GLOBAL DISABILITY SUMMIT

A Background Paper for the Global Disability Inclusion report

Financing acceleration of disability inclusion in low- and middle-income countries

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Contents

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Executive Summary

Achieving disability inclusion at scale requires a coordinated, whole-of-society approach, led by governments in line with their commitments and responsibilities under the UN Convention on the Rights of Persons with Disabilities (CRPD).

While contribution from different stakeholder is necessary, **governments have the responsibility to mobilise and use maximum available resources**, including in relation to international cooperation, to progressively realize all rights of all persons with disabilities while taking immediate steps to ensure non-discrimination and equal access.

This paper highlights a fundamental challenge in advancing disability inclusion: while many low- and middle-income countries (LMICs) have made significant strides in adopting and reforming disability legislation and policies following the ratification of the CRPD, the translation of these commitments into tangible financial investments has been inconsistent.

In many LMICs, disability-related public spending remains marginal. A lack of systematic and high-quality data complicates efforts to accurately assess these expenditures and estimate the financing gap. However, preliminary observations indicate emerging benchmarks:

- *0.1% of GDP* appears to be a level of expenditure which allow countries to implement a basic set of interventions, reaching a certain scale though often limited and in few sectors. Many low-income countries fall below this threshold, with small-scale, isolated programs.
- LMICs with more comprehensive disability support programs, including social protection programs at scale often spend around *0.5% of GDP*.

For comparison, OECD countries spend an average of 1.5% of GDP solely on social protection for persons with disabilities of working age.

Disability-related expenditures are typically concentrated in three sectors: social protection, education, and health.

- **Education:** Budget allocations for learners with disabilities often remain marginal and can be directed toward special schools rather than building inclusive education systems in line with inclusive education legal and policy frameworks increasingly adopted.
- **Health:** Ministries of Health allocate funds for rehabilitation and assistive devices, but these resources are often insufficient and fragmented. Comprehensive financing strategies to ensure accessibility to all healthcare services, including early intervention and sexual and reproductive health, are still lacking in many contexts.
- **Social protection:** This sector has seen the most notable growth in disability-related spending. Countries like Zambia have scaled up cash transfers through top-ups to existing schemes while others, such as Fiji and Peru, are implementing standalone disability benefits. Countries such as Uganda are exploring child disability grants and many are investing in Disability Management Information Systems, an essential step towards scaling up targeted support programs.

To maximize the impact of all available resources, **disability-related spending needs to be mainstreamed across all ministries** to ensure that all public services and infrastructure—not just those traditionally associated with disability—are inclusive.

Equally important is the coordination between ministries to optimize resource allocation. For example, financing for assistive technology often falls between the responsibilities of health, social welfare, and education sectors without clear coordination, leading to inefficiencies and service gaps. Sign language interpretation is often funded by a single ministry at small scale even though all ministries require sign language interpretation system to make their services accessible. Resource pooling mechanisms such as disability fund could be used for such a purpose.

Several countries have established disability funds or adopted legal frameworks to create them, however few of these are fully operational with clear objectives and adequate resources. Disability funds are likely to be more successful where they draw on clearly defined and dedicated funding sources, as in the case in Argentina and in schemes drawing on fines within employment quota systems (as in Cambodia and Thailand). However, it is equally important that the purpose and intended activities of these funds are defined in a way that adds value to the wider disability sector.

Given the significant challenges to increasing resource allocation in some contexts, ensuring that existing funds contribute to disability inclusion is essential and has been shown to be achievable. First, policy choices matter—resources must be directed toward programs that facilitate inclusion, rather than those that reinforce segregation. For instance, reallocating funds from residential care institutions or segregated schools to community support services or inclusive education may present administrative challenges but offer significant efficiency gains in supporting inclusion while reducing long-term transition costs.

Public procurement also represents an untapped opportunity to foster disability inclusion within existing public spending. While some low- and middle-income countries (LMICs) have social clauses mandating the employment of persons with disabilities, public procurement remains underutilized in promoting broader inclusion for instance in ensuring accessibility and driving innovation, particularly in sectors like technology, where international accessibility standards are well established and widely applied.

A significant barrier to inclusive financing remains the lack of data – both in tracking disability-related expenditures and in costing planned interventions. Without comprehensive data, inclusive budgeting is challenging, and efforts to integrate disability inclusion into budget discussions, national development plans, and financing strategies are hindered. Improving budget data collection and monitoring as well as evidence generation on financing gaps and cost-effective interventions are essential for closing this gap.

Beyond data, inclusive budgeting requires meaningful engagement of organizations of persons with disabilities (OPDs) and parents of children with disabilities are involved in budget discussions and advocacy. While there has been growing engagement of OPDs in few countries, overall, this remains limited and needs to be significantly strengthened with further involvement of the diversity of persons with disabilities to ensure that national budget and financing strategies promote equitable distribution of resources.

Local authorities play a pivotal role in advancing disability inclusion, particularly in decentralized governance systems where they are directly responsible for delivering public services and managing infrastructure at the community level. Earmarked funds at the local level, such as Ghana's Disability Common Fund, demonstrate how decentralized financing mechanisms can create dedicated resources for disability inclusion. Local governments are also well-positioned to engage OPDs and community stakeholders in budget planning and monitoring processes.

Beyond domestic public resources, government can leverage and catalyse private resources by creating enabling environment and incentivizing investment. For instance, in building care and support systems government can adopt schemes that enable and complement equitable and effective civil society and community resources mobilization. Though currently limited in scale, emerging opportunities lie in innovative financing and private sector contributions, particularly for specific services such as accessible transport and assistive technology. Public-private partnerships and impact investing can serve as catalytic forces in expanding resources for disability inclusion.

Finally, official development assistance (ODA) and international philanthropy continues to be a critical resource for developing disability-related services and promoting inclusion in LMICs. In some countries, ODA spending on disability inclusive programs equates—or even exceeds—total public disability specific expenditures. But there is strong potential to ensure greater inclusiveness of ODA spending. Facilitating early engagement of OPDs in design of major ODA funded programs, not only disability specific programs would be a significant step forward. The Global Disability Summit (GDS) 2025 initiative to enhance reporting and set a target on disability inclusiveness of ODA could unlock more and better resources across sectors.[1] However, it is essential that government donors and civil society develop more integrated financing strategies that foster greater alignment between domestic and international financing efforts to accelerate inclusion.

1 For more information on the Amman-Berlin Declaration see Global Disability Summit (2025)

Introduction

Achieving disability inclusion at scale requires a coordinated, whole-of-society approach, led by governments in line with their commitments and responsibilities under the UN Convention on the Rights of Persons with Disabilities (CRPD). Recent years have seen important progress towards disability inclusion across countries following the ratification and domestication of the CRPD, development of policy frameworks and the design and planning of new and improved programmes and services. However, these initiatives require adequate and sustainable resourcing to achieve their contribution to the full and effective participation and inclusion of persons with disabilities. In its absence, critically needed programmes and services may not be introduced, while those already in place may fall short of their goals.

While governments have a central responsibility, accelerating disability inclusion at scale necessitates contributions from a broad range of stakeholders including families, communities, civil society organizations, the private sector, and international partners. Even in high-income countries with well-funded public systems, 70–90 per cent of care and support is still provided by unpaid caregivers, primarily family members, mostly women. The reliance on these diverse contributions will be even greater in low- and middle-income countries (LMICs), where governments face tighter fiscal constraints and competing priorities.

Governments have therefore a critical role to play both in mobilising public resources, and in leveraging resources from other stakeholders. As signatories to the CRPD, most governments are obligated to mobilize maximum available resources to ensure the promotion, protection, and realization of all human rights for persons with disabilities. Similarly, the role of government financing is key in driving the implementation of the SDGs with a focus on Leaving No One Behind. However, governments also have a key role to play in leveraging a mix of public and private, domestic and international resources to enable effective and equitable implementation at scale of required policies and programs. This involves building partnerships with private sector actors and defining regulations and procurements processes that shapes incentives and how private resources are used. It also involves the enhancing and optimizing the contribution of international cooperation in supplementing domestic efforts, especially in low- and middle-income countries.

This working paper explores the critical issues and options for national governments in low- and middle-income countries to finance the scaling up and acceleration of disability inclusion. It is based on review of existing literature, several country cases studies (Cambodia, Kenya, Mauritania, Peru, Sierra Leone) carried out for the Global Disability Inclusion Report assessing different experiences and country approaches taken to finance disability inclusion, and evidence from comparative budget analysis across 14 low- and middle-income countries.

The section is structured as follows:

- **Section 1** begins by examining the overall implications of the CRPD's provisions and standards and Leave No One Behind approach on public finance.
- **Section 2** looks in more detail at the public finance dimension of resourcing disability inclusion, considering the financing channels, and key factors that influence the fiscal space for disability inclusion.
- **Section 3** provides an overview of existing levels of public expenditure in a selection of low- and middle-income countries, and key trends in ODA activities targeting disability inclusion.
- **Section 4** addresses the challenges of quantifying financing gaps across sectors and provides illustrative costing for cash benefits and subsidized health insurance in five case study countries: Sierra Leone, Mauritania, Peru, Cambodia and Kenya.
- **Section 5** explores strategies and options for governments to make the most of available resources.

1 Public finance and inclusion of persons with disabilities

While achieving disability inclusion requires contributions from all stakeholders, governments, as duty bearers, are accountable for accelerating progress through effective financing. Beyond the obligations set by the CRPD, International Covenant on Economic, Social and Cultural Rights (ICESCR), Convention on the Rights of the Child (CRC) and other relevant treaties, achieving universal coverage for necessary support and systematically removing barriers across sectors can only be accomplished with significant government resources. No other stakeholder can catalyse, resource, and sustain the realization of rights for persons with disabilities across their life cycle at the scale and consistency required.

Although civil society and communities are essential for resourcing social innovation and fostering inclusion, their contributions are often limited in scale and sustainability. Private sector actions, such as promoting accessibility or developing community support services, are also more effective when supported by quality regulatory frameworks, government incentives, or co-financing. Additionally, while needed, programs and services financed solely by civil society or private actors can unintentionally create or reinforce inequalities among persons with disabilities, as these efforts often reflect the priorities of specific groups, geographic areas, or issues.

A key challenge for governments, especially in low- and middle-income countries, is how to effectively, efficiently, and equitably catalyse and leverage public and private, domestic and international resources to implement disability inclusion at scale. This section examines the implications of CRPD standards and the "leave no one behind" approach for public financing. Drawing on insights from the CRPD Committee recommendations and publications by UNICEF, UN Women, UNDP, and the Centre for Inclusive Policy[2], it outlines principles to guide public financing for CRPD implementation.

1.1 Principles Guiding Public Finance for CRPD Implementation

At the core of the relation between CRPD and public finance are the obligations for states to mobilize maximum available resources and ensure immediate and progressive realization of rights according to human rights standards. This duty underscores the need to align financial and policy decisions with human rights principles, such as prioritizing disability inclusion as an essential component of equitable and sustainable development and use of public resources. It extends beyond mere resource allocation, encompassing governance reforms, fiscal strategies, international cooperation, and mechanisms for transparency and accountability.

1.1.1 Do no harm

The principle of "do no harm" is essential to ensure that public finance does not contribute to policies, programmes, and financial decisions that would disadvantage persons with disabilities or exacerbate inequalities. This implies primarily that public budgets do not finance programmes or services harmful to persons with disabilities such as actively contributing to discrimination, segregation and deprivation of

2 See UNICEF (2024a), UN Women (2023), Cote and Balsubramanian (2020) and UNDP and UNICEF (2024) .

liberty. Public finance must also prevent the creation of new barriers to inclusion. Investments in inaccessible infrastructure, facilities and services, result in avoidable barriers that restrict participation of persons with disabilities on equal basis with others.

More broadly, it also implies better coherence and alignment of public finance policies to create an enabling environment that will do no harm with regards to tax policies, debt instruments or investment strategies.

1.1.2 Progressive Realization and Avoiding Retrogression

The CRPD acknowledges resource limitations but requires states to progressively realize economic, social, and cultural rights while ensuring immediate action in areas like non-discrimination and ensuring minimum essential levels of these rights. For example, while achieving fully inclusive education system and universal coverage may take a decade, states should enforce zero rejection policy and provide reasonable accommodations to learners with disabilities in all schools to ensure non-discrimination and equal access in the short term. Progressive realization demands deliberate and continuous improvements, with maximum available resources mobilized to expand disability-inclusive measures over time. This implies clear plans and targets, and ability to demonstrate year-on-year progress in reaching more and greater diversity of children and adults with disabilities across the country and in improving availability, accessibility and quality of services. This progress must be sustainable, and prioritization of resources should be carried out with transparency and accountability (Blyberg and Hofbauer 2014a).

States must also avoid retrogressive measures—actions that roll back existing rights or reduce funding for critical programs supporting persons with disabilities. Even during economic crises, efforts should be made to protect support to most vulnerable, and cuts to disability related expenditures and programs are only permissible if accompanied by mitigating measures, grounded in strong justifications and without disproportionate impact on persons with disabilities among other rights holders.

1.1.3 Mobilizing Maximum Available Resources

Under the CRPD, states are required to mobilize maximum available resources to fulfil their commitments to persons with disabilities. This includes leveraging domestic revenues, reallocating resources, and seeking international cooperation where necessary. The principle emphasizes that disability inclusion must be a priority within national and subnational budgets, as well as the Medium-Term Expenditure Frameworks, ensuring sufficient appropriate financial planning and investment in programs and services that meet the needs of persons with disabilities. It also requires all ministries and public entities to finance disability inclusion within their respective sectors while contributing to the development of essential support services, such as sign language interpretation, to ensure accessibility across sectors.

States must adopt equitable fiscal policies, including progressive taxation, that expands the fiscal base in an equitable manner, addressing tax avoidance, reallocating spending from non-essential areas, and eliminating inefficiencies, to expand fiscal space for disability-inclusive initiatives (Blyberg and Hofbauer 2014b). In resource-constrained settings, states are encouraged to seek international assistance, including official development assistance (ODA), and may consider borrowing, provided the human rights, social, and economic impacts of debt repayment are carefully assessed.

Despite these obligations, under-spending on disability inclusion is a common issue in many countries. Limited government capacity often slows or prevents program implementation, and additional funding

received late in the fiscal year may remain unspent due to lengthy procurement processes. Poorly designed programs, or inaccessible information, facilities, or services, can create barriers for eligible beneficiaries. Furthermore, a lack of human resources or institutional capacity at the local level can delay or prevent the disbursement of funds. Donor funding may also fail to materialize as promised, further compounding the issue of under-spending. It is important to assess the level of utilization of funds and identify to which extent the existing bottlenecks and issues are disability specific or common to other sectors to be able to tackle them adequately.

1.1.4 Equity

Resource allocation must recognize and address the disproportionate exclusion and marginalization faced by persons with disabilities. This often requires states to ensure that adequate resources area available to ensure equal access to mainstream programs such as inclusive education, healthcare, and employment initiatives but also (re)allocate funds to programs that specifically address the needs of persons with disabilities with regards to social protection, care and support systems or assistive technology for instance.

An important element is ensuring that equity is not only considered in a duality between persons with disabilities and persons without disabilities but also among persons with disabilities. The incremental nature of budget processes often leads to progressive increases in resources for existing publicly funded services that may benefit some persons with disabilities but not others. For example, there may be consistent increases in funding for mobility devices and hearing aids, which are already budgeted items, while no funding is allocated for sign language interpretation, which may not yet be publicly funded. This does not imply that spending on existing items should be reduced, but rather that future budget increases should ensure all groups benefit, with particular attention given to those who have been left behind.

Additionally, intersectionality should be carefully considered. This includes, for example, how resource allocation and utilization address the specific issues of women and girls with disabilities (UN Women 2023), children with disabilities (UNICEF 2024a), or persons with disabilities living in remote areas, indigenous communities, informal settlements, and impoverished areas among others.

1.1.5 Efficiency and Effectiveness

Governments must spend as efficiently and effectively as possible to maximize the impact of resources and achieve policy outcomes—specifically, the inclusion of persons with disabilities in the most equitable way. This requires avoiding overpayment for goods and services, acquiring unnecessary or low-quality items, relying on inappropriate solutions despite available research, or engaging in hasty spending due to late funding disbursement.

Efficiency also entails avoiding unnecessary transition costs, such as building inaccessible schools or procuring inaccessible buses, only to incur additional expenses later to retrofit these infrastructures. Similarly, investing in segregated education or care facilities instead of inclusive education and community support systems can lead to significant future costs during the deinstitutionalization process. Inclusive planning and financial decisions that prioritize accessibility and universal design can avoid these unnecessary transition costs.

A critical consideration is that while efficiency or "value for money" might suggest prioritizing expenditures that benefit larger populations, it is essential to account for equity (Blyberg and Hofbauer 2014b; World Vision 2022). Spending decisions must ensure that the rights of marginalized groups are not undermined. For

instance, resourcing public services for people living in remote areas often entails higher unit costs than in urban areas due to challenges in achieving economies of scale. Likewise, providing adequate support for children with significant functional difficultincur high individual costs. However, these investments yield significant benefits, enhancing socio-economic participation and reducing the burden of unpaid care on families.

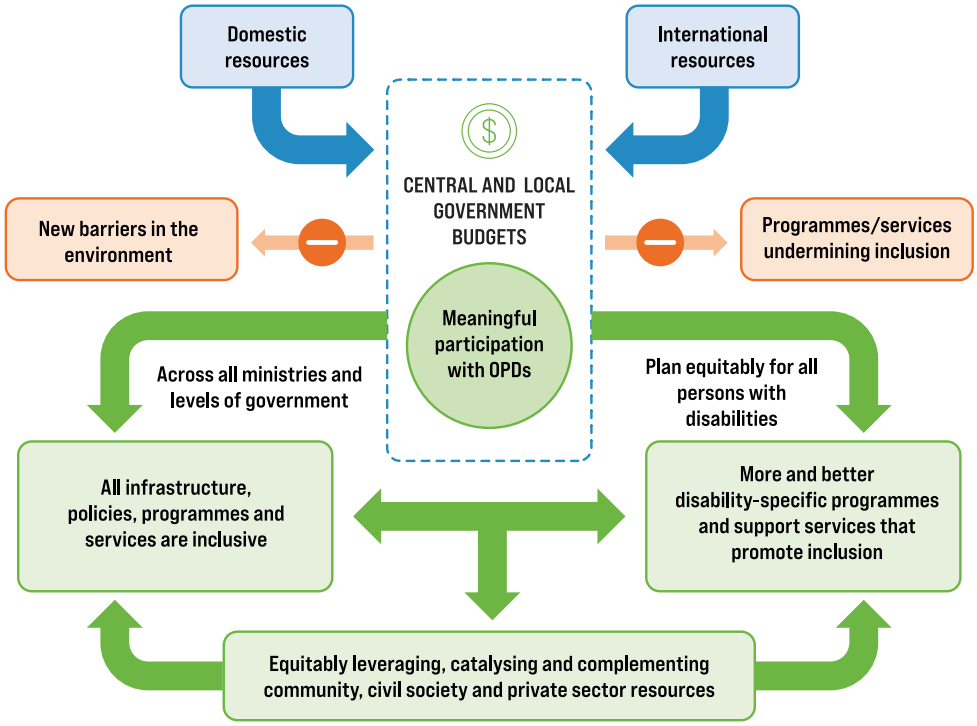
1.1.6 Transparency and Accountability

Transparency and accountability are fundamental to mobilizing and allocating resources effectively. States must ensure accessiblebudgeting and expenditures, enabling public understanding of disability inclusion efford addressing inefficienciepolicies.

1.1.7 Summary

In a landscape of competing priorities, the obligation to mobilize maximum available resources is crucial for achieving equity and inclusion for persons with disabilities (Figure 1). By adhering to CRPD principles, governments can ensure that public financing advances rights-based policies, fulfilling their legal commitments while upholding the broader human rights imperative of creating inclusive societies. This requires deliberate planning, sustained investment, and active engagement with all stakeholders to leave no one behind.

Figure 1. Pathways to effective and efficient use of public resources for inclusion



Source: Adapted from Cote and Balasubramanian (2020)

2 Channels and sources of financing for disability inclusion

This section reviews two contextual factors which influence analysis of financing for disability inclusion. The first part asks the question: what are the public finance channels through which programmes and services can be financed? These include both mainstream channels (that may also be used for a range of other government programmes and services) and those that are specific to disability. The second part asks: what are the main public finance sources of funding for these programmes and services? The section summarises four main sources of funding and explores how the availability of funds (fiscal space) may vary across countries.

2.1 Channels for resourcing disability inclusion

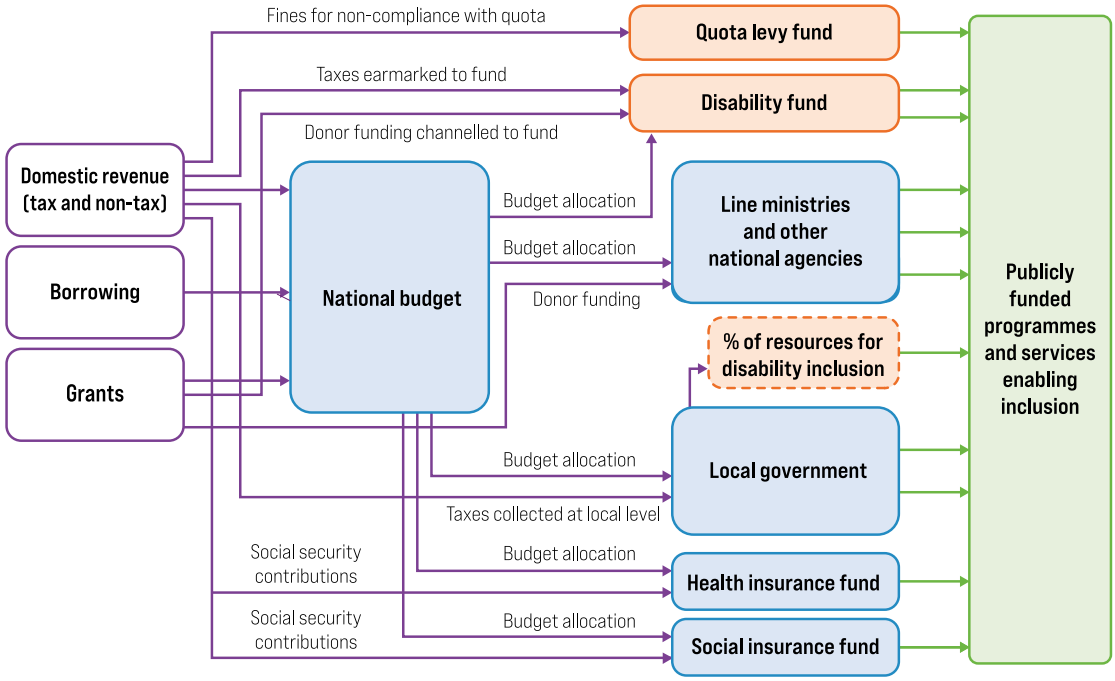
Public finance resources can be channelled to programmes supporting disability inclusion in a variety of ways. Figure 2 provides a simplified view of how different public finance resources, including domestic revenue, borrowing and grants (for example, from development partners), can flow to programmes and services supporting disability inclusion. While some channels are the same ones used for other government programmes and services, some can be specifically focused on disability.

The **national budget** is the main mechanism through which central governments mobilise diverse revenue sources to make allocations to a range of line ministries and government agencies. Subnational governments (for example, regional and local governments) usually draw on allocations from central governments but may also draw directly on their own resources. The extent to which they draw on such resources, and the level of control they have in developing their own budgets, will depend on the nature of decentralisation in a country.

There may be also specific channels or mechanisms such as:

- **Disability funds** are disability-specific financing mechanisms that may be separated from the national budget, and which may pool funds from different sources (such as budget allocations, donations and other sources) for the purpose of disability inclusion. One notable type of disability fund are quota levy funds, which draw on fines paid by employers for non-compliance with employment quota systems.
- **Earmarking** of government funds towards disability inclusion is another disability-specific financing mechanism. For example, in several countries, local governments are legally obliged to earmark a share of their expenditures to disability inclusion. Earmarking can also be used at a Ministry level.
- **Social security and health insurance funds** are another financing mechanism that are typically separated from the national budget and draw on dedicated sources of revenue (contributions from workers and employers). While not disability specific, they may include components which are focused on persons with disabilities, such as disability benefits paid by social insurance funds.

Figure 2. Simplified visualisation of public finance resources to programmes and services supporting disability inclusion (disability-specific mechanisms are in orange)



Source: Authors' elaboration. See UNICEF background paper on financing mechanisms for disability inclusion.
Note: Disability-specific mechanisms are in orange.

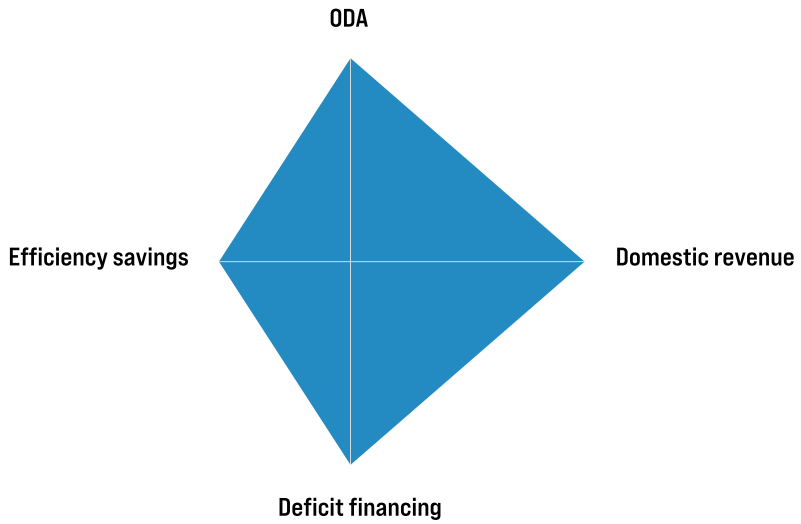
2.2 Financing sources for disability inclusion

Public finance resources for disability inclusion largely come from the same four main sources as other types of public expenditure. Three of these sources are outlined in Figure 2 above, namely, domestic revenue, borrowing and grants. The fourth source of funds are efficiency savings from reducing the size of some area of public expenditure and reallocating those funds towards a desired purpose. The extent to which a country can mobilise funds from these different sources towards a desired purpose – without jeopardising its financial position – is sometimes described as a country's "fiscal space".[3] This is visualised in the fiscal space diamond in Figure 3.

While there are some disability-specific dimensions to the question of securing fiscal space for disability inclusion, a lot will depend on the wider public finance context of a country. Disability specific dimensions include the level of government commitment to disability inclusion and, therefore, whether it considers it

3 Fiscal space is commonly defined as the "availability of budgetary room that allows a government to provide resources for a desired purpose without any prejudice to the sustainability of a government's financial position" (Heller 2005).

Figure 3. The fiscal space diamond



Source: UNICEF (2021)

a "desired purpose" of public expenditure. Meanwhile, there are disability-specific dimensions to the four different public funding sources, such as how different tax policies affect people with disabilities, and whether ODA is focused on disability inclusion. Nevertheless, much will also depend on broader factors such as the scale of government revenue and expenditure, the country's debt position, the scale and nature of official development assistance, and the nature of existing expenditures (which influence the scope for efficiency savings). To provide a flavour of these issues and how they relate to disability inclusion, the discussion below outlines key aspects of these four sources of financing, with reference to the five case study countries. The analysis in this section uses terminology and benchmarks that may not be familiar to all readers. Box 1 provides a summary of some of this key terminology.

Domestic revenues

Domestic revenues include the full array of tax and non-tax revenues that contribute to financing the national budget. The extent to which policies and programmes supporting disability inclusion can be financed by the national budget will therefore be strongly influenced by the broader picture of domestic revenue.

While the situation varies from country to country, levels of domestic revenue in low- and middle-income countries fall well below those of high-income countries in absolute terms, primarily due to the smaller size of the economies upon which domestic revenues can draw. Four of the five countries considered in this paper are either low- or lower-middle income countries (Figure 4) that face substantial challenges to revenue mobilisation. In these countries, levels of revenue also tend to be smaller relative to the size of the economy.

Box 1. Key terminology and benchmarks for understanding public expenditure

The size of the economy

Two common reference points for analysing the size of public expenditure are **gross domestic product** (GDP) and **gross national income** (GNI) both of which attempt to measure of the size of a country's economy. The difference between the two is that GDP measures the value of domestic production, while GNI measures the total income earned by residents of a country. In most countries, the two figures are very similar, but there are some cases where they vary.[4] Both measures are useful for comparing the scale of expenditure between countries (which have different size economies) and measuring changes over time (as the size of the economy changes).

Levels of economic development

GDP or GNI *per capita* divides the size of the economy (measured by GDP or GNI) by the population of a country. This is a common indicator for measuring a country's level of national development. For example, GNI per capita is used by the World Bank to classify whether countries are low-, middle- or high-income, and is a component of the Human Development Index (Figure 4).

Public finance terminology

Tax revenue includes a range of "unrequited"[5] payments to the government such as taxes on income, property and goods and services (including sales taxes, taxes on trade and excise taxes). Social security contributions are also typically defined as a tax. The **tax-to-GDP ratio** is calculated by dividing tax revenue by GDP and presenting as a percentage.

Non-tax revenue includes payments that do not fall into the category of tax, such as rents from the extraction of natural resources, returns on government investments and collection of fines.

