Reaffirming the Rights of Persons with Disabilities

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Introduction

It is estimated that over 1 billion people, or 15 percent of the world's population are effect by some sort of disability. Between 110-190 million people experience significant difficulties in functioning every day. For certain disorders, 35-50 percent of people in developed countries, and between 76-85 percent in developing countries, received no treatment in the year following the study. Disability is diverse and experienced internationally.

The major challenge that the UN faces is transitioning national governments from charitable or medical models of disability policy, to a rights-based approach. In the former models, persons with disability are seen as the issue. In the later, flaws in social systems are the focus of change. Shrinking economies due to coronavirus response measures are the newest challenge to funding disability measures, just as they are needed most.

The UN offers the international community a chance to resolve the most pressing differences on these issues. It can be a place for building consensus, or for sharpening differences and diluting cooperation. It was at the UN that Member States created a legacy of progressive action on disabilities, culminating in the *Convention on the Rights of Disabled Persons* (CRPD). Disability issues are regularly integrated into broader documents such as the *Sustainable Development Goals* (SDGs). Whether this legacy can be advanced, whether Member States want this to happen, is the principle point of this session.

With 182 States Parties, the CRPD is one of the widest and most swiftly adopted conventions in UN history. Nearly all UN Member States signed and ratified it. The United States is a noticeable exception in its refusal to ratify, making it an exceptional non-party. Although the CRPD is modeled in part on the United States' own *American with Disabilities act*, critics see threats to national sovereignty in the document.

Getting beyond these hurdles to ensure full implementation may require clear thinking and unique approaches. Despite the United States' failure to ratify, the nation is at least consistent in that their status matches their national perspective. Other states who have ratified the convention, often caveat their agreement with reservations, that neutralize the CRPD's intent. This type of legal game allows leaders to claim their support, without making difficult transformations to policy in their national systems.

Among the States Parties who adopted the CRPD, compliance may take some time. Disability is often caused by ineffective social systems. These often are not effective ensuring the rights of all persons. Internally, each nation experiences its own unique economic, cultural, or political barriers to change these social systems. The UN assists by providing limited funding for the states who need it most, a forum for dialogue, and documents that provide standardization.

A major international tension pits the progressive, well-resourced "global north" who desires immediate adoption of the rights model, versus a more conservative, resource-constrained "global south" who harbor reservations about change in many cases. This view has much truth, but can exaggerate. Latin

American and Southern African countries often stand with the European Union on these issues. And countries like Poland and the United States stand with much of the Middle East in their skepticism. Resolving this tension is the most pressing challenge of UN Member States.

The CRPD is the disability "law of the land" for the global community, but even some developed states are not in full compliance. While mechanisms exist for monitoring and reporting compliance, the UN can do more to enforce treaty obligations. For states whose reservations are so extreme they no longer match the spirit of the convention, it might be reasonable to break their ties to the CRPD altogether. However, if the CRPD falters, it would need to be replaced by something new.

Before considering such bold actions, which may pose risks to larger UN efforts and global solidarity, it is important to understand the background, history, and actions surrounding international disability policy.

Background

The fundamental connection between the United Nations and disability issues grows clearer with each year. While many may think of disability as an individual's physical and mental impairment, one must consider the impact that limitation has on participation in society. It is the intersection of individual and social characteristics that define a disability's handicap.

There are two perspectives for identifying risks and solutions in disability issues: an individual or a societal approach. For example, health agencies may be primarily concerned with preventing causes or mitigating effects of maladies for individuals. Meanwhile, policymakers might be concerned about minimizing barriers for participation in society for those with disability, while maximizing their

ability to contribute as equal citizens, at a large scale.

Each of the four founding principles found in Article 1 of the *United Nations Charter* can be linked to disability issues. It might be difficult to imagine how Member States' obligations for conflict resolution and international peace are applicable to persons with disabilities. Yet, not all disabilities are experienced at birth. Violence can take a significant physical and mental toll on combatants and non-combatants. War also stresses, reduces, or breaks institutions those with disabilities rely on the most. Preventing conflict in general, along with dealing with its consequences, are linked to disability.

