**GLOBAL DISABILITY SUMMIT 2022: Menu of Commitments**

With less than eight years to go before we reach the target year for the 17 Sustainable Development Goals, GDS22 will promote actions to increase inclusiveness and equality in line with the principle of leaving no one behind and the Convention on the Rights of Persons with Disabilities (CRPD). We expect the Summit to lead to concrete political commitments that will bring about genuine change for persons with disabilities, and will help to reduce inequalities and foster inclusive development, and humanitarian action, guided by a human-rights approach.

The vision for the GDS is ‘Promoting Equality’, including fighting against stigmatisation and discrimination. The first overarching theme of the Summit is *Meaningful engagement of persons with disabilities through their representative organisations*, as this is key to fulfilling of the rights of persons with disabilities. Furthermore, as societies and countries recover from COVID-19 and prepare for the next crisis, such as a climate-related crisis or a new pandemic, they must put in place systems that will ensure inclusion rather than exclusion of persons with disabilities. This will be the topic of the second overarching theme for the Summit *Building back better and more inclusive after COVID-19*.

The themes have been selected on the basis of input from different stakeholders, as well as an analysis of elements from the London Summit (2018) that should be strengthened. The selected themes are:

* strengthening engagement with organisations of persons with disabilities (OPDs) *in particular in* the Global South
* inclusive education
* inclusive livelihoods and social protection
* inclusive health
* inclusion in situations of conflict and crisis, including from climate change

Gender is a cross-cutting theme.

The suggested *commitments* were developed in consultation with the Global Action on Disability network, disability experts including Organisations of Persons with Disabilities, and are meant to inform, inspire and incentivise ambitious commitments contributing to a successful GDS. The suggested commitments range from overarching commitments to specific thematic commitments, and were developed on the basis of broad consultations with various stakeholders. The menu is comprehensive, but has been somewhat condensed and is therefore not exhaustive. Each commitment is accompanied by an explanatory text of proposed actions. Please note that you do not have to carry out all suggested activities/actions.

Stakeholders are invited to register commitments by selecting from the menu. If what you wish to commit to is not adequately reflected in the menu, you may register your own commitment(s) by choosing “other” and filling in the form. It is also possible to update commitments made in 2018 by selecting “Update Existing Commitment”.

Thank you for contributing with concrete political commitments that will bring about *lasting change for persons with disabilities through joint action and promote equality.*

**OVERARCHING COMMITMENTS**

1. **Reduce discrimination and stigmatisation by promoting attitudinal change in communities and across all development cooperation, and addressing intersectionalities.**
2. **Disaggregate data by disability, gender and age in data collection and statistics.**
3. **Commit to tracking expenditure and efforts for inclusion in national accounting and development cooperation.**
4. **Increase consultation and meaningful participation of persons with disabilities and organisations of persons with disabilities in the design, implementation, monitoring and evaluation of national policies and systems, and in international cooperation.**
5. **Support efforts to align existing legislation with the Convention on the Rights of Persons with Disabilities (CRPD), using the participatory approach of law reforms as required by the CRPD.**
6. **Promote accessible information and access to democratic processes and elections, and promote inclusion and diversity in political representation.**

Assistive technology:

1. **Support, develop and implement programmes on assistive technology**

*Governments develop and implement integrated (with health and other sectors) national programmes on Assistive Technology. Donors support Assistive Technology (AT) by including AT-focused activities and initiatives into their development cooperation strategies and humanitarian strategies. Private sector develops business models and product design adaptations that create win-win situations for business and AT users. Civil society supports the provision and effective use of AT.*

Community Inclusion

1. **Develop cross sectoral policies and design action plans in partnership with the full range of stakeholders and communities to facilitate the meaningful inclusion of all children and adults with disabilities, with a special focus on gender equality.**
2. **Invest in accessible and disability inclusive needs assessment, information management systems, and outreach mechanisms that facilitate coordinated support for community inclusion.**
3. **Invest in transforming, developing, or scaling up person-centric and gender responsive community support and care systems that foster choice and autonomy for the diversity of persons with disabilities across the life cycle.**
4. **Mobilise resources to ensure that public services are inclusive by actively working towards with the aim of removing physical, institutional, and attitudinal barriers.**
5. **Pursue a progressive shift from segregated institutions towards harmonised and community-based support.**
6. **Support multi-stakeholder coordination and efforts to strengthen the knowledge-base on achieving community-based support in different contexts.**