Grants are transfers from other governments or international agencies. In low- and middle-income countries, grants are mainly in the form of **official development assistance (see below)**. Grants are sometimes defined as a form of non-tax revenue.

Fiscal deficit or **surplus** (sometimes called the fiscal balance) is the difference between government revenue and expenditure in a single year. There is a **deficit** when expenditure is higher than revenue, and a **surplus** when revenue is higher than expenditure. A deficit is typically financed by borrowing. Other relevant concepts are **public debt** (sometimes measured, for example, as the size of the debt as a share of GDP) and **debt servicing costs** (how much a country must pay back its creditors over time).

Fiscal space is commonly defined as "availability of budgetary room that allows a government to provide resources for a desired purpose without any prejudice to the sustainability of a government's financial position" (Heller, 2005).

4 For example, there is a significant difference between GNI and GDP in some small island Pacific Islands (Partnerships for Social Protection 2024b).

5 According to the OECD (2024c, 190) "taxes are 'unrequited' in the sense that benefits provided by government to taxpayers are not normally in proportion to their payments."

Budgeted or **estimated** expenditure captures what the government plan to spend on different allocations. **Actual** expenditures capture the money spent in practice, which is captured through annual auditing processes. **Budget execution** compares actual expenditures to budgeted amounts.

Nominal or real values

The report also uses indicators to explore the **influence of price inflation** on interpreting some figures. "**Nominal**" values refer to the amount of money spent in the value of the day, for example, a government may have been making an allocation to a programme of 1 million dollars per year since 2020. "**Real**" or "**constant**" values take account of the changes in prices. For example, with prince inflation, the value of the 1 million dollars would in fact be less in 2025 than in 2020. We might, for example, find that 1 million dollars in 2025 is only worth 900,000 dollars in the prices of 2020 (2020 real prices). Using real values helps to show if the purchasing power of different government budgets is rising or falling.

Sources: OECD (2024c) IMF (2014) Fantom and Serajuddin (2016).

Government revenue across the five case study countries ranges from 13 to 23 per cent in Mauritania which is relatively low by international standards, and especially those found in high-income countries (Figure 5:). Tax revenue (which excludes non-tax revenue and grants) is below 15 per cent of GDP in Cambodia and Sierra Leone, a level which has been considered a "tipping point" for achieving sustainable economic and social development (Gaspar, Jaramillo, and Wingender 2016; OECD, African Union Commission, and African Tax Administration Forum 2024; 2024).

Nevertheless, many low- and middle-income countries are gradually expanding domestic revenues over time through a mixture of tax policy and administrative reforms, and an increasing tax base created by economic growth and formalisation of the labour market. In some cases, specific revenue sources (such as sin taxes, employment quota levy or revenue from lotteries) may be earmarked to disability-related expenditures, sometimes via national disability funds (as in countries such as Argentina, Yemen and Thailand). Health insurance and broader social security funds also draw primarily on one form of revenue (payroll contributions) to finance benefits and services that may support disability inclusion.

Efficiency savings

Financing disability inclusion does not necessarily require "new" sources of revenue, but can be supported by making existing expenditures more efficient. This can apply at the level of disability-specific expenditures, such as through reallocating budgets away from activities in contradiction with CRPD standards such as segregated special schools and institutionalised care, to inclusive education and community care and support systems that enable disability inclusion. The very low-levels of disability-specific expenditure in many low- and middle-income countries, however, means that the scope for redistribution within disability-focused budgets may be limited. Redistribution can also happen across sectors, for example, through reallocation from expenditures which have been assessed as being ineffective or regressive, towards expenditure on disability inclusion.

One relevant factor to consider from the perspective of efficiency is the scale of total expenditures in social sectors. A country with substantial investments in education, health and social protection will likely be better able to mobilise resources for disability inclusion from within those budgets than one where these sectors are severely under-funded. Expenditure on these sectors varies significantly across countries (Figure 6) with social protection expenditure being notably lower among less economically developed countries.

Additionally, efficiency can be achieved by ensuring that current spending promotes accessibility or employment such as with systematic inclusion of accessibility requirement and social clauses in public procurement.

Deficit financing

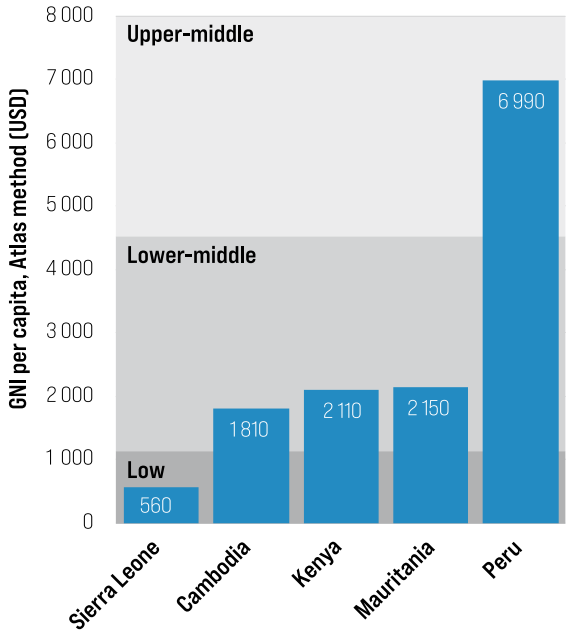
Most countries run some level of fiscal deficit by which a portion of expenditure is financed by borrowing. This can be from both domestic and international private capital markets, from national development banks and funds (including social security funds), and from international financial institutions (such as the World Bank, regional development funds, the IMF, and others). Borrowing from international financial institutions can be a particularly relevant source of financing for disability inclusion, as it is more likely to focus on disability-related issues, and loans may be provided on concessional terms. There are only a few examples of such programs such as the US$ 162 million loan for the RIGHTS project to strengthen the social protection systems and capability of the State of Tamil Nadu to promote inclusion, accessibility, and opportunities for persons with disabilities, financed by the World Bank (World Bank 2025).

While some level of government deficit can be a sustainable way to finance government expenditures that underpin sustainable development, many low- and middle-income countries are facing significant challenges in terms of debt sustainability. Among case study countries, government deficits range from less than 3 per cent of GDP in Cambodia, Mauritania and Peru, to over 5 per cent in Kenya and Sierra Leone. A combination of high levels of public debt, large deficits and significant debt service costs means that both Kenya and Sierra Leone are considered to be at high risk of debt distress, a situation where a country is unable to fulfil its financial obligations and debt restructuring is required (IMF 2023; Hakura 2020; IMF 2024b).

Official development assistance

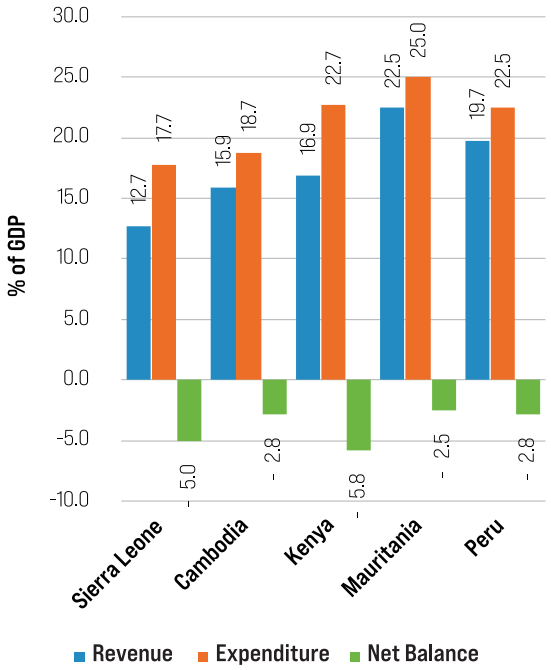
Official development assistance is an important source of fiscal space in the world's lowest income countries, where it often forms a significant proportion of government revenues. Among case study countries, this is particularly notable in the only low-income country (Sierra Leone) where grants from international organisations and foreign governments account for 6.4 per cent of GDP. The figures are lower – but still significant – in Cambodia and Kenya (around 2 per cent of GDP) (Figure 7). The role of ODA in relation to disability inclusion will depend both on the extent to which it provides resources for disability-focused government activities, and the extent to which ODA resources focused on broader issues are designed and implemented in a way that supports disability inclusion. It is worth noting that – even when not channelled via national governments – ODA can play an important role in filling significant gaps in government service delivery, providing technical support, and developing new service models. A similar role, though most often at lower scale, can be played by private development finance (for example, from philanthropic foundations) and activities financed by public fundraising (often delivered via national and international NGOs).

Figure 4. GNI per capita, Atlas method (current US$), 2023, with income group



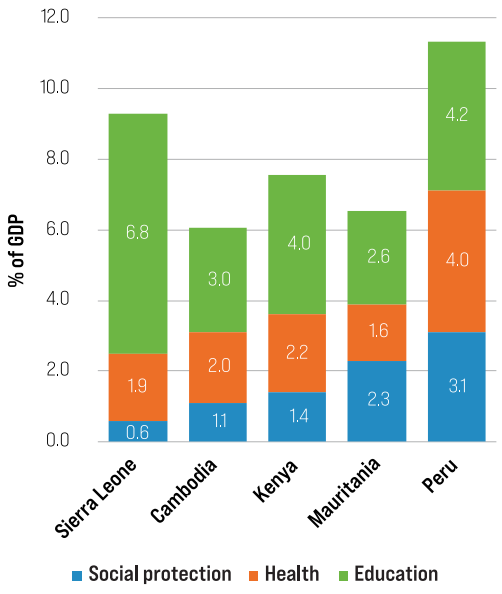
Source: World Bank and OECD (2024)

Figure 5. Key fiscal indicators, 2023



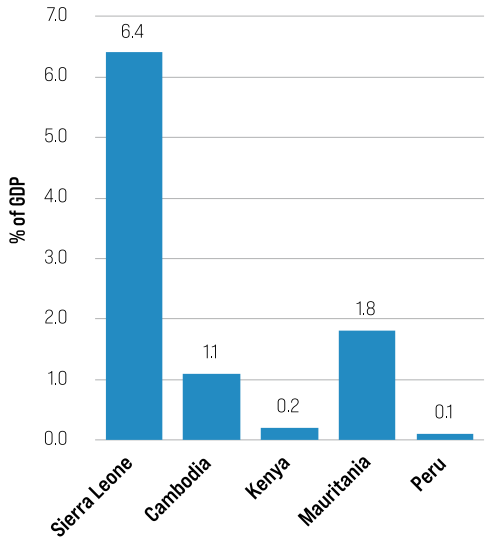
Source: IMF (2024e)

Figure 6. Social sector spending, % of GDP, latest year



Source: ILO (2024c) and UNESCO Institute for Statistics (2024)

Figure 7. Government grant revenue from foreign governments or international organisations, % of GDP, latest year

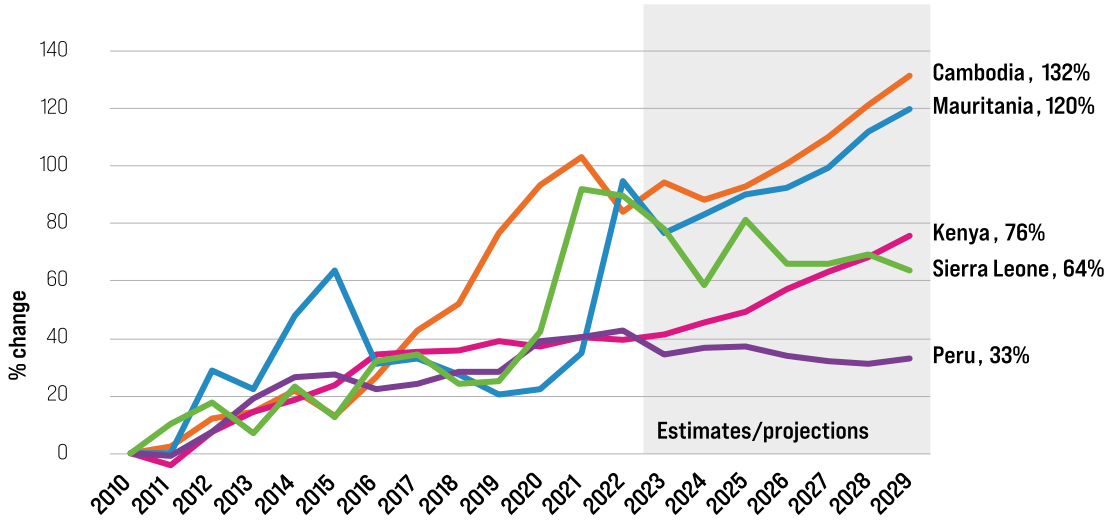


Source: IMF (2025; 2024d; 2024a; 2024c; 2024b)

While low- and middle-income countries face significant fiscal challenges, in many countries levels of revenue and expenditure are gradually increasing over time. The currently low levels of expenditure in many low- and middle-income countries sometimes leads to a perception there is no – or very limited – fiscal space for disability inclusion or other key investments. This is often reinforced by statistics showing that – as a percentage of GDP – levels of revenue and expenditure are flat or even falling over time. However, it is worth noting that many low- and middle-income countries are experiencing relatively robust levels of economic growth, meaning that the total pool of resources which taxes can draw on is increasing. Over time, this can contribute to a real increase in the size of the government budget over time. Many low- and middle-income countries are also implementing, or planning, reforms to tax policy and administration which can boost revenues further.

The varied trajectories in terms of government revenues are illustrated by the five case study countries. Figure 8 shows the percent change in the real size of government expenditure per capita in the five case study countries since 2010 and projected up to 2029 based on data collated by the IMF. Between 2010 and 2024, per capita government expenditure has increased by between 37 per cent and 88 per cent across the five countries, and between 33 and 132 per cent by 2029 – implying the trend is set to continue. This would mean that expenditures would have more than doubled across the period in Cambodia and Mauritania. Peru has a flatter trajectory with some fall in the real value of per capita expenditure up between 2024 and 2029, and the overall trajectory in Sierra Leone is more erratic. There are important caveats to interpreting these figures, not least in that increases in expenditure should not be assumed to be sustainable, especially given challenges of debt risks, debt servicing and other factors. In practice, the scale of fiscal space in a given country needs to be assessed through national-level analysis.

Figure 8. Percent change in government expenditure per capita (constant prices), 2010–2029



Source: IMF (2024e)

3 Assessing public expenditures on disability inclusion

This section seeks to quantify the scale of government resources dedicated to disability in a selection of low- and middle-income countries to get a sense of the efforts and investment made to support disability inclusion. While only covering a limited number of countries, the aim is to provide an overview of trends a on disability-related expenditures with a focus on low- and middle-income countries.

3.1 Domestic public expenditures

3.1.1 Considerations in assessing levels of public expenditure on disability

Ideally, a comprehensive and CRPD-compliant approach to public budget analysis would consider both dimensions of a twin-track approach. This would require data on disability-specific budget allocations, and allocations which seek to mainstream disability into the wider array of government activities.[6] Box 2 unpacks how this paper treats the concepts of disability-specific and mainstream expenditures.

The ability to track disability-related expenditures depends on the way in which governments structure and share information on their budgets. Historically, a major barrier to budget analysis has been the limited way in which information in national budget documents is structured. It has been common, for example, for countries to only present information at the level of the **administrative unit** (e.g. Ministry) by **"economic" categories**, for example, salaries, purchase of equipment etc (Andrews et al. 2014). This provides extremely limited information for budget analysis. Fortunately, an increasing number of countries have been expanding the ways in which they organise and present their expenditures, often as part of public finance management (PFM) reforms. These has often involved building on information about the **administrative unit** and **economic classification** to add information on:

- **Activities and programmes:** This makes it possible to identify the specific activities of a given administrative unit, such as a disability allowance, a livelihood programme, or provision of assistive technology. As part of moves towards "programme-based budgeting", various countries have moved to collate activities across Ministries into overarching programmes (see Section 5.2 on the role of programme-based budgeting).
- **Geographical location:** This makes it possible to identify whether budgets are allocated to central or sub-national levels (e.g. regional and local governments).
- **Function:** Similar to a programme-based budgeting approach, this makes it possible to identify which main government functions expenditure fall under (for example, education, health or social protection). The main international reference point for government functions is the Classification of the Functions of Government (COFOG).
- **Funding source:** For example, whether financed by general government revenues or grants from development partners.

6 For initial consideration for CRPD related budget analysis see the UNICEF (2024a)

Box 2. What disability-related expenditures are considered for the purpose of this paper?

It is important to note that there are not yet clear international standards set to decide what can be considered as disability-related expenditures. For this paper, **disability related expenditures are those made with the specific intent to reach/support persons with disabilities whether through disability specific or mainstream program or services**. Identifying those expenditures allows measurement of the fiscal efforts made by governments to support persons with disabilities. However, it is important to note that **not all disability related expenditures are compliant with the CRPD or contribute to inclusion** such as investment in segregated vocational training or residential social care institutions.

Disability-specific expenditures relate to the programmes and services which are exclusively, or primarily, for persons with disabilities. The clearest example of such an expenditure is where eligibility is limited to persons with disabilities, as in the case of a disability allowance or disability support services, deinstitutionalisation of children with disabilities...

Mainstream expenditures can be disability-related when disability inclusion requirements and related costs are considered within the planning and execution of programs and services which do not specifically target persons with disabilities. Examples of such expenditures include disability training of frontline workers in mainstream services, additional disability questions in censuses or surveys, inclusion of accessibility requirements in the implementation of public transport services or an agricultural support programme and retrofitting of public buildings.

It is important to note that **not all mainstream expenditures reaching persons with disabilities can be considered disability related**. Some general programmes, such as vaccination campaigns, basic income support, or infrastructure which have no disability inclusion feature may still benefit children and adults with disabilities who happen to be part of the broader population targeted by those services/programs. However, if there are not resources nor clear design elements to ensure inclusion of persons with disabilities they would not be classified as disability-related spending.

In addition, expenditures on programs or services that are particularly relevant for persons with disabilities such assistive technology or rehabilitation (critical for persons with disabilities, but may also support many persons with short-term impairments due to illness or injuries) can be considered disability specific or mainstream depending on the extent to which persons with disabilities are targeted by subsidies or direct service provision.

Many policy areas will combine disability specific and mainstream expenditures:

- **Inclusive education for persons with disabilities** will likely combine disability-specific elements (e.g. financing of support staff and assistive devices) and mainstreaming elements (consideration of disability within broader teacher training).
- **Health care systems** often address disability through a mix of mainstreaming, and specific benefits and entitlements for persons with disabilities.

The analysis for this paper considered mostly disability specific expenditures and may include mainstream disability related expenditure captured in distinct budget lines.

Source: UNICEF (2024a); Kerr and Kurzawa (2023)

Despite these developments, the detail of publicly available data often remains limited. Even where countries have relatively detailed budget classification systems, they often only publish relatively limited information, or by certain aggregations. One important development has been where countries have created interactive platforms which allow users to run their own aggregations according to different classifications, as exists in Peru.

A particularly important factor in the ability to undertake analysis on disability is how governments choose to report activities and programmes. For example, in the case of social protection, one country may present expenditures for its cash transfer programme, while another may present expenditures for sub-components of that programme, including itemised information on benefits for people with disabilities, older persons and other groups. The latter will make it much easier to identify disability-specific expenditure. Similarly, while a country – such as Peru – has a dedicated budget programme on inclusive education (with detail on sub-activities), another may subsume these activities within wider education sector budget lines (such as training and staff costs). All of these factors create issues for comparability of data across countries.

In practice, the way in which budgets documents are structured and presented in countries across the globe often does not allow a meaningful analysis of financial resources allocated to disability inclusion in mainstream programs. Additionally, empirical evidence from several countries where in depth budget analysis involving direct exchange with budget holders, review of policy guidelines and regulations, or right to information queries, has been carried out by different stakeholders in the last 10 years (Georgia, Philippines, India, Namibia, Fiji, Malawi, or Kenya) show limited mainstreaming expenditures due to several reasons: lag in implementation on policy, limited development and enforcement of accessibility and non-discrimination measures, lack training of relevant personnel or development of disability inclusion plans in different sectors.

In this context, the budget analysis presented here focuses mostly on disability-specific expenditures and mainstream disability related expenditures that are clearly identified in national budget documents. The analysis draws from a variety of sources: in Cambodia, India, Mauritania, Peru, Thailand and Sierra Leone this involved new national budget analysis linked to the development of this report; in Malawi, Namibia and Zambia this draws on data collected for disability budget briefs developed by UNICEF (UNICEF 2024c; 2023c; 2023a; UNICEF and Ministry of Gender, Community Development and Social Welfare 2022); in Fiji, Kenya, Philippines and Uganda this drew on previous analysis undertaken by OPDs in collaboration with the Centre for Inclusive Policy as well as by Development Initiatives; and in Argentina this drew on published government analysis of disability-related public expenditure (Oficina Nacional de Presupuesto and Dirección Nacional de Coordinacion del Presupuesto Nacional 2024). The primary source of information for the analysis was published budget documents which, in some cases, was supplemented by access to more detailed expenditure data from line Ministries or implementing agencies. There are a number of important caveats worth highlighting on the approach taken to the budget analysis:

- A consequence of focusing on **published national budgets** is that the scope of data included is partly dependent on how each government structures and document their national budgets. This affects the comparability between countries.
- Relatedly, some budget lines included in the analysis may provide **support beyond persons with disabilities**, for example, in the case of rehabilitation services and mental health services. The greatest effort possible has been made to include expenditure that primarily supports persons with disabilities.

- The analysis primarily focuses on **budgeted expenditure**, with a few exceptional cases where actual expenditure is included.[7] This means it better reflects government commitments than expenditure on programmes and services actually delivered.
- The focus on national budgets means that the analysis does not include expenditure by **contributory social insurance schemes**.
- Some countries also included analysis of **subnational budgets**; however, it should be noted that these expenditures are typically less well documented, especially at local level.
- While the analysis focuses on disability-specific expenditures, it does not include an assessment of **the extent to which they are effectively contributing to inclusion**. For example, in some cases disability-specific expenditures include items that are not CRPD-compliant, such as institutional care and segregated education.

3.1.2 Trends in disability-specific government expenditure

Disability-specific expenditure in the countries analysed ranges from below 0.1 towards 1 per cent of GDP. Considering the share of the population experiencing disability and the diversity of barriers and support needs they face, most of the countries considered have very limited expenditure, constituting a fraction of 0.2 per cent of GDP (Figure 9). This expenditure is lowest in Cambodia, Philippines, Sierra Leone and Uganda (0.02 per cent of GDP or less), reaching slightly higher levels in countries including Mauritania and Malawi (0.03 per cent), India and Kenya (0.04 per cent) and Peru (0.07 per cent). More significant levels of expenditure are found in Argentina, Fiji, Namibia, Thailand and Zambia, ranging between 0.14 and 0.8 per cent of GDP.

Comparison to government expenditure (Figure 10) can shed light on the expenditure effort relative to the size of government in each country, which can vary substantially. However, the basic pattern relative to this measure is similar to the one related to GDP, with most countries spending less than 0.5 per cent of government expenditure on disability-specific activities, apart from the five higher spending countries (between 0.5 and 2.1 per cent).

Several factors explain the relatively low levels of disability-specific expenditure in many countries. While the drivers of low-level of expenditure will vary from country-to-country, there are several hypotheses which may explain the variation.

- **Time lag in policy implementation:** In many countries, the ratification of the CRPD provided the first framework for considering disability inclusion across sectors at scale. However, there is often an inevitable time lag between initiating significant legal and policy changes and achieving tangible improvements in resource allocation. This delay reflects the complexity of translating commitments into actionable change.
- **Coordination:** National disability coordination mechanisms or government focal points often lack the influence and convening power necessary to provide substantial input into national development plans, financing strategies, or annual budget processes (see Chapter 2 of the Global Disability Inclusion Report). This undermines the integration of disability inclusion into broader national financing strategies.

7 This relates, for example, to where disaggregated data on different kinds of social protection payments have been provided by implementing agencies.

Figure 9. Disability-specific government expenditure as a percentage of gross domestic product (GDP), latest year

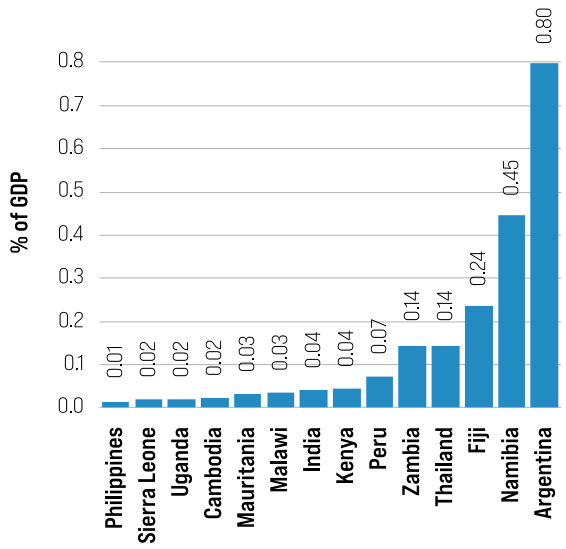
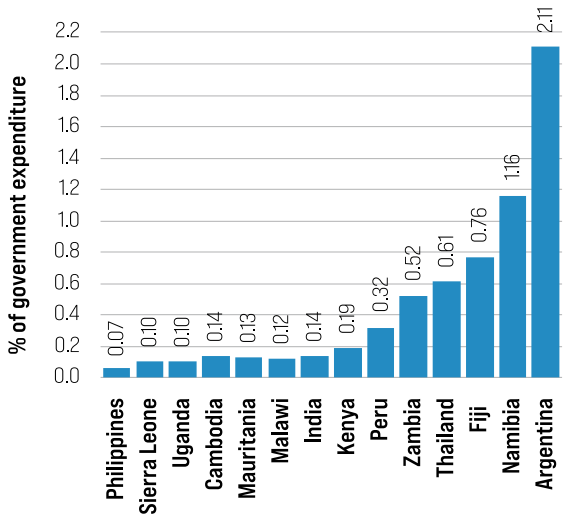


Figure 10. Disability-specific government expenditure as a percentage of total government expenditure, latest year



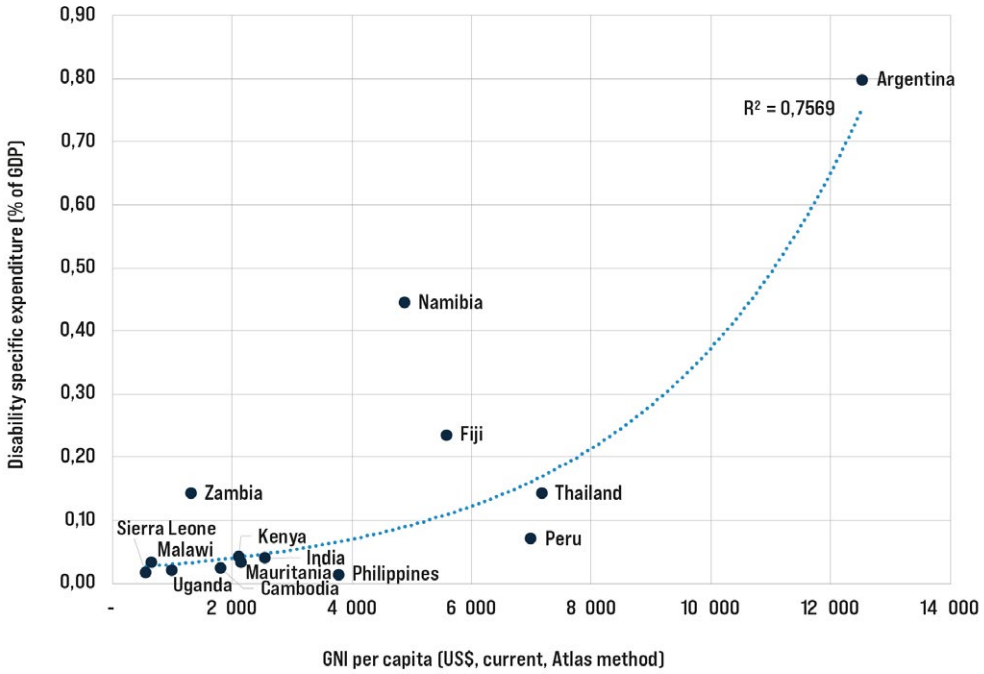
Source: Consolidated budget analysis undertaken for the Global Disability Inclusion Report (Author's calculations)

Note: Latest year is 2024 for Cambodia, Fiji, India, Kenya, Mauritania, Namibia, Peru, Thailand, Uganda and Zambia; 2023 for Argentina, Malawi and Sierra Leone; and 2019 for the Philippines.

- **Involvement of OPDs:** Despite growing interest and involvement in many countries recently, Organizations of Persons with Disabilities (OPDs)—which played a critical role in the ratification of the CRPD and the adoption of new legislation—often lack the capacity and space to engage meaningfully in the development of national plans and financing strategies and yearly budget cycle.
- **Macro-fiscal challenges:** The cumulative impacts of the COVID-19 pandemic, climate change, conflict, inflation, debt servicing, and demographic shifts—such as a youth bulge or an aging population—have intensified competing priorities for public resources. These pressures highlight the urgency of identifying innovative, efficient, and equitable financing mechanisms to protect and expand the fiscal space needed to accelerate disability inclusion.