The second purpose outlined in Charter Article 1 is to bring nations together for equal rights and self-determination of peoples. Equality, equity, and participation are important themes in disability issues. Societies may develop around providing for the members of their populations who share the most prominent traits. Those who may not share the same physical or mental approaches, needs, or interpretation are often subject to exclusion. Ensuring that the rights and participation of all persons are realized through equitable social structures are essential to fairness.

The third purpose in Article 1 is to avoid unfair discrimination while solving "economic, social, cultural, or humanitarian" problems. As an intersection of individual characteristics and social systems, the perspectives of diverse communities, including the disabled must be considered as a fundamental component of every problem the UN faces. While disability issues may be studied as a unique field of research, it is only in the context of wider social issues that they can be considered in their full scope.

The fourth purpose of Article 1 is to establish the UN as a center for harmonizing international issues. As an international body, the UN is a unique forum to bring together diverse views on disability issues. While scientific approaches to

medical issues are equally applicable to all members, the cultural accommodations different nations develop over time may be unique. Only through connection and dialogue can these approaches be appreciated and critiqued. The UN plays a critical role in providing a respected and legitimate forum that enables education, awareness, standardization, and resourcing to achieve solutions to many problems, such as disability issues.

When viewed from this perspective, it may seem only natural that the UN should play an important role in disability issues. However, in the bustle of so many pressing issues, it is also clear that the disability issues are not receiving full attention. The background of the UN and disability issues demonstrates a growing awareness of gaps, a growing body of activity to close them, but work remaining to be done. Ultimately, nations must execute the levers required to ensure equity for disabled populations, but the UN can play an important role to that end. With an appreciation of the tools available and the problems at hand, it is up to the next generation of leaders to secure the promise of the UN Charter for all.

Key Terms in Disability Studies

While each Member State has its own idea of what constitutes a disability, the World Health Organization draws a distinction between an *impairment,* a *disability,* and a *handicap*.

For example, a handicap might be that a person has difficulty maintaining employment because they are unable to use public transport due to their wheelchair being unable to fit in the narrow rows between seats on a train or bus. Most likely, the design of the train or bus was built for maximum efficiency for moving workers between home and work. While the financial incentive for the bus manufacturer matched the final incentive for the transportation provider to move industrial-age workers, it did not anticipate either the considerations of other passenger types (or the changing nature of labor

for that matter). Therefore, while a wheelchair-bound individual may have equal access to the transport, they do not have equitable use of it, so a handicap exists. The severity of the handicap is based on the severity of the individual's limitation and the degree of accessibility in the social system.

A handicap is the result of a disability or a disruption in function. In the aforementioned case, a person is unable to walk unassisted for a particular amount of time. Walking is a function commonly encountered in the general population, so the lack of that function is considered a disability. If you have ever heard of an occupational therapist (OT), you may know that this person is concerned about restoring functions such as reaching, holding, bathing, eating, or other self-care tasks. This may require new ways of performing a task, such as writing with an alternative hand, or prosthetic device that replicates the functionality of an organ, or an assistive device like a brace that supports activity. The role of the OT is to return a function to a person, so they can more fully participate in society. The severity of the disability is based on the severity of the impairment that restricts participation in the world.

An impairment is the physical, mental, intellectual or sensory differences outside the statistical norms experienced from day to day. This may be caused by issues at birth, developmental challenges, environmental impact, injury, disease or another malady. Behind each disability and handicap is some sort of impairment, However, there are many cases of intersections between impairments that cause complex cases.

Definitions in Context

While the three definitions of impairment, handicap, and disability were presented in a linear stair-step fashion, they more often exist as a complex reinforcing web of interactions,

which left unmitigated, can lead to progressively worse experiences and outcomes for those who experience these issues. Returning to the previous example, if a person is disabled by their inability to access public transport, they may not be able to get to the medical care they need, work, or participate in social interactions essential to the human experience. The lack of adequate medical care may lead to the development of secondary medical issues that worsen their initial medical condition. A lack of social interaction could lead to isolation that causes depression. Even those who do not enter into a downward spiral may experience additional burdens in time, cost, and stress due to sub-optimal social systems.

UNITED NATIONS AND DISABILITY
70 years!

This historical reflection presents the key milestones in the work of the United Nations to advance the equality and inclusion of persons with disabilities in all aspects of society and development.