**Commitments to secure and enhance meaningful engagement of Organisations of Persons with Disabilities (OPDs)**

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| **Overview of Commitments**1. **Promote underrepresented groups and address intersectionality**
2. **Support partnerships with other social movements**
3. **Increase funding to support OPDs’ priorities**
4. **Adapt funding conditionalities to OPD support**
5. **Mainstream OPD engagement across funding**
6. **Support the building of a diverse disability rights movement and OPDs, including underrepresented groups**
7. **Remove legal, social and other barriers to participation of persons with disabilities and their organisations**
8. **Commit on the need to involve persons with disabilities in countries**

 **under stress and with shrinking civil space**1. **Ensure conducive policy environment**
2. **Support awareness-raising to combat attitudinal barriers, either OPD-led or with the active involvement of OPDs**
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**Theme I: *Advance the disability rights movement by building a stronger and more diverse collective voice, including diversity and intersectionality***

1. **Promote underrepresented groups and address intersectionality
(Gov/ Donors/CS/OPDs/Private Sector):***For instance, by strengthening and supporting the leadership and leadership development role of youth, women, ethnic minorities, indigenous peoples and other marginalized groups of persons with disabilities, including under-represented groups facing intersectional discrimination.*
2. **Support partnerships with other social movements
(Gov/Donors/CS):***For instance, by supporting coalition building and strategic partnerships between OPDs and mainstream organisations to promote leadership of persons with disabilities. Addressing intersectional identities and priorities, promote cross-organisation learning and build inclusive approaches to national implementation of the Sustainable Development Goals, budgetary advocacy, and human rights reviews.*

**Theme II: *Increase and monitor funding that goes to OPDs***

1. **Increase funding to support OPDs’ priorities
(Gov/Donors/ CS):***By ensuring that OPDs have access to adequate core funding and resources to support their operations, organisational development and advocacy priorities and perform their role(s) with independence, autonomy and adequate capacity.*

1. **Adapt funding conditionalities to OPD support
(Gov/Donors/CS):***For instance, by facilitating OPDs’ access to funding by ensuring that application processes are inclusive and accessible. Ensuring that requirements are proportionate to the realities of the different sizes and capacities of OPDs, consider their stage in organisational capacity development, and afford appropriate flexibility in times of crisis (e.g. COVID-19), enabling access by a broader diversity of OPDs and their leadership, including smaller gras-roots-, youth-, women-led OPDs and OPDs of other underrepresented groups.*
2. **Mainstream OPD engagement across funding
(Gov/Donors/CS):***For instance, by ensuring that funding does not discriminate against persons with disabilities and that it actively contributes to advancing their human rights, both in development cooperation and humanitarian action. Setting as a condition for funding that projects entail clearly resourced OPD participation. Ensuring budgetary provisions for involvement of OPDs with regards to consultation and meaningful participation in projects, including budgets available for accessibility and reasonable accommodation.*

**Theme III:** ***Support OPD technical and organisational capacity development***

1. **Support the building of a diverse disability rights movement and OPDs, including underrepresented groups
(Gov/Donors/CS):**

*For instance, by supporting technical capacity development of OPDs, aligning with the Convention on the Rights of Persons with Disabilities (CRPD), including both cross-disability cohesion across diverse constituencies and targeted support to foster representation of most marginalized and underrepresented groups, and including peer support strategies among OPDs. Supporting OPDs to acquire skills and to meaningfully engage in local level, national and international policy monitoring and evaluation to influence policy to use data, statistics and budget analysis in both development and humanitarian interventions.*