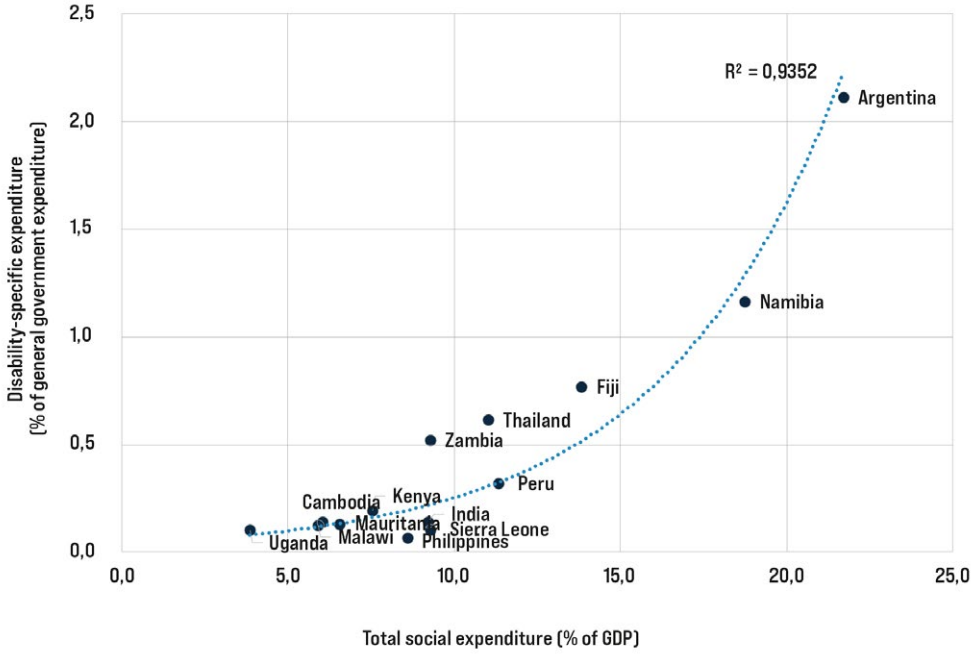
Levels of disability-related expenditure appear to be correlated with a country's level of economic development, but this does not fully explain the difference between countries. Figure 11 shows that, among the 14 countries included in the budget analysis, levels of disability-specific expenditure tend to be higher in countries with higher per capita income, but there are significant outliers. Fiji and Namibia, for example, spend significantly more than Thailand and Peru, which are wealthier countries. Zambia also has a much higher level of expenditure than other low- and lower-middle income countries. The correlation appears stronger when considering disability-specific expenditure and broader social expenditure (Figure 12). This implies that countries that make greater investments in social policy are more likely to invest in disability inclusion. It also shows that Peru and Thailand within their social policy expenditure make the same efforts as other countries showing that the issue for those countries might not disability specific but related the broader level of social policy expenditures as share of GDP.

Figure 11. Correlation between disability-specific expenditure (% of GDP) and GNI per capita



Source: World Bank and OECD (2024) and consolidated budget analysis undertaken for the Global Disability Inclusion Report (Author's calculations)

Figure 12. Correlation between disability-specific expenditure (% of GDP) and GNI per capita



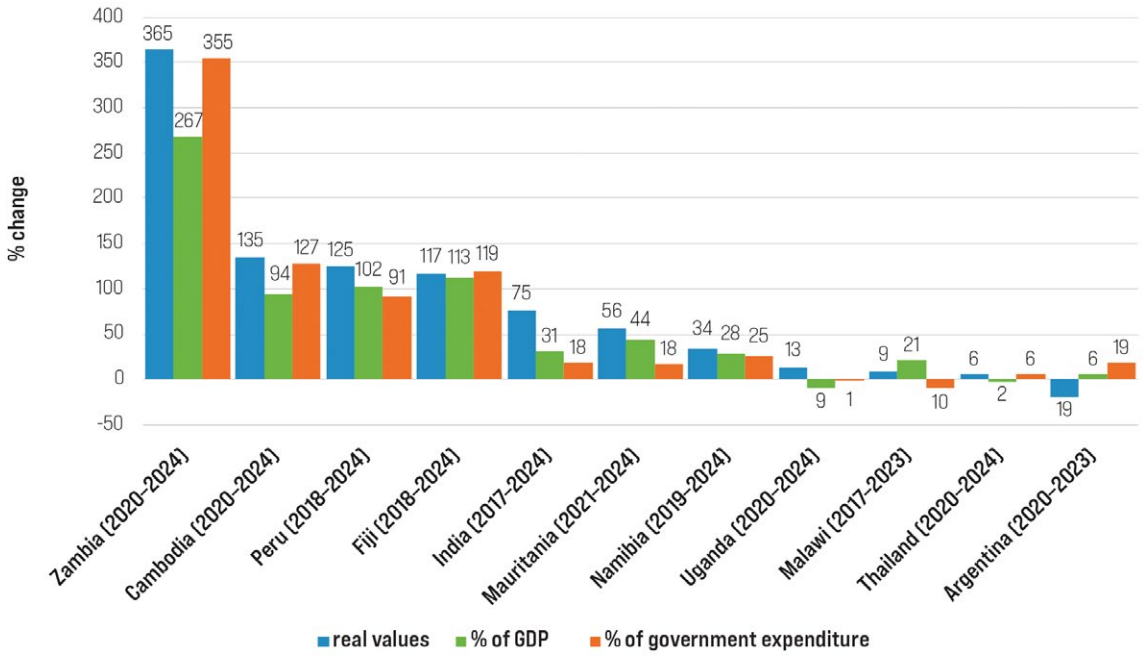
Source: ILO (2024c) and UNESCO Institute for Statistics (2024), and consolidated budget analysis undertaken for the Global Disability Inclusion Report (Author's calculations)

Note: Social expenditure is defined as the sum of health, social protection and education expenditure for the latest year where data is available.

Most of the countries in this analysis saw increased or stable level of expenditure over the period analysed. Figure 13 shows the percent change in the level of disability-specific expenditure in real (constant) prices, as a percentage of GDP and as a percentage of government expenditure. The analysis covers different periods of time from four years (in Sierra Leone) to eight years (in India), depending on availability of data and scope of the country study. Cambodia, Fiji, Peru and Zambia saw budgeted expenditure more than double by both measures, while India, Mauritania and Namibia also saw increases of around 20 per cent or more. However, in other countries the picture was more mixed. In some countries such Uganda, Malawi or Thailand, slight increase in real value was accompanied by decrease either of share of GDP or public expenditures while in Argentina significant decrease in real value was accompanied in increase as share of GDP and government expenditures reflecting the scale of the economic crisis that struck the country. It should be underscored that – given the very low levels of expenditure in some of these countries – the percent changes in values may represent very small expenditure items in absolute terms. The COVID-19 crisis has had a significant economic and fiscal impact which may have affected in different ways the evolution of disability expenditures.

While the disability-specific expenditure may occur in different sectors, social protection tends to dominate in higher spending countries. Figure 14 (first panel) shows the proportion of disability-specific expenditure by sector, indicating a diversity in how resources are distributed. For example, in Cambodia, Philippines and Uganda there is greater weight on health expenditures while Peru puts greater focus on education, and Kenya

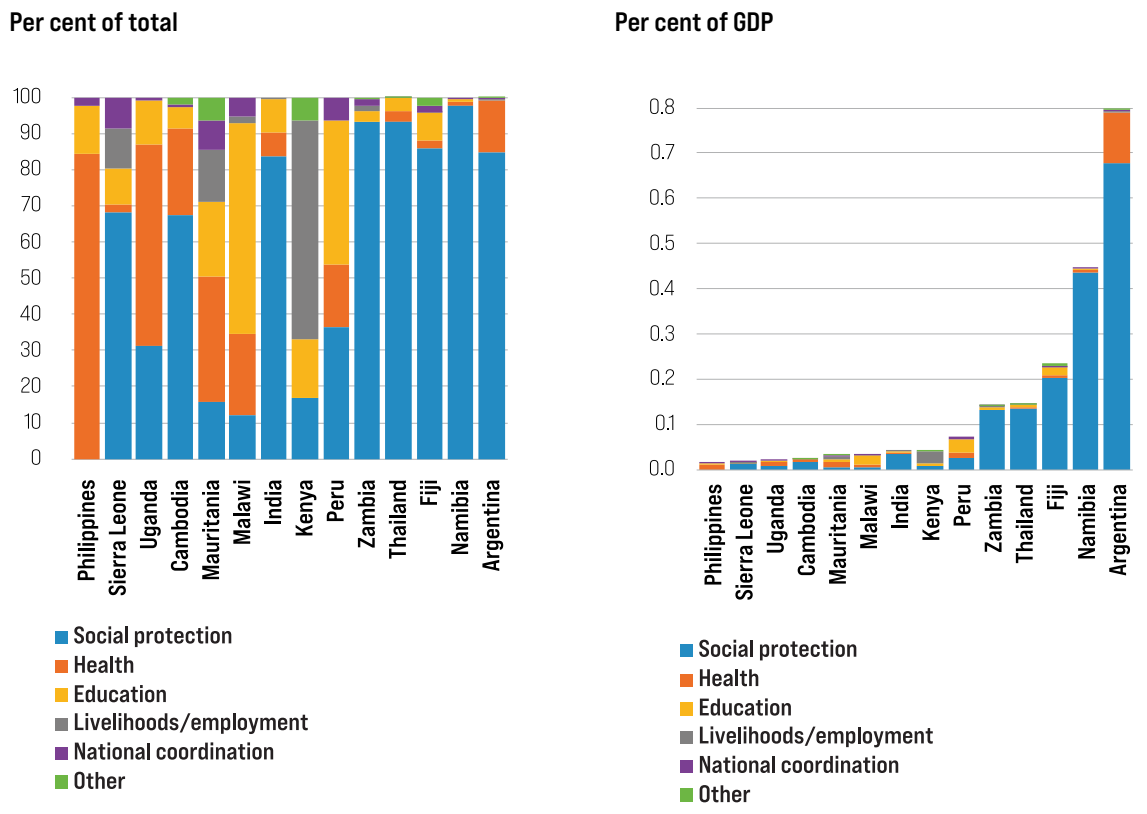
Figure 13. Percent change in level of disability-specific expenditure over time in real values, % of GDP and % of total government expenditures (time period varies)



Source: Consolidated budget analysis undertaken for the Global Disability Inclusion Report (Author's calculations)

puts greater emphasis on livelihoods and employment-related activities. This data should, nevertheless, be interpreted in the keeping in mind that disability-related spending in sectors such as education and health may be less clearly disaggregated in national budget documents. When presented relative to GDP (Figure 14, second panel) a notable trend is that expenditure in higher-spend countries tends to be dominated by social protection, in particular disability cash benefits. This does not mean that those countries spend less than others in different sectors, but that social protection is the main drivers for increased disability related expenditure. Box 3 provides examples of the kinds of investments that have been made in social protection in recent years in Cambodia, Fiji and Peru.

Figure 14. Disability-specific expenditure by sector, latest year



Source: Consolidated budget analysis undertaken for the Global Disability Inclusion Report (Author's calculations)

Note: Latest year is 2024 for Cambodia, Fiji, India, Kenya, Mauritania, Namibia, Peru, Thailand, Uganda and Zambia; 2023 for Argentina, Malawi and Sierra Leone; and 2019 for the Philippines

Box 3. Growing investments in disability-focused social protection expenditure in Cambodia, Fiji and Peru

Cambodia, Fiji and Peru have all seen increases in budgeted expenditure on disability-focused cash benefits in recent years, which have been a major contributor to increasing expenditures overall.

Cambodia has had allowances in place for persons with disabilities living in poverty since 2011, which reached nearly 17,000 recipients by 2021 (UNICEF forthcoming). In 2024, the benefit was incorporated within a new social assistance Family Package, where households with a person with disability are paid an additional KHR 28,000 per month on top of a standard household benefit. In the meantime, the country has rolled out a new disability assessment and determination system, which had identified 349,166 with disabilities as of 2024, according to the Disability Management Information System (DMIS). Cambodia's 2024 national budget made provision to increase coverage of the allowance to reach all persons with disabilities in the DMIS living in poverty, estimated at 132,523 in 2024. This entailed increasing the budget allocation by ten times from KHR 3 billion to KHR 30 billion (or from 0.002 per cent to 0.02 per cent of GDP). Actual coverage fell short of this target (only reaching 35,937 in 2024) but the government intends to bridge this gap in 2025.

Fiji's Rights of Persons with Disabilities Act of 2018 made provision for a number of social protection measures, most notably the country's Disability Allowance Scheme (DAS), a universal benefit available for all persons with disabilities aged 0-64 years. Coverage of the scheme has more than tripled since its introduction, from 3,190 beneficiaries in August 2018 to 11,437 as of 2023 (UNICEF forthcoming). This has been associated with an increase in the budget for the scheme from FJD 8 million in 2018 to FJD 16 million in 2024 (or from 0.07 per cent to 0.12 per cent of GDP). Another important component of disability-related social protection expenditure is the country's bus fare subsidy which had a budgeted expenditure of FJD 13 billion (0.07 per cent of GDP) in 2024.

Peru's main social protection programme for persons with disabilities is Contigo – a cash benefit targeted at persons with disabilities living in to persons with severe disabilities living in poverty. Much like in Fiji, the Contigo benefit was defined in disability legislation (the Ley N° 29973, Ley General de la Persona con Discapacidad of 2012), and the benefit was introduced in 2015. Coverage was low in the early years of the scheme – reaching 40,074 beneficiaries in 2020 – but had expanded to 142,771 beneficiaries by 2024. This was associated with an increase in the budget over this period from PEN 138 million to PEN 273 million (or from 0.19 to 0.26 per cent of GDP).[8]

3.1.3 Education

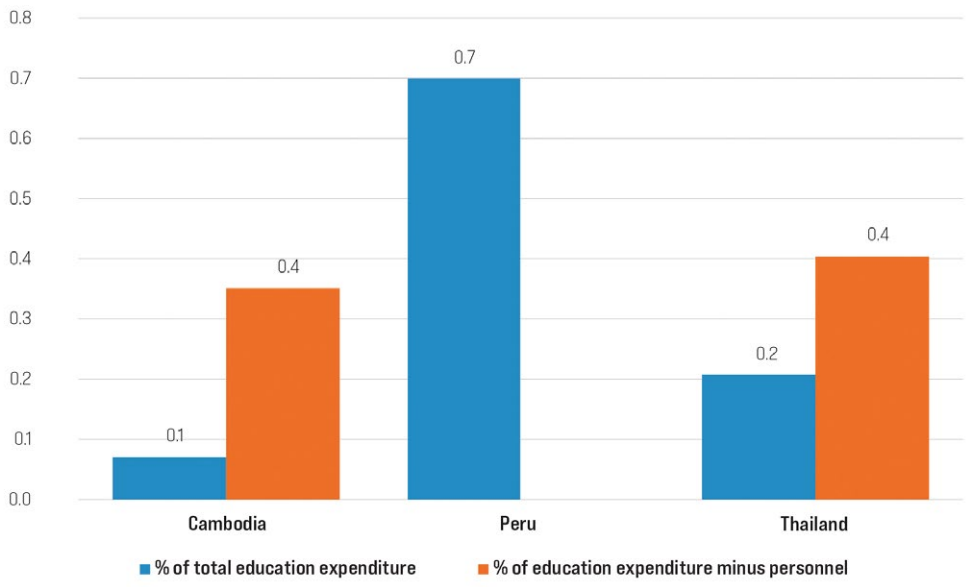
Among case study countries, there has been challenges to reconcile existing inclusive education policies and budget. For example, in Fiji and Sierra Leone, the largest disability-specific budget lines in the education sector related to special schools, rather than supportive inclusive education while there are clear policies and efforts reported by stakeholders to promote inclusion. This can be due to lack of disaggregation of budget data and/or limited scale of inclusion efforts. However, some countries have budget lines or budget programmes

8 See GDIR background paper on financing disability inclusion in Peru.

dedicated to inclusive education. For example, Peru has a budget programme focused on "Inclusion of boys, girls and young people with disabilities in basic and technical productive education", which is the largest single component of disability-focused expenditure in the country (see Figure 14 above). This budget covers a range of activities including early intervention and provision or material and technical support to a range of educational settings. Nevertheless, it appears across countries that a substantial portion of the budget remains allocated to special schools for persons with severe or multiple disabilities.

Available data indicates that disability-focused expenditure constitutes a very small share of total education expenditure. Figure 15 shows that – across three countries – disability-focused education expenditure ranged from 0.2 to 0.7 per cent of total education expenditure. Even when measuring against the education budget but minus personnel costs, only between 0.4 and 0.5 per cent of education expenditure is allocated to disability in Cambodia and Thailand.[9] A similar picture was found in analysis in separate analysis in Ghana, which showed expenditure on children with disabilities at 0.6 per cent of total recurrent education expenditure (UNESCO et al. 2021). It is notable that these levels of expenditure fall well below those defined in a 2023 IDA, IDDC and GCE Call to Action to Ensure Inclusive and Equitable Quality Education which called governments to commit to progressively increase budgetary allocations for disability-inclusive education towards being at least 5 per cent of education budgets by 2030 (UNESCO 2023).

Figure 15. Disability-focused education expenditure as a share of total education expenditure, 2024



Source: Consolidated budget analysis undertaken for the Global Disability Inclusion Report (Author's calculations)

9 This measure is not used in Peru as available data shows that the vast majority of disability-focused education expenditure is allocated to personnel.

3.1.4 Health care

Health care-related budgets for persons with disabilities cover a variety of different activities. In many cases, budget lines relate to allocations to specific medical facilities or grants to non-government organisations that specialise in rehabilitation. For example, the health-care-related budget allocation in Cambodia relates to the financing of 11 Physical Rehabilitation Centres, five of which are managed by government, and the remaining six by non-government organisations. In some countries (for example, Fiji, Mauritania and Uganda) part of the budgeted expenditure relates to mental health programming. In two countries – Argentina and Mauritania – expenditure includes allocations to subsidised health insurance for persons with disabilities. Most of the disability-focused health expenditure in Argentina relates to subsidised health insurance for beneficiaries of the country's non-contributory disability pension. In Mauritania, subsidised health insurance only appeared in the budget in 2024.

While the **international System of Health Accounts**—the main global framework for tracking health expenditure—does not specifically identify spending aimed at making health systems disability-inclusive, it offers potentially useful structure for assessing the scale of certain health expenditures particularly relevant to persons with disabilities (Box 4). Unfortunately, there are notable gaps in the availability and quality of data across these functions. For example, in the case of rehabilitation, an analysis by WHO found that many countries do not report on the rehabilitation function. This is linked to factors including limited integration of rehabilitation into routine health information systems, and varying definitions of rehabilitation across countries (WHO 2023). As an indication of the kind of analysis that could be undertaken with better data, Figure 16 shows data on domestic general government expenditure for some functions of particular relevance for persons with disabilities (rehabilitation (HC.2), long-term care (HC.3) and medical goods (non-specified by function) (HC. 5)) for a selection of countries where data is available. This is compared to total domestic government health expenditure. Overall, these three functions constitute a very small part of total domestic general government expenditure in the countries included. The exceptions are Canada, and low- and middle-income countries including Barbados, Tunisia, Lebanon, Belarus and Montenegro. While this data should be treated with some caution, it reflects information from other sources. For example, other analysis has found that rehabilitative care accounts for just 2.4 per cent of total health expenditure, with significantly lower levels in low- and middle-income countries (Health Systems Strengthening Accelerator 2023).

3.1.5 Social protection

Identifying expenditure on disability-focused social protection tends to be easier than for other sectors. This is because social protection systems are more likely to include benefits which are specifically targeted to persons with disabilities. Many countries have cash benefits specifically for persons with disabilities or identify persons with disabilities as a core target group of cash transfer programmes. This contrasts with sectors such as health and education, where provision of services to persons with disabilities is more likely to nested within broader service provision, thus making them less visible as discrete budget lines. The role of disability-specific benefits has long been recognised in human rights frameworks and international labour standards[10], and

10 The Universal Declaration of Human Rights identifies disability as a core life cycle risk in Article 25, which defines "the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control." Disability has also been incorporated within international labour standards, with "invalidity" being defined as one of nine social security contingencies in the ILO's social security minimum standards convention 102 (1952), and in various other conventions and recommendations.

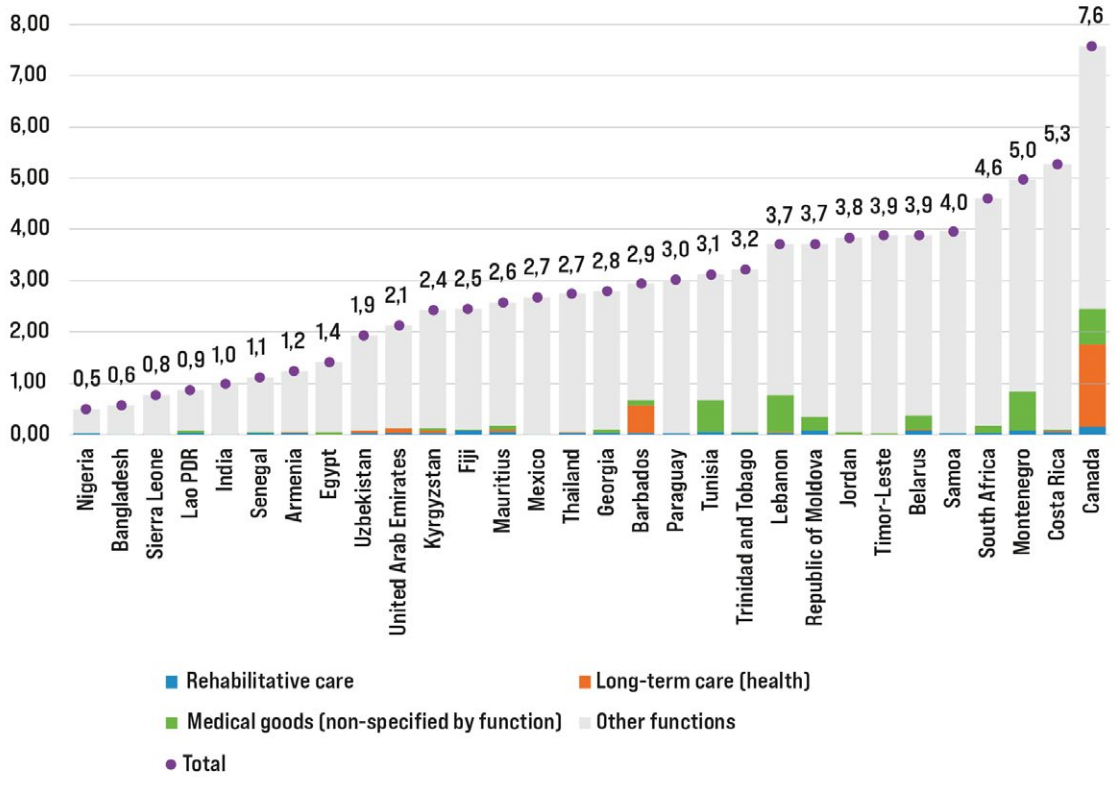
Box 4. Disability-relevant functions within the System of Health Accounts

The System of Health Accounts (SHA) is a framework for the systematic description of the financial flows related to health care, including health care expenditure. The 2011 System of Health Accounts – developed in collaboration between the OECD, Eurostat and the WHO provides the primary reference point for this framework, including in the production of the WHO's Global Health Expenditure Database (GHED). In classifying health expenditure the SHA described 9 health care functions. While none of these are specific to disability or inclusion, there are some that are particularly relevant for some persons with disabilities including:

- HC.2 Rehabilitative care
- HC.3 Long-term care (health)
- HC.5 Medical goods (non-specified by function). In particular, the sub-category Therapeutic appliances and other medical goods (HC 5.2) consists of assistive devices including glasses, hearing aids, orthopaedic appliances and prosthetics.

Source: OECD, Eurostat and WHO (2011)

Figure 16. Domestic general government health expenditure by health care function, as % of gross domestic product (GDP)



Source: WHO (2024a)

has also been embedded in core government finance statistical frameworks (described in Box 5), which can support measurement of expenditure. Nevertheless, it is worth noting that social protection systems often provide support – either in the short or long term – under benefits linked to other social risks, including old age, sickness, unemployment, children and family and broader poverty relief benefits.

In high-income countries, expenditure on disability-specific social protection benefits averages 1.5 per cent of GDP. The OECD's social expenditure database (SOCX) collects and classifies detailed information on social protection expenditure and is one of the most detailed resources on social protection expenditure in high-income countries.

As noted in Box 5, the database includes a dedicated category of incapacity-related social expenditure. The term "incapacity" has its roots in the historical focus of social security schemes on incapacity to work,

Box 5. Disability within international social protection classification systems

Established government finance statistical frameworks are more conducive for tracking disability-related expenditures for social protection than in other sectors. The Classification of the Functions of Government (COFOG) is one of two main frameworks for classifying government expenditure, alongside the economic classification of expense.

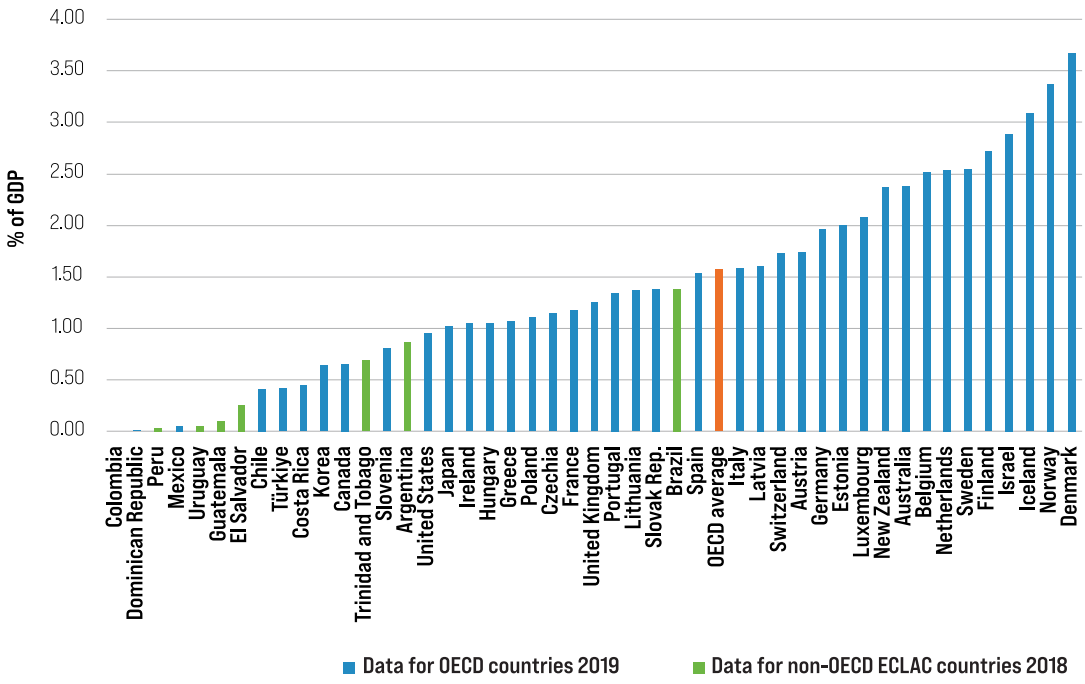
COFOG includes ten functions of government, of which one is social protection (710). Health (707) is considered separate within this classification system. Social protection is subdivided in terms of the different social risks that social protection benefits relate to. One of these is disability (71012)[11]. Some countries (including Georgia and Namibia) disaggregate their reporting of national budgets to this level of detail. While this is the lowest level of disaggregation of COFOG, the classification system is based on the European System of integrated Social PROtection Statistics (ESSPROS) which has further levels of disaggregation. This includes distinguishing between cash and in-kind benefits, while also potentially providing some indication as to whether they relate to income security, care and support, or rehabilitation. The OECD Social Expenditure (SOCX) database also follows a very similar framework, with some minor differences. One feature of these frameworks worth noting is that they consider disability-related benefits for children and older persons to fall under the family and children and old age functions.

These frameworks provide a valuable reference point for reporting on disability-focused social protection expenditure in low- and middle-income countries. More systematic reporting according to COFOG can provide a more consistent and internationally comparable method for measuring disability-focused social protection expenditure. The framework (including more detailed elaboration in ESSPROS/OECD SOCX) can also provide a useful reference point for developing nationally tailored classification systems for disability-related expenditure. There is also scope at the international level to review some of these frameworks and explore opportunities for their refinement to reflect the CRPD, and recent developments in social protection for persons with disabilities in LMICs.

11 Disability is, in fact, aggregated within sickness and disability (7101), but specific sub-category exists for disability (71012).

although in practice the category includes a potentially wider array of benefits. This category also includes both a variety of cash and in-kind benefits, the latter including home-based or residential care and rehabilitation services, amongst others. Across OECD countries, countries spend an average of 1.5 per cent of GDP on incapacity-related social expenditure (excluding sickness[12]), although this ranges from below 0.5 per cent (in Chile, Türkiye, and Costa Rica) up to over 3.5 per cent of GDP in Denmark (Figure 17). Data collated by UN ECLAC for Latin America – following the same methodology – shows that most countries in this region, except for Brazil, have incapacity-related social expenditures towards the lower end of this range.