2015
The 2030 Agenda for Sustainable Development is adopted. It is a global development plan that specifically includes persons with disabilities, under five goals in seven targets. Disability and persons with disabilities are also included in other global development frameworks, such as the Sendai Framework on Disaster Risk Reduction and the Addis Ababa Action Agenda on financing for development.

2010s
The General Assembly convenes a High-Level meeting on Disability and Development (2013) at the level of Heads of State and Governments who commits to achieving the MDGs and all internationally agreed development goals for persons with disabilities, as well as to mainstream disability in all development efforts.

2000s
The Convention on the Rights of Persons with Disabilities (CRPD) (2006) is adopted as an international treaty to promote, protect and ensure all human rights and fundamental freedoms for all persons with disabilities.

1990s
Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1993) is adopted. The Rules serve as a guidance for policy-making, taking action to remove obstacles and creating equal opportunity for persons with disabilities in society and development. A Special Rapporteur on Disability (1993) of the Commission for Social Development is established to promote and monitor the implementation of the Standards Rules.

1980s
World Programme of Action concerning Disabled Persons (1982) is a global strategy that provides a blue-print for countries to achieve the full and equal participation of persons with disabilities, marking a shift towards a human rights-based approach. The International Year of Disabled Persons (1981) and the United Nations Decade of Disabled Persons (1982) highlights that societal attitudes act as barriers to realizing the full human rights and equality of persons with disabilities.

1970s
The Declaration on the Rights of Mentally Retarded Persons (1971), followed by a second disability-specific instrument, the Declaration on the Rights of Disabled Persons (1975) are adopted. These declarations are the first UN instruments that specifically address persons with disabilities.

1960s
The Declaration on Social Progress and Development (1969) affirms the fundamental freedoms and principles set forth in the Charter of the United Nations and emphasize the need to protect the rights and welfare of persons with disabilities.

1950s
Economic and Social Council adopts resolutions that indicate an increased awareness that recognize disability and persons with disabilities from a social dimension.

1945
The United Nations is established and UN Charter is adopted, committing to peace and security, human rights and socio-economic development for all people, everywhere.

Accessible

United Nations

The UN's History on Disability Issues

Because disability rights are human rights, it is fair to say that the history of the UN's interaction with disability issues stretches back to the UN Charter, as previously discussed.

Using the Convention of Right of Persons with Disabilities as a touchpoint, we will look at two historical periods, a broad overview from 1945-2006, and a deeper examination from 2006 until today. An overview of the UN's disability history can be viewed below.

Throughout this examination, there are various approaches to consider in the UN's actions. At different points, these issues have been approached from a health, social, economic, or personal fulfillment perspective. Generally speaking, approaches have become more integrated over time as the understanding of intersectionality became clear. Finally, there are subtle language changes that shift the focus on persons with disabilities from objects of charity, to claiming their rights as individuals (Division for Social Policy and Development 2018).

The First 75 Years of UN Disability Action

Beyond the general standards laid out in the original UN charter, it was the 1948 Universal Declaration of Human Rights that first mentioned the term "disability". Although it still considered disability a condition of an individual to "fix," it did provide global recognition and established a base for future work. In fact, by 1950 the "General Assembly, Economic and Social Council and its subsidiary organ, the Social Commission promoted well-being and welfare of persons with disabilities through technical cooperation, rehabilitation and vocational programmes" (Division for Social Policy and Development 2018).

That same year, additional UN organizations in Health, Labor, and Children's issues "established international standards for education, treatment, training and placement of persons with disabilities." Addressing these types of issues began to address not only basic safety needs, but those of belonging and esteem as well. By 1969, the General Assembly called

for full participation in society for those with disabilities.

The 1970s saw a greater inclusion a greater inclusion of mental and intellectual disabilities, with the Declaration on the Rights of Mentally Retarded Persons. This document mixed both a focus on welfare and integration in society. However, 1975's Declaration on the Rights of the Disabled Person fully recognized integration should be the primary approach to disability issues.