**Theme IV:** ***Create conducive legal and social environments for OPDs to exist and operate***

1. **Remove legal, social and other barriers to participation of persons with disabilities and their organisations
(Gov):***For instance, by repealing all laws and ending practices that prevent persons with disabilities from being considered citizens with equal rights, and ensuring that OPDs are fully consulted and involved in legal issues that concern them, based on the principle of “Nothing about us without us”.*
2. **Commit on the need to involve persons with disabilities in countries under stress and with shrinking civil space
(Gov/Donors/CS):***For instance, by engaging with persons with disabilities and their families at community level and encourage them to participate in consultation processes and decision-making bodies with local authorities. Invite them to use their knowledge of disability, (IASC Guidelines).*
3. **Ensure conducive policy environment
(Gov):***For instance, by creating policy frameworks and political environments that enable the functioning of OPDs as human rights advocates and civil society organisations representing the diversity of persons with disabilities, supporting their autonomy and capacity to operate in the longer run, officially acknowledge their relevance and that consulting them early becomes routine in law, policy and decision-making and other relevant processes.*
4. **Support awareness-raising to combat attitudinal barriers, either OPD-led or with the active involvement of OPDs
(Gov/Donors/OPDs/CS):***For instance, by supporting initiatives and partnerships to encourage the media to portray persons with disabilities in a manner consistent with the CRPD. Supporting campaigns and initiatives that seek to change negative perceptions of persons with disabilities and ensure leadership of a diversity of OPDs on key messages. Putting in place actions that facilitate partnership between OPDs and media and social media companies that promote perceptions reflecting human rights and human dignity and challenge stigma and discrimination.*

**Commitments on Inclusive Education**

**Overview of Commitments**

1. **Strengthen education systems so that they are inclusive of all**
2. **Build capacity on inclusive education in the education work force**
3. **Strengthen targeted support for learners with disabilities**
4. **Promote social inclusion at community level**
5. **Support inclusive education in situations of crisis and conflict**
6. **Promote inclusion of persons with disabilities in vocational training and higher education**
7. **Design and implement cross-sectoral strategies to provide comprehensive support to all learners**
8. **Increase information and knowledge on inclusive education for policy-making and targeted interventions**
9. ­**Increase sustainable long-term funding for inclusive education**
10. **Strengthen tracking of disability inclusion in expenditure**
11. **Strengthen education systems so that they are inclusive of all
(Gov/multi/donors):**

*Develop inclusive education sector plans, covering from early childhood education through to higher education including vocational training. Adopt a Zero Rejection Policy and remove legal barriers that prevent learners with disability access to safe, equitable and quality, inclusive education.*

1. **Build capacity on inclusive education in the education work force
(Gov/multi/donors/CS):***Bolster the capacity of teachers, including teachers with disabilities, through pre-service and on-going in-service training to integrate principles of universal design for learning; and/or build capacity of teachers with specific knowledge on the inclusion of learners with disabilities and develop mechanisms for making them available to assist educators throughout the system; and/or support school leadership and ministries of education to redesign school systems and structures to welcome and support all learners, to value human diversity, to mitigate risks of violence and bullying, foster strong relationships and to create a sense of belonging among all in the school community.*
2. **Strengthen targeted support for learners with disabilities
(Gov/donors/multi/CS):**

*Promote teaching and learning materials to incorporate principles of universal design for learning to ensure that the widest breadth of teachers and learners, in all their intersectional identities, can access the content, with extra attention directed towards girls; and/or ensure that all learning assessments, classroom-based, national and other standardized exams, incorporate principles of universal design for learning, and facilitate disaggregated data on learning outcomes*; and/or *ensure provision of reasonable accommodations and assistive technology, which includes, but is not limited to both low-tech and high-tech augmentative and alternative devices, where needed.*

1. **Promote social inclusion at community level
(Gov/donors/multi/CS):**
*Raise awareness in families and communities about the implications of the human rights model of disability, the importance of promoting social inclusion at the community level to advance inclusive education, and the role of families and communities in contributing to inclusive societies while valuing the voices of persons with and without disabilities about the transformational impact of inclusion.*