Figure 17. Incapacity-related public social expenditure (minus sickness) according to SOCX classification, 2018–2019



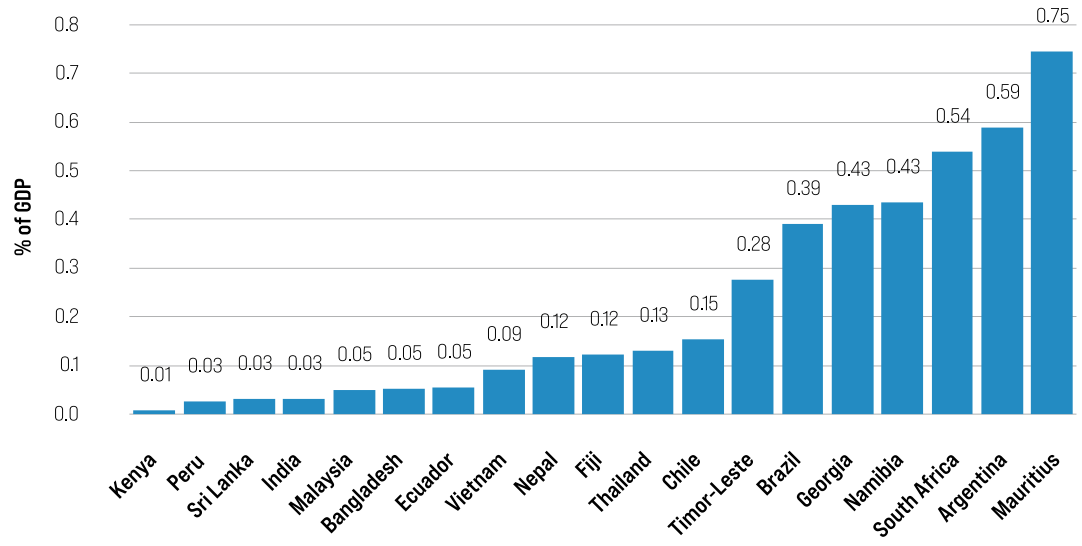
Sources: OECDStat and CEPALSTAT; Notes: Data or OECD countries (dark blue) is for 2019; data for non-OECD ECLAC countries (light blue) is for 2018

12 The broader classification within the OECD Social Expenditure Database includes sickness benefits, which are excluded for the purpose of this analysis.

It should be noted that this expenditure category is focused on benefits for persons or working age, and generally excludes benefits provided to older persons and children, even where disability specific (Adema and Fron 2019). This indicator also includes contributory benefits, which have not been included in the analysis of disability-specific expenditure above. In terms of language, the description of "incapacity-related" is not well aligned with concepts of inclusive social protection, although the analysis presented here does not presume the extent to which expenditure is, or is not, inclusive.

In low- and middle-income countries, existing data suggests that countries with higher performance on social protection for persons with disabilities are spending in the range of 0.5 per cent of GDP on non-contributory cash benefits. Detailed cross-country comparable data of the kind collected in the OECD's Social Expenditure Database does not exist for all but a handful of low- and middle-income countries. Nevertheless, a valuable indicator is the level of expenditure on non-contributory cash benefits for persons with disabilities, for which data is more readily available.[13] As with the analysis above, this indicates that higher-spending LMICs are spending around 0.5 per cent of GDP (Figure 18). While this indicator only captures one aspect of social protection provision, other components such as in-kind social protection benefits and contributory cash benefits tend to be much less developed (with lower coverage) in low- and middle-income countries.

Figure 18. Expenditure on non-contributory disability benefits, % of GDP, latest year



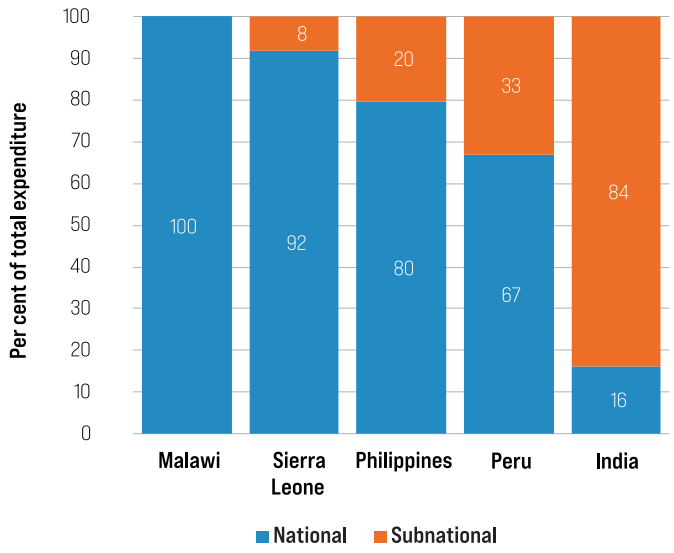
Source: Development Pathways (2023), Partnerships for Social Protection (2024a) and consolidated budget analysis undertaken for the Global Disability Inclusion Report (Author's calculations)

13 See, for example, the ILO's World Social Protection Data Dashboards (ILO 2024b), Development Pathways' Disability Benefits Database (Development Pathways 2023) and recent data collection in the Pacific by Partnerships for Social protection (Partnerships for Social Protection 2024a).

3.1.6 Subnational financing

The extent to which resources for disability are spent at national or subnational level largely follows broader patterns of fiscal decentralisation. Figure 19 shows the proportion of disability-specific expenditure according to whether it is allocated to national (central) level, or at subnational level. Subnational expenditure may include various sub-layers depending on the country (regional, provincial, district, state, municipal, local, county etc.). This data is only shown for countries where both national and subnational level expenditure data was more readily available. The share of expenditure at subnational level ranges from 84 per cent in India, to very low levels (below 1 per cent in Malawi). This distribution reflects the situation across the government as a whole in terms of fiscal decentralisation. For example, subnational expenditure as a share of total government expenditure is 63% in India, 33% in Peru, 16 per cent in the Philippines, 14 per cent in Malawi and 2 per cent in Sierra Leone (OECD 2022a). It should, however, be noted that this data generally does not capture local level expenditure but rather focuses on intermediate levels such as state and regional government. For example, the situation in the case of India is largely reflecting the significant role of States in managing public expenditures, rather than the role of local governments. Data on local level expenditure tends to be the least well evidenced in published budget documents.

Figure 19. Disability-specific expenditure by level of government (% of total expenditure)



Source: Consolidated budget analysis undertaken for the Global Disability Inclusion Report (Author's calculations)

3.1.7 Budget credibility

A clear picture does not emerge on the credibility of budget allocations. Budget credibility is a concept that measures whether actual allocations are underspent or overspent, therefore capturing their capacity to deliver on their desired purpose. This is measured by the budget execution rate is the percentage of a given budget allocation which is actually spent on its intended purpose (International Budget Partnership 2022). The budget analysis here primarily focuses on budget allocations, and data on actual expenditure is much less readily available. In Namibia and Peru – two countries where analysis has been undertaken – rates of budget execution have been found to be high (over 95 per cent in both cases).[14] However, this is unlikely to be representative. It should be noted that rates of budget execution for disability-focused expenditure are likely to be influenced budget execution across the government, and in a given sector or level of government.

Existing evidence points to greater gaps in rates of budget execution at subnational levels. This is highlighted by the case of Kenya (Box 6). Similar issues have been found in analysis of local government spending in Sierra Leone (UNICEF 2024b). These issues may reflect broader issues in capacity of subnational government that go beyond the disability sector. Nevertheless, in some cases they may also reflect a specific lack of knowledge and systems for implementing disability inclusive programmes and services.

Box 6. Budget execution for disability-focused expenditure in Kenya

Ongoing processes of decentralisation, and the relatively good availability of data, makes Kenya a noteworthy case for exploring budget execution at different levels. This was explored by an in-depth study of budget execution by Inclusive Futures (2022) for the period 2016/17 to 2020/21. The analysis found that levels of budget execution for disability-focused expenditure at national level were relatively high, averaging 94 per cent for special needs education at primary, secondary and technical/vocational level. Similarly, execution for the social development and children's services subprogramme and National Safety Net Programme subprogramme were 98 per cent and 94 per cent respectively.

Budget execution at the county level was, however, much lower. Notable dedicated programmes often had much lower levels of execution than national programmes, for example, 70 per cent for the Persons with Disability Fund Account in Bungoma county. In some cases, the budget execution rate for disability-focused programmes was 0 per cent (no budget was spent).

This trend is reflected in more recent analysis of the county-level expenditure on protection, childcare and disability. This is a dedicated budget programme that all counties are obliged to report on and – while its scope goes beyond disability – it provides some indication of the level of budget execution in relation to disability. Of the 21 counties for which data was available for the fiscal year 2022-23, budget execution averaged 74 per cent, again much lower than levels of execution found at the national level.

14 UNICEF (2023c) and GDIR background paper on financing disability inclusion in Peru.

3.2 Official development assistance (ODA)

In the last decade there have been growing efforts to enhance disability inclusiveness within international cooperation. These have included the adoption of disability inclusion strategies by the United Nations, as well as other multilateral and bilateral donors, and the work of the Global Action on Disability Network (GLAD). While there are no data yet to assess adequately the value of ODA that is supporting disability inclusion globally or in different countries, progress has been made to monitor the level of disability inclusiveness of development cooperation activities. While development agencies may use different approaches, the main instrument available today is the disability marker of the OECD Development Assistance Committee (DAC)[15], launched in 2018 and used by 23 donor countries and the European Union as of 2023 (OECD 2020).

Like other OECD DAC markers, the disability marker includes three scores used by donors to assess their projects: '0' where disability inclusion is not an objective, '1' where disability inclusion is a significant objective and '2' where a project has disability inclusion as a principal objective (OECD 2020). When a donor scores a project as 0, there is still a requirement for the project to do no harm to persons with disabilities. It is important to note that the scoring represents the extent to which a given development cooperation activity targets disability inclusion as an objective and is not an exact quantification of the financial support to disability inclusion activities; therefore, the data should be read as indicating the share of ODA flows and activities with disability inclusion as a principal or significant objective, not the specific amount of financing. Also, the scoring is based on activity objectives and does not measure the actual impact on inclusion. (OECD 2020)

This section provides a summary of evidence from use of the OECD DAC disability marker at both global and recipient country level.

3.2.1 Global-level indicators on ODA flows and disability

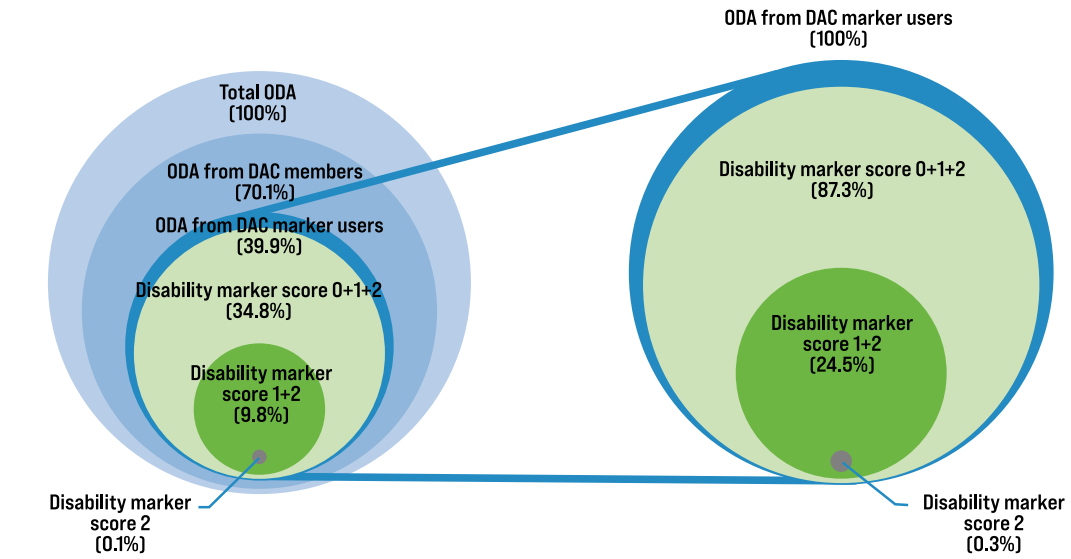
To fully understand the data generated by the disability marker, it is important to recognize that information on disability inclusion is still missing for most ODA flows. As shown in Figure 20 (panel a), only 70 per cent of total allocable ODA[16],153 in 2023 came from OECD DAC[17] members, for whom the marker was designed. Notably, except for the European Union, no multilateral donors use the marker. Moreover, not all OECD DAC members apply the marker, and only 40 per cent of all allocable ODA in 2023 was provided by donors that do. Even among those using the marker, it is not consistently applied across all projects. Some multilateral donors have developed their own internal disability markers, but data from these systems are often not publicly accessible.

15 The OECD Development Assistance Committee (DAC) is a forum of 32 major donor countries and organizations working to promote sustainable development and poverty reduction, particularly in low- and middle-income countries. Members, including the United States, Canada, the United Kingdom, Germany, France, Japan and the European Union, commit to providing aid based on internationally agreed principles and standards.

16 The focus on allocable ODA follows the OECD DAC preferred approach to analysis on marker data.

17 This analysis covers ODA from the 32 DAC members as of 2023, which include 31 governments (bilateral donors) and the European Union.

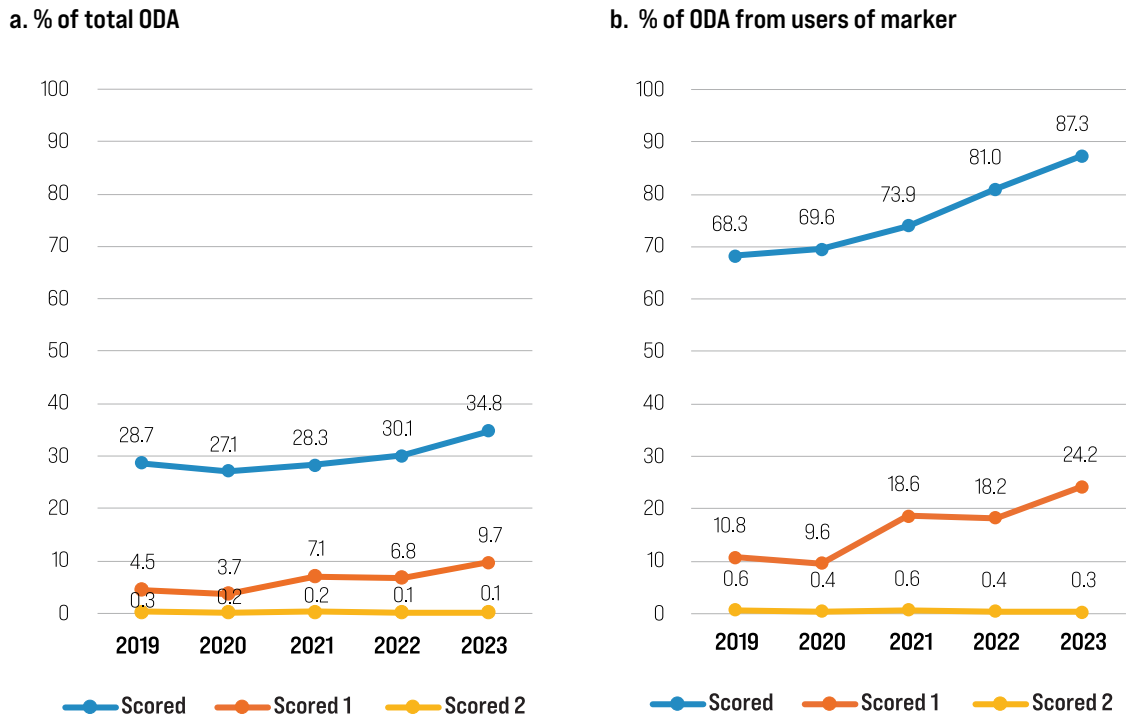
Figure 20. Share of Allocable ODA (US$ commitments) by disability marker score, 2023



Overall, less than 1 per cent of ODA flows have disability inclusion as a principal objective (score 2). Figure 20 (panel a) shows that only 0.1 per cent of all allocable ODA has been scored 2. Given the major gaps in use of the marker by many donors, this will be an underestimate of the true value. However, even when focusing only on ODA from donors that use the marker, this number rises to only 0.3 per cent (Figure 20 (panel b). A much wider share of ODA is score 1, representing 24 per cent of ODA from donors using the marker in 2023.

The use of the disability marker has increased over time since its introduction. Figure 21 (panel a) illustrates that, between 2019 and 2023, the share of all allocable ODA scored with the marker increased from 29 to 35 per cent. The share of scored ODA among the 23 donors that used the marker by 2023 increased from 68 to 87 per cent (panel b). This was due to both more donors using the marker (Denmark from 2020 and Belgium from 2023) and donors applying the marker to a greater share of their projects, which is a positive development. Germany, which is the second biggest bilateral donor globally, started to use the marker in 2024, which will bring insight on an even greater share of ODA. The greater use of the marker shows a steady increase in the share of ODA flows that are scored 1 but a stagnation below 1 per cent of the ODA score with disability as principal objective (score 2). This implies that most efforts on inclusion in development cooperation seem to be driven by mainstreaming in broader programmes.

Figure 21. Share of allocable ODA (US$ commitments) by disability marker score, 2019–2023



Source: Authors' calculations based on OECD Creditor Reporting System (OECD 2024b)

While it is relatively straightforward to identify a project with a principal objective of disability inclusion (score 2), what constitutes a 'significant' objective (score 1) is more open to interpretation. It is possible that its use may range from projects with relatively significant components dedicated to disability inclusion, to those which only include relatively marginal activities seeking to mainstream disability. Further analysis of data has shown that major infrastructure programmes have been scored 1 due to efforts to ensure accessibility. While this reflects important progress in building a barrier-free environment, it can also give an over-representation of the level of mainstreaming in development cooperation. For instance, a quarter of ODA flows scored 1 in 2023 were related specifically to a single loan commitment for a railway project in India. Recent research of the disability marker by CBM recommended strengthening guidelines for scoring by aligning with more detailed criteria established for the OECD Gender Equality Policy Marker (CBM 2024). There is also a need for greater analysis to understand how the marker is being used in practice by donors.

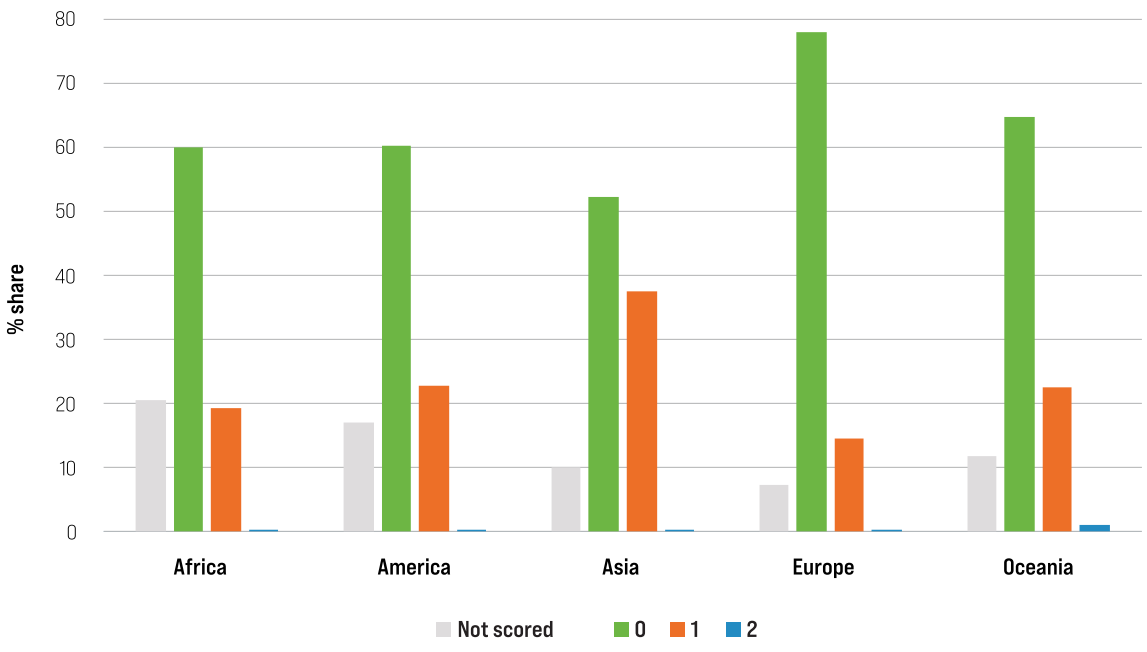
It is notable that the use of the disability marker lags behind the DAC gender equality marker. In 2023, the Gender equality marker was used to score 82 per cent of ODA (US$ value) against only 35 per cent for the disability marker. Contributing to these differences is that the gender equality marker is mandatory – unlike the disability marker, which is voluntary – as well as the fact the marker is used by multilaterals. The gender equality marker has also been in place for a significantly longer duration, having been introduced in 2008.

The use and scoring of the disability marker also vary between regions. Figure 22 shows the distribution of disability marker scores according to the geographical region of recipients in 2023, focusing on ODA from donors that used the marker. The patterns across regions are likely to be influenced by the mix of donors and their respective priorities across countries and regions. Use of the marker is highest in Asia, Europe and

Oceania (with between 7 and 12 per cent of ODA unmarked), and lower in Africa and America (21 and 17 per cent unmarked, respectively). The share of projects marked score 1 ranges from 15 per cent in Africa to 38 per cent in Asia, although the data from in Asia are highly influenced by a small number of significant Japan-funded infrastructure loans. The share of ODA scored 2 is below 0.3 per cent in all regions but Oceania.

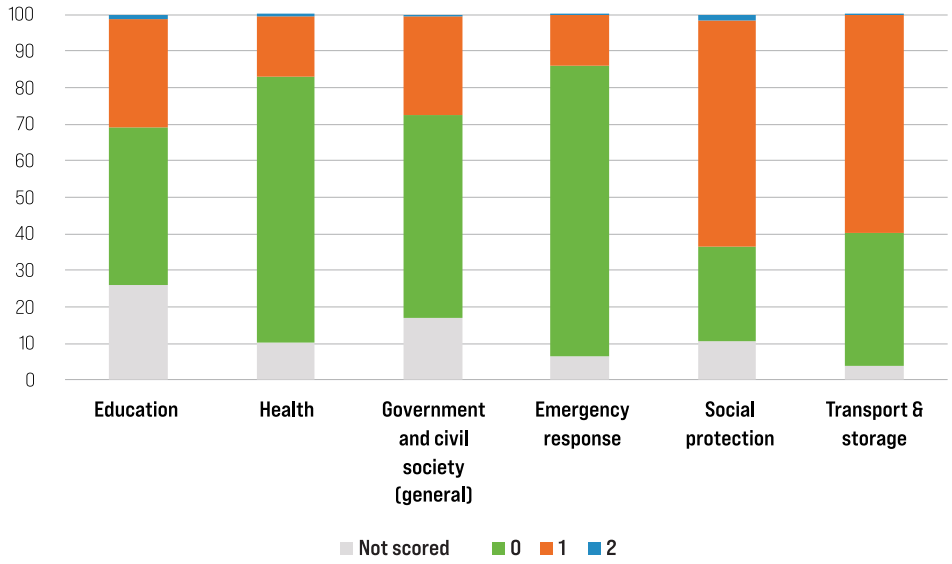
The proportion of activities targeting disability inclusion also varies by sector. This is shown in Figure 23 for donors that use the marker, for the six sectors of education, health, government and civil society, emergency response, social protection, and transport and storage, which are of particular relevance to persons with disabilities. The share of projects marked as targeting disability inclusion is highest for social protection and transport and storage. Education and government and civil society are found in the middle of the range. Health and emergency response are the least likely to be scored 1 or 2. As with the data presented above, these data point to a very small share of ODA being scored 2, even in priority sectors for persons with disabilities. The data also point to the need to scrutinize ODA scored 1 to assess the extent to which it is addressing disability inclusion in practice.

Figure 22. Allocable ODA from donors using the marker (share of US$ commitments) by disability marker score and region, 2023



Source: Authors' calculations based on OECD Creditor Reporting System (OECD 2024b)

Figure 23. Allocable ODA (US$ commitments) by disability marker score and selected sectors (users of the marker only), 2023



Source: Authors' calculations based on OECD Creditor Reporting System (OECD 2024b)

Note: Education comprises the following four sectors: Education, Level Unspecified; Basic Education; Secondary Education; Post-Secondary Education. Health comprises the following four sectors: Health, General; Basic Health; Non-communicable diseases (NCDs). Social protection projects have been identified using the purpose field in the CRS database, filtered for 'social protection' (i.e. corresponding to purpose code 16010).

3.2.2 Country-level indicators on ODA activities and disability

In addition to global-level indicators, there is value in exploring how the marker is being used at a recipient country level. Such analysis can shed light on specific national-level dynamics and potentially inform dialogue between donors and country-level actors to increase disability inclusion within international development cooperation and support development of adequate national financing strategies.

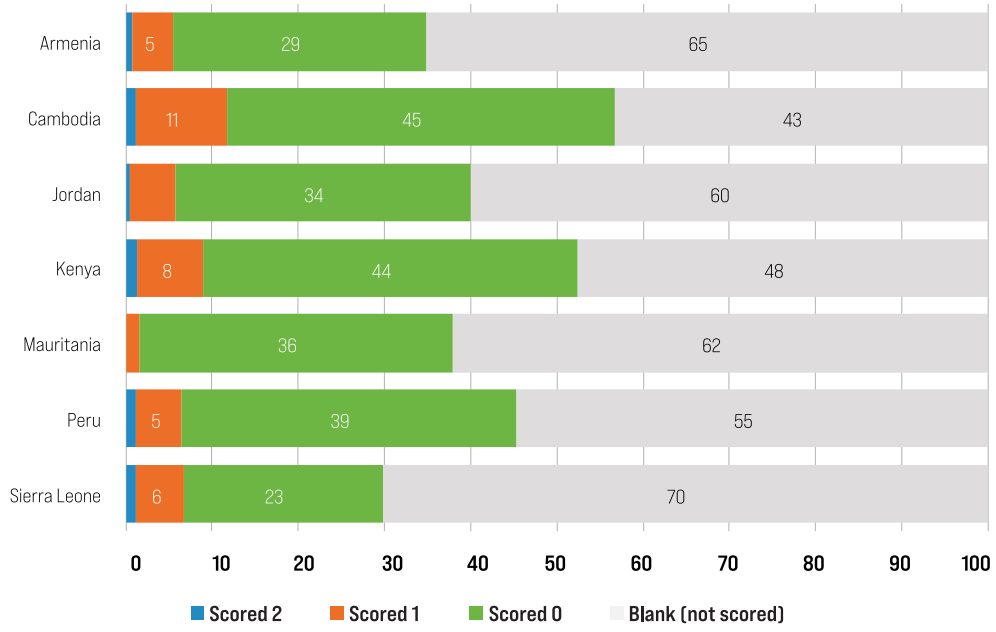
At the global level, the share of allocable ODA expressed in US$ commitments has been used in line with the OECD DAC approach, as well as other reports such as the Disability and Development Report. However, for the purpose of the analysis of national-level trends for this report, the indicator used is the share of individual ODA activities[18], rather than their monetary value. While this approach has some limitations[19], it has the benefit of putting greater focus on the intentionality in terms of disability inclusion of smaller and larger donors in the development sector across all their programmes.

18 Activities are defined as each entry in the CRS database where a donor makes a commitment. Commitments may be made for a whole project or subcomponents of a project.

19 Counting ODA activities will potentially give disproportionate weight to project commitments with a small monetary value. Donors also have different approaches to how they report ODA commitments, with some including only one commitment per project, and others dividing a given project into multiple commitments.

The share of ODA activities scored varies significantly between recipient countries. Figure 24 shows data on the share of all ODA activities (from all donors) by marker score for seven countries where in-depth analysis was undertaken. In 2023, the proportion of activities not scored ranges from 43 per cent in Cambodia to 70 per cent in Sierra Leone, which significantly limits monitoring capacity of recipient countries. The share of activities scored 1 or 2 ranges from 2 per cent in Mauritania to 12 per cent in Cambodia. The extent to which the marker is used, and projects are targeting disability inclusion will be influenced by the role of different donors in each country, and their policy with regards to disability inclusion across their portfolios.

Figure 24. Allocable ODA activities (from all donors) by disability marker score, 2023, selected countries.



Source: Authors' calculations based on OECD Creditor Reporting System (OECD 2024b)

In 2023, on average 6.5 per cent of all allocable ODA activities were scored 1 or 2 across 141 recipient countries in the OECD CRS database, as shown in Table 1. Given the major gaps in reporting, this is likely an underestimate of the true proportion of activities potentially scored 1 or 2. When considering only those donors that use the marker, the share scored 1 or 2 only increases to 11.4 per cent on average. However, as for the global indicator, activities scored 2 are a very small share of ODA.

