

STATE	CRPD	MBT	CCM
Afghanistan	●	●	●
Albania	●	●	●
Algeria	●	●	●
Angola	●	●	●
Bosnia & Herzegovina	●	●	●
Burundi	●	●	●
Cambodia	●	●	●
Chad	●	●	●
Colombia	●	●	●
DRC	●	●	●
Croatia	●	●	●
El Salvador	●	●	●
Eritrea	●	●	●
Ethiopia	●	●	●
Guinea-Bissau	●	●	●
Iraq	●	●	●
Jordan	●	●	●
Lao PDR	●	●	●
Lebanon	●	●	●
Mozambique	●	●	●
Nicaragua	●	●	●
Peru	●	●	●
Senegal	●	●	●
Serbia	●	●	●
Somalia	●	●	●
South Sudan	●	●	●
Sudan	●	●	●
Tajikistan	●	●	●
Thailand	●	●	●
Turkey	●	●	●
Uganda	●	●	●
Yemen	●	●	●
Zimbabwe	●	●	●

- Yes
- No
- Signatory

CRPD: Convention on the Rights of Persons with Disabilities
MBT: Mine Ban Treaty
CCM: Convention on Cluster Munitions

This report should be viewed as a work in progress. Comments, clarifications, and corrections are sought, in the spirit of dialogue and in the common search for increasingly accurate and reliable information on these important issues.

Human Rights and Humanitarian Disarmament Frameworks

Rights of persons with disabilities

The 2006 Convention on the Rights of Persons with Disabilities (CRPD) is legally binding, providing an overarching mechanism for the amendment of national laws and policies related to persons with disabilities.⁷ The CRPD does not provide for new rights but it frames the existing rights catalogue in an accessible way. The CRPD pertains also to survivors of indiscriminate weapons.⁸ The impact of indiscriminate weapons frequently results in landmine and ERW survivors becoming persons with disabilities and therefore protected by the CRPD.⁹

Similarly, over time it has become more widely recognized that, just as efforts to respond to the needs of survivors should benefit all persons with similar needs, including other persons with disabilities, without discrimination, so should the rights of survivors be considered by disability rights actors.¹⁰

This interconnectivity allows for solution-oriented approaches to implementing international legal commitments and legal obligations that arise from the CRPD, the Convention on Cluster Munitions, and the Mine Ban Treaty.

“The way forward on victim assistance: a consideration of the various aspects at play when integrating assistance to survivors into disability-inclusive development,” a paper by released Handicap International (HI) in August 2014, outlines specific elements considering victim assistance in light of the CRPD and inclusive development.¹¹ The report highlights improvements in the quality of life of survivors and other persons with disabilities, as well as the families of casualties, and in transforming societies into being more inclusive of their diverse members.¹²

Humanitarian disarmament frameworks

In purpose and in practice, assistance to survivors through the provisions of the humanitarian disarmament frameworks encompasses responses to the needs of persons with disabilities who face similar barriers and impairments (acquired through other causes or at birth) as those faced by survivors. The provisions arise within the work of humanitarian disarmament conventions, particularly the 1997 Mine Ban Treaty¹³ and its subsequent five-year action plans, and the 2008 Convention on Cluster Munitions¹⁴ and its action plans. States Parties to these treaties have agreed to provide adequate age- and gender-appropriate medical care and rehabilitation (including psychological support) as well as to provide for social and economic inclusion, in accordance with applicable international human rights law, based solely on needs and without discrimination as to the cause of impairments.

An integrated approach to supporting these commitments and obligations through international cooperation and national coordination has two complimentary elements.¹⁵ First, that international support to survivors continues to increase benefits to other persons with disabilities. Second, it holds that other international assistance, such as that provided through funding to protracted crisis development initiatives, human rights, the rights of persons with disabilities and inclusive development, poverty reduction, and humanitarian response, should also reach, amongst the beneficiaries, survivors and others in their communities.

Key to this approach is the close consultation and active involvement of survivors and other persons with disabilities in all phases of planning. States Parties to the CRPD recognize the importance of international cooperation and under Article 32 of the convention are required to “undertake appropriate and effective measures in this regard...in partnership with relevant international and regional organizations and civil society, in particular organizations of persons with disabilities.”

Disability, Development, and Poverty Reduction

Through the CRPD, states commit to take measures “to the maximum of available resources” to progressively achieve the full realization of economic, social, and cultural rights.¹⁶ The CRPD, however, notes that some rights are immediately applicable according to international law. Violations of these obligations, such as non-discrimination and denial of access, are not dependent on progressive implementation and have to be immediately remedied.

The CRPD emphasizes the importance of “mainstreaming disability issues as an integral part of relevant strategies of sustainable development,” and also includes an obligation to ensure that international development programs are inclusive of persons with disabilities.¹⁷ The humanitarian disarmament conventions’ multi-year action plans also look toward paths for integrating assistance to survivors and other persons with disabilities with similar needs, while ensuring that specifically required services are maintained.

The Mine Ban Treaty’s Maputo Action Plan 2014–2019 commits States Parties to increase the availability and accessibility of “comprehensive rehabilitation services, economic inclusion opportunities and social protection measures.” This is to be carried out through enhancements to plans, policies, and legal frameworks, including those related to “disability, health, social welfare, education, employment, development and poverty reduction.” Similarly in the Convention on Cluster Munitions’ Dubrovnik Action Plan, 2015 to 2020¹⁸, states committed to ensuring that the needs and human rights of survivors, families, and communities are appropriately addressed in “existing national policies, plans, and legal frameworks related to people with similar needs, such as disability and poverty reduction frameworks.”

Sustainable Development Goals

In September 2015, the Sustainable Development Goals (SDGs) were agreed at the UN summit adopting the post-2015 development agenda as part of “Transforming our world: the 2030 Agenda for Sustainable Development.” The SDGs are a set of 17 goals with targets and indicators that all UN member states are expected to use to frame policies and stimulate action for positive change over the period from 2015 to 2030. They are designed to address the economic, social, and environmental dimensions of sustainable development. With emphasis on poverty reduction, equality, and inclusion, the SDGs also recognize the need for the “achievement of durable peace and sustainable development in countries in conflict and post-conflict situations.” Therefore, the SDGs are generally complementary to the abovementioned aims of the CRPD, the Mine Ban Treaty, and the Convention on Cluster Munitions, and offer exceptional opportunities for bridging between the relevant frameworks.

More specifically, persons with disabilities are referred to directly in several of the SDGs that are highly relevant to the implementation of the CRPD and the humanitarian disarmament conventions’ action plans: education (Goal 4), employment (Goal 8), reducing inequality (Goal 10), and accessibility of human settlements (Goal 11), in addition to including persons with disabilities in data collection and monitoring (Goal 17).

Many other elements of the Declaration of the 2030 agenda for sustainable development are equally relevant to persons with disabilities, including survivors as well as the families and communities covered by the humanitarian disarmament frameworks. These references include post-conflict situations (Paragraphs 21 and 42), mental health (Paragraph 26), rights and capabilities (Paragraph 25), and universal health coverage and access to quality healthcare (Paragraph 26).

Previous experiences in poverty reduction approaches

The Millennium Development Goals (MDGs), which concluded in 2015, preceded the SDGs and had just eight more narrowly focused goals as a set of aspirational actions for human development. However, the MDG report of 2015 acknowledged that after 15 years of implementation, despite measurable progress, the achievements made were “uneven” because there were shortfalls in many areas for people in vulnerable circumstances, including persons with disabilities:

Millions of people are being left behind, especially the poorest and those disadvantaged because of their sex, age, disability, ethnicity or geographic location.¹⁹

With this knowledge, states and civil society alike can use the occasion of the initial period of the SDGs to apply the lessons learned during the MDG period in order to improve their practices in addressing the rights and needs of persons with disabilities, including survivors. Some of those lessons can be found in the processes of drafting and implementing national Poverty Reduction Strategy Papers (PRSPs). These were first developed in 1999 as a precursor for states applying for debt relief from the World Bank, the International Monetary Fund (IMF), and donor countries, and for access to new loans.²⁰

During the MDG period, states were encouraged to link the objectives and indicators of their national PRSPs with MDGs, as a means to improve the implementation of those goals. Although the MDGs did not contain references to disability or persons with disabilities, there were substantial efforts to encourage the development of PRSPs that comprised disability rights measures.²¹ For example, Handicap International (HI), with partner organizations, produced detailed guides on these issues in 2008 and 2012.²²

In 2015, the UN Special Rapporteur on the Rights of Persons with Disabilities drew attention to the issue that “non-inclusive poverty reduction programmes implemented by most developing countries constitute a missed opportunity that could have benefited persons with disabilities and supported their exit out of poverty.”²³ In addition to this finding, in some countries where progress has been followed by the Monitor, when strategic objectives in PRSPs included references to persons with disabilities (in accordance with the explicit reference in the CRPD: Article 28 (2)(b)), these were often either not acted upon, or progress was slow.

The Monitor’s reporting on such efforts traces back to the Mine Ban Treaty’s first action plan, adopted by its States Parties in 2004. The Nairobi Action Plan included an action to ensure that the commitments to the rights of survivors, and all persons with disabilities, were identified as priorities in development plans and programs, PRSPs, and other appropriate mechanisms.²⁴ During the period of the plan, several countries recognized the need to incorporate those commitments into their PRSPs, including Albania (local plans), Guinea-Bissau, Mozambique, Senegal, Tajikistan, and Uganda.²⁵ As can be seen in the following examples from Ethiopia, Lao PDR, Mozambique, and Tajikistan, the application of disability-related goals in poverty reduction strategies has been disparate between countries, but there have been successes from which lessons can be drawn.

Guinea-Bissau reported that its National Poverty Reduction Strategy 2011–2015 aimed for the “equal opportunity for rehabilitation, and reintegration of all persons with disabilities,” their full participation in the socio-economic reconstruction, and the re-establishment of their rights.²⁶ However in the PRSP, the CRPD is referred to and persons with disabilities are included among other vulnerable groups in just three instances.

In contrast, in Ethiopia, there are three relevant and connected national strategic plans: the poverty reduction strategy Growth and Transformation Plan 2010/11–2014/15, which includes references to disability and employment, training, rehabilitation and accessibility goals; the National Plan of Action on Disability (2012–2021); and a five-year National Physical Rehabilitation Strategy included in the National Social Welfare Policy. Therefore, because the objectives coincide at the various levels of implementation, government ministries and NGOs benefitted from strong and coherent guidance when implementing those plans aimed at ensuring the rights of persons with disabilities, including survivors, in the various regions of the country.

Mozambique's PRSP for 2011–2014 contained an objective to promote employment by taking measures that would improve the occupational prospects of persons with disabilities. Specifically, it planned to develop vocational training programs for self-employment, including for persons with disabilities.²⁷ Mozambique's first progress report on its PRSP compares achievements of targets by 2013 to those it had set for completion by 2014. It concluded that very little progress had been made in the number of general public vocational training centers built (only one center was built out of the 13 centers planned). The report itself made no reference to the inclusion of persons with disabilities in vocational training.²⁸

Tajikistan is not party to the CRPD nor has it officially adopted a plan to implement its 2010 disability rights legislation. However, Tajikistan's PRSP of May 2010 includes objectives for improving job training, employment quotas, and accessibility to rehabilitation for persons with disabilities.²⁹ Tajikistan also reported progress on its disability-relevant poverty reduction objectives.³⁰ However, according to Monitor reporting, significantly more progress was made in promoting inclusive development since 2012, in conjunction with the involvement of disability rights NGOs and DPOs, which raised awareness about the CRPD and about the need for consultation with persons with disabilities in strategic planning processes.

Lao PDR signed an MDG Compact in 2010, whereby it committed to attaining a country-specific additional MDG #9 by 2020,³¹ thus overlapping one-third of the period of the SDGs. The goal has three targets related to reducing the impact of unexploded ordnance. The third target is most relevant to persons with disabilities: "Ensure that the medical and rehabilitation needs of all UXO survivors are met" through the provision of proper assistance.³² In that year, the Convention on Cluster Munitions entered into force, obliging Lao PDR to ensure that assistance would be made available without discrimination between survivors and other persons with disabilities. It was recognized that meeting the targets would require a "significant scaling up of resources and capacities." Long-term challenges included mainstreaming sustainable socio-economic development strategies and programs as well as maintaining national capacity, while also gradually reducing international support.³³

Participation of persons with disabilities in the planning and implementation of strategies is key to defining achievable goals, which are inclusive. Where such participation is missing, there are likely to be greater gaps in connecting the implementation of objectives to persons with disabilities, especially those in the most remote areas or those who are subjected to multiple forms of discrimination.

