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**Matters related to the implementation of the Convention:
round-table discussions**

Persons with disabilities in situations of risk and humanitarian emergencies

Note by the Secretariat

The present note was prepared by the Secretariat, guided by the Bureau of the Conference of States Parties to the Convention on the Rights of Persons with Disabilities, and in consultation with United Nations entities, representatives of civil society and other relevant stakeholders, to facilitate the round-table discussion on the theme “Persons with disabilities in situations of risk and humanitarian emergencies”. It begins with a brief introduction of the topic, followed by a review of relevant international frameworks and policy instruments concerning the rights of persons with disabilities in situations of risk and humanitarian emergencies, making particular reference to provisions of the Convention. An overview of the status of the protection of the rights of persons with disabilities in situations of armed conflict, humanitarian emergencies, including health emergencies, and the occurrence of natural disasters, including those related to climate change, is provided, highlighting key gaps and challenges that need to be addressed to ensure and strengthen disability-inclusive preparedness, response and recovery. Lastly, measures, promising practices and the latest developments in this area are identified, and a brief overview of the possible ways forward is provided. The Secretariat hereby transmits the note, as approved by the Bureau of the Conference, to the Conference of States Parties to the Convention on the Rights of Persons with Disabilities at its seventeenth session.

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I. Introduction

1. In situations of risk and humanitarian emergencies, such as armed conflict, natural and climate-driven disasters and health emergencies, persons with disabilities are all too often only marginally connected with preparedness, response and recovery efforts.
2. Owing to entrenched and persisting social and environmental barriers, as well as stigmatization and marginalization, the needs, perspectives and human rights of persons with disabilities are frequently neglected, excluded and unmet before, during and in the aftermath of situations of risk and humanitarian emergencies. Despite persons with disabilities being disproportionately affected by the impacts of risks and emergencies, the specific vulnerabilities and threats to their protection and safety are not adequately and systematically addressed by policy and practice in humanitarian action and disaster risk reduction. Data on the specific needs and vulnerabilities of persons with disabilities in situations of risk and humanitarian emergencies is scarce, adding to the lack of visibility of those persons in humanitarian and disaster risk reduction policy and action.
3. These concerns are increasingly pressing, given that armed conflict is rising across the globe; the world is still reeling in the wake of the coronavirus disease (COVID-19) pandemic; climate change is ravaging the planet, ecosystems and communities worldwide; and natural disasters and health emergencies are increasing in frequency, severity and complexity. These trends are interconnected, resulting in complex global shocks with far-reaching and profound ramifications, affecting all aspects of sustainable development.¹ In that regard, conflict, COVID-19, climate change and growing inequalities are threatening food security worldwide;² a record high of more than 1 in 73 people globally have been forcibly displaced;³ and energy-related carbon dioxide emissions rose by 6 per cent in 2021 alone, reaching a new high.⁴
4. Moreover, the latest figures indicate that nearly 300 million people around the world will require humanitarian assistance and protection in 2024. The main drivers of need are conflict, the global climate emergency and its effects, and economic dynamics that are connected to and overlap with conflict, climate disasters, infectious disease outbreaks and other factors.⁵ Disease outbreaks remain a significant driver of mortality, and their number and lethality continue to rise.⁶
5. At this critical juncture, the Summit of the Future aims to reignite the multilateral system through enhanced international cooperation.⁷ A key priority is ensuring greater preparedness for global shocks by embedding a robust system of global response.⁸ The need to highlight the voices and experiences of persons with disabilities in this process, recognizing their unique perspectives and contributions, is imperative.
6. The sub-theme “Persons with disabilities in situations of risk and humanitarian emergencies” is therefore a timely issue of mounting importance and urgency. The

¹ United Nations, “Our Common Agenda policy brief 2: strengthening the international response to complex global shocks – an emergency platform”, March 2023.

² *Ibid.*, p. 8.

³ United Nations, Office for the Coordination of Humanitarian Affairs, “Global humanitarian overview 2024: abridged report”, 7 December 2023.

⁴ United Nations Framework Convention on Climate Change Secretariat, “Global CO2 emissions rebounded to their highest level in history in 2021”, 9 March 2022.