This declaration defined right to self-reliance, independence, employment with consideration to their limitations, considerations of their wishes, among many others (United Nations General Assembly 1975). While this may seem common today, acknowledgement of these rights were a watershed moment for those who might have previously faced a lifetime of institutionalized care, away from everyday life. These two documents established the progress of the 1980s and 1990s.

With the idea of inclusion in mind, the United Nations increased visibility of disability issues through a campaign year of events known as the International Year of the Disabled Person (IYDP 1981). Shortly after, the UN adopted the World Programme of Action Concerning Disabled Persons, which furthered a rights-based approach that acknowledged removing social barriers. The IYDP and the WPA set the stage for the designation of a Decade for Disabled Persons from 1983-1992 (Department of Economic and Social Affairs n.d.).

Once disability issues were viewed as human rights issues, they could be considered as a factor in other types of forums of discussion. This integrated type approach was ensured in 1993s, "The Standard Rules on Equalization of Opportunities for Persons with Disabilities". Among other functions, it established the Special Rapporteur on Disability to report to the Commission for Social Development. This position remains emplaced to this day, with an

even wider mandate through contemporary actions of the General Assembly.

The 1970-90s demonstrate a pattern of development on disabilities, which include declaration, definition, exploration, action. The 2000s continued these activities, but also sought ways to leverage them for larger outcomes. At this point, it might be appropriate to think of two separate tracks for resolving disability issues.

The traditional form came from looking at the disability issue first, then creating specific actions to address it. In the second approach, disability considerations are considered as a dimension of consideration for non-disability issues. The Special Rapporteur's role greater expanded this latter approach. Technical meetings, such as "the UN Consultative Expert Group Meeting on International Norms and Standards relating to disability…explored specific ways to utilize the existing norms and standards for advancement of the rights of persons with disabilities, including specific recommendations for mainstreaming disability in the UN development and human rights agenda, mechanisms, processes and resulting documents" (Division for Social Policy and Development 2018).

However, disability specific issues were still addressed through their own functional lens. Several initiatives, including the Beijing Declaration on the Rights of Persons with Disabilities in the New Century and calls within the General Assembly pointed to the desire for a binding treaty amongst nations on the treatment of disability issues. This work continued to the adoption of 2008's Convention on the Rights of Persons with Disabilities (CRPD), which marks the transition to contemporary UN disability work.

Current Situation

The modern era of the UN and disability issues stems from the Convention on the Rights of

Persons with Disabilities (CRPD) and the structures, committees, documents and events that have resulted from it. As opposed to other documents, an "international convention or treaty is an agreement between different countries that is legally binding to the contracting States. Existing international conventions cover different areas, including trade, science, crime, disarmament, transport, and human rights.

A signature demonstrates support for the principles of a given convention, while ratification binds the state to comply with it, to the extent that international law is enforceable. Ratification procedures vary, according to each national process. Ratified members of a convention are required to abide the rules of the convention, monitoring, and reporting. While much of the language of the CRPD are similar to The Standard Rules on Equalization of Opportunities for Persons with Disabilities, the latter is only an aspirational guideline, while the former is considered a document of international law, once ratified. In this way, the CRPD represents a major step forward in disability issues.

As previously mentioned, the CRPD's swift adoption by nearly all states might lead one to believe there is broad consensus on disability policy. However, nearly 50 states conditionalized the signatures of ratification of the CRPD with declarations, reservations or objections. Some clarification stated existing legislation provided for protection of rights in cases of mandatory treatment or substituted decision making, usually only in extreme cases. Other states, such as the UK, Ireland, and others highlighted a legitimate right to discriminate based on capability where jobs required it, such as the military or emergency response forces. States such as Poland clarified that the right to reproductive health services did not require the nation to legalize abortion. These narrow declarations paint clear objections to limited issues, which makes negotiation possible when necessary.

Other states, such as Iran, Malaysia, Brunei, Libya, and initially El Salvador created reservations that are much broader. In these exceptions, states accept the convention on one hand, while declining to comply with any component that may not comply with their national constitution, legislation, or religion. These statements led to no less than 21 objections by other states, normally from Europe, indicating that such broad exemptions were not within the spirit of the convention and make execution of the CRPD practically infeasible. At least in the case of El Salvador, this sort of "naming and shaming" led to the withdrawal of the state's reservation (United Nations General Assembly 2008). With the other states, a division remains between the majority and the members of the Non-Aligned Movement. Reconciling these two groups is likely to be a key effort during future sessions of the UN General Assembly or subordinate efforts. Delegates walk a fine line pursuing goals, without upsetting the cultural and religious sensibilities of other nations. Approaches that consider commonalities over differences are more likely to gain success.