1. **Support inclusive education in situations of crisis and conflict
(Gov/donors/multi/CS):***Make emergency response and recovery plans in education fully inclusive and accessible to persons with disabilities, including plans related to the COVID-19 pandemic. Embed the* [*Education Inclusion Standards*](https://www.humanitarianresponse.info/en/operations/mozambique/document/humanitarian-inclusion-standards-older-people-and-people-0) *in the design and implementation of education in emergencies and protracted crises.*
2. **Promote inclusion of persons with disabilities in vocational training and higher education
(Gov/donors/multi/CS):**

*Support access to vocational training for youths with disabilities, including upskilling programmes facilitating adaptation of adults with disabilities and facilitate successful labour market transitions. It should be a particular focus on competencies and skills that lead to jobs in growing industries; and/or increase access to higher education for men and women with disabilities though scholarship opportunities, inclusive education services, promoting inclusive attitude and enhance capacity at higher education institutions.*

1. **Design and implement cross-sectoral strategies to provide comprehensive support to all learners
(Gov/multi/CS):***The cross-sectoral strategies should be developed under the leadership of the Ministry of Education, and in coordination with other relevant ministries. The strategies should incorporate health, rehabilitation, nutrition, protection, transport, labour market etc.*
2. **Increase information and knowledge on inclusive education for policy-making and targeted interventions
(Gov/multi/donors):**

*Collect data on children both in and out-of-school, disaggregated by age, gender and type of disability using the Washington Group Questions on Functioning (WG), such as the WG/UNICEF Child Functioning Module, and integrate them into Household Surveys and Education Management Information System (EMIS); and/or conduct research to harness evidence-based knowledge.*

1. **Increase sustainable long-term funding for inclusive education
(Gov/donors/multi/CS):**
*Develop mechanisms within domestic financing to ensure sustained and long-term funding for promoting inclusion in development cooperation. Increase financial support to strengthen inclusive education systems and increase targeted investments to address specific requirements of children and youth with disabilities (twin-track approach).*
2. **Strengthen tracking of disability inclusion in expenditure
(Gov/donors):**

*Track budgets and spending on disability inclusion in education. Donors should track support that strengthens the inclusivity of systems.*

**Menu of commitments – inclusive livelihoods and social protection**

**Overview of Commitments**

1. **Provide support to promote the employment of persons with disabilities in the public and private sectors**
2. **Develop open, inclusive, and accessible work environments**
3. **Provide opportunities for life-long learning, reskilling, and advancement for persons with disabilities**
4. **Strengthen and improve the effectiveness of non-discrimination and affirmative action in legislation**
5. **Improve the working conditions of workers with disabilities in the informal economy**
6. **Direct greater attention to the rights of persons with disabilities in social dialogue processes**
7. **Increase coverage of social protection for persons with disabilities, advancing the realisation of universal social protection**
8. **Improve the adequacy and accessibility of social protection schemes for persons with disabilities**
9. **Provide social protection that supports and encourages economic participation of persons with disabilities**
10. **Make disability inclusion an integral part of shock-responsive social protection systems, for more inclusive emergency preparedness , response and recovery**

**I. INCLUSIVE LIVELIHOODS**

1. **Provide support to promote the employment of persons with disabilities in the public and private sectors
(Gov/Donor/CS):***Provide support (technical and financial) to persons with disabilities and companies, including small and medium size enterprises, to promote the employment of persons with disabilities in the public and private sector. Promote inclusive access to financial services and products and equal access for all persons with disabilities, particularly women with disabilities and those from underrepresented groups. Raise awareness in the business community about disability inclusion.*
2. **Develop open, inclusive, and accessible work environments
(Private sector/Gov/ CS):***In the workplace, include provision of appropriate reasonable accommodation and development of accessible innovations adapting to tomorrow’s world of work (addressing the digital gap, developing flexible work arrangements, etc). Enhance equal opportunities for employment and address workplace culture and wider societal norms that stop persons with disabilities from being able to participate both in the public and private sector. Commit to a significant increase in the level of employment of persons with disabilities.*
3. **Provide opportunities for life-long learning, reskilling, and advancement for persons with disabilities
(Gov/ Donor/ Private Sector):**