⁵ United Nations, Office for the Coordination of Humanitarian Affairs, “Global humanitarian overview 2024”.

⁶ *Ibid.*

⁷ See www.un.org/en/summit-of-the-future.

⁸ United Nations, “Our Common Agenda policy brief 2”.

aim of this background note is to provide an overview of recent developments in the field, identify continuing and emerging challenges and discuss promising practices.

II. Relevant international normative frameworks and policy instruments

7. Article 11 (Situations of risk and humanitarian emergencies) of the Convention on the Rights of Persons with Disabilities calls upon States parties to take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters. A number of other provisions of the Convention are also relevant, as they concern rights that may be affected at varying stages of preparedness, response and recovery, such as the rights to education (article 24), health (article 25), habilitation and rehabilitation (article 26), accessibility (article 9), freedom from exploitation, violence and abuse (article 16), and independent living and being included in the community (article 19).

8. There are a number of targets under the 2030 Agenda for Sustainable Development that relate to the protection of persons with disabilities in situations of risk and humanitarian emergencies. These include building the resilience of those in vulnerable situations and reducing their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters (target 1.5) and significantly reducing the number of deaths and the number of people affected by disasters, including water-related disasters, with a focus on protecting people in vulnerable situations (target 11.5). Targets under Sustainable Development Goal 13, calling for urgent action to combat climate change and its impacts, include the strengthening of resilience and adaptive capacity to climate-related hazards and natural disasters in all countries (13.1); the integration of climate change measures into national policies, strategies and planning (13.2); the improvement of education, awareness-raising and human and institutional capacity on climate change mitigation, adaptation, impact reduction and early warning (13.3); and the promotion of mechanisms for raising capacity for effective climate change-related planning and management, including by focusing on marginalized communities (13.b).

9. The Paris Agreement of 2015, adopted under the United Nations Framework Convention on Climate Change, provides that parties should respect, promote and consider their respective obligations on human rights, including the rights of persons with disabilities, when taking actions to address climate change.⁹ The Sendai Framework for Disaster Risk Reduction 2015–2030 adopts a rights-based approach that calls for accessibility and the integration of a disability perspective in disaster risk reduction policies, as well as the inclusion and leadership of persons with disabilities at all stages of response, recovery, rehabilitation and reconstruction.¹⁰ The SIDS Accelerated Modalities of Action (SAMOA) Pathway of 2014 acknowledges the importance of engaging a broad range of stakeholders, including persons with disabilities, in the context of climate change, and of strengthening the contingency planning and provisions for disaster preparedness and response, emergency relief and population evacuation for persons with disabilities.¹¹ Security Council resolution [2475 \(2019\)](#), on the protection of persons with disabilities in conflict situations, provides that parties to armed conflict must respect the human rights of persons, in accordance with

⁹ FCCP/CP/2015/10/Add.1, annex (see preamble).

¹⁰ General Assembly resolution [69/283](#), annex II, paras. 19 (d), 32 and 36 (a) (iii).

¹¹ General Assembly resolution [69/15](#), annex, paras. 40 and 52 (c).

their obligations under international humanitarian law, and calls upon them to, inter alia, allow and facilitate safe, timely and unimpeded humanitarian access and prevent violence and abuses against civilians with disabilities in situations of armed conflict.

10. The Charter on Inclusion of Persons with Disabilities in Humanitarian Action, developed for the World Humanitarian Summit held in 2016 and endorsed by many States and stakeholders, sets out a commitment to ensure that services and humanitarian assistance are equally available for and accessible to all persons with disabilities, and to guarantee the availability, affordability and access to specialized services, including assistive technology, in the short, medium and long term.¹²