Participation in Decision-Making Processes

Article 4 of the CRPD obliges states to "closely consult with and actively involve persons with disabilities...in the development and implementation of legislation and policies, and in other decision-making processes."³⁴

Through the disarmament conventions' action plans, states make commitments to ensure the inclusion and full and active participation of survivors, particularly in the development, implementation, monitoring, and evaluation of national action plans, legal frameworks, and policies. These commitments are complementary to the CRPD obligations on consultation and participation in decision-making.³⁵

Annually, the Monitor tracks the participation of survivors and other persons with disabilities with similar needs in decision making and in the design, implementation, and monitoring of relevant programs.³⁶ Following are examples of how persons with disabilities, including survivors, were engaged, highlighting the close interlinking of the disability rights and humanitarian disarmament aims.

In Colombia, participation of survivors in disability rights mechanisms increased in 2014–2015, and representatives gained a greater understanding of their rights and were better able to contribute substantively. Survivors were also represented on local committees on issues that affected them. They participated in disability coordination mechanisms at the departmental level and the National Disability Council. However, national coordination for the rights of people affected by conflict has developed in parallel to disability rights policies and instruments, and there was a gap between the two frameworks that resulted in survivors not yet fully participating in coordination mechanisms addressing disability issues.

In El Salvador, half of the members of the national disability council are representatives of DPOs. Survivors' representatives participated in a technical committee on employment as well as in another rights body's coordinating committee, which monitors implementation of the CRPD. In Mozambique, the national disability council included representatives from NGOs and from DPOs, including the network of survivors as well as eight government ministries. This group participated in the monitoring of the disability plan. In Thailand, the Health Ministry organized workshops to raise awareness about the rights of persons with disabilities among persons with disabilities and other people in the communities where many survivors live, and sought their input in decision-making in 2014.

In Zimbabwe, DPOs and service providers participated in the national disability rights coordinating mechanism, but some of the organizations expressed concern that they were not consulted on policy developments. In Uganda, the national registration process for identity cards caused concerns about barriers to participation because there is no alternative to providing fingerprints in order to obtain identification. This may exclude some persons with upper-limb amputations and other persons with disabilities.

Political inclusion

Article 29 of the CRPD obliges States Parties to "guarantee to persons with disabilities political rights and the opportunity to enjoy them on an equal basis with others."

Sustainable Development Goal 10.2—Empower and promote the social, economic and political inclusion of all, irrespective of...disability...or other status.

Persons with disabilities, including survivors, also participated in national politics. In Albania, a unique political party that specifically represents persons with disabilities included a landmine survivor leader as the regional representative in the formerly mine-affected districts. Persons with disabilities in Iraq campaigned very actively for disability rights issues during elections.

Participation in political life also sometimes came in the form of protest. In Iraq, persons with disabilities protested for the ministries to address the effects of conflict on their lives. Persons with disabilities in Chad protested for ratification of the CRPD, the adoption and implementation of draft legislation concerning persons with disabilities, access to employment, and accessibility.

Rehabilitation and Mobility

Article 26 of the CRPD obliges states to “take effective and appropriate measures to enable persons with disabilities to gain maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life through improved comprehensive habilitation and rehabilitation services.”

Article 20 of the CRPD obliges states to “take effective measures to ensure personal mobility with the greatest possible independence for persons with disabilities,” including by facilitating personal mobility in the manner and at the time of individual choice, and at affordable cost; by facilitating access to quality mobility aids, devices, and assistive technologies available at affordable cost; and by training in mobility skills.

Many persons with disabilities, including survivors, require access to specialized technologies or devices in order to be able to work, attend school, access healthcare services, and for their full inclusion in community life. The need for rehabilitation services appears to be growing, while available resources are not keeping pace. An external evaluation carried out for the ICRC Special Fund for the Disabled (SFD) in 2014 found that the number of organizations supporting rehabilitation had decreased, while the number of people in need of physical rehabilitation increases constantly.³⁷

The World Health Organization (WHO) has noted that a lack of access to rehabilitation services can decrease the quality of life of persons with disabilities and can also lead to an increased need for health services. On the other hand, access to rehabilitation contributes to reducing poverty and increasing the participation of persons with disabilities.³⁸ To enable governments and other relevant actors to improve rehabilitation services and reinforce the integration and decentralization of rehabilitation services in health systems in “less-resourced settings,” the WHO is in the process of developing new “Guidelines on health-related rehabilitation.” The guidelines are designed to support implementation of the CRPD and the Outcome Document of the 2013 UN High-Level Meeting on Disability and Development.³⁹

Availability and accessibility of physical rehabilitation

The WHO’s “global disability action plan 2014–2021: Better health for all people with disability” is clearly relevant to making physical rehabilitation available, accessible, affordable, and appropriate for persons with disabilities, including survivors. This is also reflective of the inclusive consultation process held during the plan’s development. The action plan has three objectives, among them is “to strengthen and extend rehabilitation, habilitation, assistive technology, assistance and support services, and community-based rehabilitation.”⁴⁰

The Monitor tracks progress and challenges in the availability and accessibility of physical rehabilitation programs, especially orthopedic services and assistive devices, with a focus on meeting the rehabilitation needs of people in rural and remote areas and of those who are economically vulnerable. Challenges include the insufficient and unequal availability, unaffordable costs of services, and obstacles to reaching rehabilitation centers. Some countries continued to improve the availability of rehabilitation by building new centers or resuming services at centers that had ceased to operate. However, more commonly, shortages in funding from previous sources were not matched with new resources to fill gaps in services.

In Nicaragua, the Ministry of Health delivered mobility devices through home visits to persons with disabilities. Nicaragua also announced the creation of a multisectorial team to work on a national rehabilitation strategy that would prioritize a community-based approach. Access to rehabilitation services in Lao PDR continued to improve through an expanding outreach program. Monitoring in 2014 identified the need for more people who receive referrals to be able to reach rehabilitation centers. In Guinea-Bissau, only one physical rehabilitation center provided free rehabilitation services for persons with disabilities, however, an outreach service for people living in rural areas also helped improve access to the center.

Yet more declines in rehabilitation services were reported as funding fluctuations continued in an overall downward trend. In Colombia, access to prostheses was reduced due to a decrease in international funding and there was also a lack of continuity in the provision of rehabilitation services. Funding shortages in the few existing rehabilitation centers in Chad resulted in access to rehabilitation remaining difficult for most of those in need in 2014. There was still no direct involvement by the government in physical rehabilitation and patients had to pay for services. Reduced funding for the rehabilitation sector in Senegal led to a reduction in services, especially in rural areas. In Somalia, the availability of rehabilitation services declined dramatically due to low funding combined with security concerns.

In South Sudan, overall rehabilitation capacity in the country remained insufficient to meet demand. For several months in 2014, no prosthetic services were available from the national prosthetics center because they had been put on hold as a result of a government decision to suspend ICRC operations. Since handover of support for national rehabilitation centers to the state system of Zimbabwe in 2013, the centers provided physical rehabilitation services but have been unable to procure the supplies necessary for the manufacture of assistive devices. In DR Congo, the long distances to services, high financial costs of attaining them, and insecurity remained the greatest obstacles to accessing physical rehabilitation. There existed only six rehabilitation centers operating effectively in the entire country. In Uganda, costs for prosthetic devices presented insurmountable obstacles to care for most persons with disabilities, including survivors.

Enhancing access and availability of rehabilitation for survivors and other persons with disabilities with similar needs

Access for persons with disabilities to rehabilitation services in reconstruction and development settings is one of HI's priority objectives. This includes the quality and sustainability of rehabilitation services, financial access to rehabilitation services, rehabilitation professions support, and influencing policy and practices for providing essential resources for health-related rehabilitation. In 2014 and into 2015, HI provided rehabilitation services in 16 of the 33 countries.⁴¹

ICRC activities address challenges related to ensuring the provision of physical rehabilitation to persons with disabilities in countries that have been affected by conflict. The projects assisted by the ICRC provide services for all those in need.⁴² In 2014, the ICRC Physical Rehabilitation Programme (PRP) provided assistance for at least 13 of the 33 countries included in this report.⁴³ In all these countries, access to services was facilitated by the ICRC. The ICRC Special Fund for the Disabled (SFD) strengthens national capacity for accessible and quality physical rehabilitation services in less-resourced countries to remove barriers faced by persons with physical disabilities.⁴⁴ Of the countries included in this report, in 2014, the SFD supported rehabilitation programs in six.⁴⁵

Conflict and access to rehabilitation

In several of the 33 states reviewed in this report, including Afghanistan, Iraq, Yemen, South Sudan, and Somalia, ongoing or increased insecurity and conflict remained among the most significant barriers that were preventing persons with disabilities from accessing physical rehabilitation services. Article 11 of the CRPD, regarding situations of risk and humanitarian emergencies, requires states to take all necessary measures to ensure the protection and safety of persons with disabilities in situations of armed conflict and humanitarian emergencies.⁴⁶

Universal health coverage and access to healthcare

Transforming our world: the 2030 Agenda for Sustainable Development, paragraph 26 of the Declaration states: "To promote physical and mental health and well-being, and to extend life expectancy for all, we must achieve universal health coverage and access to quality health care. No one must be left behind."

In most low-income countries, people continue to pay a high proportion of the costs of health and rehabilitation services out of their own pockets. The goal of universal health coverage is to ensure that all people can obtain the health services they need without suffering financial hardship when paying for them.⁴⁷

Efforts towards coverage of rehabilitation-related costs in 2014 included Senegal launching a new "Card of equality of chances" aimed at providing free medical care to all persons with disabilities. Lebanon continued the process of registering persons with disabilities to receive cards that entitle them to some free health services. In Turkey, persons without social insurance can apply for a special "green card" to be eligible for free medical services. However, in practice those persons with disabilities eligible for the green card medical insurance still contributed to part of their medical expenses, eliminating the availability of free services. Thailand passed legislation to increase the monthly allowance for registered persons with disabilities, including survivors, and continued to provide a multi-tiered system of universal health coverage, supporting services for persons with disabilities in rural areas according to need.

Work and employment

Article 27 of the CRPD "recognizes the right of persons with disabilities to work, on an equal basis with others; this includes the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities."

Barriers to work and employment for persons with disabilities, including survivors that have been identified by the Monitor, included discrimination and exclusion from both formal and informal employment. Reporting on services available to survivors and other persons with disabilities to the Monitor was often focused on populations based in remote and rural areas where formal employment was even scarcer than in urban centers. In addition, in many countries, there have been reports of income-generating programs that had barriers to the inclusion of some persons with disabilities due to the requirements for application.⁴⁸

In nearly all of the 33 states reviewed here, various state and civil society programs, including programs designed and implemented by DPOs, and other networks of survivors and other persons with disabilities, offered training, micro-credit, or grants targeting persons with disabilities to start small businesses. These programs also worked to address the lack of access to opportunities for persons with disabilities in mainstream economic inclusion projects. Countries where organizations of survivors and other persons with disabilities together were involved in these activities included, Afghanistan, Bosnia and Herzegovina, Cambodia, DR Congo, El Salvador, Mozambique, Uganda, Senegal, and Somalia.

Professional inclusion projects for persons with disabilities including survivors

Professional inclusion is defined as all activities that allow an individual to obtain decent paid work, both through self-employment in the form of Income Generating Activities (IGA) or a microenterprise, and by accessing salaried employment. In 2014, HI implemented professional-inclusion projects in 12 of the 33 countries monitored in this report.⁴⁹ In these countries, organizations worked on providing livelihood services to survivors and other persons with disabilities, as well as family members of survivors and people killed. By ensuring persons with disabilities, including survivors, have access to vocational training (including in Afghanistan and Colombia) and to credit (including in Cambodia and Burundi) these projects facilitate access to both self-employment and waged employment.