Table 1. Allocable ODA activities by disability marker score, average for 141 recipient countries, 2023

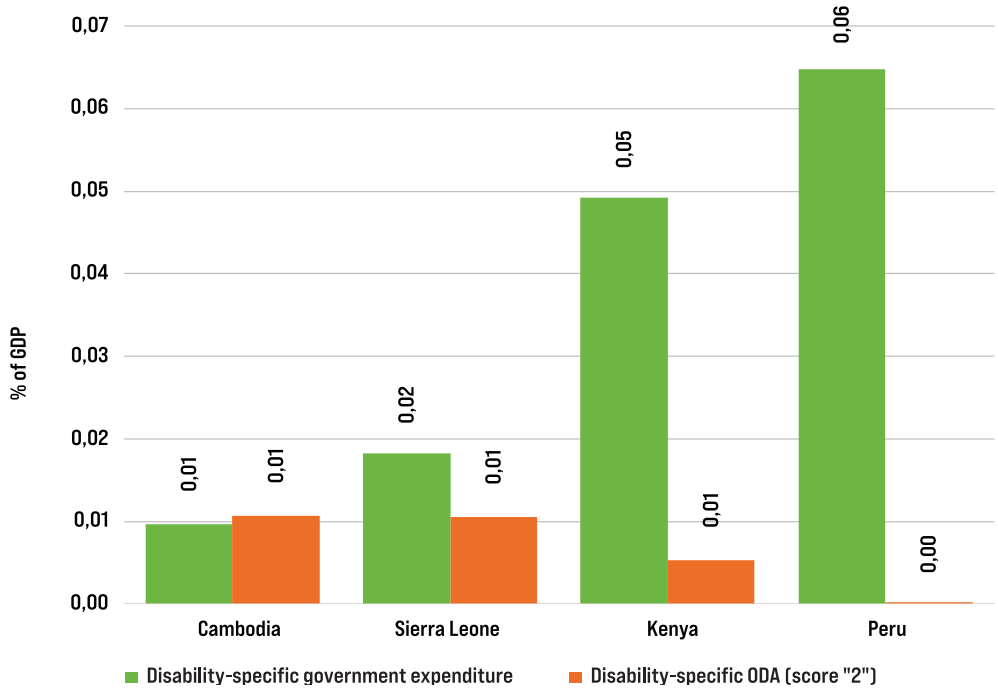
	Not scored	0	1	2	1+2
All allocable ODA	61.3%	32.2%	5.6%	0.9%	6.5%
Allocable ODA among donors using the disability marker	27.4%	61.2%	9.7%	1.7%	11.4%

Source: Authors' calculations based on OECD Creditor Reporting System (OECD 2024b)

As more donors move to adopt the OECD-DAC disability marker, these data can provide a rich source of information for countries. National-level analysis can shed light on which donors are using the marker, and the extent to which their ODA activities target disability inclusion. It can also provide country-specific insights on disability inclusion in ODA activities across sectors, and the different channels used for disability-related ODA (see analysis in Section 5.8). One other relevant type of analysis is to consider the scale of disability-related ODA compared to disability-specific public expenditures. As an illustration, Figure 25 shows the value of allocable ODA disbursements[20] with disability inclusion as a principal objectives (score 2)[21] in four of the case study countries compared to disability-specific public expenditure, in US$. In some countries, such as Cambodia and Sierra Leone, the value of ODA principally targeting disability inclusion is found to be comparable to disability-focused public domestic expenditures, while in other countries such as Kenya it represents a fraction.

The analysis here highlights the importance for greater and better use of the OECD DAC disability marker, as well as increased availability of data from multilateral donors and development agencies that use alternative approaches, to strengthen capacities of recipient countries to track the level of disability inclusiveness of the support that donors provide, alongside their own efforts to monitor domestic disability-related public expenditure.

Figure 25. Comparison of disability-specific government expenditure with ODA grant disbursements targeting disability inclusion (score 1 or 2) (% of GDP, 2023)



Source: Authors' calculations based on OECD Creditor Reporting System (OECD 2024b) and consolidated budget analysis undertaken for the Global Disability Inclusion Report.

20 Disbursements are used rather than commitments as they better reflect actual ODA flows to the country in 2023.
21 Mauritania is not included as there were no ODA activities marked with score 2 in the 2023.

4 Estimating the financing gap to accelerate inclusion of persons with disabilities

Estimating the financing gap for disability inclusion presents significant challenges. These relate to a variety of issues including:

- **A lack of reliable data:** Data on the diversity of persons with disabilities and the barriers they face is often limited. There is a lack of systematic and documented evidence on the costs of providing disability specific support as well as making public services and infrastructures accessible and inclusive across sectors whether education, health, justice, employment or other sectors. Data is also typically fragmented, making it difficult to get a comprehensive view.
- **Methodological challenges:** The diversity of persons with disabilities and their support needs in relation to factors including age, gender, socio-economic status, barriers in the environment, types and level of impairments and functional difficulties adds a significant layer of complexity, as inclusion costs vary widely. This is compounded by the dynamic nature of needs, which evolve with technological advancements, demographic shifts, urbanization and the variability in the costs driven by factors such as geography. In many cases, there are few readily available methodologies and tools available for application at a national level.
- **Institutional challenges:** Overlapping interventions, such as accessible transportation, development of support services such sign language interpretation systems, para transit, personal assistance or access to assistive technology which benefit multiple sectors make it challenging to accurately estimate costs of ensuring inclusion in some specific sectors. There are also additional issues converting the estimated costs of intervention in financing gap for the purpose of budget planning as most countries lack comprehensive policies or plans that outline the financial requirements for disability inclusion, and responsibilities are often fragmented across different government departments with cross cutting investment falling through.
- **Conceptual challenges:** A key conceptual challenge relates to defining the level of ambition for a programme to support disability inclusion. One approach could be to undertake a fixed normative benchmark for aspects such as the population reached, and the benefits or services provided. However, given the significant economic, fiscal, political and other constraints faced in low and middle-income countries there is also a case for setting out pathways to make gradual progress towards disability inclusion over time. Another conceptual challenge is what should be considered within the boundaries of the financing gap of disability inclusion given that many relevant services are provide significant support to persons without disabilities.

The analysis presented here focuses on a limited number of priority actions to accelerate inclusion up to 2030. This approach seeks to understand what would be the cost of key policies and programmes that might be achieved in the next five years up to 2030 based on national priorities and circumstances. This is done through a focus on five case study countries (Cambodia, Kenya, Mauritania, Peru and Sierra Leone). While the process to measure the financing gap varies by country, each case study included a review of key national priorities with respect to disability inclusion, identification of existing gaps, and costing of key policies and programmes that could seek to fill these gaps. In all cases, the analysis was undertaken with the involvement of actors who are closely connected to national policy debates on disability inclusion.

The costing exercise focuses primarily on disability cash benefits and subsidised health insurance but seeks to bring in lessons from efforts focused on other types of programmes and services. Box 7 summarises the methodology and data sources used for these costings. In general, cash benefits are

comparatively more straight forward to cost given they are more likely to be delivered as distinct disability-specific programmes, and both the unit costs and target population are simpler to define. By contrast, services such as health care, inclusive education and care and support services are more complex given they are often delivered as part of population-based services also benefiting people without disabilities; while defining the unit cost requires much more granular information. In many cases, costing these services requires in depth and dedicated studies that go beyond the scope of the case studies in this report. Despite these challenges, the focus on more disability-specific benefits and services is still seen to provide a relevant indicator of the financing gap given that – as discussed in Section 3 – they tend to constitute the main component of disability-related expenditure. Examples of global experience in quantifying financing gaps for other sectors are also included in the discussion.

Box 7. Key data sources for national costings

The costing of cash benefits and subsidised health insurance was undertaken using a costing model developed by UNICEF for costing cash and in-kind benefits supporting disability inclusion. The model draws on background population data from the United Nations Population Division (2024) and economic data from the IMF (2024e). The model is then calibrated by entering key national information relating to disability prevalence and/or certification, poverty lines and exchange rates. Costings are undertaken by entering relevant nationally defined parameters such as scheme coverage and the unit cost of different benefits. For cash benefits, administration costs are assumed to equal 10 per cent of the total cost of transfers, while for social health insurance they are assumed to be encompassed within the unit cost to cover an individual person with disabilities.

4.1 Social protection

The five case study countries vary considerably in terms of the existing social protection for persons with disabilities. Kenya and Peru have standalone disability cash benefits, while in Cambodia and Sierra Leone support is limited to a household social safety net which considers disability as one eligibility criteria, and provides a disability top up (Table 2). Mauritania can be considered somewhere between these two scenarios. One notable observation is that all of these measures have been introduced over the last fifteen years, and some much more recently. This reflects a global picture in the growing use of cash benefits for persons with disabilities in low- and middle-income countries. These cash benefits often exist alongside cash benefits for other groups, such as for older people, children and for households living in poverty. All countries also have forms of disability benefits in place via contributory social insurance schemes for public sector workers and/or via schemes for public servants or veterans. The nature of these arrangements varies but the overarching picture is that contributory schemes in these countries have relatively low levels of coverage of the labour force.

Table 2: Characteristics of main existing cash benefits in case study countries

Country (scheme)	Description	Monthly benefit level	Recipients	
			Number	% of total population
Cambodia (Family Package)	Cambodia has had allowances in place for persons with disabilities living in poverty since 2011, although the design of these benefits is in a process of change. As of 2024, households assessed as living in poverty by the country's Identification of Poor Households (IDPoor) system are provided cash benefits under the recently-launched social assistance Family Package. Households that include a person with disability receive a top up of KHR 28,000 per month. The coverage of the scheme is expected to increase significantly in 2025 to 113,447 (from 35,937 in 2024), with greater linkage to the country's recently expanded disability registry.[22]	**KHR 28,000** (US$7)	**113,447** (2025)[23]	**0.6%**
Kenya (PWSD CT)	The Persons with Severe Disabilities Cash Transfer (PWSD CT) was launched in 2011, and targets extremely poor households with a person with severe disability. The household must have been resident in a particular location for at least a year and should not be receiving any other cash benefit. The person with disability must be a Kenyan citizen. Kenya also has other non-contributory cash benefits in place including for older persons, and orphans and vulnerable children (National Council for Persons with Disabilities 2024).	**KES 2,000** (US$15.50)	**62,315** (2024)[24]	**0.1%**

22 See GDIR background paper on financing disability inclusion in Cambodia.
23 Based on the budgeted coverage in 2025, according to correspondence with the Ministry of Economy and Finance.
24 See GDIR background paper on financing disability inclusion in Kenya.

Country (scheme)	Description	Monthly benefit level	Recipients	
			Number	% of total population
Mauritania	Mauritania has one disability-specific cash transfer programme to families of children with multiple disabilities (amount of 2,000 MRU/ month), benefitting about 1,000 children in 2024). In Nouakchott region UNICEF has also been funding a cash transfer targeting 10,000 households of persons with disabilities. There are plans to integrate this within the Tekavoul social protection programme. The Takavoul programme targets low-income households identified through the Social Registry, but does not yet operate in Nouakchott. Persons with disabilities in poverty may benefit from the programme which integrates the Washington Group questions since 2024.	Child disability benefit: **MRU 2,000** (US$50) Households with disabilities in Nouakchott: **MRU 1,000** (US$25)	Child disability benefit: **1,100** (2024) Households with disabilities in Nouakchott: **10,000**	Child disability benefit: **0.02%**
Peru (CONTIGO)	Peru's CONTIGO programme (introduced in 2015) provides a non-contributory benefit to persons with severe disabilities living in poverty or extreme poverty (Ministerio de Desarrollo e Inclusión Social 2024). Persons with disabilities are not eligible if receive any income or pension that comes from the public or private sphere, including from employment, and in the form of financial benefits from the country's Social Health Security (EsSalud).	**PEN 150** (US$39)	**142,771** (2024)[25]	**0.4%**
Sierra Leone (Social Safety Net Programme)	Sierra Leone does not have a dedicated disability cash benefit, however, disability-specific elements have been included within the country's Social Safety Net Programme, a cash transfer which targets extremely poor households. This programme – which is primarily financed by World Bank IDA grant-financed projects – provides top up benefits to households that include a person with disability, and uses disability as an eligibility criteria in urban areas.[26]	N/A	N/A	N/A

25 See Niño de Guzmán (2024)

26 It remains unclear whether unclear whether the specific eligibility criteria for persons with disabilities in urban areas will continue under current round of the project.

Cash benefits across the six countries have a variety of shortcomings in the extent to which they can support disability inclusion. These relate to a number of factors which apply to different extents in each country:

- **Low coverage:** As shown in Figure 26, the proportion of the total population covered by non-contributory disability cash benefits tends to range up to around 3 per cent in low- and middle-income countries. Coverage is higher in more economically developed countries, with an average of 6 per cent of the working age population in OECD countries receiving disability cash benefits (OECD 2022b). In the four countries where data is available (Cambodia, Kenya, Mauritania and Peru) less than 0.6 per cent of the population receive such benefits. A key factor limiting coverage in all five countries is the fact benefits are targeted at the poor, and often the very extreme poor. Other factors such as weaknesses in the development of disability assessment and determination systems can also play a role.
- **Low benefit adequacy:** The average benefit level for non-contributory disability benefits found in countries across the globe is around 15 per cent of GNI per capita. This provides a measure of the benefit adequacy relative to the country's level of economic development. Benefit levels in the case study countries fall well below this average in most cases, at between 3 per cent of GNI per capita in Cambodia, and 9 per cent in Peru (Figure 27). In all countries the benefit levels all fall below relevant international poverty lines. These indicators suggest these benefits will be far from enough to meaningfully cover the extra costs associated with disability. Mauritania is an outlier among the case study countries with a benefit at more than double the global average (at 31 per cent of GNI per capita), although this is the scheme with the lowest coverage.
- **Reliance on household benefits:** In all countries apart from Peru, benefits are provided at the household level (typically to a household head) meaning that persons with disabilities will often not be the primary recipient.[27] This can significantly limit the control that people with disabilities have around the use of this money with potentially important implications for their autonomy.
- **Reliance on external financing:** The cash transfer systems in place in Mauritania and Sierra Leone are primarily reliant on financing from external sources. While this can provide an important channel to fill financing gaps and support social protection system development, the long-term sustainability of disability cash benefits will rely on a greater contribution from domestic financing.
- Another issue is **incompatibility of the disability cash benefit with other benefits** meaning. In Kenya, a household cannot receive both a benefit for a person with disability in the household and the country's older persons cash transfer for an older person in the household. A common barrier to inclusion of persons with disabilities in social protection schemes is **incompatibility with work**. Peru's CONTIGO is both incompatible with work and with various other social protection benefits. The eligibility criteria exclude individuals who receive any income or pension that comes from the public or private sphere, including from employment, and in the form of financial benefits from the country's Social Health Security (EsSalud)[28].

27 In Sierra Leone, for the specific quota for people with disabilities in urban areas, the person with a disability would be the main recipient.

28 Financial benefits from EsSalud include breastfeeding, maternity, funeral and temporary disability allowances. See Ministerio de Trabajo y Promoción del Empleo (2025) and Ministerio de Desarrollo e Inclusión Social (2024)6,1]]},"issued":{"date-parts":[["2024"]]},"suppress-author":true}],"schema":"https://github.com/citation-style-language/schema/raw/master/csl-citation.json"} .

Figure 26. Coverage of non-contributory disability cash benefits as a percent of total population, selected countries (latest year)

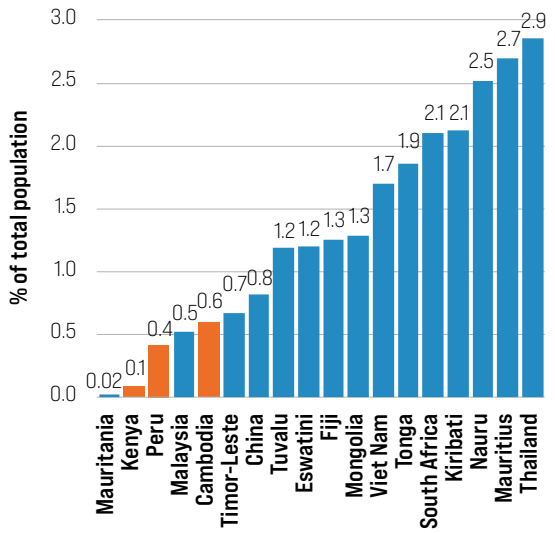
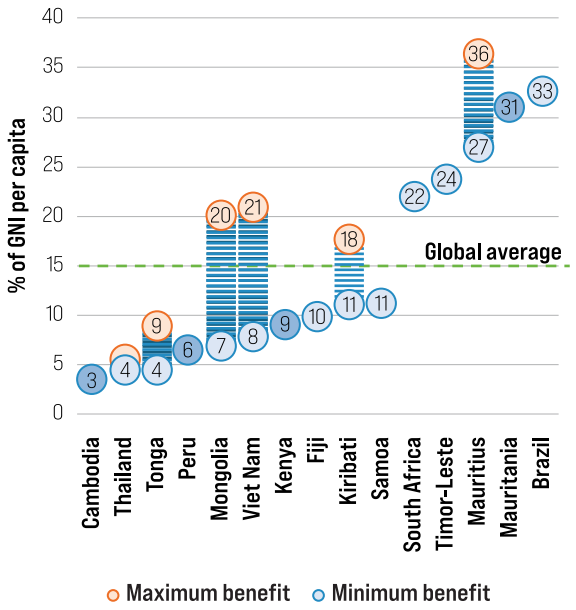


Figure 27. Benefit level of disability cash benefits, per cent of GNI per capita, selected countries (latest year)



Source: Statistical annexes to the Global Disability Inclusion Report

Two different approaches are taken to cost non-contributory disability cash benefits that can better support disability inclusion.

- **Standard parameters:** These seek to provide an understanding of the range of costs when using parameters which follow the same basic logic. These parameters are based on work of the ILO to calculating the financing gap for universal social protection which are rooted in human rights and labour standards (Cattaneo et al. 2024). The ILO approach draws on the concept of a social protection floor to cost a set of cash benefits addressing a range of lifecycle risks, including disability. This provides a set of costing parameters which are more consistent across the case study countries. Specifically, the approach costs a cash benefit for all persons with severe disabilities, set at the national poverty line. Some adjustments are made here including drawing on international rather than national poverty lines, and applying a uniform figure for severe disability prevalence at 2 per cent of the total population.[29]
- **Parameters based on national discussion:** These draw on consultations with national stakeholders and deeper analysis undertaken in the five countries, seeking to account for a wider array of fiscal, economic and political factors. While the scenarios proposed do not constitute an agreed set of parameters for cash benefits among all national stakeholders, they seek to reflect more closely the direction of travel at a national level. These nationally-defined parameters vary substantially between countries and are summarised in Table 3.

29 The costing uses international poverty lines according to the country income group, as defined by Joliffe et al (2022). This is due to the greater availability of up-to-date data than for national poverty lines. Unlike the ILO, which draws on WHO estimates, the costing here assumes severe disability prevalence of 2 per cent of the total population is that this reflects experience of LMICs that have successfully implemented such benefits. By contrast, indicators of severe disability used in the ILO analysis (which are generally around 3 per cent of the population) reflect only the highest coverage found in LMICs (see Figure 26).

Table 3: Costing parameters for cash benefits

Country (scheme)	Direction of reform	Monthly benefit level	Recipients	
			Number	% of total population
Cambodia (Severe disability benefit)	The introduction of a dedicated benefit for all persons with severe disabilities, as assessed by the country's disability registry, with no means testing. This would complement the Family Package benefit that would still be targeted to all poor households with a person with disability (regardless or severity/support needs). The benefit level would remain low by international standards, but would represent a significant increase from the current top up paid under the family package.	**KHR 100,000** (US$25)	**94,524**	**0.5%**
Kenya (PWSD CT)	An expansion of coverage to all persons with severe disabilities – removing the means testing criteria. In absence of reliable measures of severe disability, this assumes an increase in the number of recipients to 500,000 (0.9% of the population) in the medium term, in line with experience of similar schemes in low- and middle-income countries. The benefit level would also be doubled to KES 4,000, reaching the global average for non-contributory disability benefits (15 per cent of GNI per capita), or around 80 per cent of relevant national and international poverty lines.[30]	**KES 4,000** (US$31) *Increased from KES 2,000 (US$ 15.5)*	**500,000** *Increased from 62,315 in 2024*	**0.9%**
Mauritania (Child disability benefit)	The expansion of the existing cash transfer for children with disabilities to all children with severe disability up to the age of 18. This also entails a shift from a focus on children with multiple disabilities to children with high support needs (not necessarily multiple disabilities). The benefit level would remain the same.	**MRU 2,000** (US$50)	**10,228**[31] *Increased from 1,000 in 2024*	**0.2%**

30 The rural poverty line is estimated at KES 5,057 in 2025, based on the value of KES 3,947 defined in the 2021 Kenya Continuous Household Survey, adjusted for inflation (Kenya National Bureau of Statistics 2023)

31 Based on survey-based measure in EDS 2021

Country (scheme)	Direction of reform	Monthly benefit level	Recipients	
			Number	% of total population
Peru (CONTIGO)	An increase of the benefit level for the CONTIGO scheme from PEN 150 to PEN 250 per month based on a 2024 government analysis and proposal.[32] The scheme eligibility criteria would remain the same, but coverage would increase to cover the full defined "objective population"[33] for the programme.	**PEN 250** (US$66) *Increased from PEN 150 (US$39)*	**395,128** *Increased from 142,771 in the current programme*	**1.1%**
Sierra Leone (Child disability benefit)	The introduction of a child disability benefit for children with severe disabilities up to the age of 18, which was a recommendation from technical discussions undertaken in 2024. The scheme is limited to children for the time being due to the particular fiscal constraints in Sierra Leone, and the fact that the development of a national disability registry is in process. The benefit level is set at SLE 270 (US$ 12) based on the proposed level of a disability benefit in the National Social Protection Strategy (2022-26). This is around two thirds of the relevant international poverty line.	**SLE 270** (US$12)	**40,913**[34]	**0.4%**

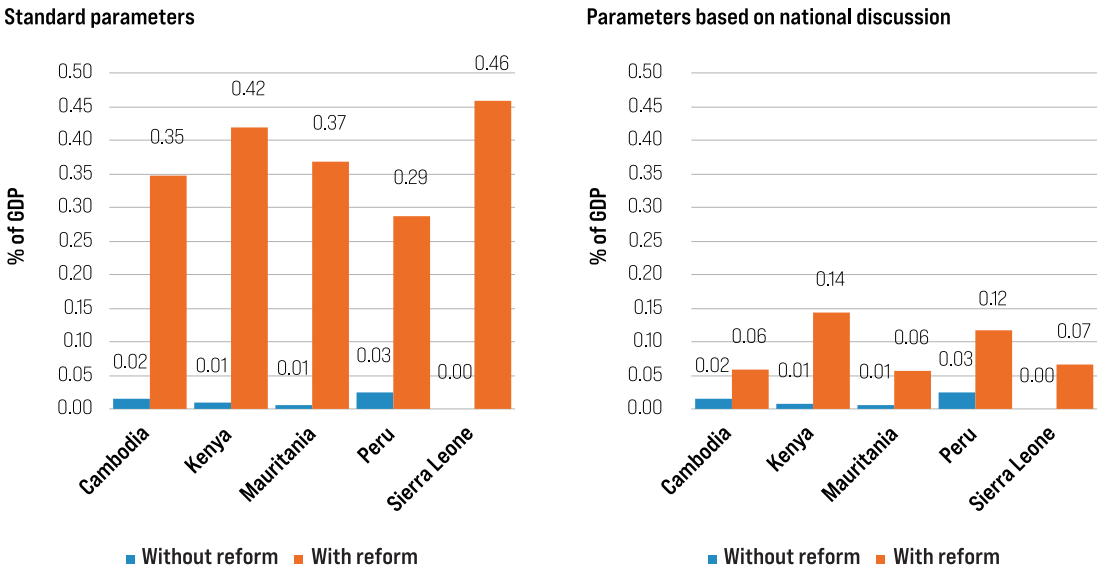
The costs of extending cash benefits to accelerate inclusion vary between 0.06 and 0.5 per cent of GDP depending on the country and scenario (Figure 28). Costing according to standard parameters results in expenditure between 0.3 and 0.5 per cent of GDP, which is closer to the range of low- and middle-income countries that have more established and high coverage non-contributory disability benefits. As a share of government expenditure, this would range between 1.3 and 2.8 per cent. The scenarios adapted to the national context range from between 0.06 and 0.14 per cent of GDP, with the lower expenditure linked to the fact these schemes remain more limited in benefit adequacy, and coverage. These scenarios would require around 0.6 per cent of government expenditure or less.

32 The proposed benefit level was based on analysis undertaken by the Contigo programme taking account of the monthly basic goods basket, the consumer price index and analysis of the extra costs associated with the presence of a person with disabilities within the household.

33 The "objective population" of the programme seeks to estimate the full population meeting the eligibility criteria. This has been established based on a mix of sources including a 2012 national survey of persons with disabilities (Encuesta Nacional Especializada Sobre Discapacidad (ENEDIS) 2012), the national system for household targeting (Sistema de Focalización de Hogares (SISFOH)) and the list of persons with severe disabilities provided by Peru's Ministry of Health.

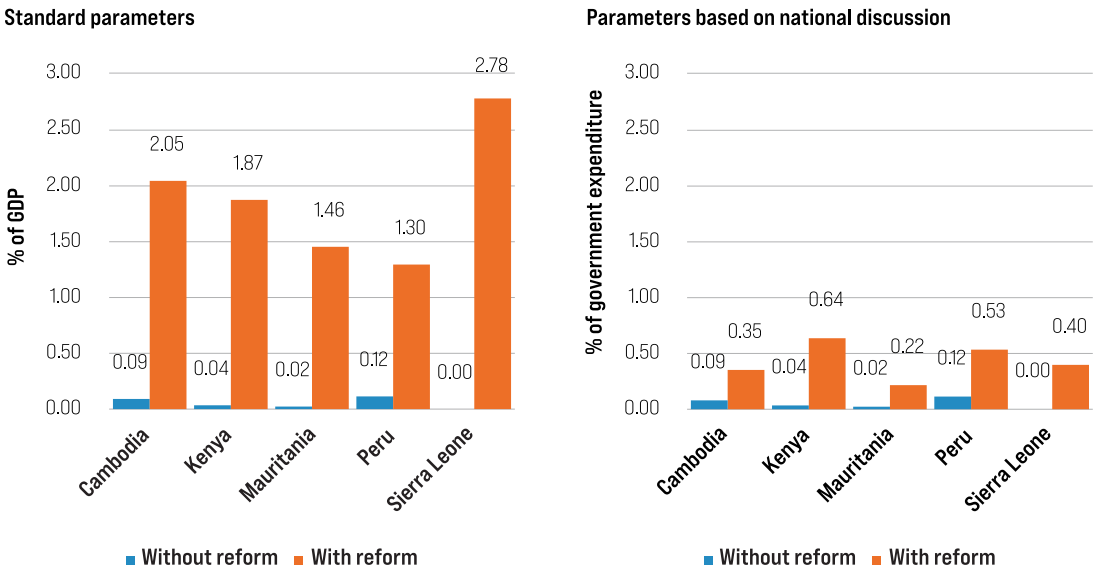
34 Based on survey-based measure in SLIHS 2018.

Figure 28. Cost of expansion of cash transfers for persons with disabilities in Cambodia, Kenya, Mauritania, Peru and Sierra Leone (% of GDP)



Source: Consolidated budget analysis undertaken for the Global Disability Inclusion Report (Author's calculations)

Figure 29. Cost of expansion of cash transfers for persons with disabilities in Cambodia, Kenya, Mauritania, Peru and Sierra Leone (% of total government expenditure)



Source: Authors' calculations

Evidence on the financing gap of other forms of social protection support remain much more limited. In the space of care and support services, there have been some initiatives to undertake costing, however, they have generally focused on the cost of long-term care services, often with an emphasis on older persons. These initiatives include a global level analysis of the cost of long-term care conducted by the ILO, and a review of approaches to model the cost of long-term care by the Asian Development Bank (de Henau 2022; Holmes 2021). There appear to be very limited examples of costing of concessions for areas such as transport and utilities. In both areas, there is need for more evidence of country experience of costing, and availability of tools and methods which can be used by governments seeking to quantify financing gaps.

4.2 Healthcare

The cost of disability inclusive healthcare is difficult to disentangle from financing of health systems as a whole. While persons with disabilities may in average have higher health care needs, they mostly access promotive, preventive, rehabilitative, curative and palliative health services through the same channels as people without disabilities.

A key step to accelerating disability inclusion in health care is to develop costed strategies to address disability in mainstream health actions. The WHO has developed guidance for the development of action plans for achieving health equity for persons with disabilities. The guidance, which focuses on strengthening health systems using a primary health care (PHC) approach, includes four stages of preparation, assessment of disability inclusion across the health system, design of disability inclusive actions, and implementation and monitoring (WHO 2024b). Box 8 describes the development of an action plan in Montenegro, which included a costing of the plan. A caveat on this costing is that it mainly relates to policy development processes, rather than some of the more significant costs associated with delivering health care in a way that promotes equity.

In many countries, there are specific interventions to improve coverage of some of the additional health care costs that persons with disabilities may face that can be costed. Two key examples are: (1) subsidized social health insurance for persons with disabilities; and (2) the costing of sets of goods and services that are of particular relevance to persons with disabilities, most notably rehabilitation and assistive technology.