11. In terms of policy guidelines, the World Health Organization (WHO) has developed a Health Emergency and Disaster Risk Management Framework, issued in 2019, on the premise that reducing the health risks and consequences of emergencies is fundamental for ensuring sound disaster risk management and contributes to the long-term resilience of health systems and communities. A core principle embedded into the Framework is an “inclusive, people- and community-centred approach” and the integration of gender, age, disability and cultural perspectives in all policies and practices.¹³ In 2019, the Inter-Agency Standing Committee Task Team on Inclusion of Persons with Disabilities in Humanitarian Action issued its *Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action*,¹⁴ which were developed jointly with persons with disabilities and their representative organizations. The *Guidelines* are aimed at centring the needs, perspectives and human rights of persons with disabilities in all aspects and at all stages of humanitarian action and offer practical guidance for stakeholders and professionals in the field. In addition, the Advisory Service on International Humanitarian Law of the International Committee of the Red Cross has developed a guidance note entitled “International humanitarian law and persons with disabilities”, which sets out the obligations of States in respect of persons with disabilities in situations of armed conflict.¹⁵

12. Specifically with regard to the situation of children with disabilities in humanitarian contexts, the United Nations Children’s Fund (UNICEF) has published a set of guidelines aimed at improving the inclusion of children with disabilities and their families in emergency preparedness and response, as well as in recovery and reconstruction efforts.¹⁶ The guidelines are intended to provide practitioners and humanitarian actors with practical steps and materials to foster the inclusion of children with disabilities in humanitarian programmes in general, as well as in sector-specific actions related to child protection, education, health and HIV/AIDS, nutrition, and water and sanitation.¹⁷ Concerning youth with disabilities, the Compact for Young People in Humanitarian Action and the United Nations Youth Strategy disability task team, under the leadership of the Office of the Secretary-General’s Envoy on Youth and the United Nations Population Fund, devised the “Checklist to ensure the meaningful engagement of young persons with disabilities in humanitarian action”¹⁸ as part of the emergency response to the earthquake that struck the Syrian

¹² Available at <https://humanitariananddisabilitycharter.org>.

¹³ World Health Organization (WHO), *Health Emergency and Disaster Risk Management Framework* (Geneva, 2019), pp. x and 7.

¹⁴ Inter-Agency Standing Committee, *Guidelines: Inclusion of Persons with Disabilities in Humanitarian Action* (2019).

¹⁵ International Committee of the Red Cross, “International humanitarian law and persons with disabilities”, October 2017.

¹⁶ United Nations Children’s Fund (UNICEF) and Handicap International, *Guidance: Including Children with Disabilities in Humanitarian Action – Child Protection* (New York, UNICEF, 2017).

¹⁷ *Ibid.*, p. 10.

¹⁸ Youth 2030 Disability Task Team and others, “Checklist to ensure the meaningful engagement of young persons with disabilities in humanitarian action”, November 2023.

Arab Republic and Türkiye in February 2023. The Checklist has been designed specifically for humanitarian actors and personnel on the ground and is intended to provide guidance on ensuring the meaningful participation of young persons with disabilities in local humanitarian responses.

III. Key issues and challenges

13. The institution and implementation of preparedness, response and recovery systems through robust disaster risk reduction, climate action and public health efforts is fundamental to the achievement of the 2030 Agenda and the realization of human rights. Persons with disabilities must be included at all stages as active agents shaping planning and policy, implementing response actions and driving recovery efforts.

14. Yet, persons with disabilities are largely excluded from these processes. Progress on disability-inclusive disaster risk reduction is lagging or regressing in all regions.¹⁹ Sociocultural, attitudinal and environmental barriers, discrimination and marginalization continue to impede the access of persons with disabilities to decision-making at all stages of planning and implementation. Multiple and intersecting forms of discrimination related to gender, age, type of disability, race, ethnicity and Indigenous identity, further compound the exclusion of persons with disabilities (see [A/HRC/44/30](#)).

15. Persons with disabilities are disproportionately affected both during and in the aftermath of situations of risk and humanitarian emergencies and are vulnerable to the effects of conflict, climate change and health emergencies. Poverty, stigma and discrimination are three key factors that increase the vulnerability of persons with disabilities' to the effects of climate change (see [A/HRC/44/30](#)). Pre-existing vulnerability related to multidimensional poverty, food insecurity and malnutrition, poor physical and mental health, stigma and discrimination, as well as high rates of institutionalization, are compounded during and in the aftermath of conflict, climate-induced disasters and health emergencies, which places persons with disabilities at risk of further discrimination, human rights violations and violence.²⁰ For instance, research has indicated that persons with disabilities situated in fragile, conflict-prone or disaster-hit areas were at greater risk of discrimination and human rights violations during the COVID-19 pandemic.²¹