Most beneficiaries of these projects live in rural and remote areas with few economic prospects. In response, HI implemented specific innovative projects, for example, in Lao PDR where it developed income-generation activity training tools specifically for persons with low literacy in response to needs identified. Collaboration with companies, cooperatives, microfinance institutions, governments, public administration, NGOs, community-based organizations, chambers of commerce, and international NGO networks and microfinance networks also made them aware of the need to develop disability-inclusive practices and policies.⁵⁰

Affirmative action programs, incentives, and other measures

Article 27.1 (h) of the CRPD includes the obligation to “Promote the employment of persons with disabilities in the private sector through appropriate policies and measures, which may include affirmative action programmes, incentives and other measures.” In 2015, a new initiative in Albania was developing a provision to accompany national legislation on the rights of persons with disabilities. It includes incentives for the employment of persons with disabilities, with six full salaries covered, after which 50% of the salary is provided through government support and coverage of employees’ social insurance, with international cooperation assistance.

Often employment quota systems for promoting the employment of persons with disabilities are not effective in remote and rural areas where paid job opportunities are scarce. In Thailand, a state-run pilot project introduced in 2014 matches persons with disabilities who live in remote areas with companies that are required by law to employ persons with disabilities under a quota system. In the project, the company fulfils its obligation by supporting the persons with disabilities to work in their own communities rather than for the company directly.

Sometimes, even where they were in place, quota systems for employment of persons with disabilities did not even come close to fulfilling their objectives. For example, in Afghanistan, although persons with disabilities should comprise 3% of state employees according to the law, 94% of those places were not filled and often work opportunities were taken away from persons with disabilities due to improper practices. Disability legislation in Lebanon also stipulates a 3% quota to hire persons with disabilities for all employers. However, there was no evidence the law was enforced. The law on labor of Lao PDR states that priority must be given to persons with disabilities for job placement, but there is little awareness of this legislation among employers and no enforcement mechanisms.

Social Protection

CRPD Article 28.2 states that States Parties are obliged to take appropriate steps to safeguard and promote the realization of “the right of persons with disabilities to social protection and to the enjoyment of that right without discrimination on the basis of disability.”

CRPD Article 25 (e) requires that states prohibit “discrimination against persons with disabilities in the provision of health insurance...which shall be provided in a fair and reasonable manner.”

In 2015, the UN Special Rapporteur on the Rights of Persons with Disabilities drew attention to specific issues of social protection, including the need to “eliminate discrimination in the access to social protection, promote gender equality and ensure nationally defined social protection floors.”⁵¹ This should include guaranteeing social benefits are available to cover specific costs related to disability.⁵²

The Special Rapporteur’s reporting makes it clear that even in these uncertain financial times, states should avoid taking “retrogressive austerity measures that directly or indirectly affect the right of persons with disabilities to social protection.”⁵³ Both of the current five-year action plans of the disarmament conventions are consistent with this aim and call for increases in social protection measures.⁵⁴

Many social welfare systems around the world specifically provide exceptional welfare and other benefits to persons who acquire impairments, or have disabilities, that are work related. The International Labour Organization (ILO) Convention C017 contains provisions with regard to workers’ compensation that may in some circumstances be applicable. In addition, CRPD Article 27 specifically mentions the requirement to “safeguard and promote the realization of the right to work, including for those who acquire a disability during the course of employment.”

Addressing inequality in social protection

In countries that have large numbers of persons with disabilities as a result of armed conflict, there are often favorable social security provisions, such as welfare payments associated with rehabilitation and additional healthcare benefits for veterans with disabilities. Special benefits are sometimes also available to civilians with impairments due to conflict and post-conflict even when there was no work-related context to accidents.

However, in many cases, these provisions are not made available to all persons with disabilities with similar needs, creating inequalities that must be addressed. Survivors’ organizations and mine action coordination centers remained at the forefront of efforts to get states to provide social protection coverage according to need, rather than causes.

In Albania, survivors network representatives reported that due to policy amendments in 2014, access to the disability benefits were removed for many amputees, including survivors. Many survivors have not been eligible for most social security payments because those benefits were only for persons with work-related disabilities and certain other groups of persons with disabilities. Bosnia and Herzegovina reported that in 2014 there were improvements in regulations on pension and insurance social protection and health protection for persons with disabilities. However, entitlement to rights and benefits for persons with disabilities remained, based on status, not on needs, with clear discrimination between different categories of persons with disabilities. As a result, persons with some registered categories of disabilities did not receive adequate benefits.

The CRPD Committee noted that in Croatia distinctions were made between different causes of impairments, such as through war or accidents, in the allocation of entitlements to social services and benefits. It recommended that disability-based services and benefits be made available to all persons with disabilities irrespective of the cause of their impairment. The mine survivors' organization and mine action authorities also called upon the government to ensure equal opportunities for all persons with disabilities. In Serbia, despite proposals for change and calls for reform by survivors' organizations, throughout 2014, civilian war survivors and other persons with disabilities continued to have less access to assistance as compared with veterans with disabilities. In Lao PDR, social protection programs supported war veterans with disabilities unable to work, however, there were no social protection programs to support other persons with disabilities in similar situations.

Education

Article 24 of the CRPD obliges States Parties to “recognize the right of persons with disabilities to education [and] ensure an inclusive education system at all levels.”

Sustainable Development Goal #4—Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all; ensure equal access to all levels of education and vocational training for...persons with disabilities.

Efforts to improve education in conflict and post-conflict contexts remained underdeveloped or largely underreported in the 33 states. Efforts to promote equal opportunity to education, where they existed, were mostly made through inclusive education projects that involved training of teachers, and sometimes also raising awareness among parents and other students about inclusion and countering discrimination. These activities successfully increased the attendance of students with disabilities in regular school systems, but removing physical barriers and discrimination remained core challenges to full and equal participation.

In Afghanistan, the inclusive education program continued to increase the number of trained teachers to enable children with disabilities to participate in mainstream schools in the capital and in four provinces. Parents of children with disabilities were involved in inclusive education training, which also contributed to increased enrollment of children with disabilities into mainstream schools. In Uganda, a national sports policy changed in 2014, making all school sports competitions inclusive.

Barriers to inclusive education

According to monitoring bodies, a proposed policy document for enrollment of secondary school students in Croatia was not consistent with ensuring the rights of students with disabilities, or recognizing their abilities. In Serbia, inclusive education was a legal requirement, linked to the implementation of the

CRPD, but it lacked clear rules and regulating procedures to ensure its application in practice. Legislation requires that 1% of students with disabilities enter post-secondary education at state universities without taking the entrance exam. However, barriers to accessing education included a lack of teacher training, a lack of appropriate education materials, uncooperative school administrators, and discrimination from other parents.

Teachers were also not adequately prepared to provide inclusive education in Colombia, and improvements in educational institutions were limited. Insufficient access to education at basic, technical, and professional levels subsequently created difficulties for entering the labor market or pursuing higher education. The Ministry of Education in El Salvador implemented an inclusive school program, but discrimination against children with disabilities in the education sector remained widespread.

Appropriate facilities to educate children with disabilities in rural areas were rare in Sudan and although some children with disabilities attended public schools, those schools lacked resources. In Zimbabwe, educational opportunities for persons with disabilities were constrained after the government suspended subsidies for children with disabilities. In Senegal, a project to ensure children with disabilities could attend school concluded in 2014.

Notes

¹ An indiscriminate weapon is a weapon that cannot be directed at a military objective or whose effects cannot be limited as required by international humanitarian law. Weapon Law Encyclopedia, "Indiscriminate weapon," last updated 23 June 2014, www.weaponslaw.org/glossary/indiscriminate-weapon; and ICRC, "Rule 71. Weapons That Are by Nature Indiscriminate," undated, www.icrc.org/customary-ihl/eng/docs/v1_cha_chapter20_rule71. The Convention on Conventional Weapons recalls "the general principle of the protection of the civilian population against the effects of hostilities."

² "Mine/ERW survivor networks" are networks of people who have been impacted by landmines, cluster munitions, and ERW and often also include other victims of armed conflict and other persons with disabilities.

³ Field missions by report editors to countries with and without researchers, as well as to international meetings helped supplement this information. In the reporting period, such research was undertaken in Albania, Cambodia, Croatia, Colombia, Lao PDR, Tajikistan, Thailand, Mozambique, and Zimbabwe.

⁴ Please see the *Landmine Monitor 2015* for more information about these weapons and their impact.

⁵ A survivor is a person who was injured by any of these weapons and lived.

⁶ All country-specific examples included in this report are also available, with references to original sources, in country profiles at www.the-monitor.org/en-gb/our-research/country-profiles.aspx and <http://archives.the-monitor.org>.

⁷ Persons with disabilities are entitled to all the fundamental human rights. Human rights obligations as contained in the Convention on the Rights of the Child (CRC), the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), and particularly the Covenant on Economic, Social and Cultural Rights (CESCR) are also applicable to all persons with disabilities. See, CESCR, General Comment No. 5: Persons with Disabilities, 9 December 1994 (E/1995/22). The International Covenant on Civil and Political Rights (ICCPR) also includes anti-discrimination principles; however, unlike that covenant, there is no specific provision in the CRPD under which countries may derogate from their obligations in times of public emergency.

⁸ Landmine survivors can also include people who recover from their injuries.

⁹ Statement of Ron McCallum, then-Chair of the Committee on the Rights of Persons with Disabilities, ICBL, International Standing Committee Meetings, 21–25 June 2010—Summary, 20 July 2010, www.icbl.org/en-gb/news-and-events/news/2010/intersessional-standing-committee-meetings,-21-25.aspx.

¹⁰ For example, see Mine Ban Treaty Implementation Support Unit, "Assisting Landmine and other ERW Survivors in the Context of Disarmament, Disability and Development," Geneva, 2011.

¹¹ Elke Hottentot et al., "The way forward on victim assistance: a consideration of the various aspects at play when integrating assistance to survivors into disability-inclusive development," HI, August 2014, www.asksource.info/resources/way-forward-victim-assistance-a-consideration-various-aspects-play-when-integrating#sthash.KEdCmTrk.dpuf. See also related documents and tools produced by HI, "How to Implement Victim Assistance Obligations? Under The Mine Ban Treaty or the Convention on Cluster Munitions," undated, www.hiproweb.org/fileadmin/cdroms/VictimAssistance/Fact_Sheets/HI-FactSheets-HD.pdf; and HI, "Victim Assistance Issue Briefs," undated, www.hiproweb.org/uploads/tx_hidrtdocs/Package_VA_Issue_Briefs_Maputo_June2014.pdf.

¹² Casualties are persons killed and injured by landmines, cluster munitions, and explosive remnants of war.