4.2.1 Subsidised health insurance

Subsidised social health insurance can make an important contribution to increasing health coverage of persons with disabilities. Many countries around the world are undertaking efforts to extend universal health coverage by addressing gaps in population coverage, service coverage and financial protection. In some countries, a core component of these efforts is the extension of coverage of social health insurance schemes. Typically, these countries seek to extend coverage through a mix of approaches including mandated contributions from workers in the formal economy, partly subsidised contributions for groups of informal workers, and full tax-financed coverage subsidies for certain population groups. Defined categories of persons with disabilities are often included as a fully subsidised group alongside population groups such as poor households, older persons, young children and students. Countries pursuing such an approach include the Philippines and Viet Nam (WHO 2023). The impact of such initiatives on persons with disabilities will depend significantly on the design and implementation of social health insurance schemes (including

Box 8. Costing an Action Plan for health equity in Montenegro

Montenegro was the first country in the European region to implement the WHO's Disability guide for action, which culminated in the development of an Action Plan on Health Equity for Persons with Disabilities 2024 – 2027. The Action Plan was developed in consultation with a working group which included representatives of the Montenegrin Ministry of Health, other Montenegrin government ministries, UN agencies and civil society organizations (including OPDs). Key action areas defined in the Plan were:

1. **Political commitment, leadership, and governance** focused on revision of legislation and creation of a working group to oversee delivery of the action plan
2. **Health financing**, focused on revising a rulebook to extend technical aids covered by Montenegro's Health Insurance Fund
3. **Engaging stakeholders and private sector providers**, focused on raising awareness at facility-level about disability inclusion
4. **Models of care**, relating to service planning guidelines, and strengthening Early Childhood Development and Early Intervention services for children
5. **Health and care workforce**, focused on delivery of disability inclusion training to medical and non-medical staff
6. **Physical infrastructure and communication**, involving auditing accessibility of health facilities, and standards for accessible health information
7. **Digital technologies for health**, relating to health sector digitization plans and accessibility of Montenegro's eHealth portal
8. **Quality of care**, relating to strengthening the role of Defenders of Patients' Rights and strengthening protocols for care of persons with disabilities
9. **Data collection for monitoring and evaluation**, involving the development of data indicators, and integration of disability into population-level health research.
10. **Health systems and policy research**, involving creating a national research agenda on health equity and a protocol for disability research.

The development of the Action Plan was accompanied by a costing exercise, which calculated a cost of EUR 120,000. The biggest single cost related to the establishment of three new centres for early child development in health centres, with the remaining costs mainly relating to time of staff and consultants, workshops and trainings. It should be noted that the actions within the plan – and their associated costs – are generally policy process-orientated, and do not reflect the eventual cost of putting certain elements of the plan into practice (for example, costs of making health facilities more accessible, or financing provision of technical aids under health insurance).

comprehensiveness of benefit packages, and extent of financial protection) and how they fit within the wider heath financing system. Nevertheless, even where gaps exist this approach can provide a step on the journey to better health protection of persons with disabilities.

Three of the case study countries (Cambodia, Mauritania and Sierra Leone) are using social health insurance arrangements as part of a strategy to reach universal health coverage. In Cambodia this process has involved a combination of its contributory National Social Security Fund and a non-contributory Health Equity Fund. The Health Equity Fund has been mainly focused to date on supporting poor, at risk and informal workers, but without a dedicated focus on disability (ILO 2025). Mauritania is also seeking to expand health insurance coverage through a mix of its long-standing compulsory health insurance fund (Caisse Nationale d'Assurance Maladie - CNAM), and a newly established voluntary health insurance (Caisse Nationale d'Assurance Santé – CNASS). Meanwhile, Sierra Leone has been taking steps towards the establishment of the Sierra Leone Social Health Insurance fund (SLeSHI) which will combine mandatory and voluntary contributions alongside fully non-contributory coverage for poor households.

The cost of extending social health insurance arrangements to people with disabilities is costed in these three countries. Table 4 outlines the parameters for extending coverage of social health insurance to people with disabilities, which have been adapted according to national-level discussions. The varying scale of the population to be covered relates to differences coverage gaps and policy ambitions. The unit cost also varies significantly, mainly due to the varying design of health systems (including the relative weight put on social health insurance within health financing) and the different methods for determining the unit cost.

The cost of extending subsidised health insurance to persons with disabilities would be relatively low across the three countries analysed. Based on the assumptions described above, extending subsidised health insurance would cost between 0.01 and 0.09 per cent of GDP, and between 0.07 and 0.37 per cent of government expenditure (Figure 30). The variation in costs is directly linked to the scale of coverage and unit costs described above. These figures can be considered relatively small considering the potential impact on the access to healthcare of persons with disabilities. It should, nevertheless, be underscored that such measures would only go some way to addressing the health care costs of persons with disabilities, both due to broader weaknesses in social health insurance and health care systems, and the existence of specific gaps in inclusion of services relevant to persons with disabilities within benefit packages

4.2.2 Rehabilitation and assistive technology

Countries vary in the extent to which the financing of rehabilitation and assistive technology is integrated within wider health financing mechanisms. While many countries do integrate rehabilitation services within wider health financing, there are also many cases where it is financed via other channels, sometimes in the form of vertical programmes for people with disabilities (WHO 2023). This is the case, for example, in Cambodia where a system of Physical Rehabilitation Centres is managed by a mix of the Ministry of Social Affairs, Veterans and Youth Rehabilitation and other non-government organisations (ILO 2025). Similarly, many social security schemes provide rehabilitation services as part of benefit packages addressing employment injury. The picture in terms of assistive technology is similar, however, in low- and middle-income countries the

Table 4. Costing parameters for subsidised health insurance for persons with disabilities

Country (scheme)	Direction of reform	Unit cost (contribution rate), monthly	Number of recipients	% of total population
Cambodia (Health Equity Fund)	Inclusion of all persons with a disability card within the Health Equity Fund (HEF) scheme. This would be in addition to the estimated 136,176 persons with disabilities already covered as living in poor or "at risk" households. The unit cost is based on the current per capita expenditure on persons with disabilities by the HEF.[35]	**KHR 9,000** (US$2.20)	222,182	1.2%
Mauritania (Caisse Nationale d'Assurance Maladie - CNAM)	Inclusion of the poorest 60% of persons with moderate and severe disabilities in the national health insurance fund (CNAM). The unit cost for inclusion of persons with disabilities is based on the current amount negotiated between the Ministry of Social Action, Childhood and Family (MASEF) which leads on disability related issues and the Ministry of Health.[36]	**MRU 350** (US$8.80)	**94,047**[37]	1.8%
Sierra Leone (SLeSHI)	Inclusion of all persons with moderate and severe disabilities in the SleSHI. The unit cost for inclusion of persons with disabilities is the monthly contribution rate set for workers in the informal economy.	**SLE 30** (US$1.30)	**190,266**[38]	2.1%

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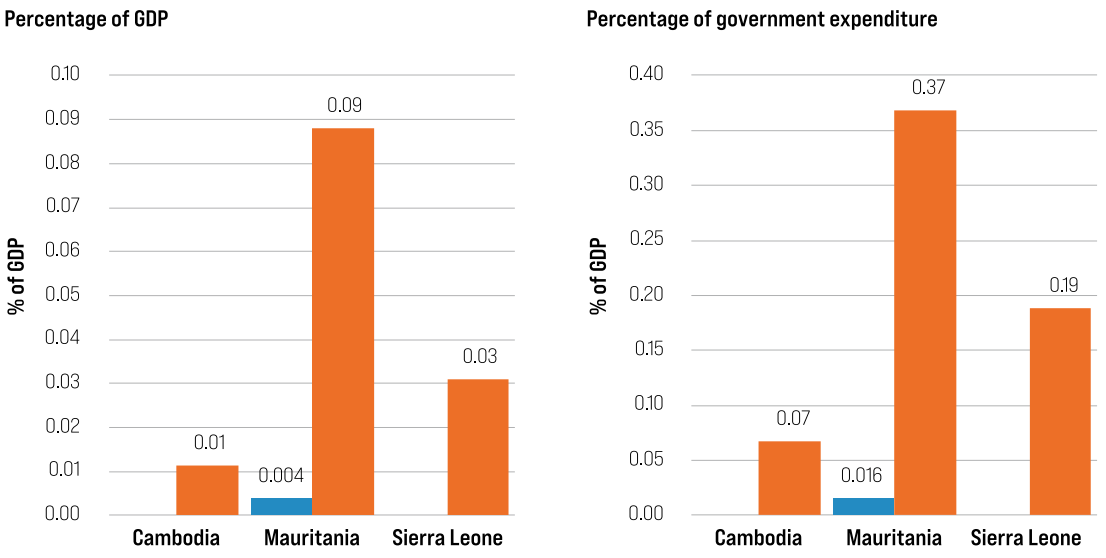
35 The unit cost is calculated using data shared by the National Payment Certification Agency which is responsible for verifying and processing claims for health services under the Health Equity Fund. The per capita cost of expenditures for people with disabilities in 2024 was KHR 8,999 per month, however, this only related to 2,295 persons with disabilities identified in the database, significantly lower than the estimated 136,176 people with disabilities currently covered by the HEF. It is therefore likely that this per capita expenditure overestimates the unit cost for a person with disabilities. The per capita expenditure for all those covered under the HEF was significantly lower (KHR 2,506 per month).

36 This arrangement already benefits 4,000 persons with disabilities as of 2024.

37 Based on survey-based measure in EDS 2021

38 Based on survey-based measure in SLIHS 2018 – moderate and severe disability

Figure 30. Cost of extending fully subsidised health insurance to persons with disabilities in Cambodia, Mauritania and Sierra Leone



Source: Authors' calculations

role of vertical programmes is even more pronounced than for rehabilitation. Social welfare ministries, non-government organisations and disability funds often play a key role in this space (Cote 2021). **There is a strong case for greater inclusion of both rehabilitation and assistive technology in wider health financing mechanisms as this is more conducive to achieving universal health coverage for persons with and without disabilities alike (WHO 2023).**

While there are few examples of comprehensive costing of extending rehabilitation services, there are a growing number of tools to support such processes. A key question for countries seeking to expand the scope of rehabilitation services covered by healthcare benefit packages is which services should be a priority. The WHO's *Package of interventions for rehabilitation* (PIR) is a resource which outlines the most essential interventions for rehabilitation for 20 health conditions and provides tools to prioritise the target population and define a service package. The PIR was recently used in Georgia to develop the country's first rehabilitation service package covering services related to five conditions: stroke, traumatic brain injury, spinal cord injury and fractures and amputation. The process included a costing exercise which collected information on the duration of rehabilitation sessions, the number of sessions required for different conditions, the cost of workforce time and the need for services among the population. The costing estimated a total cost of GEL 30 million per year (US$ 11 million), equivalent to 0.04 per cent of GDP in 2023 (WHO 2024c).[39]

There have also been notable developments in recent years towards quantifying the cost of assistive technology. Assistive technology is typically included within the costing of broader rehabilitation services, but there may also be cases where there is a need for dedicated costing. One side of this equation is to better

39 Authors' calculations based on GDP data form IMF (2024e)

understand the price of priority assistive devices at a national level. A key development in this context has been the development of the Priority Assistive Products List (APL) by the WHO in 2016, and the development of national-level priority product lists tailored to the country context (WHO 2016). The APL is currently in a process of revision, as described in Box 9. The other side of the equation is to better understand the need for assistive devices which is a topic being explored using tools including the WHO Assistive Technology Capacity Assessment tool (ATA-C) and rapid assistive technology assessment (rATA).[40] Nevertheless, there are limited examples of comprehensive national level exercises to estimate the cost of expanding provision of assistive technology.

Box 9. WHO Assistive products price review

The WHO is updating its Priority Assistive Products List (APL) to help countries develop national lists tailored to their specific needs and resources. This update involves collecting data on assistive products based on four indicators: need, benefits, risks, and price. For the price indicator, the process includes conducting a price review gathering price and service life data for selected assistive products from 12 countries, representing a mix of low, middle, and high-income nations globally.

The price for each product is calculated using the formula:

$$Price_{Annual} = (Price_{Product}/ServiceLife_{Product}) + (Price_{Accessories}/ServiceLife_{Accessories}) + Price_{Consumables}$$

where the lowest prices of the product, accessories, and consumables are divided by their respective service lives. This information is entered into an online APL Evaluation Form, which generates a weighted score based on price, risk, need, and benefit. The resulting prioritized list will be refined and reviewed through stakeholder consultations and with the support of the WHO Technical Advisory Group on assistive technology.

The price review is currently underway, and the results will be published in the upcoming edition of the updated APL, scheduled for release in late 2025.

Source: Input provided by the World Health Organization Assistive Technology Team.

4.3 Education

Evidence is currently scarce on the financing gap for building inclusive education systems in low- and middle-income countries. This is partly linked to deeper issues around the planning and budgeting of disability-inclusive education. Except for activities such as special schools – which are at odds with a CRPD-compliant approach – disability-inclusive education is often not identified within stand-alone budget lines or budget programmes. Instead, it may be subsumed within other budget lines such as teacher training or provision of learning materials. Analysis by Kerr and Kurzawa (2023) highlights that this can result in disability-inclusion getting lost under other priorities.

40 See WHO (2025) for further information

Costing disability inclusive education means clearly defining and collecting reliable data on different kinds of costs. Education sector analysis guidelines developed by UNESCO et al (2021) for inclusive education for persons with disabilities provide a useful reference point for national costing exercises. The types of costs within inclusive education programmes can include disability screening, accessibility, equipment, assistive technology, staffing (including specialised teaching staff) and training. The mix of costs will depend significantly on the scope and ambition of an inclusive education programme. Identifying the scale of these costs entails collecting data from existing education systems and, potentially, from pilots of inclusive education programmes. Once a unit cost for provision of inclusive education is identified, the scale of the beneficiary population for inclusive education support also needs to be identified (UNESCO et al. 2021).

Some recent initiatives shed light on the cost of inclusive education in low- and middle-income settings. Sightsavers – with the support of IrishAid and UK Aid – has undertaken analysis in Cameroon, Kenya, Nigeria and Senegal seeking to estimate the cost of supporting children with disabilities in mainstream schools (Box 10). Another notable initiative is the creation of a tool for costing interventions that leverage technology to support learners with disabilities as part of the World Bank's Tech-EnableD Disability Inclusive Education (TEDDIE) instrument. The Excel tool is designed to cost out a five-year plan to implement a minimum package that includes digital devices, tools and hardware, including assistive technologies; software, platforms, and apps; non-tech teaching and learning materials; reasonable accommodations; teacher and specialist training; and maintenance costs (Alasuutari et al. 2023).

Box 10. Costing of inclusive education interventions in Cameroon, Kenya, Nigeria and Senegal

Sightsavers has conducted costing studies based on its experience implementing inclusive education projects with government and NGO partners in Cameroon, Kenya, Nigeria and Senegal. The primary goal was to estimate the incremental cost of supporting children with disabilities in mainstream schools, analyse how costs are distributed across activities and identify key cost drivers. These estimates were based on routine financial data from project implementation and, where available, government data.

The cost of interventions supporting children with disabilities ranged from US$434 to US$1,232 per child per year, varying by countries. In Cameroon, expenditure data were used to model the budget impact, showing that scaling such interventions to 428 government primary schools (about 3 per cent of all primary schools) between 2022 and 2030 would require approximately 0.5 per cent of the 2022 basic and secondary education budget.

There are some important considerations for interpreting the figures and how they can be applied to national scale-up. The costs partly reflect the focus on capacity-building and did not include certain government expenditures, such as teaching staff salaries and assistive devices. Additionally, the studies were based on a relatively small number of schools (between three and nine in each country). At the same time, national scale-up would likely benefit from economies of scale, and certain activities, like training and curriculum development, would not need to be repeated frequently.

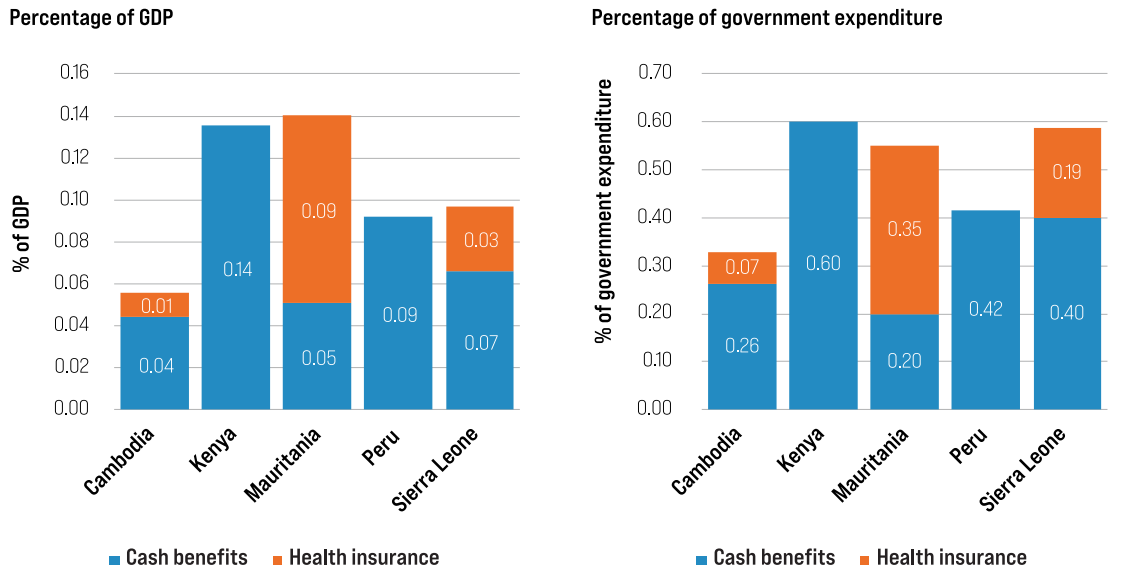
Sources: Chatharoo et al. (2018); Engels et al. (2022); Trotignon and Jones (2024)

4.4 Summary

Overall, the analysis of the financing gap highlights the need for better evidence, methods and tools for costing programmes and services that support disability inclusion. While it was possible to cost disability cash benefits and (where relevant) extension of health insurance across the five countries, for many other key areas it was not possible to undertake costing. These include rehabilitation services, provision of assistive devices and inclusive education, as discussed above, but also other areas including development of care and support services. In part, this is linked to the much greater difficulty in defining the unit cost of these different programmes and services, and the scale of the beneficiary population. However, ongoing initiatives indicate that – with better evidence of practice and costing tools – much more progress could be made on costing the financing gap for disability inclusion.

Even with the limited package of interventions costed, closing the financing gap of accelerating disability inclusion would require a significant increase in resources relative to current expenditures. As shown in Figure 31 the combined cost of expanding disability cash benefits (with the conservative scenario adapted for the national context) and expanding health insurance would cost between 0.05 and 0.15 per cent of GDP across the five countries, or between 0.3 and 0.6 per cent of government expenditure. On one hand, these figures are relatively modest compared to the scale of overall public expenditure, and more than achievable for a country with the political will to accelerate disability inclusion. Nevertheless, these figures are also many times higher than existing levels of expenditure across the five countries, indicating a significantly increased effort relative to the status quo.

Figure 31. Combined financing gap for expansion of cash benefits in Cambodia, Kenya, Mauritania, Peru and Sierra Leone (including health insurance in Cambodia, Mauritania and Sierra Leone)



Source: Authors' calculations

Note: The financing gap indicates the cost of expenditure after reform minus current levels of expenditure.

5 Strategic approaches to optimise the use of maximum available resources

This section explores key approaches through which different kinds of resources can be strategically mobilised for disability inclusion. The discussion starts by highlighting the importance of **laying strong foundations** in terms of legal frameworks, policy and strategic planning and coordination. Given the centrality of the national budget to financing disability inclusion, **harnessing the budget cycle** to support disability inclusion is critical to ensure that existing and future resources are used to their best effect. **Participation of Organisations of Persons with Disabilities** is therefore critical.

There are also more specific financing channels that can be enablers for disability inclusion. These included **disability funds** which exist in many countries across the world, **local government finance**, and **social security and health insurance funds**. Consideration of the **public procurement** and **public-private financing** are key for both how government delivers programmes and services, and how it best mobilised resources in the private sector. Finally, the role of **international financing sources** also deserves dedicated attention, especially in lower income countries.

5.1 Laying the foundations

Well-developed legislation, policies and strategic plans on disability inclusion are a key foundation to mobilising resources for disability inclusion. These include those that are specifically focused on disability inclusion, as well as those referring to broader sectors (such as education, health and social protection) that clearly address disability. Crucially, these should establish the roles and responsibilities of different actors across government in relation to disability inclusion, and the priority actions for accelerating disability inclusion. In doing so, they create the legitimacy for relevant government departments to identify financing sources and negotiate budget allocations for key priorities. Policy development and strategic planning is likely to be particularly influential from a budgeting perspective where it directly considers key budgetary implications, for example, through the development of costed plans. For example, Mauritania's National Strategy for the Inclusion and Promotion of the Rights of Persons with Disabilities – adopted in late 2024 – incorporated a costed plan which includes expansion of both cash benefits and access to health insurance (Box 11). Another notable approach to developing national development plans are Integrated National Financing Frameworks (INFFs) which have been developed as part of efforts to finance progress towards the sustainable development goals (Box 12).

Effective mobilisation of resources for disability inclusion also requires coordination by different actors within government. A common challenge for accelerating inclusion of persons with disabilities is fragmented delivery services across government. Without adequate coordination, this can also adversely affect budgeting for disability inclusion, with multiple Ministries or agencies competing for allocations to programmes with overlapping objectives. This can be addressed by mechanisms that coordinate the planning and delivery of programmes for persons with disabilities across government (see discussion on coordination in Chapter 2 of the GDIR). Another key aspect of this is the distribution of roles and responsibilities between central and subnational levels of government.

Box 11. Costing of disability policies and strategies in Mauritania and Zimbabwe

Mauritania

The government of Mauritania prioritized developing and adopting the National Strategy for the Inclusion and Promotion of the Rights of Persons with Disabilities in combination with social protection reforms, recognizing that these efforts would be most effective when supported by a strong, rights-based disability policy framework. Following the 2023 Concluding Observations from the CRPD to the Government of Mauritania, in 2024 the country initiated, with the support of UNICEF, a participatory process involving 12 workshops with 17 ministries, government agencies, OPDs and partners. This led to the Strategy's official adoption by the Council of Ministers in December 2024.

The approved Strategy outlines the development of a costed action plan, with the Government committing to progressively increase budget spending on disability from a 2024 baseline of 0.13 per cent of budget expenditure (0.03 per cent of GDP). It affirms the need for contributions from all ministries, regional councils and municipalities, with each expected to allocate a share of their budgets (yet to be defined) to disability inclusion. The costing of the action plan was consolidated in February 2025 and was supported by the transition of Mauritania to programme budgeting as government contributors were acquainted with costing approaches, arbitrages and prioritization requirements. A significant portion of this increased investment is expected to support social protection measures.

Zimbabwe

The Government of Zimbabwe has sought to develop a robust regulatory framework and system to support the effective implementation for the National Disability Policy. This includes a Costed Action Plan developed under the leadership of a multistakeholder Technical National Coordination Committee. A Global Disability Fund programme implemented by UNESCO, UNDP and UNFPA supported the Costed Action Plan to be developed in collaboration between 17 government ministries, two main national umbrella OPDs and two human rights commissions. Prior consultations were carried out with diverse OPDs in 2022, and their inputs were incorporated into the plan.

This programme included a training of key government actors on CRPD-compliant budgeting approaches. An important step in this process was a review of a validated draft Costed National Action Plan to align it with the Ministry of Finance's operational processes. The Costed Action Plan now serves as the foundation for coordinating efforts and guiding resource allocations and resource mobilization from the national Treasury as well as development partners and donors, for effectively implementing the National Disability Policy.

The Costed National Action Plan calls for investment that is directed towards high impact interventions and activities across sectors to promote the rights of persons with disabilities. In total, delivery of the action plan is projected to cost between US$ 8 and 16 million annually across the period of implementation (Government of Zimbabwe 2024). This would equate to between 0.02 and 0.04 per cent of GDP.[41]

Source: Input from UNICEF Mauritania country office (for Mauritania) and Global Disability Fund (for Zimbabwe).

41 Authors' calculations based on GDP data from IMF (2024e)

Box 12. Towards inclusive Integrated National Financing Frameworks (INFFs)

An Integrated National Financing Frameworks (INFF) is a tool to support countries to identify how national development plans can be financed. The concept of an INFF has its roots in the Action Agenda on Financing for Development agreed in Addis Ababa in 2015, which provides a global framework for financing the 2030 Agenda for Sustainable Development. The development of INFFs seeks to address a missing link between national development plans and the financial resources needed to achieve them. Importantly, INFFs seek to draw on the full range of domestic and international sources of both public and private finance. Since 2015, a variety of countries have developed INFFs, supported by a growing suite of guidance documents (INFF Facility 2025).

INFFs provide an important tool to identify sources of financing for disability inclusion. This is recognised to some extent in existing resources, such as a guidance document on INFFs and leave no one behind which includes consideration of disability (INFF Facility 2022). Nevertheless, there do not appear to have been concrete examples of disability being proactively included in development of INFFs at a national level. This is in contrast to gender, with 30 countries indicating their financing strategies would include gender-specific reforms, and countries such as Botswana and Maldives developing gender-responsive climate financing strategies (INFF Facility 2024).

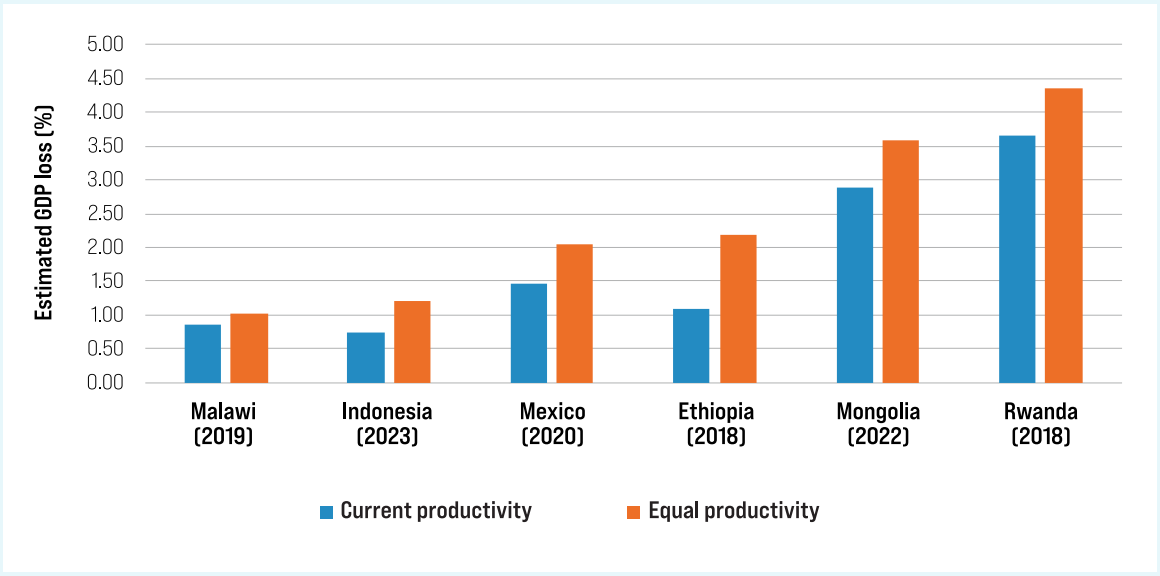
The ability to secure adequate allocations for disability inclusion will be supported by the development of a strong investment/business case. This is relevant for both government and non-government actors, including line Ministries or government agencies justifying a request for a budget allocation, or civil society organisations lobbying for a particular policy to be financed. Much of this business case will rely on the broader legislative and policy foundation described above, however, the budget formulation process is a moment to summarise the key evidence, and highlight the urgency of an investment. Given the interest of Ministries of Finance on economic returns on investment, this can be a key moment to describe the costs of exclusion and gains of exclusion. Box 13 provides an example of such evidence, summarising new estimates on the economic returns of investing in disability inclusion in six countries. An investment case can include drawing on new data and evidence – for example, from impact evaluations – to explain the specific outcomes of a specific investment. It is also a moment for line Ministries to highlight their capacity to implement new, improved or expanded programmes, for example, by referring to a strong record of implementation and budget execution. The importance of developing a strong business case is likely to greater where budgets are oriented towards results, as with a programme-based budgeting approach.

Box 13. Building an investment case: The gain of inclusion and the cost of exclusion of persons with disabilities

One important dimension of an investment case for disability inclusion are the potential economic returns of increasing employment of persons with disabilities. Measures that work to increase levels of employment and earnings of persons with disabilities – such as inclusive education, employment support, accessible environments and social protection) have the potential to increase the size of the macroeconomy, as well as levels of government revenue.

A widely quoted 2009 study by the International Labour Organization (ILO) estimated the loss in gross domestic product (GDP) in low- and middle-income countries due to higher rates of unemployment and lower earnings among persons with disabilities as ranging between 3 and 7 per cent (Buckup 2009). Updated analysis carried out for the Global Disability Inclusion Report used the same methodology to come up with estimates for six countries: Ethiopia, Indonesia, Malawi, Mexico, Mongolia and Rwanda. This was able to draw on actual wage data and better data identifying persons with disabilities. The analysis estimates losses in GDP ranging between 0.73 per cent and 4.36 per cent resulting from lower levels of employment and earnings of persons with disabilities, confirming the relevance and findings of the 2009 ILO study. In Figure 32, the blue bars show the increase in GDP that would result if persons with disabilities were employed at the same rate as those without disabilities, but with their current median wages. The orange bar shows the potential increase if persons with disabilities had both the same employment and wage rates as those without disabilities.

Figure 32. Estimated percentage GDP loss from disability employment and earnings gaps



Source: Mont et al. (2025)

In other words, in Rwanda, if persons with disabilities had the same employment rate as persons without disabilities, but at their current median wages, GDP would rise by about 3.66 per cent. If their wages also rose to match those of persons without disabilities, the increase in GDP would be 4.3 per cent.