The next section of this Issue Brief describes the function of the various organs of UN disability policy. Before delving into their particular functions, it is helpful to understand the rhythm of how these mechanisms operate:

- Twice a Year: Meeting of the Committee on the Rights of Persons with Disabilities
- Annual: Conference of States Parties to the Convention on the Rights of Persons with Disabilities
- Annual: International Day of Persons with Disabilities (3 December)
- Annual: World Down Syndrome Day (21 March)
- Annual: World Autism Day (2 April)

- Annual: Funding Request for grants from United Nations Voluntary Fund on Disability
- As Required: Expert Group Meetings
- Within Two Years of Ratification: Initial Report of States Participating in CRPD to the Committee
- Every Four Years: Regular report to the Committee from States on the CRPD
- As Received: Investigation or Individual Complaints

Institutional arms of the UN

Organized under the General Assembly, the overall coordinating body for disability issues is the Department of Economic and Social Affairs (UNDESA), through the Division for Inclusive Social Development (DISD). For actual implementation, there is an exceptionally large number of UN organs, some under the authority of the General Assembly, some under the CRPD, and others with separate authority. The numerous organs testify the extent of interest in the issue among the UN's 193 Member States:

Conference of States Parties to the CRPD - Article 40 of the CRPD states that the "States Parties shall meet regularly in a Conference of States Parties (COSP) in order to consider any matter with regard to the implementation of the present Convention" (Department of Economic and Social Affairs 2020). The 13th session of the COSP met in November of 2020. The theme of the 13th Conference was "A decade of action and delivery for inclusive sustainable development: implementing the CRPD and the 2030 Agenda (the Sustainable Development Goals, SDGs) for all persons with disabilities" and additional sub themes included disability and business, addressing the rights of older persons with disabilities, and promoting inclusive environments for full implementation of CRPD.

UN Programme on Disability/Secretariat for the Convention on the Rights of Persons with Disabilities (SCRPD) - The Secretariat is the administrative office responsible for execution of the CRPD, as well as the Standard Rules and on Equalization of Opportunities for Persons with Disabilities adopted in 1994, and the World Programme of Action Concerning Disabled Persons (Department of Economic and Social Affairs n.d.).

Committee on the Rights of Persons with Disabilities is made up of independent experts, this is the monitoring arm of the convention. States are supposed to file regular reports every four years on their implementation of the Convention. The committee provides recommendations back to those states. Those states who ratify the Optional Protocols to the CRPD are subject to investigations by the Committee, of individual complaints, which can be made by individual residents of ratifying Member States.

Expert Groups are convened un request of the General Assembly to examine particular issues of a limited scope. They may convene multiple times a year, or every few years. On Expert Group on Disability met in 2019 to discuss Expert Group Meeting on Strengthening evidence-based research for disability-inclusive implementation, monitoring and evaluation of the Sustainable Development Goals. The

previous meeting was in 2017. If properly managed, expert groups can create dialogue and consensus around complex ideas.

Special Rapporteur on the Rights of Persons with Disabilities of the Human Rights Council - The Special Rapporteur examines, advises, or reports on matters of special procedure. This may mean investigating complaints or conducting fact-finding missions (Special Procedures Divions, Human Rights Council n.d.). The mandate for this specific Rapporteur was established in 2014 and renewed in 2020. Gerard Quinn currently holds this position.

Special Envoy of the Secretary-General on Disability and Accessibility - A special envoy is a senior UN official pointed by the UN Secretary-General to deal with an issue, in this case. They advocate for issue in the UN system and with UN Member States. Human Rights lawyer María Soledad currently holds this position.

Inter-agency Support Group on the Convention on the Rights of Persons with Disabilities - While not specifically required by the CRPD, this organization was established in 2006 to support integration of disability work in all relevant issues, regardless of the lead agency. This group is co-chaired by members of DESA and OHCHR. The IASG CRPD creates terms of reference, strategies, and other guidance to help

ensure consistency and effectiveness in addressing disability issues across UN programs and efforts.