- ¹³ The Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction. <http://www.apminebanconvention.org/overview-and-convention-text>.
- ¹⁴ Convention on Cluster Munitions, <http://www.clusterconvention.org/the-convention/convention-text>.
- ¹⁵ The CRPD also recognizes “the importance of international cooperation for improving the living conditions of persons with disabilities in every country, particularly in developing countries.”
- ¹⁶ CRPD Article 4 (2); See also, the similar provision on progressive realization in Article 2 of the International Covenant on Economic, Social and Cultural Rights (CESCR).
- ¹⁷ CRPD Article 32.
- ¹⁸ Dubrovnik Action Plan, Action 32.c; see also Action 32.b whereby states commit to review the availability, accessibility, and quality of existing services and identify the barriers that prevent access.
- ¹⁹ These findings also resulted in the SDG pledge that “no one will be left behind.” UN, “The Millennium Development Goals Report 2015,” p. 8, www.undp.org/content/dam/undp/library/MDG/english/UNDP_MDG_Report_2015.pdf.
- ²⁰ “PRSPs describe the country’s macroeconomic, structural and social policies and programs over a three year or longer horizon to promote broad-based growth and reduce poverty, as well as associated [external] financing needs and major sources of financing.” IMF, “Poverty Reduction Strategy Papers (PRSP),” updated 10 November 2015, www.imf.org/external/np/prsp/prsp.aspx; and “Poverty Reduction Strategy in IMF-supported Programs,” 17 September 2015, www.imf.org/external/np/exr/facts/prsp.htm.
- ²¹ See HI and Christoffel-Blindenmission (CBM), “Making PSRS inclusive,” 2008, www.making-prsp-inclusive.org/en/home.html; and HI and CBM, “Making PSRS inclusive,” (handbook) 2006, <http://siteresources.worldbank.org/DISABILITY/Resources/280658-1172608138489/MakingPRSPInclusive.pdf>.
- ²² HI and the French Agency for Development (AFD), “Disability and international cooperation policies,” www.hiproweb.org/fileadmin/cdroms/Handicap_Developpement/www/en_page52.html - *Example of disability-inclusive*.
- ²³ Recommendations of the UN Special Rapporteur on the Rights of Persons with Disabilities, “Towards Inclusive Social Protection Fighting poverty: Social protection promotes economic inclusion of persons with disabilities,” 2015.
- ²⁴ Mine Ban Treaty, Nairobi Action Plan, Action #40; and see also, Action #33, Nairobi Action Plan 2005–2009, www.apminebanconvention.org/fileadmin/APMBC/MSP/6MSP/Nairobi_Action_Plan.pdf.
- ²⁵ See, *Landmine Monitor 2006*, www.the-monitor.org/en-gb/reports/2006/landmine-monitor-2006/landmine-casualties-and-survivor-assistance.aspx; and *Landmine Monitor 2008*, www.the-monitor.org/en-gb/reports/2008/landmine-monitor-2008/victim-assistance.aspx.
- ²⁶ Statement of Guinea-Bissau, Mine Ban Treaty Thirteenth Meeting of States Parties, Geneva, 4 December 2013, www.apminebanconvention.org/fileadmin/APMBC/MSP/13MSP/day3/11a_ASSISTING_THE_VICTIMS_-_Guinea_Bissau.pdf.
- ²⁷ IMF, “Republic of Mozambique: Poverty Reduction Strategy Paper,” IMF Country Report No. 11/132, June 2011, www.imf.org/external/pubs/ft/scr/2011/cr11132.pdf.
- ²⁸ IMF, “Republic of Mozambique: Poverty Reduction Strategy Paper – Progress Report ,” IMF Country Report No. 14/147, May 2014, www.imf.org/external/pubs/ft/scr/2014/cr14147.pdf.
- ²⁹ IMF, “Republic of Tajikistan: Poverty Reduction Strategy Paper,” IMF Country Report No. 10/104, May 2010, www.imf.org/external/pubs/ft/scr/2010/cr10104.pdf.
- ³⁰ IMF, “Republic of Tajikistan: Poverty Reduction Strategy Paper – Progress Report,” IMF Country Report No. 12/33, February 2012, www.imf.org/external/pubs/ft/scr/2012/cr1233.pdf.
- ³¹ Lao PDR MDG 9 “Reducing UXO Impact,” 20 October 2010, www.la.one.un.org/media-center/publications/53-mdg-compact-2010.
- ³² UN, “MDG Progress in Lao PDR,” undated, www.la.one.un.org/millennium-development-goals/mdg-progress-in-lao-pdr.
- ³³ UN in Lao PDR, “Reduce the Impact of UXO,” undated, www.la.one.un.org/millennium-development-goals/reduce-the-impact-of-uxo.
- ³⁴ CRPD, Article 4, paragraph 3. The text of the Article specifies “other decision-making processes concerning issues relating to persons with disabilities.” However, if the application of this is taken with a broad view to attaining full inclusion, then there can be very few or practically no issues that do not in fact concern persons with disabilities.
- ³⁵ Also according to Maputo Action Plan Action #16, and Dubrovnik Action Plan: 4.2, 33 states commit to active inclusion in policy-making and decision-making that is sustainable, meaningful, and non-discriminatory, which will result in increased involvement in consultations and policy-making and decision-making processes.
- ³⁶ See sections on participation and inclusion in individual country profiles published since 2009 and in Victim Assistance overviews in the Landmine Monitor and the Cluster Munition Monitor on the Monitor website, www.the-monitor.org.
- ³⁷ ICRC SFD, “Appeal 2015,” p. 6, http://sfd.icrc.org/wp-content/uploads/sites/95/2015/01/SFD_-APPEAL-2015_low.pdf.
- ³⁸ WHO, “Guidelines on Health-Related Rehabilitation,” undated, www.who.int/disabilities/care/rehabilitation_guidelines_concept.pdf.
- ³⁹ WHO, “Guidelines on health-related rehabilitation initiated,” 15 January 2014, www.who.int/disabilities/media/news/2014/15_01/en/.
- ⁴⁰ WHO, “WHO global disability action plan 2014–2021,” www.who.int/disabilities/actionplan/en/.

Equal Basis 2015

⁴¹ Afghanistan, Algeria, Burundi, Cambodia, Chad, Colombia, DRC, Ethiopia, Iraq (Kurdistan) , Jordan (for refugees) , Lao, PDR, Lebanon (for refugees), Mozambique, Senegal, South Sudan, Thailand (for refugees), services in Yemen were also being started in 2015. Email from Elke Hottentot, Victim Assistance Technical Advisor, HI, 23 November 2015.

⁴² ICRC PRP, "Annual Report 2014," p. 7, www.icrc.org/eng/resources/documents/publication/p4250.htm.

⁴³ Afghanistan, Burundi, Cambodia, Chad, Colombia, DR Congo, Ethiopia, Guinea-Bissau, Iraq, Lebanon, South Sudan, Sudan, and Yemen. This was also the case for survivors and persons with disabilities from the Sahrawi population living in refugee camps in southwestern Algeria.

⁴⁴ ICRC SFD, "Annual Report 2014," http://sfd.icrc.org/wp-content/uploads/sites/95/2015/08/SFD_2014-Annual-Report.pdf.

⁴⁵ El Salvador, Lao PDR, Nicaragua, Peru, Somalia, and Tajikistan.

⁴⁶ For more information on the relation of this article to victim assistance see, the Monitor Briefing Paper, "Victim Assistance and CRPD Article 11: Situations of Risk and Humanitarian Emergencies," 25 June 2015, www.the-monitor.org/media/2034853/MonitorBriefingPaper_VAandArticle11_25June2015.pdf.

⁴⁷ WHO, *Questions and Answers on Universal Health Coverage*, undated, www.who.int/healthsystems/topics/financing/uhc_qa/en/. See also OHCHR, "Fact Sheet no.31 on the right to health," www.ohchr.org/Documents/Publications/Factsheet31.pdf.

⁴⁸ This pattern has also been identified in other reporting. For example, see Handicap International, "Good practices for the economic inclusion of people with disabilities in developing countries: funding mechanisms for self-employment," 2006, www.handicap-international.org/uploads/media/goodpractices-GB-2coul.PDF.

⁴⁹ Afghanistan, Algeria, Burundi, Cambodia, Colombia, DR Congo, Lao PDR, Mozambique, Senegal, South Sudan, Thailand, and Uganda.

⁵⁰ Email from Elke Hottentot, HI, 23 November 2015.

⁵¹ These must include subsistence, essential primary healthcare, shelter and housing, and education.

⁵² See also CESCR, *General Comment No. 19: The right to social security (Art. 9 of the Covenant)*, 4 February 2008 (E/C.12/GC/19), www.refworld.org/docid/47b17b5b39c.html.

⁵³ Recommendations of the UN Special Rapporteur on the Rights of Persons with Disabilities, "Towards Inclusive Social Protection Fighting poverty: Social protection promotes economic inclusion of persons with disabilities," 2015, www.dropbox.com/s/j44359416g30twc/one_pager_fighting_poverty_FINAL.pdf?dl=0.

⁵⁴ Mine Ban Treaty Maputo Action Plan Action #15; and Convention on Cluster Munitions Dubrovnik Action Plan Action 4.1, 32.e.

Country sections

Below are short updates from Monitor country profiles with information relevant to the Equal Basis report in 2014–2015. The sections include the ratification date of the Convention on the Rights of Persons with Disabilities (CRPD) and comparative information on health expenditure as a total percentage of GDP since 1999. They also note the ratification dates of the 1985 International Labor Organization (ILO) Convention concerning Vocational Rehabilitation and Employment (Disabled Persons).⁵⁴

For further information on data collection, coordination, participation, and progress in providing adequate and accessible services for healthcare, rehabilitation work, mental health care training, and other forms economic inclusion as well as laws and policies, see the detailed annual country sections for 2015⁵⁵ and all previous years since 1999 available on the Monitor website (www.the-monitor.org).

Afghanistan

<i>Convention on the Rights of Persons with Disabilities.....</i>	<i>18 September 2012</i>
<i>Health Expenditure—Total % of GDP (1999 Baseline)</i>	<i>Not Applicable</i>
<i>Health Expenditure—Total % of GDP (2013)</i>	<i>8.1</i>
<i>Out-of-pocket payments as a % of health spending</i>	<i>73.8</i>
<i>ILO 159.....</i>	<i>7 April 2010</i>

Disability plan and coordination

The Ministry of Labor, Social Affairs, Martyrs and the Disabled (MoLSAMD) is the government focal point for the legislation of disability issues overall. Other national and international stakeholders support the government in developing or amending legislation. The Ministry of Public Health and the Ministry of Education are involved in disability services and advocacy activities.

A number of coordination mechanisms were active such as the Disability and Physical Rehabilitation Taskforce, the Inter-ministerial Taskforce on Disability, the Afghan Community Based Rehabilitation Network, and the Inclusive Child Friendly Education-Coordination Working Group.

In 2014, the process of developing the Afghanistan National Policy for Persons with Disabilities continued with the draft shared once again with government agencies and stakeholders for further feedback. The Afghanistan National Disability Action Plan (ANDAP) 2008–2011 was not revised; revision of the plan remained on hold since the ANDAP expired in 2011, pending the completion of the disability policy.

A key update on services in 2014–2015

Many NGOs providing services for persons with disabilities faced critical financial shortages. Due to funding decreases, some provincial branches of NGOs ceased their activities.

Physical rehabilitation was not available in all provinces. The number of the facilities providing prosthetic and orthopedic devices remained unchanged in 2014. Rehabilitation centers were concentrated in 12 of the 34 Afghan provinces and patients were often forced to travel long distances to access services. Physical rehabilitation services were available through a network of 17 centers. The annual production total for mobility devices indicates that existing centers are insufficient to meet demand.

Laws and policies

The Law on the Rights and Benefits of Person with Disabilities and the Law on Rights and Benefits for Relatives of Martyrs and Disappeared Persons remained the key legislative provisions. The Law on the Rights and Benefits of Persons with Disabilities was amended in March 2013. However, the law contained discriminatory provisions and was not in conformity with the principles of the CRPD. MoLSAMD accorded special treatment to families of those killed and injured in war, which was the only group to receive financial support for persons with disabilities.

The constitution prohibits any kind of discrimination against citizens and requires the state to assist persons who have disabilities and to protect their rights, which include healthcare and financial protection. Overall, persons with disabilities faced challenges, such as limited access to educational opportunities, a lack of physical access to government buildings, a lack of economic opportunities, and social exclusion. There was reportedly almost no attention to the implementation of CRPD in Afghanistan and, overall, there was a decrease in consideration of the conventions' requirements.

Albania

<i>Convention on the Rights of Persons with Disabilities.....</i>	<i>11 February 2013</i>
<i>Health Expenditure—Total % of GDP (1999 Baseline).....</i>	<i>5.8</i>
<i>Health Expenditure—Total % of GDP (2013).....</i>	<i>5.9</i>
<i>Out-of-pocket payments as a % of health spending.....</i>	<i>51.5</i>
<i>ILO 159.....</i>	<i>No</i>

Disability plan and coordination

The newly reformed National Disability Committee was chaired by the minister of social welfare and included representation from seven disabled persons' organizations (DPOs) and seven service providers. There is a unique political party that exclusively represents persons with disabilities.

A key update on services in 2014–2015

During 2014, the Prosthetic Workshop at Kukës Regional Hospital provided amputees with new prostheses and repairs. A full set of physiotherapy equipment was delivered to the Kukës Hospital.

Laws and policies

Due to the differentiated status of certain DPOs and associations and the lack of official status for certain disabilities, there was unequal access to rights among persons with disabilities. If a person was not working when they were injured (or persons from particular groups, who are represented by national associations for the blind orpara/quadruplegic), they were not recognized as persons with disabilities under the law and therefore did not receive disability benefits.

The legal framework for persons with disabilities was revised in July 2014, when Albania adopted Framework Law No. 93/2014 "On the Inclusion of and Access for People with Disabilities," which aims to break down the unequal status system. The new law covers all groups of persons with disabilities. It provides for a multidisciplinary commission responsible for examining and evaluating the disability of each applicant. It also includes the establishment of a State Committee for Persons with Disabilities, to be composed of representatives of different ministries and civil society organizations.