16. Health is an important dimension to consider when developing disability-inclusive disaster risk reduction. In situations of risk and humanitarian emergencies, persons with disabilities are overall exposed to greater risk of death, injury and additional impairments.²² Conflict and other humanitarian crises constitute causes of disability, with higher prevalence rates of disability among populations in humanitarian and conflict settings. For example, estimates from 2020 indicate that in the Syrian Arab Republic, persons with disabilities make up 30 per cent of the population aged 12.²³ According to WHO, traumatic injuries may contribute to a higher prevalence of physical disability among the population in conflict-affected areas, and one in five people living in such areas suffer from a mental health

¹⁹ United Nations Office for Disaster Risk Reduction, *The Report of the Midterm Review of the Implementation of the Sendai Framework for Disaster Risk Reduction 2015–2030* (Geneva, 2023).

²⁰ See [A/78/331](#); and *Disability and Development Report: Realizing the Sustainable Development Goals by, for and with Persons with Disabilities – 2018* (United Nations publication, 2019).

²¹ Humanity and Inclusion, “COVID-19 in humanitarian contexts: no excuses to leave persons with disabilities behind! Evidence from HI’s operations in humanitarian settings”, June 2020, p. 3.

²² WHO, *Global Report on Health Equity for Persons with Disabilities* (Geneva, 2022), p. 83.

²³ Humanity and Inclusion, “COVID-19 in humanitarian contexts”, p. 3.

condition.²⁴ Nevertheless, in disaster risk reduction strategies there is a general lack of planning with respect to persons with newly acquired disabilities, which has a negative impact on the provision of comprehensive health care in the emergency context.²⁵

17. Health inequities affecting persons with disabilities expose them to the adverse impacts of conflict, climate change and health emergencies. Persons with disabilities suffer disproportionate levels of institutionalization, and those in institutions may be unable to flee during armed conflict or situations of displacement, leaving them facing abandonment; persons with psychosocial disabilities may be particularly at risk.²⁶ Climate-induced extreme weather events, such as heatwaves, place persons with disabilities at increased risk of related mortality and morbidity.²⁷ Inaccessible health and transport infrastructure reduce access to essential health care and assistive products for persons with disabilities, particularly in contexts of forced displacement. In the aftermath of emergencies, lack of or restricted access to resources such as food, water, shelter and health care may result in additional impairments or health complications, loss or damage to assistive devices and disrupted health care.²⁸ Young persons with disabilities, particularly adolescent girls and young women, experience the greatest barriers to sexual and reproductive health care during situations of risk and humanitarian crises, and this is also often the last form of health care to be re-established in the aftermath of such crises.²⁹

18. Overall, both during and after situations of risk or humanitarian emergencies, persons with disabilities suffer greater material losses, are likely to be left behind in emergency responses and suffer higher mortality rates than persons without disabilities.³⁰

19. Disaster risk reduction policies and frameworks that do not respond to the needs of persons with disabilities heighten the vulnerability of those persons. Evacuation measures that are not disability-inclusive present obstacles to ability of persons with disabilities to evacuate; for example, there may be a lack of accessible transport or emergency shelters, and early warnings may not be provided in an accessible format. Persons with psychosocial and intellectual disabilities, as well as deaf persons, may be particularly affected.³¹ Older persons with disabilities, who generally tend to be excluded from livelihood activities and are left with diminished resources, may find it harder to flee, placing them at risk of abandonment by family members lacking the resources to support them (A/HRC/44/41, para. 64). In the context of forced displacement, accessibility barriers in camp settings impact persons with psychosocial disabilities, unaccompanied persons with disabilities and women with disabilities more severely, mainly owing to the higher levels of discrimination that these groups experience.³² A recent report concludes that children with disabilities

²⁴ WHO, *Global Report on Health Equity*, p. 26.

²⁵ *Ibid.*, p. 99.

²⁶ A/HRC/44/41, para. 56; A/76/146, para. 66; and Transforming Communities for Inclusion, “Transforming Communities for Inclusion contribution to the call for submission from the Committee on the Rights of Persons with Disabilities on the day of general discussion on article 11 of CRPD”, July 2023.