*Invest in lifelong learning through upskilling programmes facilitating adaptation of adults with disabilities and facilitate successful labour market transitions. Strengthen workers’ ability to remain in work and be employable through continuous skills development and advancement. Ensure that women with disabilities working at all levels within the public and private sector are provided the same development and promotion opportunities.*

1. **Strengthen and improve the effectiveness of non-discrimination and affirmative action in legislation
(Gov/Donor):***Promote decent work of persons with disabilities, with a particular focus on working conditions and opportunities for career development, through disability employment quota schemes and public procurement. Amending legal frameworks – e.g., equal opportunities, anti-discrimination and equity laws, social protection laws etc., that acknowledge the multiple discrimination women and girls face.*
2. **Improve the working conditions of workers with disabilities in the informal economy****(Gov/Donor/CS/Private Sector):***Increase measures to improve the working conditions in the informal economy, and make sure they are disability inclusive. This can include collection of statistics, access to social protection and occupational health and safety, as part of the process to support their transition to the formal economy (in the long run).*
3. **Direct greater attention to the rights of persons with disabilities in social dialogue processes
(Gov/private sector/trade unions):**

*Promote decent work conditions for all workers in collective bargaining and social dialogue. Social partners need to ensure that protection from discrimination on the ground of disability, including through the provision of reasonable accommodation, is fully considered in these processes.*

**II. SOCIAL PROTECTION**

1. **Increase coverage of social protection for persons with disabilities, advancing the realisation of universal social protection
(Gov/Donor/CS/Private Sector):**
*Develop and expand schemes, including disability benefits, that provide income security and cover of disability related costs such as community-based care and assistive devices, and support access to services across the life cycle, such as child-care, education, health, and support with employment and livelihood generation. Provide social protection benefits in a way that allows for persons with disabilities to exercise their full legal capacity in choice and control over the benefit.*
2. **Improve the adequacy and accessibility of social protection schemes for persons with disabilities
(Gov/Donor/CS/Private Sector):**

*Identify the disability-related extra costs faced by persons with disabilities and their families across the life cycle and consider these costs in the design of social protection schemes. Address barriers in design and delivery that inadvertently prevent social protection schemes from being accessible. This includes improving disability assessment mechanisms, accessibility of information and communication about schemes, physical accessibility of facilities such as for benefit application and receipt, and building knowledge and skills of the social protection workforce.*

1. **Provide social protection that supports and encourages economic participation of persons with disabilities
(Gov/Donor/CS/Private Sector):**

*Design social protection schemes that support persons with disabilities in seeking and obtaining employment or engaging in self-employment, including vocational training and return to work programmes. Identify and remove any barriers or disincentives that social protection schemes inadvertently create to persons with disabilities participating in the labour market. Promote a flexible combination of income security and disability-related support to promote economic empowerment.*

1. **Make disability inclusion an integral part of shock-responsive social protection systems, for more inclusive emergency preparedness, response and recovery
(Gov/Donor/CS/private sector):***Recognise the**particular vulnerabilities of persons with disabilities and their families to crises (including climate-related, conflict, health, economic). Integrate disability-inclusion into the design and delivery of shock-responsive social protection.*