Algeria

<i>Convention on the Rights of Persons with Disabilities.....</i>	<i>4 December 2009</i>
<i>Health Expenditure—Total % of GDP (1999 Baseline)</i>	<i>3.4</i>
<i>Health Expenditure—Total % of GDP (2013)</i>	<i>6.6</i>
<i>Out-of-pocket payments as a % of health spending</i>	<i>25.1</i>
<i>ILO 159</i>	<i>No</i>

Disability plan and coordination

In April 2014, the Ministry of National Solidarity, Family, and the Status of Women established the National Council of Handicapped Persons, which serves as a consultative organ to study problems such as accessibility for persons with disabilities. In August 2014, a survey on disability was launched by the National Study and Analysis Center (CENEAP). This survey aimed to build a long-term vision of the structures and training needed for improved assistance to persons with disabilities in Algeria.

A key update on services in 2014–2015

In 2013, Algerian authorities took steps to reduce the administrative and bureaucratic barriers for persons with disabilities by opening a specific desk for vulnerable persons at the offices of the Directorate of Social Action and Solidarity.

Within the framework of its Strategic Development Plan 2014–2018, the National Office for the Equipment of Persons with Disabilities launched a new manufacturing unit and trained general medical practitioners on orthopedics.

Laws and policies

Legislation prohibits discrimination against persons with disabilities, but was not effectively enforced. However, the government looked to enforce the policy, making it compulsory for all employers of more than 100 persons to open 1% of jobs to persons with disabilities. Over the course of 2014, over 200 companies were sanctioned for non-compliance under this policy and had to pay a penalty fee to the National Employee Social Insurance Fund.

Angola

<i>Convention on the Rights of Persons with Disabilities.....</i>	<i>19 May 2014</i>
<i>Health Expenditure—Total % of GDP (1999 Baseline)</i>	<i>4.1</i>
<i>Health Expenditure—Total % of GDP (2013)</i>	<i>3.8</i>
<i>Out-of-pocket payments as a % of health spending</i>	<i>24.4</i>
<i>ILO 159</i>	<i>No</i>

Disability plan and coordination

In 2013, Angola developed the National Plan of Integrated Action on Disability 2013–2017 as part of Angola's national development plan, "Angola 2025." The disability plan includes the objective of establishing a national council for persons with disabilities, designed to raise the profile of disability issues within the executive branch of the government and to improve coordination on disability issues among all government ministries.

A key update on services in 2014–2015

The Presidential Physical Rehabilitation Program continues to improve the availability of physical rehabilitation services through the renovation of existing rehabilitation facilities and construction of new facilities. Economic-reintegration opportunities were expanded, although still limited.

Laws and policies

In 2013, the Protection Law for Persons with Disabilities (2012) lacked enforcement, and discrimination against persons with disabilities remained prevalent. Legislation on physical accessibility has been drafted and is awaiting approval to become law.

Bosnia and Herzegovina (BiH)

<i>Convention on the Rights of Persons with Disabilities.....</i>	<i>12 March 2010</i>
<i>Health Expenditure—Total % of GDP (1999 Baseline)</i>	<i>8.9</i>
<i>Health Expenditure—Total % of GDP (2013)</i>	<i>9.6</i>
<i>Out-of-pocket payments as a % of health spending</i>	<i>29</i>
<i>ILO 159</i>	<i>2 June 1993</i>

Disability plan and coordination

The National Council for Persons with Disabilities includes 10 representatives of state and entity ministries and 10 representatives of persons with disabilities. NGOs reported the National Council for Persons with Disabilities “does not constitute an independent mechanism” to include persons with disabilities in the promotion, protection, and monitoring of the implementation of the CRPD in accordance with Article 33 of the convention.

The Federation of BiH had a strategy for persons with disabilities for the period 2010–2014 and Republika Srpska has a strategy for persons with disabilities for 2010–2015. The implementation of the social protection legislative framework remains weak in both the Federation and Republika Srpska.

A key update on services in 2014–2015

More needed to be done to address persisting differences in the coverage of rehabilitative costs, based on the origins and category of disability.

BiH has 63 community centers for mental and physical rehabilitation. The centers continued to provide services but required renovation, upgrades, and an expansion of the services offered. Health insurance covers the costs of basic prosthetic devices. While provision of orthopedic and other devices and assistive technology is mandated by law, the extent to which these entitlements can be accessed was severely limited. Similarly, there were no systematic provisions for training on independent mobility for persons with disabilities, which has had a particularly negative impact on persons with more severe impairment.

Laws and policies

BiH reported that in 2014 there were improvements in regulations on pension and disability insurance, on social protection, as well as regulations on professional rehabilitation, enabling and employment of disabled persons, and on health protection. However, entitlement to rights and benefits for persons with disabilities is still based on status, not on needs. There remained clear discrimination between different categories of persons with disabilities.

Burundi

<i>Convention on the Rights of Persons with Disabilities</i>	22 May 2015
<i>Health Expenditure—Total % of GDP (1999 Baseline)</i>	5.6
<i>Health Expenditure—Total % of GDP (2013)</i>	8
<i>Out-of-pocket payments as a % of health spending</i>	20.2
<i>ILO 159</i>	No

Disability plan and coordination

Following implementation of the Strategic Plan for the Development of Medical Rehabilitation 2011-2015, the Ministry of Public Health (MoPH) now also deals with rehabilitation.

A key update on services in 2014–2015

In 2014, persons with disabilities from a wider geographical area were able to access rehabilitation services of the Saint Kizito Institute because they were provided free lodging and meals at the center. On-the-job training enabled prosthetic/orthotic and physiotherapy personnel to add to their skills, which helped improve the quality of care for persons with disabilities at some facilities.

Laws and policies

The constitution prohibits discrimination against persons with disabilities. Nevertheless, the government did not promote or protect the rights of persons with disabilities with regard to employment, education, or access to healthcare. The government did not enact legislation or otherwise mandate access to buildings, information, or government services for persons with disabilities.

Cambodia

<i>Convention on the Rights of Persons with Disabilities</i>	20 December 2012
<i>Health Expenditure—Total % of GDP (1999 Baseline)</i>	6.2
<i>Health Expenditure—Total % of GDP (2013)</i>	7.5
<i>Out of pocket payments as a % of health spending</i>	59.7
<i>ILO 159</i>	No

Disability plan and coordination

The Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) continued to have core responsibility for disability issues and rehabilitation services. Several other ministries were involved in disability issues, including the Ministry of Health, which promoted physiotherapy services; the Ministry of Education, Youth and Sports, with a Special Education Office responsible for promoting inclusive education for children with disabilities; the Ministry of Public Works and Transport; and the Ministry of National Defense. The National Disability Coordination Committee is co-chaired by both the MoSVY and the Disability Action Council (DAC); the DAC itself operates directly under the MoSVY.

The new National Disability Strategic Plan 2014–2018 was launched in July 2014.

A key update on services in 2014–2015

In July 2014, the government launched the Disability Rights Initiative Cambodia (DRIC), a five-year program providing support to Cambodia’s coordination of the National Disability Strategic Plan 2014–2018, strengthening the capacity of DPOs, improving physical rehabilitation centers, and working with

provincial and commune officials to promote disability inclusiveness. The initiative is Australian-funded and a joint program of the UNDP, WHO, and UNICEF.

The physical rehabilitation sector included 11 rehabilitation centers. Services for persons with physical disabilities, offered through the physical rehabilitations centers, were inadequate to meet demand. Furthermore, financing mechanisms for rehabilitation services, including funding pathways, were unclear.

Laws and policies

The 2009 Law on the Protection and Promotion of the Rights of Persons with Disabilities prohibits discrimination against persons with disabilities. The law also requires that buildings and government services be accessible to persons with disabilities. However, inaccessibility to public buildings, transport, facilities, and referral systems continued to prevent persons with disabilities from actively participating in social and economic activities. The government continued efforts to implement the law. The full period for compliance with accessibility legislation extends to 2015 in some cases.

<i>Chad</i>	
<i>Convention on the Rights of Persons with Disabilities.....</i>	<i>Signed</i>
<i>Health Expenditure—Total % of GDP (1999 Baseline)</i>	<i>5.9</i>
<i>Health Expenditure—Total % of GDP (2013)</i>	<i>3.6</i>
<i>Out of pocket payments as a % of health spending</i>	<i>61</i>
<i>ILO 159.....</i>	<i>No</i>

Disability plan and coordination

The Ministry of Public Health signed a decree creating a working group to specifically address physical rehabilitation needs in Chad in 2013. Over the course of 2014, the network focused on drafting a national plan to address physical rehabilitation needs and to recruit an international expert to facilitate the process.

A key update on services in 2014–2015

Access to rehabilitation remained difficult for most of those in need in 2014. Rehabilitation services were only available in six of the 23 regions in Chad. Access to rehabilitation was hampered by the lack of financial support from the social system to cover the cost of rehabilitation treatment (to be covered by the patients), the lack of facilities and professionals, and the burden of the cost of transport (when it was available). There was no direct involvement by the government in physical rehabilitation and patients had to pay for services.

Laws and policies

The application decree for the domestic law protecting the rights of persons with disabilities, adopted in 2007, has remained inoperative, pending the president’s signature to render it law.

The law protects the rights of and prohibits discrimination against persons with disabilities. However, while the government made efforts to enforce it in N’Djamena, it was unable to do so throughout the country. No legislation or programs exist to ensure access to buildings for persons with disabilities.

In April 2015, persons with disabilities occupied the courtyard of the Ministry of Women, Social Welfare, and National Solidarity and had four points to present to the government: the need for the full adoption and implementation of Law 007 concerning persons with disabilities; the ratification of the CRPD by

Chad; access to employment; and the immediate need of crossing the N’gueli bridge in N’Djamena to access livelihood activities. A protest march highlighting similar concerns, including implementation of Law 007, had previously been held in August 2014.

Colombia

<i>Convention on the Rights of Persons with Disabilities</i>	10 May 2011
<i>Health Expenditure—Total % of GDP (1999 Baseline)</i>	8.7
<i>Health Expenditure—Total % of GDP (2013)</i>	6.8
<i>Out of pocket payments as a % of health spending</i>	13.9
<i>ILO 159</i>	7 December 1989

Disability plan and coordination

Since 2007, Colombia has a National Disability System (Sistema Nacional de Discapacidad, SND) composed of representatives of the Ministry of Health and Social Protection and of the National Disability Council, which assesses, monitors, and evaluates the SND and the national disability policy. The SND also includes department and municipal councils, working to advance the rights of persons with disabilities. The National Disability Council national policy on disability and social inclusion to implement the disability law in line with the CRPD was approved in December 2013.

A key update on services in 2014–2015

In 2014, there was a lack of continuity in the provision of rehabilitation services. Some organizations working with persons with disabilities noted general improvement in the provision of physical rehabilitation services. There were improvements in the quality of prosthesis, mainly due to international cooperation support, while gaps continued in the provision of health and rehabilitation services. There were significant gaps in assistance for persons with hearing and sight impairments due to high costs and limited availability of devices and services.

Laws and policies

Law 1618, which guarantees the rights of persons with disabilities in line with the CRPD, was approved in February 2013. Legislation prohibits discrimination against persons with disabilities in employment, education, access to public buildings, air travel and other transportation, access to healthcare, or the provision of other state services, but some NGOs reported that these laws were seldom enforced.

In 2015, statutory law 1751 on health was adopted, Article 11 of which defines persons with disabilities as subject to special protection. In March 2015, legislation was adopted to guarantee access to and the quality of appropriate rehabilitation services for persons with disabilities by the institutions providing health services.

In 2014, recommendations on the national policy on disability and social inclusion (“Conpes 166”) were developed. The policy, approved in December 2013, aims at the implementation of Colombia’s disability law in line with the CRPD. The recommendations mainly addressed the inclusion of CRPD and national norms on disability principles in the elaboration of departmental and municipal programs for survivors, specifying the characteristics of a comprehensive rehabilitation. In 2014, institutions participating in the National Disability System developed and finalized a land management guide on disability for governors and mayors of the country as a way to implement the disability policy at regional and local levels.