It is important to note that these countries were selected based on the availability of comparable data, not to be globally representative. As more data become available, estimates will vary by country, reflecting the diverse experiences of persons with disabilities, the structure of each country's labour market and economy, and the measure of employment in dataset.

Improving access to quality education is a critical way to improve the employability and earnings of adults with disabilities. Studies in a wide range of countries found that each additional year

of schooling yielded a wage return of between 6.4 and 25.6 per cent (Henderson, Houtenville, and Wang 2017; Liao 2014; Liao and Zhao 2013; Lamichhane and Sawada 2013; Albert et al. 2015). Completing at least primary school versus never attending school in Burkina Faso, the Gambia, Rwanda and Senegal was associated with wage gains of 56 per cent for adults with disabilities; completing secondary education achieved gains of 161 per cent (Male and Wodon 2017).

Moreover, the economic returns to education are enhanced by investing in an inclusive education system that eliminates costs associated with a parallel segregated school system (Walton 2012). For example, in OECD countries, the cost of segregated education was found to be 2.5 times higher per capita than the cost of mainstreaming (UNICEF 2012). In Pakistan, a study reported that per capita costs of education in a segregated school costs were 15 times higher than education in a mainstream school (Barua 2018).In contrast, a study in South Africa found that making physical structure and amenities of an existing mainstream school more disability inclusive amounted to only 4 per cent of the project budget for building a new segregated school (Myers et al. 2018).

Making education systems more inclusive is not the only way to offset these GDP losses. The provision of assistive technology is also a key enabler of socioeconomic participation of persons with disabilities, with a return on investment of US$9 for every US$1 invested (ATScale 2020). Increased accessibility also generates returns. Improving the accessibility of transport systems in the United Kingdom could yield an estimated socioeconomic benefit of US$89.3 billion (Motability 2022).

Addressing the barriers to livelihood generation – such as access to education and support or an inaccessible environment – requires investment, but it can generate significant macroeconomic gains, in addition to ensuring the rights of persons with disabilities.

5.2 Budgeting for disability inclusion

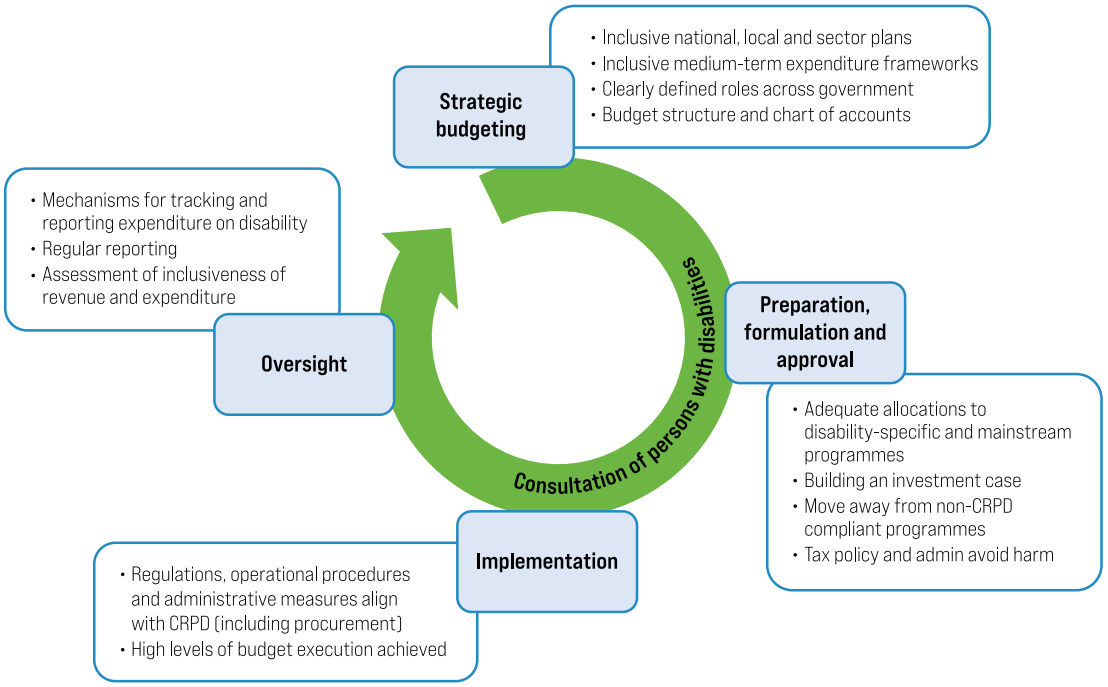
The national budget cycle provides a key strategic entry point for mobilising resources for disability inclusion. As noted above, most public finance resources (from domestic revenue, deficit financing and ODA) are channelled via the national budget towards expenditure allocations on the wider remit of government activities. The budget cycle is the mechanism through which these resources – which are often growing over

time – can be secured for key activities supporting disability inclusion. It is also the mechanism through which decisions on efficiency savings and reallocation are made. A CRPD-compliant approach to budgeting entails many aspects including:

- **Ensuring adequate budget allocations**, both to disability-specific programmes and policies, and to support mainstreaming of disability across government. These should reflect roles and responsibilities of different agencies and levels of government in policy implementation.
- **Moving away from non-CRPD-compliant allocations**, such as financing of institutionalised care and segregated special schools towards more inclusive arrangements.
- **Avoiding retrogression**, that is, the reduction of allocations made to support disability inclusion.
- **Revenue policies and administration** that does not increase cost or harm for persons with disabilities

The budget cycle provides several key moments to support the mobilisation of resources for disability inclusion. While the nature of the budget cycle can vary significantly from country to country, it is possible to identify key stages where CRPD-compliant approach can be put into practice. Figure 33 visualises the four main stages of the budget cycle: the first is strategic budgeting through which broad policy goals are translated into budget decisions, the second is the annual preparation, formulation and approval of budgets, the third is budget implementation, and the fourth is budget oversight (Andrews et al. 2014).

Figure 33. Ensuring disability inclusion across the budget cycle



Source: Adapted from UNICEF (2021) and UNICEF (2024a)

In terms of strategic budgeting, medium-term budgeting processes provide a particularly relevant mechanism for financing progressive realisation of disability inclusion. Many countries develop medium-term expenditure frameworks (MTEFs) and medium-term revenue frameworks (MTRFs) as a way to more strategically plan government revenue collection and expenditure allocation beyond a single budget year – usually over a three- to five-year period. Development of MTEFs and MTRFs provide an important opportunity to plan for disability inclusion.

Budgeting for disability inclusion is also supported by budget structures which reflect key programmes and policy objectives. One overarching challenge in budgeting for disability inclusion is the use of a line-item approach to constructing the national budget. This focuses on the cost of inputs typically organised by Ministry, but provides limited information on the purpose of different activities. In the case of disability, these typically include activities such as special schools, provision of assistive devices, medical services targeted at persons with disabilities, and dedicated cash benefits.

Many countries are moving towards programme-based budgeting which seeks to refocus resource allocation on the achievement of results rather than management of inputs and government structures (Dorotinsky 2007; UNICEF 2021). This can create opportunities for more strategic budgeting towards disability inclusion. Peru is one country that has taken steps towards a programme-based budgeting approach, with two programmes under health and education dedicated to disability inclusion.[42] An associated approach is to adjust the reporting structures of the national budget to better identify and track disability-related expenditure. As part of Kenya's Public Finance Management Reform Strategy 2023-2028, the National Treasury is updating the budget manual, reconfiguring Integrated Financial Management System (IFMIS) to among others report better the programme outcomes, while the Office of the Controller of Budget – with the support of UNICEF – is seeking to update the expenditure reporting template for national and counties reporting to improve disaggregation, including in relation to disability.

Effective budget oversight requires robust and transparent mechanisms for tracking and report of disability-related expenditures, and dedicated analysis of execution and equity. One important limitation to oversight of national budgets are weaknesses in availability of data on expenditure allocations and executions. In terms of disability inclusion, this is exacerbated by the limitations in budget structures described above. This is also affected by the limitations of common government financial statistics frameworks for tracking government expenditure that supports disability inclusion. Even where these exist, data may not be adequately disaggregated to analyse budget allocations, and execution of budgets. Meanwhile, both government and non-government actors need to go beyond a simple inventory of budgeted or actual expenditures to better understand aspects such as budget effectiveness and equity. This involves connecting budget data to broader analysis of the need for services, and deeper evaluations of the impact and implementation of different programmes and services. Country experiences of formal systems to track disability inclusion expenditures are relatively scarce, but the case of Bogota in Colombia provides a valuable example of how this might operate in practice (see Box 14).

42 These are "Inclusión de niños, niñas y jóvenes con discapacidad en la educación básica y técnico productive" (PP 0106) and "Prevención y manejo de condiciones secundarias de salud en personas con discapacidad" (PP 0129)

Box 14. The disability budget tracker in Bogota, Colombia

Since 2022, the Capital District of Bogotá has implemented a budget tracker to monitor expenditures related to persons with disabilities as part of a broader set covering areas such as peacebuilding, gender equality, youth and civic culture. While Colombia does not yet have a national-level disability tracker, Bogotá's initiative builds on national efforts to promote budget tracking at subnational levels. The disability budget tracker allows analysis of expenditures aimed at the social inclusion of people with disabilities, their families and caregivers to help agencies to plan their activities based on a comprehensive view of the public efforts already undertaken. Government entities report on activities, categorizing them as having either a direct impact (focused on disability inclusion) or an indirect impact (contributing through broader initiatives).

As of 2023, the district government of Bogota marked COP 106 billion (US$26 million) representing 0.36 per cent of their total expenditure in 2023.[43] Analysis by sector shows that 75 per cent of the expenditures were in the area of protection, well-being and social justice, with health and autonomy being the next most important sector (17 per cent). Indicative data shows that expenditure with an indirect impact on disability inclusion was COP 10.7 billion (US$2.6 million) (Secretaría Distrital de Integración Social (Bogotá), 2024).

Source: Inputs provided by the Secretaríat Distrital de Integración Social in Bogotá.

Persons with disabilities (and representative groups) should be involved across the budget cycle. Participation of persons with disabilities in broader legislative and policy processes, is a key foundation for engagement in the budget cycle, particularly in its links to strategic budgeting processes. The annual budget formation and approval process is then a key moment. Many countries have defined activities in their budget formulation processes for public participation, such as budget hearings. It is critical that such activities proactively involve OPDs, and that accessibility is accounted for both in circulation of draft budget documents and the organisation of the hearings themselves. Beyond participation these formal processes, OPDs and other organisations working on disability can proactively engage in budget formulation, for example, through analysis of budget proposals, collaboration with relevant line Ministries and agencies, and lobbying of parliamentarians who play a key role in budget approval. When it comes to implementation, OPDs are likely to have unique understanding of persons with disabilities' experiences of policy delivery, and may also be partners in implementation. Finally, OPDs have a central role to play in budget oversight, both as an actor in any formal oversight processes, and in their capacity to hold governments to account by scrutinising budget implementation. Box 15 provides some experiences of budget advocacy in the Asia Pacific region.

43 Authors' calculation based on budgeted data from Secretaría de Hacienda (Bogotá), 'Informe de Ejecución Presupuestaria – 2023–2024'.

Box 15. OPDs engagement in budget advocacy in India, Fiji and the Philippines

India

Engagement of OPDs in budget analysis began as part of work by the National Disability Network - a network of individuals and organisations working in the disability movement – to develop a national parallel report on the CRPD, in response to a national report in 2011. This process raised questions about the adequacy of budget allocations supporting disability inclusion from union and state governments.

Two representatives from the network were selected to undergo training on budget analysis with the Centre for Budget and Governance Accountability (CBGA) (the coordinator of the People's Budget Initiative). Initially, budget analysis was primarily undertaken at the national level, identifying very limited prioritisation of disability inclusion, and very low budget allocations. Subsequent analysis expanded to include all sub-national units, which highlighted vast discrepancies between states in the scale of allocations on disability inclusion.

The findings from budget analysis have continued to feed into advocacy, including in coalition with the People's Budget Initiative to incorporate disability within a broader set of policy demands from civil society in response to the national budget.

Philippines

As in India, OPD engagement in budget advocacy began as part of monitoring of the CRPD. This commenced with data analysis being carried out by budget experts. Subsequently, in order to build the understanding and ownership within OPDs, a core team of members of the Philippines CRPD coalition carried out the work. This core team worked within the Alternative Budget Initiative - a consortium of civil society organisations undertaking analysis of the annual budget – and coordinated inputs from OPDs into the process. A challenge has, however, been to secure ongoing funding to continue analysing the annual budget, and to proactively engage in advocacy.

Fiji

In Fiji, budget advocacy has been led by the Fiji Disabled People's Federation (FDPF), with strong buy-in from the members and the leadership and adequate resourcing. This is critical as budget advocacy takes time and yields results only after certain investment. A budget team was assembled bringing in representatives from the five OPDs, OPD leaders and young emerging leaders – which have engaged in budget analysis and budget advocacy. Engagement started in 2014 and took place alongside policy processes towards the ratification of the CRPD (2017) and ratification of the 2018 Rights of Persons with Disabilities Act. The budget advocacy has been key to making the most of this momentum and ensuring that policy commitments have been supported by increased budget allocations. As highlighted in Section 3, the budget allocation supporting disability inclusion more than doubled between 2018 and 2024, supporting a number of initiatives including a new disability allowance and a bus fare subsidy.

Source: Cote and Balsubramanian (2020)

5.3 Disability funds

Many countries across the globe have disability funds defined in national legislation, although not all are implemented in practice. Various laws on disability in countries across the globe make provision for some form of disability fund, and such funds have been established in countries including Argentina, Bolivia, Cambodia, Malawi, India, Kenya, Yemen and Zambia. The key features of these funds are outlined in Table 5. Other countries, such as Eswatini, Sierra Leone, Sri Lanka and Tanzania, make provision for such funds in legislation, but have not put them in place.

The specific motivation for establishing disability funds is generally not precisely defined. While disability laws set out funding sources and the use of funding (discussed below), they tend not to define the specific rationale for such funds as opposed to financing programmes and services for persons with disabilities from general budget allocations or other sources. For example, Kenya's Persons with Disabilities Act 2003 defines the use of the National Development Fund for Persons with Disabilities in broad terms as simply being for "the benefit of persons with disabilities in Kenya." (Article 32 (2)). Such framing is common across different funds. The way in which the framing of funds has often drawn on laws in other countries suggests there may not have always been deep consideration on the overarching logic and purpose of such funds.

One notable type of fund with a more specific function are employment quota levy funds. Many countries across the world have disability employment quota systems by which employers must ensure that a minimum percentage of their employees are people with disabilities. An ILO review identified 103 countries that have some of quota system in place, with about a quarter of these having systems in which employers who do not meet their quota obligation are required to pay a levy or fine. This fine is usually made to specific funds, although in some cases it is made to the national budget. Countries with employment quota levy funds include Cambodia, China, France, Germany, Mongolia, Montenegro and Thailand, among others (ILO 2019).

The sources of revenue for disability funds defined in legislation vary substantially. These are generally defined in the disability legislation that provides the legal foundations of these schemes, and may be elaborated in other legislation. The main sources of funds defined by law are summarised in Table 1 above. The main specified sources of revenue include:

- **Allocations from the national budget:** This is defined as a potential source of revenue in the most funds reviewed (the exceptions being **Argentina** and **India**)
- **Donations** are another common source of potential funds, be they from national or international actors. Argentina's Fondo Nacional para la Inclusión Social de las Personas con Discapacidad (FONADIS) specifically mentions legacies as a source of funding.
- **Fines:** Fines from employers that do not fulfil employment quotas are a key source (if not the sole source) of funding for quota levy funds. Another example of a fund drawing on revenue from fines is Argentina's FONADIS which is part-financed by penalties paid by people who issue checks that are rejected in the banking system for reasons including lack of funds.
- **Earmarked taxes** are stated as a potential source of revenue in **Thailand** (relating to some part of product and service taxes). **Yemen's** Disability Fund was financed by earmarked taxes on telecommunications, cement, cigarettes and airline tickets (UNICEF 2020).

Table 5. Key features of disability funds, selected countries

				Funding sources (legal)									Activities financed (legal)													
Country	Name	Year established	Legal basis	Budget	Donations	Interest	Rent from property	Employer quota levy	Other fines and fees	Lottery	Earmarked tax	Transferred assets	Education	Rehabilitation and health	Loans to PWD / livelihoods	Assistive devices	Individual support	Research	Support to OPDs/NGOs	Training	Cash benefit / allowance	Cooperation/Advocacy/Awareness	Cultural activities	% of GDP	% of govt. expenditure
Argentina	Fondo Nacional para la Inclusión Social de las Personas con Discapacidad -National Fund for the Inclusion of Persons with Disabilities (FONADIS)	2022 (based on a fund that had previously existed since 2003 - Fondo Nacional para la Integración de las Personas con Discapacidad)	Decreto 187/2022						●		●		●	●	●			●	●			●		0.0003	0.001
Bolivia	Fondo Nacional de Solidaridad y Equidad (National Solidarity and Equity Fund)	2011	Decreto Supremo No839 el 6 de abril de 2011	●	●								●	●	●									0.006	0.017
Cambodia	Persons with Disabilities Foundation (PWDF)	2009	Disability Law 2009 (Article 46)	●	●			●					●	●	●	●								0.0072	0.039
India	National Fund for Persons with Disabilities	2016 (there was former fund created in 1986, with the same name)	Rights of Persons with Disabilities Act, 2016			●																	●	0.000	0.000
Kenya	National Fund for the Disabled of Kenya	1980	Trustees (Perpetual Succession) Act Cap. 164 of the Laws of Kenya on 6th April, 198	●	●		●								●	●	●						●		
Kenya	National Development Fund for Persons with Disabilities	2003	Persons with Disabilities Act 2003	●	●	●							●		●	●			●	●	●	●			
Malawi	Disability Trust Fund	2012 (legal basis), 2019/20 (first budget allocation, but no allocations as of 2023/24) - Official launch in 2024	2012 Disability Act	●	●	●			●				●			●	●	●		●			●	0.001	0.003
Thailand	Fund for Empowerment of Persons with Disabilities	2007 (replacing fund established in 1991)	Persons with Disabilities Empowerment Act 2007	●	●	●		●		●	●	●			●									0.008	0.035
Yemen	Handicap Care and Relief Fund (HCRF)	2002	Law No. 2 of 2002	●	●	●			●				●	●		●			●		●				
Zambia	National Trust Fund for Persons with Disabilities	2012	Persons with Disabilities Act 2012	●	●										●			●		●				0.000	0.001

Source: Background paper on financing mechanisms for disability inclusion

- **Revenue from assets** can also be a source of income for disability funds. In many cases legislation specifically refers to interest on accumulated funds being a source of revenue. For **Kenya's** National Fund for the Disabled of Kenya, a significant portion of revenue comes from rental income.
- **Other sources:** These include revenue from lotteries (Thailand). Another source of revenue described in law is sometimes transferred assets from previously existing funds (Thailand, India).

In practice, the mix in sources of funding is often significantly narrower than that defined in law. For example, while the laws underpinning funds in Malawi, Kenya (National Development Fund for Persons with Disabilities) and Zambia set out a range of potential sources of funding, in practice these funds draw exclusively on allocations from the government budget.

Quota levy funds tend to draw mainly on revenue from fines paid by companies which have not complied with employment quotas, but there are some more mixed funding models. For example, Thailand's Fund for Empowerment of Persons with Disabilities sets out a range of revenue sources in law, but in practice it comes almost exclusively from the quota levy system (Box 16). On the other hand, Cambodia's disability fund (Persons with Disabilities Foundation (PWDF)) defines fines from the quota levy system as a source of income in law, however, in practice this only makes up around 10 per cent of revenue, with the remainder coming from the national budget.[44]

Box 16. Funding sources of Thailand's Fund for Empowerment of Persons with Disabilities

Thailand's Fund for Empowerment of Persons with Disabilities was established as part of the Persons with Disabilities Empowerment Act 2007, replacing (and transferring assets from) the Rehabilitation Fund for Persons with Disabilities established in 1991.

The Persons with Disabilities Empowerment Act 2007 (Article 24) sets out a range of potential sources of income for the fund including government subsidy, donations, quota levies, lotteries and some portion of product or services taxes. In practice, however, virtually all income for the fund comes from levies on employers. The payment of these levies is defined in the same Act (Articles 33 and 34) which sets out that employers should employ a minimum number of employees with disabilities, and failure to do so should incur a fine. The specific quota and fine is set out by regulations of the Thai Ministry of Labour.

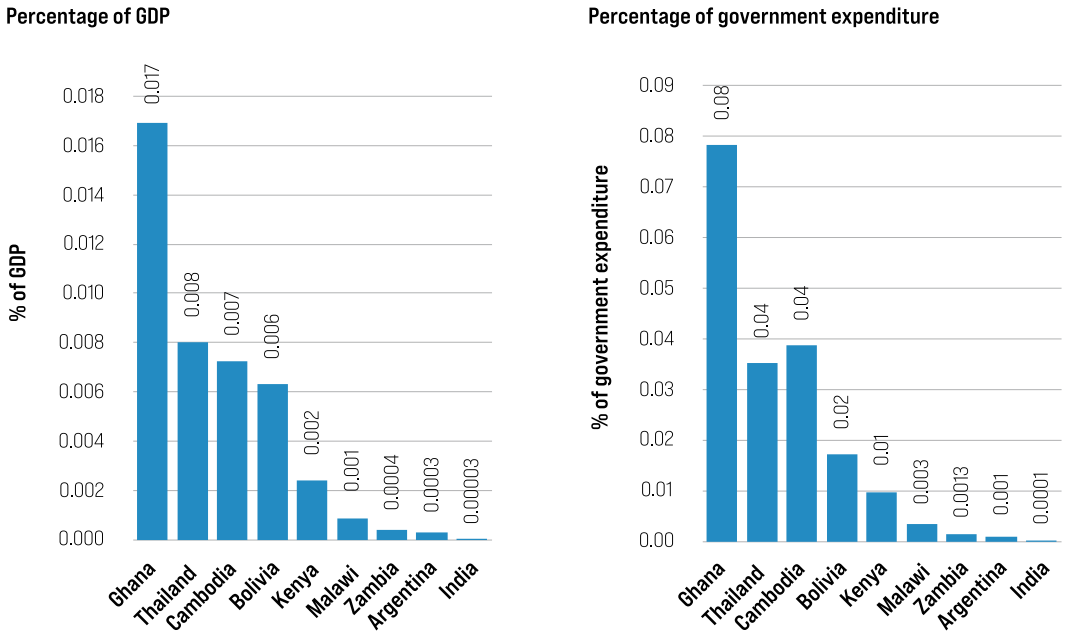
Data from 2022 and 2023 shows that more than 99.5% of the income of the fund came from the levy on employers and enterprises, with the remaining sum primarily from interest on accumulated funds. Total income of the fund was THB 1,775 million in 2023 (US$ 43 million), although the total accumulated fund was THB 12,544 million (US$ 376 million) resulting from ongoing underspend of the fund.

Source: Background paper on financing mechanisms for disability inclusion

44 See background paper on financing mechanisms for disability inclusion.

Overall, the scale of disability funds is small relative to wider government expenditures, and the scale of expenditure on disability inclusion. Figure 34 shows levels of the total revenue or expenditure[45] for a selection of disability funds where data is available. The Figure also includes the disability-earmarked component of Ghana's District Assemblies Common Fund (discussed in Box 17 in Section 5.4 below) which is often described as a disability fund. In most countries, disability fund revenue or expenditure tends to constitute only a fraction of 0.1 per cent of GDP, or less than 0.04 per cent of government expenditure. In many cases, this means that the total size of disability funds constitutes only a small portion of total government expenditure on disability. For example, the government allocation from the national budget to disability funds in Kenya (which has two funds) varied between 11 and 21 per cent of total disability-focused expenditure in the years 2019-2024.[46] This is despite the fact that total disability-focused government expenditure in Kenya as a whole remains low by international standards (see Section 3).

Figure 34. Annual revenue or expenditure by disability funds, % of GDP



Source: Background paper on financing mechanisms for disability inclusion

45 Revenue or expenditure is used depending on the financing modality of a fund. For example, for funds fully financed by government budget allocations (e.g. Kenya) the revenue from the national budget allocation is used. For funds with an accumulated fund from which annual disbursements are made (e.g. Thailand), the actual expenditures are used.

46 Based on budget analysis described in Section 3.

The defined scope of activities to be financed by disability funds varies substantially. The legislation that underpins disability funds usually sets out the range of activities that can be financed from the fund (summarised in Table 5 above). One first point of variation is the specificity of the legislation, with some defining a more narrow set of programmes or services, and others setting out a more elaborate set of potential activities. India's National Fund for Persons with Disabilities, for example, it almost exclusively focused on support to and showcasing of persons with disabilities in art, handicraft, music, dance, sport and STEM. At the other end of the spectrum, funds in Argentina and Kenya outline a relatively long and wide-ranging list of activities. The most common types of support defined relate to education, livelihoods (including the provision of loans), assistive devices, and health and rehabilitation. Other activities across countries include research, training, cash benefits, cultural activities, and activities relating to cooperation, advocacy and awareness.

One notable type of expenditure that is not usually covered by disability funds are cash benefits. In all of the countries included in Table 5, regular cash benefits to persons with disabilities (where they exist) are not included within the expenditures of disability funds. This is the case in Kenya, India, Thailand and Argentina, which all have dedicated non-contributory disability allowances and grants. The separate financing in Kenya is even though the Persons with Disabilities Act 2003 specifically includes the provision of allowances to persons with disabilities as under the scope of the National Development Fund for Persons with Disabilities. It is also the case in countries such as Malawi and Zambia where general cash transfer schemes reach (and are sometimes specifically tailored to) persons with disabilities. One important caveat is that one-off or short-term cash transfers may be provided through projects implemented by such funds, for example, in the case of livelihood programmes.

While the activities of employment quota levy funds are usually focused on employment, there is variety in the breadth of activities. In some cases, these funds are used primarily to support employers in fulfilling the quota, for example, by adapting their workplace for persons with disabilities. This is in line with the recommendation of the ILO that the main use of levy funds should be "to provide support to employers who comply with the quota obligation in full or in part, such as in the form of subsidies to workplace adaptation, provision of technical advice and measures to enhance the employability of job seekers with disabilities" (ILO 2019, 14). In other countries, funds are used to support a wider population of persons with disabilities. For example, the main activities listed under Thailand's Fund for Empowerment of Persons with Disabilities include loans provided to individual persons with disabilities and caregivers for career development and business expansion, as well as broader activities around the empowerment of persons with disabilities.

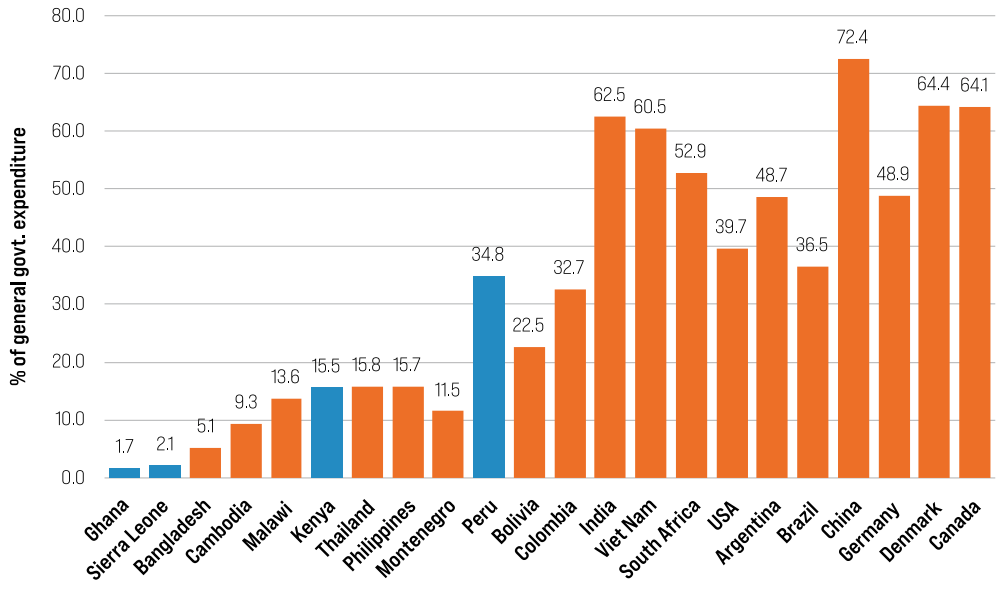
It is likely that funds with more clearly defined funding sources and functions will make a more effective contribution to the disability inclusion financing landscape. Where a disability fund is financed primarily by government budget allocations and finances a wide array of disability-related activities, it is not obvious what added value this provides to the financing of clearly defined programmes or policies that seek to address specific dimensions of disability inclusion. One exception could be if the disability fund could serve as a **resource-pooling mechanism to finance cross-sectoral services**—such as establishing national sign language interpretation systems —that are unlikely to be fully funded by any single ministry. Otherwise, at worst, the establishment of very small funds solely funded by national budget could risk giving an illusion of action on disability inclusion, with low impact and potentially duplicating with activities of dedicated line Ministries, possibly disincentivising greater sectoral allocation. The clearest added value of disability funds is arguably where they draw on specific and legally defined revenue sources and finance a set of activities that complement those of line ministries and the wider disability sector.