²⁷ WHO, *Global Report on Health Equity*, p. 83.

²⁸ *Ibid.*

²⁹ United Nations Population Fund, submission to the Department of Economic and Social Affairs, 16 February 2024.

³⁰ A/78/331, para. 7; and *Disability and Development Report 2018*, pp. 240 and 241.

³¹ *Disability and Development Report 2018*, pp. 240 and 241; Transforming Communities for Inclusion, “Transforming Communities for Inclusion contribution”; and submission by the Civil Society Coordination Mechanism, 14 February 2024.

³² A/HRC/44/41, para. 54; and Transforming Communities for Inclusion, “Transforming Communities for Inclusion contribution”.

affected by conflict are among the most vulnerable populations, yet an understanding of their needs remains an underreported issue.³³ Similarly, women and girls with disabilities in contexts of armed conflict are at heightened risk of sexual and gender-based violence, but humanitarian assistance during armed conflict is generally not gender- and disability-sensitive, or accessible, meaning that women and girls with disabilities are exposed to revictimization and further violence (A/77/203, para. 67).

20. The lack of inclusion of the perspectives and needs of persons with disabilities in disaster risk reduction is reflected in the findings of the 2023 *Global Survey Report on Persons with Disabilities and Disasters*:³⁴ 84 per cent of respondents stated that they did not have a personal preparedness plan for a disaster; 17 per cent said that, even with adequate warning systems in place, they would have difficulties evacuating independently, with 6 per cent being unable to evacuate independently at all; and, crucially, a mere 8 per cent reported that local disaster risk reduction plans addressed the specific needs of persons with disabilities. Respondents reported low or lack of awareness of disaster risk reduction plans at the national and subnational levels; inaccessible disaster risk reduction information; and a lack of participation in community-level disaster risk reduction decision-making, with reported barriers to participation including a lack of physical accessibility and reasonable accommodation, as well as negative attitudes and behaviours towards persons with disabilities.³⁵ Thus, the midterm review of implementation of the Sendai Framework found that disability inclusion in disaster risk reduction remains “under-resourced and under-prioritized”, progress is uneven and too slow, and the inclusion of persons with disabilities and/or their representative organizations is limited and lacks support from other stakeholders.³⁶

21. In the absence of disability-inclusive disaster risk reduction frameworks, humanitarian actors and relief agencies on the ground frequently overlook the needs of persons with disabilities during situations of risk and emergencies.³⁷ This could be due to poor registration or under-identification of persons with disabilities;³⁸ a lack of awareness, training or capacity among humanitarian personnel; a lack of accessibility of humanitarian operations and emergency assistance; and stigma and discriminatory attitudes towards persons with disabilities.³⁹ In addition, a lack of coordination among agencies and an assumption that specialized organizations, such as organizations for persons with disabilities, will fill in the gaps in service delivery and provide the specific assistance required by persons with disabilities contribute to the neglect of persons with disabilities, with persons with more complex disabilities and greater support needs being particularly likely to be neglected.⁴⁰ Further, it has been found that humanitarian personnel working in camps sheltering displaced persons lack training or skills in accessible communications, and sign language interpreters are not always available (A/HRC/44/41, para. 42).

³³ *Study on the Evolution of the Children and Armed Conflict Mandate 1996–2021* (United Nations publication, 2022), p. 52.

³⁴ United Nations Office for Disaster Risk Reduction, *2023 Global Survey Report on Persons with Disabilities and Disasters* (Geneva, 2023), p. ix.

³⁵ *Ibid.*, p. 23.

³⁶ *Ibid.*, p. viii.

³⁷ Human Rights Watch, “Submission to the Committee on the Rights of Persons with Disabilities regarding article 11 of the CRPD”, 22 February 2023; and *Disability and Development Report 2018*.

³⁸ *Disability and Development Report 2018*, p. 241.

³⁹ Human Rights Watch, “Submission to the Committee on the Rights of Persons with Disabilities”, p. 5.

⁴⁰ *Ibid.*, pp. 3 and 4.