Croatia

<i>Convention on the Rights of Persons with Disabilities.....</i>	<i>15 August 2007</i>
<i>Health Expenditure—Total % of GDP (1999 Baseline)</i>	<i>7.3</i>
<i>Health Expenditure—Total % of GDP (2013)</i>	<i>7.3</i>
<i>Out-of-pocket payments as a % of health spending</i>	<i>12.5</i>
<i>ILO 159</i>	<i>8 October 1991</i>

Disability plan and coordination

Croatia is working to implement the National Strategy of Equalization of Possibilities for Persons with Disabilities 2007–2015. Croatia reported that civil society organizations were involved in drafting a new Act for the Protection of Persons with Mental Disabilities, which came into effect on 1 January 2015.

A key update on services in 2014–2015

The Croatian Institute for Health Insurance covers the costs of basic orthopedic and prosthetic and mobility devices for survivors and other persons with disabilities. Persons with disabilities often reported that the quality and/or frequency of orthopedic devices received were inadequate.

The Croatian Employment Service, in cooperation with the town of Zagreb, the Institute for Disability Assessment and Professional Rehabilitation, and the Institution for Rehabilitation of Disabled Persons through Vocational Rehabilitation and Employment, implemented a new model of professional rehabilitation in line with the National Strategy of Equalization of Possibilities for Persons with Disabilities 2007–2015 to improve access to career management and develop new employment models for persons with disabilities.

Laws and policies

The Government Office for Human Rights and Rights of National Minorities established a working group to prepare a National Anti-Discrimination Plan 2014–2018, to follow the National Anti-Discrimination Plan 2008–2013. The plan should place emphasis on discrimination against persons with disabilities, incorporate measures to safeguard against discrimination based on disability, and prevent the failure to make adjustments for reasonable accommodation.

In 2012, the European Commission found that persons with disabilities face discrimination in the labor market in Croatia, and that employment quotas in the public sector were not being met. A new Act on Vocational Rehabilitation and Employment of Persons with Disabilities was adopted at the end of 2013. The Act entered into force on 1 January 2014 and changes were made to employment policies in April.

DR Congo

<i>Convention on the Rights of Persons with Disabilities.....</i>	<i>30 September 2015</i>
<i>Health Expenditure—Total % of GDP (1999 Baseline)</i>	<i>4.2</i>
<i>Health Expenditure—Total % of GDP (2013)</i>	<i>3.5</i>
<i>Out-of-pocket payments as a % of health spending</i>	<i>32.7</i>
<i>ILO 159</i>	<i>No</i>

Disability plan and coordination

In 2014, the Sub-cluster on Disabilities coordinated advocacy efforts on the CRPD and the adoption of a new disability law. The Sub-cluster included the Ministry of Social Affairs, represented by the Directorate for Coordination of rehabilitation activities for persons with disabilities, the National Community Rehabilitation Programme, and international organizations.

A key update on services in 2014–2015

The long distances to services, the high financial costs of attaining them, and insecurity remained the greatest obstacles to accessing physical rehabilitation in 2014. The National Strategic Plan for Assistance for Mine/ERW Victims and other Persons with Disabilities: November 2010–October 2011 (Plan Stratégique National d’Assistance aux Victimes des Mines/REG et autres Personnes en Situation de Handicap: Novembre 2010–Octobre 2011, PSNAVH) estimated that just 20% of the population in need of physical rehabilitation services were able to access them. There were only six rehabilitation centers operating effectively in the entire country.

Laws and policies

The 2005 constitution prohibits discrimination against all persons with disabilities, stipulates that all citizens must have access to public services (including education), and provides that persons with disabilities are afforded specific protection by the government. However, the legislation was not effectively enforced. Legislation did not mandate access to buildings or government services for persons with disabilities.

El Salvador

<i>Convention on the Rights of Persons with Disabilities.....</i>	<i>14 December 2007</i>
<i>Health Expenditure—Total % of GDP (1999 Baseline)</i>	<i>8.3</i>
<i>Health Expenditure—Total % of GDP (2013)</i>	<i>6.9</i>
<i>Out-of-pocket payments as a % of health spending</i>	<i>28.4</i>
<i>ILO 159</i>	<i>19 December 1986</i>

Disability plan and coordination

The Protection Fund, military and veteran agencies, and the Council for Integrated Attention for Persons with Disabilities (CONAIPD) had coordination roles. In October 2014, CONAIPD, the Protection Fund, and the Salvadoran Institute of Comprehensive Rehabilitation held three consultative meetings with persons with disabilities to promote their effective inclusion in the country’s 2014–2019 development plan. This plan identifies priority groups, including survivors of armed conflict and persons with disabilities, and sets strategies to ensure their inclusion in health, education, and economic sectors.

A key update on services in 2014–2015

2014 marked the first year of operation of the Protection Fund’s physical rehabilitation facility, the Aníbal Salinas prosthetic workshop, which was constructed in 2013 and was considered “fully equipped” by November 2014. By the end of 2014, the center was covering the needs of more than 4,000 people.

Laws and policies

A major area of work for CONAIPD in 2014 was the development and approval of a national policy on comprehensive support for persons with disabilities. The National Policy for Comprehensive Assistance for Persons with Disabilities was approved in May 2014, following extensive consultations with government representatives and persons with disabilities to identify and develop a strategy to promote the full inclusion of persons with disabilities. Its objective is to guarantee the rights of persons with disabilities

through the removal of physical and social barriers, and provide for improved coordination mechanisms. It also aims at updating current legislation according to the international legal framework.

The law prohibits discrimination against persons with disabilities in employment, education, air travel and other transportation, access to healthcare, and the provision of other state services. In 2014, the government did not effectively enforce legal requirements for access to buildings, information, and communications for persons with disabilities. At the beginning of 2014, CONAIPD also initiated a project aimed at including disability issues in the new government's 2014–2019 agenda.

Eritrea

<i>Convention on the Rights of Persons with Disabilities</i>	No
<i>Health Expenditure—Total % of GDP (1999 Baseline)</i>	4.7
<i>Health Expenditure—Total % of GDP (2013)</i>	3
<i>Out-of-pocket payments as a % of health spending</i>	54.6
<i>ILO 159</i>	No

Disability plan and coordination

The Ministry of Labor and Human Welfare (MoLHW) coordinated a revision process for the National Policy on Disability and its implementation strategy for 2012 to 2016 in consultation with other relevant sectors. The National Health Policy and the Health Sector Strategic Development Plan for 2012 to 2016 recognized rehabilitative care as one of the four pillars of healthcare.

A key update on services in 2014–2015

The community-based rehabilitation (CBR) program of the MoLHW operated in almost all of the 57 sub-regions of Eritrea. As part of the CBR program, a revolving loan fund for persons with disabilities was established in all sub-regions.

Laws and policies

Legislation in Eritrea prohibited discrimination against persons with disabilities, but the government did not effectively enforce these prohibitions, although it did implement programs to assist persons with disabilities. Eritrea dedicated substantial resources to support and train thousands of men and women with physical disabilities resulting from war and conflict.

Ethiopia

<i>Convention on the Rights of Persons with Disabilities</i>	7 July 2010
<i>Health Expenditure—Total % of GDP (1999 Baseline)</i>	3.9
<i>Health Expenditure—Total % of GDP (2013)</i>	5.1
<i>Out-of-pocket payments as a % of health spending</i>	35.4
<i>ILO 159</i>	28 January 1991

Disability plan and coordination

In 2014, the Ministry of Labor and Social Affairs (MoLSA) established a committee of line ministers, government agency representatives, and DPOs, which is responsible for the implementation, monitoring, and evaluation of the CRPD. The National Council of Persons with Disabilities was responsible for

coordinating, evaluating, and monitoring the implementation of the CRPD. In 2014, MoLSA and the Central Statistics Authority collaborated on a plan to include disability-specific information in the national census to take place in 2016. In the census reports, data will be disaggregated by disability. MoLSA also monitored the implementation of Ethiopia’s National Plan of Action for Persons with Disabilities (2012–2021).

A key update on services in 2014–2015

Ethiopia lacks enough physical rehabilitation centers to meet demand. The physical rehabilitation services available in the country were limited and remain concentrated in the urban areas. Owing to their isolated geographical situation, most persons with disabilities living in rural areas had hardly any access to physical rehabilitation services, and those in most need had great difficulty in getting to the rehabilitation centers.

Laws and policies

The Charities and Societies Proclamation of February 2009 forbids international and Ethiopian Resident Charity NGOs operating on disabilities from engaging in advocacy on human rights issues, including promoting the rights of persons with disabilities, if they receive more than 10% of their funding from foreign sources. Ethiopian law mandates the building of accessibility and accessible toilet facilities for persons with physical disabilities, although specific regulations that define the accessibility standards were not adopted.

<i>Guinea-Bissau</i>	
<i>Convention on the Rights of Persons with Disabilities.....</i>	<i>24 September 2014</i>
<i>Health Expenditure—Total % of GDP (1999 Baseline)</i>	<i>5.8</i>
<i>Health Expenditure—Total % of GDP (2013)</i>	<i>5.5</i>
<i>Out-of-pocket payments as a % of health spending</i>	<i>43.3</i>
<i>ILO 159.....</i>	<i>No</i>

Disability plan and coordination

In Guinea-Bissau, a target of the National Poverty Reduction Strategy 2011–2015 is the “equal opportunity for rehabilitation, and reintegration of all persons with disabilities (victim of armed dispute or conflict, included the mine/ERW injured people),” their full participation in the socio-economic reconstruction, and the re-establishment of their rights and dignity.

A key update on services in 2014–2015

In March 2011, the Center for Physical Rehabilitation (CRM) under the Ministry of Health was officially inaugurated in Bissau to serve as the main—and through 2014 the only—physical rehabilitation center for the country and to provide free rehabilitation services for survivors in economic need. The CRM, in cooperation with the ICRC, the Federation of the Association of Persons with Disabilities, and other national organizations began an outreach service to provide services for people living in rural areas.

Laws and Policies

Article 5 of the constitution of Guinea-Bissau prohibits discrimination against persons with disabilities, but implementation was weak. There was no law mandating access to public buildings and no efforts were made to ensure access to buildings or streets. In early 2015, the rights of children with disabilities featured prominently in Guinea-Bissau’s Universal Periodic Review in the UN Human Rights Council, with a number of recommendations concerning reducing discrimination against children with disabilities. The first national conference on the rights of persons with disabilities was held in December 2014.

Iraq

<i>Convention on the Rights of Persons with Disabilities.....</i>	<i>20 March 2013</i>
<i>Health Expenditure—Total % of GDP (1999 Baseline)</i>	<i>1.1</i>
<i>Health Expenditure—Total % of GDP (2013)</i>	<i>5.2</i>
<i>Out-of-pocket payments as a % of health spending</i>	<i>36.5</i>
<i>ILO 159</i>	<i>No</i>

Disability plan and coordination

In 2013, a special committee of the Office of the Prime Minister was established to address the poor coordination among government departments responsible for the delivery of basic services to persons with disabilities in central and southern Iraq. In September 2013, the Iraqi parliament passed a law to establish an independent national disability commission that was intended to include all relevant stakeholders. The national commission for persons with disabilities was formed, but did not start work on its responsibilities in 2014 as a budget was still pending.

In Kurdistan, disability coordination came under an Inter Ministerial Council of Monitoring and Developing People of Special Needs, established in 2012 to coordinate the implementation of the CRPD in the region.

A key update on services in 2014–2015

In several parts of the country, access to services was impeded by violence. Access to physical rehabilitation services also remained difficult for people living in remote locations for several reasons, including the cost, time, and distance of transportation, as well as a lack of information regarding services available. In addition, due to the lack of qualified rehabilitation professionals, patients at all centers outside Baghdad (and Erbil in Kurdistan) faced long wait lists.

Within Kurdistan, access to appropriate rehabilitation services was significantly better than in the rest of Iraq and increased training for rehabilitation professionals was believed to have increased the quality of care.

Laws and policies

Central and southern Iraq had no legislation prohibiting discrimination against persons with disabilities. In 2014, persons with disabilities remained among the most vulnerable people in their communities, facing numerous barriers to their full and equal participation in all facets of life. The situation of persons with disabilities living outside major cities was particularly difficult.