United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD). Established in 2011, the UNPRPD supports accelerated implementation of the CRPD. The agency links donor-nation funding through a Multi Partner Trust Fund to create programs in targeted countries and regions. It links multiple UN agencies, NGOs, civil society, and other partners (United Nations Partnership on the Rights of Persons with Disabilities 2019). This is separate funding than the UN Voluntary Fund on Disability.

United Nations Voluntary Fund on Disability (UNVF) began after the 1981 International Year of the Disabled Person and was reaffirmed through the CRPD. The funds' size limits it reach to relatively small "seed" grants, to help start efforts to build awareness, capacity, implementation, knowledge exchange, and harmonization with national policies. The fund is administered by the Secretariat for the Convention on the Rights of Persons with Disabilities, within the United Nations Department of Economic and Social Affairs (Department of Economic and Social Affairs 2020).

World Health Organization (WHO) leads on medical responses to understanding and measuring disability. Their latest report also looks at "rehabilitation; assistance and support; enabling environments; education; and employment".

Landmark UN Initiatives and Resolutions

At the UN: 13th session of the Conference of States Parties to the CRPD, 6 November 2020.[1]

The precedents on disability issues in the UN are too numerous to list here.[2] Instead, four documents represent the establishment of de facto vision (World Programme of Action), structure (Standard Rules), policy (CRPD), and strategy of execution (UN Disability Inclusion Strategy) in recent history. Those seeking detailed information are encouraged to review the base documents.

Others that play especially important roles include:

World Programme of Action (1982) - Following the International Year of Disabled Persons, the General Assembly established a resolution that organized disability policy into three areas: prevention, rehabilitation, and equalization of opportunities. This WPA balanced the medical approach to disability with the rights-based approach. It created a new vision for disability policy that allowed for integration throughout the range of UN programs (The World Programme of Action Concerning Disabled Persons n.d.).

Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1994) - At the end of the Decade of Disabled Persons, structure was added to disability policy formation through the Standard Rules. "The 22 rules concerning persons of disabilities consist of four chapters – preconditions for equal participation, target areas for equal participation, implementation measures, and the monitoring mechanism – and cover all aspects of life of persons with disabilities" (Department of Economic and Social Affairs n.d.). The standard rules provide the definitions and standards that enable interoperable disability policies. For

example, the terms disability and handicap were clarified into their modern definitions in this resolution.

Convention on the Rights of Persons with Disabilities (2006, the CRPD) is the key document, the treaty that shapes international law and policy. It is binding on the nations who agree to it, where previous documents were not. While the CRPD does not establish new rights, it does put rights such as the right to education, expression, privacy, life, health, and work in the context of disability policy. It shows how social systems limit individuals, not how individuals are limited. Those involved seek to respect, protect, and fulfill the rights of all their citizens.

United Nations Disability Inclusion Strategy addresses the practical applications and execution of all facets of the UN Disability efforts, to realize the goals of the UN Charter for all people. As a strategy for action, "the Strategy includes a policy and an accountability framework, with benchmarks to assess progress and accelerate change on disability inclusion. The policy establishes a vision and commitment for the United Nations system on the inclusion of persons with disabilities." Three major approaches are outlined, which include the twin-track approach, intersectionality, and coordination. The twin-track refers to considering disability in all policies, while simultaneously pursuing specific disability policies. Intersectionality looks holistically about the combination of age, gender, location, alongside disability policy issues, since they are interdependent. Coordination involves working between agencies, organs, and nations to move forward together. T

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[1] 13th session of the Conference of States Parties to the CRPD. New York: United Nations, Department of Economic and Social Affairs, 6 November 2020, https://www.un.org/development/desa/disabilities/conference-of-states-parties-to-the-convention-on-the-rights-of-persons-with-disabilities-2/cosp13.html
[2] For a full listing of disability related UN resolutions, https://www.un.org/development/desa/disabilities/resources/general-assembly.html

Sustainable Development Goals (SDGs) also known as the *2030 Agenda for Sustainable Development*, is the master document guiding all human development activity among the UN's 193 Member States during the years 2015-2030. Several specific SDGs are relevant to disability issues. linked disability policy to larger policy issues. The coordinate international action on issues such as poverty, hunger, health, education, equality, energy, sanitation, climate, and other global issues. Among the most relevant:

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SDG Goal 4.a. Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all.