22. The scarcity of accurate and timely data disaggregated by disability is also an ongoing challenge.⁴¹

23. The needs, priorities and perspectives of persons with disabilities continue to be largely excluded during the recovery and reconstruction phases following conflict, climate-induced disasters or health emergencies, although some efforts have been made.⁴² During post-conflict reconstruction, the role of persons with disabilities as peacemakers and peacekeepers is often ignored, resulting in the systematic exclusion of those persons from peacekeeping and peacebuilding efforts (see [A/76/146](#)). In contexts of forced displacement, including as a result of climate-induced disasters and extreme weather events, persons with disabilities may have higher or more complex needs for long-term resettlement, such as access to assistive devices ([A/HRC/44/30](#), para. 23). Furthermore, persons with disabilities may encounter discriminatory immigration policies that hamper their prospects of migration and resettlement ([A/HRC/44/30](#), para. 23).

24. The COVID-19 pandemic is a case in point which illustrates how persons with disabilities are frequently the hardest hit and the last to recover in situations of risk and humanitarian emergencies. Existing health and other inequities disadvantaged persons with disabilities, given that as a group they experienced greater risk of infection⁴³ and escalating mortality rates overall.⁴⁴ Significantly, persons with intellectual disabilities who had contracted the virus were less able to receive critical care support and, as a result, were eight times more likely to die than their peers without an intellectual disability. Furthermore, it has been noted that persons with psychosocial disabilities in high-income countries suffered a “mortality gap of 20 years for men, and 15 years for women”.⁴⁵ Evidence also suggests that, in the wake of the pandemic, one in five people will have acquired a new disability when assessed six months after hospitalization following infection with the virus.⁴⁶ Despite this, disability was not mainstreamed in the majority of the response to the pandemic worldwide, resulting, for instance, in testing kits, testing, vaccination sites and information that were broadly inaccessible for persons with disabilities.⁴⁷ Research surveying the experiences of persons with disabilities in the aftermath of the pandemic indicates that the majority of respondents experienced income loss and barriers to accessing education, support services, including psychosocial support, and meeting basic needs, which cumulatively had a negative impact on their mental health and well-being.⁴⁸ In the wake of the pandemic, the failure to implement measures to support and shield persons with disabilities from the effects of the ongoing economic instability risks pushing persons with disabilities into deeper and chronic poverty.

Promising practices

25. Despite the considerable challenges and gaps identified, there are recent policy initiatives which constitute promising practices for the establishment of disability-inclusive disaster risk reduction in relation to conflict, natural and climate-driven disasters and health emergencies, which can be replicated and adapted, as appropriate, in similar contexts across countries and regions.

⁴¹ *Disability and Development Report 2018*.

⁴² United Nations Office for Disaster Risk Reduction, *The Report of the Midterm Review*, para. 53.

⁴³ United Nations, “Policy brief: a disability-inclusive response to COVID-19”, May 2020, p. 5.

⁴⁴ WHO, *Global Report on Health Equity*, p. 18.

⁴⁵ *Ibid.*

⁴⁶ *Ibid.*, p. 26.

⁴⁷ *Disability and Development Report 2024* (United Nations publication, forthcoming).

⁴⁸ International Disability Alliance, *Survey on the Experience of Persons with Disabilities Adapting to the COVID-19 Global Pandemic* (2021), p. 9.

Disability inclusion in hospital disaster risk management

26. Disability inclusion in hospital disaster risk management (INGRID-H), developed by the Pan American Health Organization and the WHO Regional Office for the Americas, is an “evaluation-action” methodology aimed at increasing the level of inclusion of persons with disabilities in health disaster risk reduction, particularly in hospital preparedness and response to emergencies and disasters.⁴⁹ The methodology is premised on the principles of the Sendai Framework and the rights enshrined in the Convention on the Rights of Persons with Disabilities. It has been implemented in more than 60 hospitals across Chile, Colombia, the Dominican Republic, Ecuador, Guatemala, Honduras, Nicaragua, Panama and Peru, which has led to an increase in the inclusion of persons with disabilities in emergency risk management planning, as well as in response plans, procedures and protocols.⁵⁰ An important aspect of INGRID-H is the training of hospital staff. In Guatemala, training workshops were held in six hospitals in collaboration with civil society partners and various government and ministry officials. A key success of these workshops was the creation of a National Coalition on Inclusive Risk Management to enable coordination efforts going forward to improve the inclusion of persons with disabilities.