5.4 Local government financing

The financing of local government has important implications for disability inclusion. One important principle that is used in public finance decisions is of subsidiarity, that is, that government functions should be performed at the lowest level of government that can perform them efficiently (World Bank 2021b). Local governments should logically manage the implementation of various programmes and services that are directed at persons with disabilities, and that mainstream disability inclusion. For example, the proximity of local governments to persons with disabilities means they are in a strong position to manage activities such as delivering care and support services (such personal assistance and home-based care), transport support, livelihood activities and key aspects of disability certification and case management. Similarly, local governments typically have a key role in delivery of health and education services and thus ensuring disability inclusion in these areas. It is therefore critical that local governments have adequate resources for these activities.

An important determining factor in the capacity of local government to resource disability inclusion is the overall level of fiscal decentralisation. This is related to both the legally defined roles of government, and their responsibility for managing expenditures in practice. As shown in Figure 35, countries vary substantially in the share of government expenditure which happens at a subnational level, which is an indicator of fiscal decentralisation. This ranges from 1.7 per cent in Ghana, to 72 per cent in China. These figures do not indicate the specific role of local governments within layers of subnational government, and in some cases represent the role of regional government or – in the case of federalised countries such as Brazil and India – the role of states within the public finance system. Nevertheless, even in non-federalised states there exists significant variety, for example, between 2 per cent of government expenditure in Ghana and Sierra Leone, and 35 per cent in Peru. The availability of these resources will have a strong bearing on the capacity of local governments to deliver key activities to support disability inclusion.

Figure 35. Subnational government expenditure, % of government expenditure, 2020, selected countries



Source: OECD-UCLG World Observatory on Subnational Government Finance and Investment

Within this broader picture, one notable approach to resource disability inclusion at the local level is to earmark a portion of local revenues to disability-related programmes and services. The most established – and best documented - example is the disability fund in Ghana which is made up of an allocation of 3 per cent of the District Assemblies Common Fund (DACF) (described in Box 17). Peru and the Philippines have also had such mechanisms in place in the past, but neither appears to be in place at the time of writing (UNICEF 2023b).

Box 17. District Assemblies Common Fund in Ghana

Ghana has system in place by which 3 per cent of resources transferred from central to local government is earmarked to support persons with disabilities. This is a component of the District Assemblies Common Fund (DACF), a mechanism by which 5 per cent of total central government revenue is provided to all Metropolitan, Municipal and District Assemblies (MMDAs) in Ghana for local development activities. This is an arrangement rooted in the 1992 Constitution of Ghana and is part of broader processes towards fiscal decentralisation. Of this total allocation, different activities are earmarked a defined share of these revenues, including 3 per cent for persons with disabilities. This allocation is often described as a form of "disability fund" (Abdul Karimu, Mont, and Morris 2024; National Council on Persons with Disability Ghana 2010; Opoku and Nketsia 2021).

The use of these resources has been primarily orientated towards supporting livelihood activities. The main aims of the DACF for persons with disabilities were described in 2010 guidelines of the National Council on Persons with Disability as relating primarily to minimising poverty of people with disabilities in the informal economy, and "enhancing their image through dignified labour". In practice, the use of the DACF has tended to focus on livelihood activities. Originally, this involved giving grants as startup capital – in the form of one-off cash grants – to persons with disabilities without formal employment in order to support livelihood generation. However, from 2018 the fund operations moved to provision of in-kind items or equipment. The use of the funds has gradually expanded to cover other activities including educational support, medical support, provision of assistive devices and capacity building of OPDs. Persons with disabilities secure support by directly applying to their MMDA (Abdul Karimu, Mont, and Morris 2024).

Research on the implementation of the DACF allocation to disability has found mixed experiences. Some beneficiaries of the fund have reported the important impact of the scheme on making their livelihood activities more profitable, in turn enhancing their sense of dignity and their participation in family and community life. However, one commonly reported issue has been that the amount of support provided by the fund is inadequate, both when provided as a cash grant or when provided in kind. In some cases, this appears to relate to MMDA officials spreading the allocation thinly in order to reach as many people with disabilities as possible (Abdul Karimu, Mont, and Morris 2024; Opoku and Nketsia 2021).

To a large extent, the low level of support results from the relatively small size of resources allocated to disability under the DACF, equal to only 0.02 per cent of GDP as of 2024.[47] This, in turn, relates to the fact that – despite the presence of the DACF – levels of fiscal decentralisation in Ghana remain low (see Figure 34 above). Nevertheless, the arrangement may provide a mechanism to automatically channel greater resources to support disability inclusion if the country moves towards greater fiscal decentralisation over time.

Another way to account for disability inclusion in financing instruments of local governments is in the way in which allocations to local governments are calculated. In Sierra Leone, for example, the grant to local councils for devolved social welfare activities are calculated using a formula which is weighted to account for both the population of persons with disabilities, and the population aged 60 and over (Ministry of Finance 2021). Analysis is not available on the implications of this mechanism, especially within the overarching context of very small social welfare budget disbursements. However, this could be approach that could be considered in other countries, albeit with some caution. On one hand, such a mechanism may help to channel additional resources to areas with higher disability prevalence which would have higher costs for service delivery. On the other, care is required in the interpretation of disability prevalence data given that methodological issues may lead to undercounting of people with disability in some areas, e.g. rural areas.

To make effective use of resources, implementation of programmes and services at subnational level need to be supported by adequate technical and human capacity. One issue found across countries is that even where allocations are made to disability-related activities at a subnational level, local governments have limited technical capacity and guidance to implement effective approaches.

5.5 Social security and health insurance funds

Disability is typically a core concern of social security funds and, to a lesser extent, of social health insurance funds. Within the broader mandate of providing social protection benefits to insured workers, social security funds often provide benefits dedicated to disability, such as general disability (or "invalidity") benefits, and those specifically focused on employment injury. Meanwhile, although health insurance schemes focus on the broader mandate of financing health care, preventing health conditions and impairments that can lead to disability and providing both general and specialized healthcare to persons with disability is inevitably a core part of this mandate.

Key priorities for addressing disability inclusion within social security funds include extending coverage, and moving away from a narrow focus on incapacity to work. In many higher-income countries disability-related benefits – and also those related to sickness and employment – play a central role in providing social protection to people with disabilities (OECD 2022b). This is related to the high coverage of the labour force by such schemes, which are also often partly financed by the national budget. By contrast, coverage of social security funds in low- and middle-income countries tends to be mostly limited to a minority of workers found in

47 Authors' calculations based on expenditure of GHS 172,747,630 as of 2024 (Parliament of Ghana 2024) and economic data from the IMF (2024e)

formal employment, sometimes alongside a small number of informal economy workers. Extending coverage to more persons with disabilities relies on broader efforts to extend coverage to the informal economy, as well as reducing specific barriers to persons with disabilities. A core dimension to this effort is to increase the access of persons with disabilities to formal employment. Another challenge within social security funds is the tendency for eligibility to be tightly linked to capacity to work. There is important scope to refine these benefits to better support persons with disabilities to cover disability related costs and remain active in the labour force (ILO 2024a).

There are various ways in which social health insurance funds can better address disability inclusion. A useful framework for considering the options to improve disability inclusion are the three dimensions of universal health coverage: population coverage, service coverage and financial protection (UNPRPD 2023). Relatively lower levels of employment and higher levels of poverty mean persons with disabilities will be less likely to covered by social health insurance schemes unless specific subsidised arrangements are in place. Many countries have moved to extend coverage by waiving the contribution to social health insurance for people with disabilities, which is paid from the national budget. However, it is also critical that social health insurance benefit packages cover services of particular relevance for persons with disabilities (such as rehabilitation services and assistive technology), and that co-payments at the point of accessing services are minimised (UNPRPD 2023). Viet Nam is a country that has sought to address some of these issues in extension of health insurance over the last decade Box 18.

Box 18. Accelerating disability inclusion within social health insurance in Viet Nam

Recent years have seen a significant increase in the coverage of social health insurance in Viet Nam, from 71 per cent of the population in 2014 to 93 per cent in 2023. Coverage is achieved by a mixed system whereby some workers – mainly those in formal employment - make the full contribution, some make a subsidised contribution, and for others their contribution is fully subsidised by the state budget. Within this arrangement, persons classified as having either severe or extremely severe disability are automatically covered under a fully subsidised arrangement. Co-payments are also not required for accessing services. As a consequence, coverage of social health insurance among persons with disabilities is higher (at 96 per cent) than the population as a whole (93 per cent).[48]

There, nevertheless, remain some important gaps in the social health insurance arrangements. Assistive devices are not included within the social health insurance benefit package and, while rehabilitation is included, there are notable gaps in the scope of services covered. In practice, availability of rehabilitation is also inconsistent across different locations,

Source: ILO (2025; 2021)

48 Preliminary tables from the Viet Nam Disability Survey 2023 provided by the General Statistics Office. See General Statistics Office (2024)

5.6 Public procurement

Public procurement is a critical avenue to optimize the use of available resources for disability inclusion. Public procurement is the process by which governments and state-owned enterprises purchase goods, services and works from an external supplier. The scale of government resources channelled through public procurement mechanisms is vast, with latest estimates suggesting it accounts for 15 per cent of global GDP and in some cases more than half of government expenditure (UN ESCAP 2019; World Bank 2021a). Public procurement is also an instrument used across all sectors of government. This makes it an important instrument to ensure that disability inclusion is mainstreamed beyond sectors that involve disability-specific service delivery. An interest in the role of public procurement to support disability inclusion reflects a broader shift away from seeing procurement as only relating to fiscal savings, to recognizing its role for broader socio-economic development outcomes (World Bank 2021a).

Public procurement can support disability inclusion in a variety of ways. These can be classified into two main channels:

- **Promoting accessibility:** This involves developing standards relating to accessibility that bidders for government contracts must comply with. This can relate to contracts in a wide swathe of activities including infrastructure, transport, ICT and delivery of goods and services supporting persons with disabilities. The most developed standards are those in OECD countries. The European Union's Public Procurement Directive 2014/24/EU, for example, specifies that suppliers to EU member states must incorporate accessibility for persons with disabilities and design for all users into their products or services in order for tenders to be considered in the bidding (UN ESCAP 2019).
- **Support employment of persons with disabilities through preferential contracting**[49] or social clauses in public procurement This involves awarding contracts to suppliers that meet certain conditions on employment of persons with disabilities, or are run by persons with disabilities, or NGOs. The purpose of this approach is to support the economic and social empowerment of people with disabilities. One approach to this is to set aside a proportion of contracts to suppliers meeting these conditions. For example, Kenya's Public Procurement and Disposal Preference and Reservations Amendment Regulations Act (2013) reserves 30 per cent of the government's procurement purchases to micro and small enterprises owned by youth, women and persons with disability (UN ESCAP 2022). Similarly, in the Philippines, the 2005 Disability Affairs executive order (# 417) requires that 10 per cent of all government procurement to be from cooperatives including of people with disability (IDA 2015).
- **Innovation:** Public procurement fosters innovation for disability inclusion by leveraging purchasing power to create demand for inclusive solutions. Examples include public transportation authorities requiring fully accessible buses, leading to innovations like low floors and automated wheelchair ramps. In the U.S., mandates for accessible voting machines have driven audio-based interfaces. Local government procurement also can support inclusive innovation. In Spain, Alicante's Public Procurement of Innovation methodology led to the development of the AI Layer (AL21) system to address the digital divide faced by many citizens and improve accessibility for people with disabilities and older adults, aiding navigation and electronic procedures.

Despite this potential of public procurement to support better mobilization of resources for disability inclusion, nevertheless, remains relatively untapped in low- and middle-income countries. While there have been important developments in public procurement regulations to support accessibility in high-income

49 For more details please see: UNECSAP (2022)

countries, especially with regards to transport and ICT, there are few examples of low- and middle-income countries that have successfully rolled out such standards. Challenges in rolling out such standards in low- and middle-income contexts include political pushback from suppliers, and challenges of enforcement - which are exacerbated by less formalized business environments. In the area of preferential contracting, one issue is that procurement regulations may have unrealistic expectations on the number of suppliers that can meet the conditions. In Kenya, for example, just 8 per cent of all tenders worth 5 million Kenyan shillings or issued between 2013 – 2016 were awarded to small and medium enterprises owned by youth, women and persons with disabilities, and that just 5 per cent of registered businesses were owned by people with disabilities (UN ESCAP 2022). Another risk is that preferential contracting promotes segregated working environments such as sheltered workshops which may provide below-market wages and poor employment conditions (IDA 2015).

5.7 Private and civil society contribution

In addition of mobilizing resources across ministries and level of governments, resourcing acceleration of disability inclusion implies also strategically leveraging private resources—ranging from community contributions and civil society efforts to philanthropy, remittances, and private-sector investment—governments can complement their initiatives, foster innovation, and ensure sustainable disability-inclusive services. This section explores key pathways and strategies for engaging private resources, providing examples from around the world to illustrate effective models.

Harnessing the Power of Community-Based Organizations and Non-Profits

Community-based organizations (CBOs), organizations of persons with disabilities (OPDs), and non-profits are critical stakeholders in delivering community-level services that address to the specific inclusion requirement of persons with disabilities. These groups often serve as the first responders to local challenges and leading source of innovation and community mobilization making them well-positioned to co-develop solutions with local and central governments.

For instance, in several countries, community-based rehabilitation (CBR) programs were pioneered by CBOs to address the health, education, and social inclusion needs of persons with disabilities. Recognizing their impact, the government partnered with these organizations to co-fund and scale up these initiatives (CBM 2020).

Governments can further support such collaborations by creating regulatory frameworks that standardize services and enable scale-up, such as accreditation programs for non-profits that meet national disability standards in order to access public financing.

Fostering Private Sector and Civil Society Partnerships

The private sector's potential to innovate and deliver impactful disability-inclusive solutions is immense and widely untaped. Governments can build on partnerships between private companies and civil society to develop services that the public sector can eventually adopt and scale.

An excellent example comes from Fiji, where private sector actors collaborated with civil society to produce low-cost assistive technology (AT) tailored to the needs of persons with disabilities. Over time, the government has started to absorb some of these services into its public healthcare system, ensuring sustainability. Such partnerships demonstrate how governments can support innovation by providing incentives, such as tax breaks or subsidies, to companies that develop disability-focused products and services (Vodafone 2024).

Incentivizing Private Sector Investment

Private sector actors can be encouraged to invest in disability inclusion through targeted government incentives. Tax exemptions for companies that employ persons with disabilities or invest in accessibility improvements are effective mechanisms for driving corporate action. Additionally, voucher programs can enable persons with disabilities to access private-sector services, such as purchasing assistive technologies, with partial financial support from the government.

In Bangalore, India, Uber has launched uberASSIST and uberACCESS in India, in partnership with the ICT company Mphasis, to enhance transportation accessibility for persons with disabilities and senior citizens. Thanks to initial funding from Mphasis uberASSIST provided trained drivers in standard sedans to assist riders with mobility challenges, while uberACCESS offered wheelchair-accessible vehicles equipped with hydraulic lifts. While the initiative dwindles due to COVID 19 crise in 2024, Uber expanded its services with Uber WAV (Wheelchair Accessible Vehicle), connecting riders using motorized wheelchairs with trained drivers operating ramp- or lift-equipped vehicles (Mphasis F1 Foundation and Uber Access and Assist 2023).

Maximizing the Impact of Remittances

In many LMICs, remittances from diaspora communities represent a significant source of income. These funds can be leveraged to co-finance disability-related initiatives, especially at the local level.

For example, in the Education for Employment in North Macedonia (E4E@mk) project of combined contribution the Swiss Agency for Development and Cooperation (SDC), the Macedonia chamber of commerce and diaspora to support people with disabilities to develop their vocational skills. These efforts are amplified through government-matching funds, which double the impact of individual contributions and ensure alignment with national disability strategies (E4E@MK 2020).

Engaging Religious and Faith-Based Funding Mechanisms

Religious institutions are often deeply embedded in communities and can mobilize voluntary funding for disability inclusion. Governments can collaborate with these institutions to channel resources toward impactful projects while providing technical support and oversight.

Collaborating with Philanthropic Foundations

Philanthropy plays a crucial role in funding pilot projects and research for disability inclusion. Foundations can provide the resources needed to test innovative approaches, while governments can facilitate coordination and scale-up.

The Mastercard Foundation's work in sub-Saharan Africa highlights the transformative potential of such collaborations. The foundation funded financial inclusion programs targeting persons with disabilities, working in partnership with local governments and non-profits to ensure sustainability and alignment with national priorities (Mastercard Foundation 2023).

Innovative Financial Mechanisms for Disability Inclusion

Innovative financing tools, such as social impact bonds and blended finance, can offer additional ways to attract private investment while achieving measurable disability inclusion outcomes. Social impact bonds, for instance, tie funding to specific results, encouraging private investors to support programs with proven effectiveness.

The ICRC Humanitarian Impact Bond funded rehabilitation centres for persons with disabilities in conflict zones, with investor returns based on service delivery success. Blended finance has supported inclusive education, combining public and private resources to develop accessible schools and learning tools. These mechanisms enable scalable, sustainable impact by aligning financial incentives with social progress (ECORYS 2022).

Sector-Specific Opportunities for Disability-Inclusive Investment

Governments can incentivized investment of private resources across various sectors to maximize their impact on disability inclusion:

1. **Technology:** Public-private partnerships with tech companies can drive the development of accessible digital tools, such as screen readers or voice recognition systems.
2. **Assistive Technologies:** By reducing investment risks, governments can encourage private companies to innovate in AT, which offers significant social and financial returns.
3. **Healthcare:** Collaboration with private health providers can expand access to telemedicine, therapy apps, and adaptive equipment for persons with disabilities.
4. **Education:** Supporting EdTech companies that develop accessible learning platforms can bridge education gaps for children with disabilities.
5. **Financial Services:** Inclusive banking initiatives, like those by Wells Fargo and Santander Argentina, illustrate how financial institutions can meet the needs of persons with disabilities while tapping into an underserved market.

By strategically leveraging with public resources engagement of CBOs, non-profits, the private sector, and diaspora communities, and leveraging innovative financial mechanisms, governments can address resource gaps, pilot and scale impactful initiatives, and promote sustainable inclusion.

5.8 International funding sources

According to data from the World Bank, average net ODA received as a percentage of Gross national income (GNI) has shown a general downward trend for LMICs collectively. This decline indicates that while absolute ODA amounts may have increased or remained stable, their proportion relative to the growing economies of these countries has decreased. In 1991, the average net ODA received by LMICs was approximately 1.8% of their GNI, whereas by 2022, this figure had decreased to around 0.7 per cent (World Bank data 2025).

Despite this overall trend, ODA continues to play a vital role in specific sectors and regions. In least-developed countries (LDCs), particularly those affected by conflict or limited access to capital markets, ODA remains a significant source of funding for essential services such as healthcare, education, and infrastructure development as well as for disability inclusion considering the overall comparatively low level of domestic financing.

In recent years, there has been a shift in ODA allocation towards addressing global challenges, including climate change, humanitarian crises, and health pandemics. This reorientation reflects the international community's recognition of the interconnected nature and scale of these issues. However, there is also a risk of defunding emergence of systems and services that may not appear to fit under those broader issues.

As shown in section 2, **there has been over the last decade notable progress with regards to international cooperation and disability inclusion** with the adoption of disability inclusion strategies by the UN as well as other multilateral and bilateral donors, and the work of the Global Action on Disability Network (GLAD). The

roll-out of the OECD-DAC disability marker has been an important step in generating data on international development flows; however, its use is limited, since more than half of all allocable ODA is unmarked. Among 141 ODA recipient countries, on average 67 per cent of total allocable ODA activities are unmarked which limits significantly monitoring capacities of government. However, if considering only the donors using the DAC marker, this falls to 27 per cent (see Table 1). This shows that use of the marker by more donors as well as greater availability of data from donors using alternative approaches could significantly improve understanding of ODA contribution to financing disability inclusion. One approach to achieve this would be to make the disability marker mandatory on the same basis as the gender equality marker. There is also a need to strengthen the guidelines on use of the marker and to undertake further analysis on how it is currently used in practice. National governments can also seek to include disability markers or indicators in their databases of international funding flows.

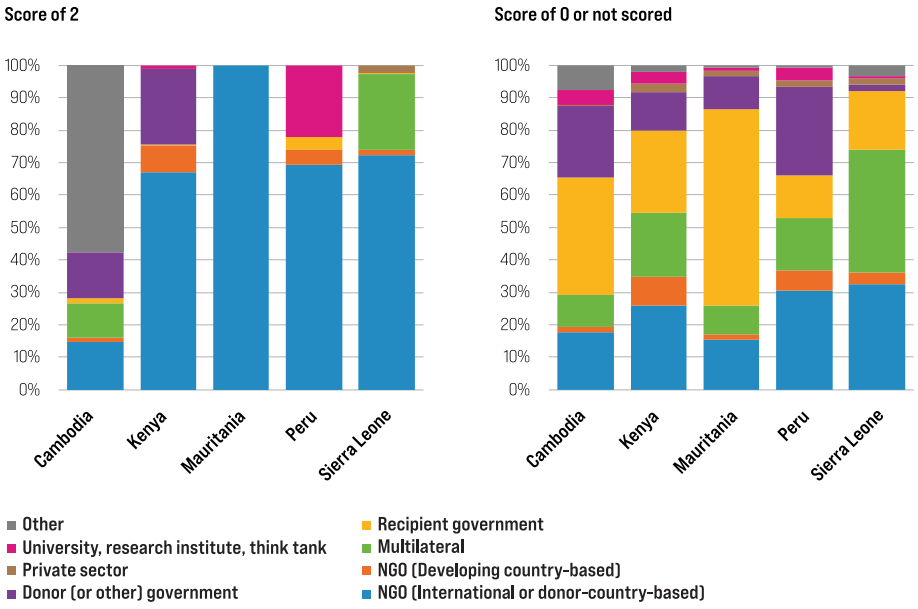
A key priority for making the best use of available resources is to ensure that all programs and infrastructure supported by ODA are accessible to persons with disabilities and do not finance services that undermine inclusion. To that effect, it is to be noted that some donors such as USAID have specific regulations to ensure that their procurement for instance related to construction and ICT include accessibility requirements. Contractual procedures for European Union external action require that technical specification for purchases intended for use by natural persons should include design for all users' requirements including accessibility for persons with disabilities.

Steps should also be taken to ensure disability mainstreaming in all international funding activities. This should go beyond projects with specific disability inclusion objectives – which are the focus of the OECD-DAC disability marker – to those across a wide array of sectors such as industry, agriculture, energy, financial services, governance and humanitarian response. A key way to do this is for donors to define standards relating to disability inclusion that need to be met in the delivery of ODA. One of example of this is the World Bank's Disability Inclusion and Accountability Framework (last updated in 2022) which seeks to support the mainstreaming of disability inclusion within the organisation's activities and investments. This sets out a core approach as being to address disability inclusion in its general policies that govern its lending and knowledge operations, including environmental and social safeguards, and procurement policies that client governments must follow (World Bank 2022).

Additionally, there is a need to increase the share of ODA financed activities whose objectives explicitly foster inclusion of persons with disabilities. The available data presented in Section 3 indicate that globally less than 0.5 per cent of ODA flows (US$ Commitments) was scored as principally targeting disability inclusion in 2023.

In all cases, it is important to consider how ODA is channelled and in which way it can contribute best to support the progressive development of sustainable government services and programmes. Figure 36 shows the channels through which ODA commitments flowed between 2019 and 2023 in the five focus case study countries of this paper. A notable trend is that funds with a principal objective of disability inclusion (score 2) are most likely to be channelled via international and donor-country-based NGOs. This contrasts with ODA without marked disability inclusion objectives, that is more likely to be channelled via national governments and multilaterals. While these trends require further investigation, they do raise questions such as the extent to which national governments may be identifying disability inclusion as a priority within donor financed initiatives and what could be done to enhance consideration for disability inclusion in dialogue between government and key donors. OPDs participation early on in development of major program co financed by donors and governments could lead to significant changes.

Figure 36. Value of ODA grant (US$ commitments) by disability marker score and channel, 2019–2023



Source: OECD-UCLG World Observatory on Subnational Government Finance and Investment

Enhancing ODA financing for disability inclusion will therefore require from donors more systematic consideration for disability inclusion across their portfolio in any given country but also **greater demand from national governments for support in financing disability inclusive programmes and disability specific investments.** This implies that disability inclusion has been included in national development plans and financing strategies as well as the availability of costed national disability action plan developed with national stakeholders (see earlier section on Laying the foundations). The participation of OPDs early in the development of major programmes co-financed by donors and governments could also lead to greater inclusion.

Greater and **more systematic consideration for disability inclusion in discussion between government and donors can contribute to better use of innovative international financing mechanisms more commonly used for other financing needs.** With ODA trends facing significant uncertainty and challenges faced by many countries in relation to debt sustainability, use of innovative arrangements such as debt for development swaps can contribute to greater financing for disability inclusion without generating additional debt. One recent example of joint planning of international cooperation funding to support disability inclusion is a debt swap arrangement agreed in 2024 between Jordan and Germany (see Box 19).

Mobilising adequate international funding resources for disability inclusion also means recognising disability within key global financing instruments, such as those related to climate change. International funding flows are often organised around key global challenges and it is important that the dimension of disability inclusion is not lost within these. For example, recent years have seen a gradual increase in international climate finance, with an important portion channelled through multilateral funds such as the Green Climate Fund (GCF), Global Environment Facility (GEF) and Climate Investment Funds (CIF) (OECD 2024a). Given the particular ways in which climate change impacts persons with disabilities (see Chapter 3 of the GDIR), it is critical that they include targeted actions to address disability. One notable reference point in this space

is a 2024 background paper by the Climate Investment Funds which provides an operational framework for disability inclusion within climate investments (Climate Investment Funds 2024).

Finally, setting voluntary time bound targets at country level to reach a share of ODA funded projects with disability inclusion as one of their objectives could contribute to greater reporting and more attention to disability inclusion in the exchange between governments and donors. This could also generate momentum supporting further mobilization of domestic resources.

Box 19. Use of a debt swap to support inclusive education in Jordan

As part of broader approaches to address debt sustainability, some countries and donors have sought to use debt-for-development swaps (debt swaps). These are agreements to redirect funds planned for debt payments towards an agreed development objective (World Bank and IMF 2024). Jordan, a middle-income country, faces significant challenges in maintaining debt sustainability. In 2023, the nation's public debt-to-GDP ratio reached nearly 90 per cent due to a combination of external pressures and domestic shocks. With an ambitious goal to reduce this ratio to 80 per cent by 2028,108 the government is committed to innovative financing that not only strengthens fiscal sustainability but also advances human rights.

In 2024, the Government of the Federal Republic of Germany and Government of the Hashemite Kingdom of Jordan agreed on a debt swap to support three development measures, one of which relates to disability inclusion. This debt swap will finance a EUR 5 million project to support disability inclusion within the Jordanian education sector to address major barriers in access to education of children with disabilities of scholar age, with only an estimated 8 percent of them enrolled in public schools in 2024. The project, implemented in collaboration between the Higher Council for the Rights of Persons with Disabilities and the Ministry of Education, will include upgrades to school buildings to support accessibility, provision of equipment and assistive technologies, teacher training and curriculum adaptation. It is estimated that the project will benefit 32 schools. After the three-year implementation period, it will benefit approximately 14,300 students every year, including around 2,100 students with disabilities.

Conclusion

Achieving disability inclusion at scale requires a coordinated, whole-of-society approach led by governments, in line with their obligations under the CRPD. While multiple stakeholders contribute, governments hold the primary responsibility to mobilize and allocate maximum available resources – both domestic and international – to progressively realize the rights of all persons with disabilities.

This paper highlights a central challenge: despite important policy reforms in many LMICs, disability inclusion remains significantly underfunded, fragmented, and concentrated in just a few sectors. Most LMICs invest less than 0.1% of GDP, with only a few reaching 0.4–0.5%, compared to OECD countries, which spend an average of 1.5% of GDP on disability-related social protection alone.

To bridge this gap, countries can take several coordinated actions:

- Mainstream disability-related financing across all ministries and sectors;
- Strengthen inter-ministerial coordination and explore pooled funding mechanisms to cover cross sectoral issues such as accessibility, sign language interpretation or support services;
- Align financing strategies with inclusion, shifting from segregated systems to inclusive education, community-based support, and accessible public services;
- Support local authorities through earmarked transfers and other mechanisms to enhance their service delivery and barrier removal capacities at community level;
- Leverage public procurement to promote accessibility, inclusive employment and drive innovation;
- Invest in inclusive data systems to track spending, assess gaps, and inform planning;
- Ensure meaningful engagement of OPDs and families in budgeting and policy processes;
- Enable and mobilize private sector and civil society contributions, especially in community support services, assistive tech, and accessible transport among others;
- Maximize the impact of ODA for inclusion, through better tracking, early OPD involvement, and alignment with domestic efforts.

Mechanisms such as national disability funds can catalyze progress, but only if well-designed, adequately resourced, aligned with broader sectoral responsibilities which complement—not replace—line ministry responsibilities.

Efforts such as the Global Disability Summit 2025's declaration on ODA reporting and targets offer an important opportunity to drive more coordinated, inclusive, and impactful financing. However, real progress will depend on bold policy choices, stronger partnerships, and an unwavering commitment to place inclusion at the heart of national development agendas.

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