SDG Goal 8.5. By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value.

SDG Goal 10.2. By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.

SGD Goal 11.2. By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all… with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons.

SDG Goal 11.7. By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities.

SDG Goal 17.18. By 2030, enhance capacity-building support to developing countries… to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability…

World Health Organization resolutions WHA66.9 (Disability) and WHA58.23 (Disability, including prevention, management, and rehabilitation) are major health-related resolutions.

General Assembly Resolution A/74/144: Accessibility, calls for action on 32 specific requests to the international community to improve accessibility as part of the CRPD. Actions range from the calling for full adoption and retraction of reservations, mainstreaming disability issues, and focusing on the intersection of disability with often marginalized groups such as children, women, and the elderly.

General Assembly Resolution A/74/253: Accessibility to UN Events, addresses accessibility within the UN itself. It recalls many past resolutions that required accessibility at UN facilities, conferences, and meetings. This type of internal facing document is useful to not only ensure compliance, but to establish transparency and positive demonstrated leadership on accessibility policy.
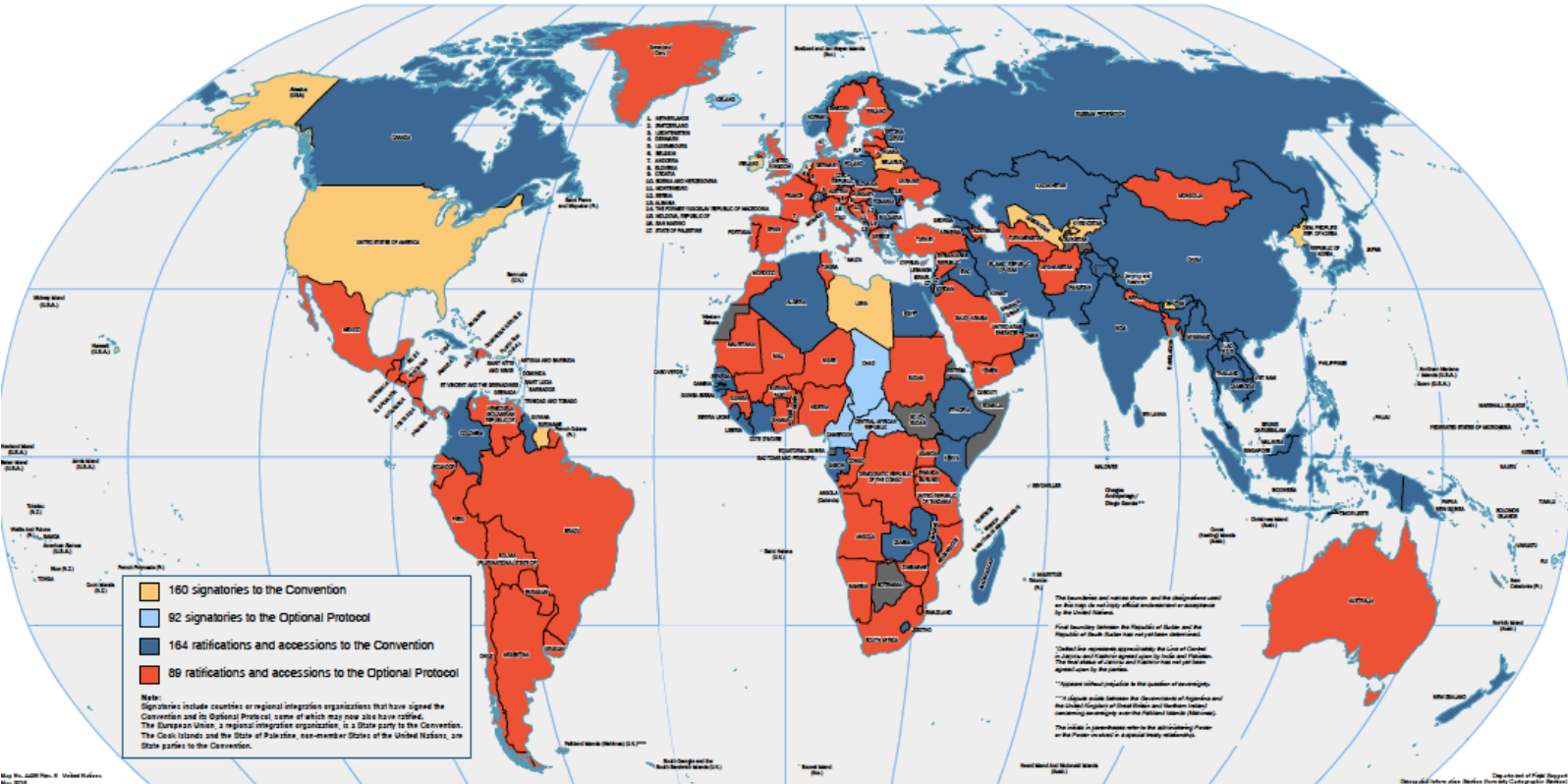
Country and Bloc Positions