Disability-inclusive disaster risk reduction, including in relation to climate change

27. In 2017, Cuba adopted a State plan for addressing climate change, comprising five strategic actions that mainstream disability and incorporate the specific needs of persons with disabilities. The plan provides for the inclusion of persons with disabilities in evacuation plans, awareness-raising among persons with disabilities on preparedness and disaster risk reduction, and the provision of accessible shelters during disasters and emergencies (A/HRC/44/30, para. 50). Similarly, national legislation regulating the development of climate change adaptation measures in Colombia mandates the mainstreaming of a variety of perspectives, including those of persons with disabilities (A/HRC/44/30, para. 50). The national disaster risk reduction strategy for 2019–2022 adopted by Jordan takes a disability-inclusive approach and has led to the establishment of the Higher Council for the Rights of Persons with Disabilities, a mechanism through which persons with disabilities and their representative organizations may participate in disaster risk reduction policymaking and planning.⁵¹

Multi-stakeholder and multi-agency cooperation

28. The National Council for Persons with Disabilities of Fiji, which includes members from civil society and government ministries, set up an emergency operations centre to coordinate and facilitate the exchange of information between persons with disabilities in affected areas and humanitarian agencies during emergencies, such as tropical cyclones. Staff include volunteers with disabilities from organizations representing persons with disabilities. Across the Pacific islands, a coalition of gender and disability experts have established the Shifting the Power Coalition to develop an intersectional and disability-inclusive response to climate change and COVID-19 recovery, with the aim of informing national policymaking and ensuring that women with disabilities actively contribute to disaster preparedness.⁵²

⁴⁹ Pan American Health Organization, “Disability inclusion in hospital disaster risk management (INGRID-H)”, 6 December 2018.

⁵⁰ WHO, *Global Report on Health Equity*, p. 237.

⁵¹ United Nations Office for Disaster Risk Reduction, *2023 Global Survey Report*, p. 18.

⁵² *Ibid.*, p. 28.

Disability-disaggregated data collection to inform humanitarian responses and disaster risk reduction

29. The questions and multi-sector assessment tools of the Washington Group on Disability Statistics were utilized in 2017 to conduct a needs analysis of persons with disabilities in camps of internally displaced persons in Bentiu, South Sudan, through a collaboration between Humanity and Inclusion and IOM, with the particular aim of identifying barriers to access assistance and protection. The needs analysis highlighted key gaps in service provision and formed the evidence base for a multi-stakeholder action plan to improve the access, protection and participation of persons with disabilities in camp settings.⁵³ On the basis of its National Action Plan for Adaptation to Climate Change until 2030, the Government of Latvia conducted a risk assessment and research on vulnerabilities to determine the effects of climate change on socially vulnerable groups, including persons with disabilities, in the country (A/HRC/44/30, para. 51).

IV. Ways forward: policy recommendations

30. Global challenges and shared threats require global, united and coordinated responses at all levels and strata of the multilateral system, Governments and societies. Adopting a disability-inclusive and human rights-based approach to disaster risk management at all stages enables persons with disabilities to actively shape and contribute to policy, planning and implementation on an equal basis with others, as well as ensuring accountability and respect for the human rights of persons with disabilities (A/HRC/44/30, para. 39). Such an approach will also lead to more effective policies and measures to combat the rising threats of conflict, climate change and health emergencies.⁵⁴

31. From the global to the local levels, bolstering partnerships between Governments, humanitarian organizations and disability rights groups, including organizations of persons with disabilities; investing in capacity-building initiatives and promoting regional and local adaptations of international guidelines and toolkits; conducting research and data collection; and strengthening grassroots organizations and community-based initiatives led by persons with disabilities are key steps towards achieving disability-inclusive preparedness, response and recovery with a view to ensuring the safety and protection of persons with disabilities in situations of risk and humanitarian emergencies.