**Commitments on Inclusive Health**

**Overview of Commitments**

1. **Ensure a fully inclusive health sector through Universal Health Coverage**
2. **Review legal frameworks to promote inclusive health**
3. **Address multiple and intersecting discrimination in the health sector**
4. **Strengthen inclusive health systems that provide access to general health care and specialised services and programmes related to disability specific health requirements**
5. **Build capacities on disability inclusive health in the health workforce and in service delivery**
6. **Incorporate a mental health approach in line with the principles of the Convention on the Rights of Persons with Disabilities**
7. **Make disability inclusion an integral part of health emergency preparedness and response**
8. **Optimise the use of data on disability inclusion to inform health policies and investments**
9. **Mobilise resources to guarantee the right to enjoy the highest attainable standard of health for persons with disabilities**
10. **Engage OPDs in health-related policy design, planning, implementation, monitoring and evaluation**
11. **Ensure a fully inclusive health sector through Universal Health Coverage
(Gov/Multilaterals/Donors/CS/Private Sector):***Governments: Ensure disability inclusive health and care services that are human rights-based, gender responsive, age-sensitive and person-centred; and equitable access to cross-sectoral public health interventions, such as safe water, sanitation and hygiene services.* Gov/Multilaterals/Donors*: Prioritise disability inclusion as an integral part of universal health coverage.**Provide health care, including goods, information, services, and programmes, including for mental health, that are available, accessible, affordable, acceptable, and of quality for all persons with disabilities, and establish inclusive health financing and social protection mechanisms that address social and underlying determinants of health.*
12. **Review legal frameworks to promote inclusive health
(Gov):**

*Recognize by law the right of persons with disabilities to the highest attainable standard of health and remove all legal barriers that prevent them from accessing health and health care-related information, goods, services, and programmes, including legislation that discriminates against them in the provision of health insurance, and in the recognition of legal capacity, establishing regulatory and accountability mechanisms to ensure the rights of all persons with disabilities are respected, protected, and fulfilled.*

1. **Address multiple and intersecting discrimination in the health sector
(Gov/Multilaterals/Donors/OPDs/CS/Private Sector):**
*Develop health programmes designed to address the multiple and intersecting forms of discrimination experienced by persons with disabilities in all their diversity, particularly women and girls with disabilities by ensuring the full realization of their right to sexual and reproductive health, respecting bodily autonomy and informed consent, and strengthen efforts to address barriers faced by persons with disabilities based on their intersectionality identities, including those belonging to marginalised or vulnerable populations, ensuring there are targeted measures to eliminate discrimination.*
2. **Strengthen inclusive health systems that provide access to general health care and specialised services and programmes related to disability specific health requirements
(Gov/Multilaterals/Donors/CS/Private Sector):***Mainstream disability inclusion across all health care services and programmes, including primary care, rehabilitation and assistive technologies, comprehensive sexual and reproductive health services, and mental health services, and provide access to specialist services and programmes related to disability specific health requirements.. Make all services available in the community, with health service delivery models that promote multi-sectoral collaboration and action, as well as independent living in the community, accelerating deinstitutionalization of persons with disabilities from all types of institutions, with respect for the autonomy of all persons with disabilities and their right to engage in their own health and well-being, and the right to legal capacity to do so.*
3. **Build capacities on disability inclusive health in the health workforce and in service delivery
(Gov/Multilaterals/Donors/OPDs/CS/Private Sector):**
*Develop a health workforce that has the understanding, competence, knowledge, and skills to address the health requirements of persons with disabilities in all their diversity, and review health workforce curricula to enhance a human-rights based and intersectional approach to disability, including psychosocial , intellectual and cognitive disability, to address stigma, stereotyping, and discrimination in health service delivery.*
4. **Incorporate a mental health approach in line with the principles of the Convention on the Rights of Persons with Disabilities
(Gov/Multilaterals/Donors/OPDs/CS/Private Sector):***Incorporate a disability inclusive, human rights-based and person-centred approach to mental health into health programmes and health benefit plans as a population approach to mental health with a life-course perspective; further establish multi-sectoral collaboration to act on social and underlying determinants of mental health, reach traditionally underserved populations in accessible and respectful ways, and deinstitutionalize care, building competencies across non-specialised health services and promoting continuity of care in community settings, with support and supervision through a wide network including from mental health specialists.*
5. **Make disability inclusion an integral part of health emergency preparedness and response
(Gov/Multilaterals/Donors/CS):***Mainstream disability inclusion in emergency preparedness and response plans and provide access to health care services for persons with disabilities during and post-health emergencies, with particular emphasis on safe water, sanitation and hygiene services, fundamental access to sexual and reproductive health services and gender-based violence response services****,*** *recognizing the particular vulnerabilities of persons with disabilities and their families in health emergencies.*
6. **Optimise the use of data on disability inclusion to inform health policies and investments
(Gov/Multilaterals/Donors/OPDs/CS/Private Sector):***Strengthen health information systems to collect and analyse data on health inequities to inform the design of disability inclusive health policies and investments, including statistical and research data disaggregated by gender, age and disability, and on the health status and access to health care of persons with disabilities.*
7. **Mobilise resources to guarantee the right to enjoy the highest attainable standard of health for persons with disabilities
(Gov/Multilaterals/Donors/Private Sector):***Provide dedicated funding to disability-specific programmes aimed at promoting good health and wellbeing outcomes for persons with disabilities through equitable access to preventive, promotive, curative, rehabilitative, palliative care and assistive technologies, and dedicate resources for disability inclusion in mainstream health programmes and social protection mechanisms.*
8. **Engage OPDs in health-related policy design, planning, implementation, monitoring and evaluation
(Gov/Multilaterals/Donors/Private Sector):**Actively engage persons with disabilities and their representative organizations, purposefully including organizations of women and youth with disabilities and under-represented OPDs such as of persons with psychosocial disabilities or deaf-blindness, in decision-making processes in the health sector and in collaboration with health experts, to support in the design, planning, implementation, monitoring and evaluation of health strategies, policies, legislation, public health interventions, health service design and provision, research, and financing to ensure that they are fully inclusive of persons with disabilities, as well as implement integrated national programmes on assistive technology based on data and consultations with OPDs and users of assistive technologies.