Jordan

<i>Convention on the Rights of Persons with Disabilities.....</i>	<i>31 March 2008</i>
<i>Health Expenditure—Total % of GDP (1999 Baseline)</i>	<i>9.4</i>
<i>Health Expenditure—Total % of GDP (2013)</i>	<i>7.2</i>
<i>Out-of-pocket payments as a % of health spending</i>	<i>23.5</i>
<i>ILO 159</i>	<i>13 May 2003</i>

Disability plan and coordination

The Higher Council for the Affairs of People with Disabilities serves as the focal point for the implementation of the CRPD. Jordan has a National Strategy for Persons with Disabilities (2010-2015).

A key update on services in 2014–2015

The National Committee for Demining and Rehabilitation (NCDR) advocated for the provision of equitable medical and rehabilitation services for both civilian and military persons with disabilities. The NCDR continued to support the prosthetic and orthotic center at the Princess Basma Hospital.

Laws and policies

The 2007 law on the rights of persons with disabilities generally provides equal rights to persons with disabilities, but such legal protections were not upheld. Furthermore, it still lacked regulations to support its implementation. In 2014, persons with disabilities continued to face problems in obtaining employment and accessing education, healthcare, transportation, and other services, particularly in rural areas.

Lao PDR

<i>Convention on the Rights of Persons with Disabilities.....</i>	<i>25 September 2009</i>
<i>Health Expenditure—Total % of GDP (1999 Baseline)</i>	<i>3.7</i>
<i>Health Expenditure—Total % of GDP (2013)</i>	<i>2</i>
<i>Out-of-pocket payments as a % of health spending</i>	<i>40</i>
<i>ILO 159</i>	<i>No</i>

Disability plan and coordination

The Ministry of Labor and Social Welfare holds primary responsibility for the needs of, and related services to, persons with disabilities through the National Committee for Disabled and Elderly People (NCDE). There were no official disability coordination meetings for all stakeholders or UN focal personnel appointed for the support of addressing disability issues.

A key update on services in 2014–2015

In 2014, the Centre for Medical Rehabilitation and associated physical rehabilitation centers, with financial and technical support from the Cooperative Orthotic and Prosthetic Enterprise, provided over 1,000 services (560 for men, 209 for women, 172 for boys, and 127 for girls), with mine/ERW survivors making up 20% of the total. There were 522 prostheses delivered to beneficiaries that year.

Disability-specific vocational training available to persons with disabilities was limited. The qualifications provided by these services were generally not accredited or officially recognized equally by other government vocational training programs. Social protection programs support war veterans with disabilities unable to work, however, there were no social protection programs to support other persons with disabilities in similar situations.

Laws and policies

The Decree on the Rights of Persons with Disabilities (Decree No. 137) was finally approved and adopted in April 2014. It had been prepared at the beginning of 2008, submitted to the Ministry of Justice in July 2012, and passed to the Cabinet in November 2012. The Decree on the Rights of Persons with Disabilities was adopted alongside the Decree on the Organization of Operation of National Committee for Disabled People and the Elderly (Decree No. 232) of Lao PDR, thereby establishing a mechanism for coordination of implementation.

Lebanon

<i>Convention on the Rights of Persons with Disabilities</i>	14 June 2007
<i>Health Expenditure—Total % of GDP (1999 Baseline)</i>	10.9
<i>Health Expenditure—Total % of GDP (2013)</i>	7.2
<i>Out-of-pocket payments as a % of health spending</i>	34.3
<i>ILO 159</i>	23 February 2000

Disability plan and coordination

Local and international humanitarian agencies helping persons with disabilities among refugees from Syria and Lebanese host communities are coordinating their efforts through the Disability and Older Age Working Group, formed in June 2013. The Working Group held 18 meetings in 2014.

A key update on services in 2014–2015

Lebanese healthcare services and facilities were placed under additional pressure in 2014 as a result of internal violence and the arrival of hundreds of war-wounded Syrians seeking medical assistance. Approximately 100 relatively active but poorly funded private organizations provided most of the assistance received by persons with disabilities. Physical rehabilitation was largely dependent on funding from external donors and national charities.

In 2015, the Lebanese Coalition of Organizations of Disabled Persons reported that there were no disability pensions (for families or for persons with disabilities) or family support to care for persons with disabilities, nor did persons with disabilities receive mobility grants. There was a large gap between the demand for services for persons with disabilities and the existing services.

Laws and policies

Law 220/2000 on the “Access and Rights of People with Disability” addresses the rights of persons with disabilities to have access to adequate education, rehabilitation services, employment, medical services, sports, and access to public transport and other facilities. However, the Lebanese Coalition of Organizations of Disabled Persons also reported that the law had yet to be comprehensively put into practice, due in part to a lack of sufficient resource allocation within the national budget.

Mozambique

<i>Convention on the Rights of Persons with Disabilities</i>	30 January 2012
<i>Health Expenditure—Total % of GDP (1999 Baseline)</i>	5.3
<i>Health Expenditure—Total % of GDP (2013)</i>	6.8
<i>Out-of-pocket payments as a % of health spending</i>	6.4
<i>ILO 159</i>	No

Disability plan and coordination

The National Disability Council coordinated disability issues including the National Disability Plan 2012–2019.

A key update on services in 2014–2015

Production of prosthetic devices resumed in 2013 following a significant decline in production in 2012 throughout Mozambique’s rehabilitation centers, due to lack of raw materials. However, in 2014, demand

was higher than availability and the number of people waiting to receive new prosthetic devices continued to be longer than in previous years. Persons requiring mobility aids also faced immense difficulties because tricycles and imported wheelchairs were prohibitively expensive. Overall, supply did not meet minimum countrywide needs.

Laws and policies

Legislation guaranteed the rights and equal opportunities of persons with disabilities. However, the government lacked the resources to implement the law and discrimination remained common. The evaluation of the National Disability Plan 2006–2010 found that many programs for persons with disabilities sought to promote the inclusion of women with disabilities but that, despite these efforts, women with disabilities still suffered greater discrimination than men with disabilities, with more living in poverty and experiencing lower employment rates.

Nicaragua

<i>Convention on the Rights of Persons with Disabilities.....</i>	<i>7 December 2007</i>
<i>Health Expenditure—Total % of GDP (1999 Baseline)</i>	<i>5.3</i>
<i>Health Expenditure—Total % of GDP (2013)</i>	<i>8.4</i>
<i>Out-of-pocket payments as a % of health spending</i>	<i>40</i>
<i>ILO 159</i>	<i>No</i>

Disability plan and coordination

At the CRPD Meeting of the States Parties in 2014, Nicaragua announced the creation of a multi-sectorial team to work on a national rehabilitation strategy that would prioritize a community-based approach.

A key update on services in 2014–2015

In 2014 and 2015, through the program “Todos con Voz” (“A Voice for All”), the Ministry of Health continued to carry out home visits to persons with disabilities to provide basic medical attention, deliver mobility devices, and refer patients to regional hospitals as needed.

The Ministry of Health coordinates a network of service providers that include physiotherapy units, rehabilitation services, a teaching hospital specialized in rehabilitation, and prostheses and orthotics production centers. Civil society organizations also provided a variety of services to persons with disabilities in 2014.

Laws and policies

On 4 March 2014, implementing regulations for Law 763 on the Rights of Persons with Disabilities were approved. In April 2011, Nicaragua approved Law 763 to replace the previous law on disability; Law 763 is aligned to the CRPD. Despite legal protection, discrimination was widespread in 2014 in employment, education, transportation, access to healthcare, and other state services. The government did not effectively enforce the law.

Peru

<i>Convention on the Rights of Persons with Disabilities.....</i>	<i>20 January 2008</i>
<i>Health Expenditure—Total % of GDP (1999 Baseline)</i>	<i>4.9</i>
<i>Health Expenditure—Total % of GDP (2013)</i>	<i>5.3</i>
<i>Out-of-pocket payments as a % of health spending</i>	<i>34.9</i>
<i>ILO 159.....</i>	<i>16 June 1986</i>

Disability plan and coordination

Through 2014, the National Disability Council (Consejo Nacional para la Integración de la Persona con Discapacidad, CONADIS) was working on a national census specialized on disability.

In 2009, after a broad national consultation, Peru launched its Plan for Equality of Opportunity for Persons with Disability 2009–2018 under the general coordination of CONADIS to protect and promote the full and equal enjoyment of the rights of persons with disabilities with concrete actions in the health, education, social development, and employment sectors. In 2015, the plan was being reviewed by the government in order to become the operating framework for the National Roadmap for Integration System of People with Disabilities (Sistema Nacional para la Integración de las Personas con Discapacidad, SINAPEDIS).

A key update on services in 2014–2015

The National Rehabilitation Institute offered rehabilitation services, including prosthetics, occupational therapy, and psychological support. However, the new center located in Lima remained inaccessible to most survivors living in rural, remote areas.

Laws and policies

In April 2014, the implementing regulations for the national Law for Persons with Disabilities were approved. The law establishes budgetary requirements and quotas for various government ministries and the private sector to ensure the promotion of the rights of persons with disabilities. It prohibits discrimination against persons with disabilities, and it establishes infractions and sanctions for noncompliance with specified norms. It also provides for the protection, care, rehabilitation, security, and social inclusion of persons with disabilities; mandates that public spaces be free of barriers and accessible to persons with disabilities; and provides for the appointment of a disability rights specialist in the Ombudsman’s Office.

Senegal

<i>Convention on the Rights of Persons with Disabilities.....</i>	<i>7 September 2010</i>
<i>Health Expenditure—Total % of GDP (1999 Baseline)</i>	<i>4.5</i>
<i>Health Expenditure—Total % of GDP (2013)</i>	<i>4.2</i>
<i>Out-of-pocket payments as a % of health spending</i>	<i>36.9</i>
<i>ILO 159.....</i>	<i>No</i>

Disability plan and coordination

National implementation mechanisms for the CRPD had not been approved at the end of 2014.

A key update on services in 2014–2015

In 2014, reduced funding led to a reduction in services provided, especially in rural areas. In 2014, Senegal launched, in accordance with a new Social Orientation Law passed in 2012, a new “Card of equality of chances” aimed at providing free medical care to all persons with disabilities. However, at least one NGO noted that this measure was not effective.

Laws and policies

Senegalese law prohibits discrimination against persons with disabilities in employment, education, access to healthcare, transport, and the provision of other state services. The government did not enforce these provisions adequately in 2014. The law also mandates accessibility for persons with disabilities, but there remained a lack of infrastructure to assist them.

Serbia

<i>Convention on the Rights of Persons with Disabilities</i>	31 July 2009
<i>Health Expenditure—Total % of GDP (1999 Baseline)</i>	7.4
<i>Health Expenditure—Total % of GDP (2013)</i>	10.6
<i>Out-of-pocket payments as a % of health spending</i>	37.9
<i>ILO 159</i>	24 November 2000

Disability plan and coordination

Serbia’s Strategy for Promoting the Equal Status of Persons with Disabilities 2007 to 2015 recognizes the equal rights of all persons with disabilities, including all victims of armed conflict. In June 2014, the Ministry of Labor, Employment, Veterans and Social Affairs (MLEVSA) announced plans to establish a database of persons with disabilities by October of 2014 with the intention of improving regulations for providing assistive devices.

A key update on services in 2014–2015

No changes were identified in the quality or availability of medical care in 2014; survivor associations continued to report that available care was insufficient to meet the needs of persons with disabilities, citing bureaucracy as a major obstacle to accessing care, especially specialized services.

Laws and policies

Persons with disabilities continued to face stigmatization and segregation in 2014. The Strategy for the Prevention and Protection from Discrimination (2013–2018) was adopted by the government in 2013 and in October 2014, an action plan focusing on the protection of minorities, women, LGBTI persons, persons with disabilities, children, and other vulnerable groups was adopted.

Somalia

<i>Convention on the Rights of Persons with Disabilities</i>	No
<i>Health Expenditure—Total % of GDP (1999 Baseline)</i>	Not Applicable
<i>Health Expenditure—Total % of GDP (2013)</i>	Not Applicable
<i>Out-of-pocket payments as a % of health spending</i>	Not Applicable
<i>ILO 159</i>	No

Disability plan and coordination

The Ministry of Social Development is responsible for compiling, storing, and managing information on disability, but it did not have an information system on persons with disabilities. Following the collapse of the former central government of Somalia in 1991, no ministry has been managing or recording issues related to persons with disabilities.