32. Thus, some of the most relevant policy recommendations are as follows (see also A/78/331):

(a) Develop and implement, in consultation with persons with disabilities and their representative organizations, national and local strategies and plans for disaster risk reduction, climate action and dealing with health emergencies that address the specific needs and rights of persons with disabilities, in line with the Convention on the Rights of Persons with Disabilities;

(b) Place persons with disabilities at the centre of decision-making at all stages of preparedness, response and recovery by addressing barriers to participation through ensuring that consultation and decision-making processes are accessible in

⁵³ Tom Palmer and others, *Inclusion of Persons with Disabilities in Humanitarian Action: Case Studies Collection 2019* (CBM International, Humanity and Inclusion and International Disability Alliance (2019)), pp.17–18.

⁵⁴ See Inter-governmental Panel on Climate Change, “Summary for policymakers”, in *Climate Change 2022: Impacts, Adaptation and Vulnerability*, Hans-O. Pörtner and others, eds. (Cambridge University Press, 2022), paras. C.5.6 and D.2.1.

terms of physical location and communications and that they are age- and gender-sensitive and culturally appropriate;

(c) During situations of risk and humanitarian emergencies, ensure disability inclusion in early warning systems by providing information and communications in accessible formats; strengthening the preparedness of persons with disabilities in emergency and disaster situations, including through personal preparedness plans; and ensuring non-discrimination and equality of access with regard to protection and services, including rehabilitation, assistive technologies and mental health and psychosocial support;

(d) Increase capacity-building, awareness and training of all relevant personnel, including in the humanitarian and health care sectors, in the following areas: disability-inclusive preparedness and response; harmful attitudes, behaviours and stereotypes towards persons with disabilities; accessibility of information and communications; and the integration of disability in existing protocols and policies on multi-agency cooperation, including through the promotion and implementation of the Inter-Agency Standing Committee Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action and other international guidelines;

(e) Enhance the collection, dissemination and use of data on persons with disabilities in situations of risk, disaggregated by age and gender, including by using internationally agreed methods such as the tools of the Washington Group on Disability Statistics; promoting the collection of qualitative data; and instituting regular monitoring and evaluation processes, in consultation with persons with disabilities and their representative organizations;

(f) Incorporate universal design in recovery and reconstruction efforts, including in relation to reconstruction of physical infrastructure, such as health care facilities, and provide assistance to persons with disabilities in returning to their homes and/or resettling, including by ensuring that persons with disabilities have access to sustainable livelihoods and employment, health care, housing and social protection and supporting independent living by fostering community inclusion and community-based support services and networks;

(g) Allocate adequate resources for disability-inclusive disaster risk reduction, including for data collection, and foster multi-stakeholder partnerships and capacity-building, including between humanitarian organizations and local and community-based organizations, together with persons with disabilities and/or their representative organizations.

V. Guiding questions for discussion by the panel

33. The following guiding questions may be used for the round-table discussion:

(a) What recent practices and initiatives that promote disability-inclusive disaster risk reduction, climate action and/or health preparedness have been taken in your country or sector?

(b) How can the leadership of persons with disabilities in the humanitarian, disaster risk reduction and health care sectors be promoted through inclusive employment strategies?

(c) How can knowledge-sharing and the exchange of good practices among various stakeholders across sectors, from the local to the global levels, be facilitated and enhanced?

(d) Which methods are key to mobilizing resources and financing for disability-inclusive disaster risk reduction, climate action and health preparedness at the national, regional and international levels?

(e) What are some key lessons learned from the global COVID-19 pandemic response and recovery in relation to persons with disabilities?

(f) How can universal design facilitate recovery and reconstruction efforts and contribute to “building back better”, in line with priority 4 of the Sendai Framework for Disaster Risk Reduction?

(g) With the upcoming fifth anniversary of the adoption of Security Council resolution [2475 \(2019\)](#) on the protection of persons with disabilities in conflict situations, what steps or initiatives have been taken by your country or organization to promote its implementation?

(h) How has data collection informed your country’s or organization’s efforts to mainstream disability in disaster risk reduction, climate action and/or health preparedness? How can data be leveraged as an advocacy tool to raise awareness with regard to disability-inclusive disaster risk reduction, climate action and/or health preparedness?