**Commitments on Situations of Crises and Conflict, Including a Focus on Climate Change**

**Overview of Commitments**

1. **Provide resources to and prioritise disability inclusive humanitarian action**
2. **Make humanitarian action inclusive of persons with disabilities throughout the humanitarian programme cycle**
3. **Strengthen capacity on a rights-based approach to disability inclusive humanitarian action including in situations of armed conflict**
4. **Build strong partnerships with organisations of persons with disabilities (OPDs)**
5. **­Ensure an inclusive approach to mixed movements of people**
6. **Make asylum procedures and durable solutions inclusive for persons with disabilities**
7. **Include persons with disabilities in climate action**
8. **Include persons with disabilities in the peace continuum**
9. **Strengthen inclusion in health emergency preparedness, response and recovery**
10. **Protect persons with disabilities from violence, exploitation and abuse**
11. **Provide resources to and prioritise disability inclusive humanitarian action**

*Governments ensure funding for disability inclusion in key priority areas, apply minimum standards for disability inclusion in all bilateral humanitarian and climate action funding mechanisms, including in proposal and reporting processes. Multilaterals continue to implement specific measures to strengthen disability inclusion in pooled funding and other humanitarian funding mechanisms, and support and strengthen the costing of disability-inclusive policy and programming.*

1. **Make humanitarian action inclusive of persons with disabilities throughout the humanitarian programme cycle**

*Governments engage OPDs in review of emergency and disaster preparedness and response policies and procedures to ensure they are fully inclusive of persons with disabilities, including through accessible risk information, evacuation processes, shelter and food/NFI distributions, water, sanitation and hygiene services and facilities; nutrition interventions, and provision of health and protection services, including GBV. All actors take proactive measures to increase employment of persons with disabilities in humanitarian roles. Multilaterals and civil society**strengthen disability inclusion in the Humanitarian Programme Cycle by systematically integrating disability inclusion considerations in all needs assessments, project vetting procedures, and monitoring and reporting, and/or ensure that all complaints and feedback mechanisms are fully accessible to and inclusive of persons with disabilities, and involve persons with disabilities, including women and those from under-represented groups, in their design, and use. Ensure accessibility of all humanitarian assistance, including information,**to persons with disabilities, and/or take measures to ensure that cash-based interventions are inclusive, and/or contribute to improved access by populations affected by humanitarian emergencies to assistive technology.*

1. **Strengthen capacity on a rights-based approach to disability inclusive humanitarian action including in situations of armed conflict**