The Horn of Africa Disability Forum, with funding from the Human Rights section of the UN Mission in Somalia (UNSOM), hosted two consultative meetings at the end of 2014. The two meetings discussed the rights of persons with disabilities and inclusive employment.

A key update on services in 2014–2015

The availability of rehabilitation services “declined dramatically” in 2014 due to funding and security issues.

Laws and policies

The provisional federal constitution provides equal rights before the law for persons with disabilities and prohibits the state from discriminating against them. This provision was not enforced and does not address discrimination by private or non-governmental actors.

There are no laws requiring access to buildings for persons with disabilities. Three-quarters of all public buildings in Somalia were not accessible for wheelchair users, and there were no public transportation facilities with wheelchair access.

South Sudan

<i>Convention on the Rights of Persons with Disabilities</i>	<i>No</i>
<i>Health Expenditure—Total % of GDP (1999 Baseline)</i>	<i>Not Applicable</i>
<i>Health Expenditure—Total % of GDP (2013)</i>	<i>2.2</i>
<i>Out-of-pocket payments as a % of health spending</i>	<i>59.7</i>
<i>ILO 159</i>	<i>No</i>

Disability plan and coordination

Persons with disabilities and their representative organizations participated in the development of the National Disability and Inclusion Policy (2013), and in the review of the South Sudanese constitution. The National Disability and Inclusion Policy remained in draft form throughout 2014.

A key update on services in 2014–2015

The overall rehabilitation capacity in the country was insufficient to meet the demand for these services, with many survivors either unaware of rehabilitation services or unable to access the two available centers because of their distance from survivors’ homes. Insecurity in 2014 inhibited the provision of services throughout the country.

Laws and policies

The Ministry of Gender, Child and Social Welfare began developing a national disability policy in 2011 that was scheduled to be reviewed by the cabinet in late December 2013; however, the outbreak of armed conflict on 15 December caused delays. In 2013, South Sudan reported that the development of the policy was pending the ratification of the CRPD. As of mid-2015, the policy was still in parliament awaiting ratification.

Sudan

<i>Convention on the Rights of Persons with Disabilities</i>	24 April 2009
<i>Health Expenditure—Total % of GDP (1999 Baseline)</i>	3.8
<i>Health Expenditure—Total % of GDP (2013)</i>	6.5
<i>Out-of-pocket payments as a % of health spending</i>	75.8
<i>ILO 159</i>	No

Disability plans and coordination

In 2014, in Darfur, the Ordinance Disposal Office conducted training sessions with persons with disabilities on how to run effective NGOs, the rights of persons with disabilities, and the inclusion of ERW survivors. Training workshops for legislative councils, persons with disabilities and others were held to increase awareness of the rights of persons with disabilities. The National Disability Council, in cooperation with the Sudanese Standards and Metrology Organization, designed a draft building code to improve physical accessibility for persons with disabilities, however the law has yet to be enacted.

A key update on services in 2014–2015

From May to October 2014, no prosthetic services were available from the National Authority for Prosthetics and Orthotics. This was due to a shortage of funds and raw materials resulting from the Humanitarian Aid Commission suspending the ICRC’s activities in February.

Laws and policies

Draft revisions to the 2009 disability act aligned the law with the CRPD, but approval into law was pending as of June 2015. Existing legislation was not implemented effectively and many public officials lacked awareness of the law and the rights of persons with disabilities more generally.

Tajikistan

<i>Convention on the Rights of Persons with Disabilities</i>	No
<i>Health Expenditure—Total % of GDP (1999 Baseline)</i>	3.9
<i>Health Expenditure—Total % of GDP (2013)</i>	6.8
<i>Out-of-pocket payments as a % of health spending</i>	60.1
<i>ILO 159</i>	26 Nov 1993

Disability plan and coordination

In 2015, the first joint partnership program to promote the rights of both adults and children with disabilities in Tajikistan was launched, supported by the UN Partnership to Promote the Rights of Persons with Disabilities Trust Fund.

In 2014, in order to coordinate activities to assist the victims in a wider context of disability and development, planning, and reporting, the Tajik National Center for Mine Action, with the support of the UNDP, organized three coordination meetings on assistance to persons with disabilities.

From January 2013, the Tajik Victim Assistance Program was “rebranded” as the Disability Support Unit (DSU). Efforts were continuing to improve the quality of information on the needs of survivors and to integrate assistance into programs and strategies that also address the rights of persons with disabilities.

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In 2014, the WHO in partnership with the government of Tajikistan’s Ministry of Health and Social Protection of the Population continued the development of national rehabilitation policy, system, and services with focus on CBR and human resource development for physical rehabilitation.

Laws and policies

The Law on Social Protection of Persons with Disabilities, which includes standards similar to those of the CRPD, guarantees the physical accessibility of infrastructure for social life and to public transportation.

Thailand

<i>Convention on the Rights of Persons with Disabilities.....</i>	<i>29 July 2008</i>
<i>Health Expenditure—Total % of GDP (1999 Baseline)</i>	<i>3.5</i>
<i>Health Expenditure—Total % of GDP (2013)</i>	<i>4.6</i>
<i>Out-of-pocket payments as a % of health spending</i>	<i>11.3</i>
<i>ILO 159</i>	<i>11 October 2007</i>

Disability plan and coordination

The National Office for the Empowerment of Persons with Disabilities under the Ministry of Social Development and Human Security is a key actor on disability issues. In 2014, the National Commission on Promotion and Development of the Quality of Lives of Persons with Disabilities met twice. Thailand has a Master Plan for Development of Women with Disabilities B.E 2556–2559 (2013–2016).

A key update on services in 2014–2015

The National Health Security Office remained responsible for providing funding for rehabilitation and mobility devices for persons with disabilities in Thailand. Government funding, budgeted for the rehabilitation of persons with disabilities, increased in 2013 and 2014. The national CBR program remained active in all provinces of Thailand.

Laws and policies

Thailand stated that legislative measures that guarantee the rights of persons with disabilities include: 1) the National Health Security Act; 2) the Emergency Medical Service Act; and 3) The Persons with Disabilities Education Act. Thailand also revised the Persons with Disabilities’ Quality of Life Promotion Act, which provides a comprehensive legal and institutional framework regarding the rights and entitlements for persons with disabilities. The revised act decentralized coordination of essential services to the local administrative authorities, which are closer to communities.

The constitution and law prohibit discrimination against persons with physical, sensory, intellectual, and mental disabilities in education, transportation, access to healthcare, or the provision of other state services. Government enforcement was not consistently effective. The law also mandates that persons with disabilities have access to information, communications, and newly constructed buildings, but these provisions were not uniformly enforced.

Turkey

<i>Convention on the Rights of Persons with Disabilities</i>	28 September 2009
<i>Health Expenditure—Total % of GDP (1999 Baseline)</i>	4.8
<i>Health Expenditure—Total % of GDP (2013)</i>	5.6
<i>Out-of-pocket payments as a % of health spending</i>	15
<i>ILO 159</i>	26 June 2000

Disability plan and coordination

The Ministry of Family and Social Policies, through its Disabled and Senior Citizens Directorate General, is the government entity responsible for protecting the rights of persons with disabilities.

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In the absence of a free rehabilitation center, in order to obtain prostheses, persons with disabilities face complicated procedures to apply for low-quality prosthetics available through the national health system. Even this assistance is out of reach to many persons with disabilities due to the geographical distance and their poverty levels.

Laws and policies

The constitution permits positive discrimination for persons with disabilities, although the principle is not adequately reflected in policy measures. Legislation prohibiting discrimination against persons with disabilities was not enforced effectively. On 6 February 2014, the Turkish parliament amended national laws to bring state obligations in line with international definitions and standards.

Uganda

<i>Convention on the Rights of Persons with Disabilities</i>	25 September 2008
<i>Health Expenditure—Total % of GDP (1999 Baseline)</i>	6.7
<i>Health Expenditure—Total % of GDP (2013)</i>	9.8
<i>Out-of-pocket payments as a % of health spending</i>	38.4
<i>ILO 159</i>	27 March 1990

Disability plan and coordination

The Intersectoral Committee on Disability met less frequently than in previous years, as did the National Disability Council, due to a lack of funding. The Uganda Bureau of Statistics included disability-related questions drafted by the Ministry of Gender, Labor, and Social Development in consultation with DPOs for the 2014 national census. The results of the census were not announced as of July 2015. This was an outcome of efforts in 2012 to design a standard data-collection tool on disability.

A key update on services in 2014–2015

The costs for prosthetic devices presented insurmountable obstacles to care for most survivors. The least expensive prosthesis was estimated to cost \$125, well beyond the means of the average person living in rural Uganda. In western Uganda, survivors were forced to travel to northern and eastern Uganda for prosthetics when the breakdown of the orthopedic casting oven at an Orthopedic Workshop made the production of prosthetics impossible.

Laws and policies

The law prohibited discrimination against persons with disabilities, but it was not enforced and discrimination was common. The review of the Disability Act 2006 to ensure harmonization with the CRPD was completed by the end of 2013, with the 2006 Act found to be aligned. However, DPOs organized to report various shortcomings in the current law.

Yemen

<i>Convention on the Rights of Persons with Disabilities</i>	26 March 2009
<i>Health Expenditure—Total % of GDP (1999 Baseline)</i>	4.3
<i>Health Expenditure—Total % of GDP (2013)</i>	5.4
<i>Out-of-pocket payments as a % of health spending</i>	74.1
<i>ILO 159</i>	18 November 1991

Disability plan and coordination

The Ministry of Labor and Social Affairs administered the Social Fund for Development and the Fund for the Care and Rehabilitation of the Disabled, which assist disability organizations. Conflict and instability inhibited coordination efforts as well as service delivery in 2014.

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Poor security conditions, the lack of service providers, and poverty—all of which made transportation and accommodation inaccessible—were the main obstacles in accessing physical rehabilitation in 2014, especially for persons with disabilities living in rural areas. A lack of female rehabilitation professionals was a barrier to women accessing needed services.

Laws and policies

Legislation protects the rights of persons with disabilities, but they were poorly enforced and discrimination remained. No national law mandated accessibility of buildings for persons with disabilities. No improvements in physical accessibility were identified in 2014.

Zimbabwe

<i>Convention on the Rights of Persons with Disabilities</i>	23 September 2013
<i>Health Expenditure—Total % of GDP (1999 Baseline)</i>	Not Applicable
<i>Health Expenditure—Total % of GDP (2013)</i>	Not Applicable
<i>Out-of-pocket payments as a % of health spending</i>	Not Applicable
<i>ILO 159</i>	27 August 1998

Disability plan and coordination

Zimbabwe ratified the CRPD in September 2013, but has yet to domesticate the law and revise existing legislation in accordance with the convention. The Government of Zimbabwe estimates the prevalence of disability to be 7% of the population. These findings have been challenged by the disability-rights community, which pointed to the WHO’s estimated global prevalence for disability of 15% and expressed concern that the 7% figure would be used to limit resources and inhibit planning.

A key update on services in 2014–2015

Since the end of international support in 2013, Zimbabwe’s national rehabilitation centers have been unable to procure the supplies necessary for the manufacture of assistive devices. The centers still provide rehabilitation services.

Educational opportunities for persons with disabilities were constrained after the government suspended subsidies for children with disabilities under the Basic Education Assistance Module.

Laws and policies

Zimbabwe has several national policies, including the Disabled Persons Act, the War Victims Compensation Act, the Social Welfare Assistance Act, and the State Service (Disabled Benefits) Act, related to victim assistance and disability. Zimbabwe’s 2013 constitution recognizes the rights of persons with disabilities and requires the government to provide mechanisms for the realization of those rights, with a problematic caveat that action is contingent upon available resources.

Notes

⁵⁴ “Convention on the Rights of Persons with Disabilities” refers to the ratification date of the convention. Health Expenditure per capita is in current US\$: data.worldbank.org/indicator/SH.XPD.PCAP/countries. Out-of-pocket payments as a percentage of health spending: wdi.worldbank.org/table/2.15. “ILO 159” is the International Labor Organization’s Convention on Vocational Rehabilitation and Employment of Persons with Disabilities (1983) www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:11300:0::NO::P11300_INSTRUMENT_ID:312304.

⁵⁵ All country-specific examples included in this report are also available, with references to original sources, in country profiles at www.the-monitor.org/en-gb/our-research/country-profiles.aspx.

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