*Governments incorporate obligations established under the Convention on the Rights of Persons with Disabilities (CRPD) and Security Council Resolution 2475 into military manuals, procedures, practices and training, and/or invest (including financially) in institutional strengthening of OPDs, including those led by women, youth and under-represented groups, to enhance their capacity to engage in humanitarian action and the peace continuum. Multilaterals and Civil Society establish and support intersectoral disability working groups in humanitarian coordination, and/or allocate dedicated cross-sectoral focal point for disability inclusion in emergency preparedness and response, and/or invest in building the capacity of humanitarian staff to implement a rights-based approach to disability inclusion in all aspects of their work.*

1. **Build strong partnerships with organisations of persons with disabilities (OPDs)**

*Multilaterals and Civil Society establish meaningful operational and strategic partnership with OPDs, including those led by women and under-represented groups of persons with disabilities. This may require adaptation of established partnership procedures and should include investment in institutional strengthening of OPDs to build their capacity to effectively prepare and respond to humanitarian crises. In addition, targeted efforts should be undertaken to engage in and create spaces for youth, and youth-led networks of young persons with disabilities, to support the roll out of the*[*IASC Guidelines on Working with and for Young People in Humanitarian and Protracted Crises*](https://interagencystandingcommittee.org/events/iasc-guidelines-working-and-young-people-humanitarian-and-protracted-crises)*.*

1. **Ensure an inclusive approach to mixed movements of people**

*Governments provide access by refugees, internally displaced persons (IDPs) and migrants to national inclusive education, economic empowerment, assistive technology, social protection, targeted health services, community support and personal assistance (recognizing that commitments for each of these groups may differ as different measures will be required to address various administrative and other obstacles to access faced by each).*

1. **Make asylum procedures and durable solutions inclusive for persons with disabilities**

*Governments enhance disability inclusion within durable solutions for forcibly displaced people by strengthening asylum systems, reinforcing protection of persons with disabilities within resettlement submissions, and determining (safe and dignified) conditions for return. For example, undertaking policy reform; providing capacity building on disability inclusion for staff involved in asylum procedures; increasing the accessibility of reception facilities; providing accessible and relevant information; and ensuring the provision of reasonable accommodation in asylum and resettlement procedures.*

1. **Include persons with disabilities in climate action**

*Governments ensure inclusion and meaningful participation of OPDs, including those led by youth and indigenous persons, to: develop, implement, and monitor national climate adaptation and climate mitigation policies and processes; develop disaster preparedness plans; conduct participatory research on the impact of climate change on persons with disabilities including under-represented groups; and evaluate the impact of climate pledges and policies on the rights of persons with disabilities as enumerated in CRPD. Multilaterals and Civil Society provide accessible platforms for OPDs to participate and influence climate decisions at global and regional level including those which impact the funding of climate education and capacity-building.*

1. **Include persons with disabilities in the peace continuum**

*Governments and multilaterals ensure that persons with disabilities and their representative organisations, including women and youth-led networks, participate meaningfully in peace continuum including in conflict prevention, resolution, reconciliation, peace reconstruction and peacebuilding, and that their rights are taken into consideration in the peace continuum processes.*

1. **Strengthen inclusion in health emergency preparedness, response and recovery**

*Governments strengthen the voice and participation of persons with disabilities and their representative organizations in decision-making and planning processes to strengthen health systems as part of preparedness and recovery efforts, promoting access and inclusion of persons with disabilities in emergency response.*

1. **Protect persons with disabilities from violence, exploitation and abuse**

*Governments, Multilaterals and Civil Society take measures to ensure that Gender Based Violence risk mitigation and response, including sexual and reproductive health services are inclusive of and accessible to women and girls, as well as men and boys, with disabilities. This includes removing physical, communicational, attitudinal and institutional barriers to access, and taking measures to ensure that child protection interventions are fully inclusive of children with disabilities, including through training for child protection actors; review and adaptation of policies and procedures; making physical spaces and activities safe and accessible; and ensuring that reporting and referral mechanisms are inclusive.*