As of October 2020, 182 nations and regional integration organizations have ratified the CRPD, with 96 of those also signing the optional protocols. While most member States agree on the general obligations of the Convention, there is wide disagreement on the binding nature of international commitments, on the freedom of action each Member States has over interpretation and implementation, and over the financial obligations of donor countries to facilitate global action:

Australia: Upon adoption of the CRPD Australia declared in part that: "Australia recognizes that persons with disability enjoy legal capacity on an equal basis with others in all aspects of life. Australia declares its understanding that the Convention allows for fully supported or substituted decision-making arrangements, which provide for decisions to be made on behalf of a person, only where such arrangements are necessary, as a last resort and subject to safeguards; Australia recognizes that every person with disability has a right to respect for his or her physical and mental integrity on an equal basis with others." Australia submitted its initial report in 2012, which laid out additional details in regards to

this declaration. The CRPD Committee issued 50 points of clarification to this initial report, which Australia responded to in its second and third report fillings. The UN recognized key developments, such as the adoption of a National Disability Insurance Scheme and disability inclusion strategy. Simultaneously, the UN recommend approximately 50 specific and general actions, including increased transparency and improving support to aboriginal populations (Committee on the Rights of Persons with Disabilities 2019). Australia maintains a reservation to the CRPD that allows the state to forcibly medicate the mentally ill as a last resort. It has not objected to any specific reservations of other nations.

Brazil ratified both the CRPD and the Optional Protocols. Language found within the CRPD is used by Non-Governmental Organizations to lobby on behalf for persons with disabilities to the central government. Brazil implemented national plans such as, "Living Without Limits" that seek to strengthen the participation of disabled citizens in society. According to the 2015 Committee on the Rights of Persons with Disabilities considers initial report of Brazil, the nation made strides in some areas, with work to achieve in others. For example, while activity has begun desegregating schools, much of Brazilian law still takes a "medical model" approach to most issues. Committee members "inquired about specific measures for the deinstitutionalization of persons and children with disability, and the support available for independent and community-based living'. This type of frank dialogue may facilitate progress and is made possible by Brazil's decision to ratify all parts of the CRPD regime. The full report of the committee is a good example of how it implements its oversight responsibility on states who ratify the convention. Brazil has not made any specific declarations, reservations, or objections concerning itself or other nations. Despite any issues in non-compliance, Brazil might be a powerful align to assist in getting other nations in the global south to remove their objections.

China: The initial report of China on the CRPD occurred in 2012. Four areas were highlighted for positive advancement, including key issues of policy and strategy in accessibility, discrimination, and poverty reduction. Over 40 individual and general issues were listed as requiring improvement. The committee recognized the lack of an overarching strategy to implement a human rights disability model. This included empowering adults with disabilities to make their own choices, reduction of involuntary institutionalization, and prevention of abandoned children with disabilities. Over 45 percent of Chinese persons with disabilities go to special schools as opposed to mainstreamed educational programs . The Chinese government continues to express its support for advancement of disability policy and full adoption of the CRPD. However, while some Disabled Persons Organizations are functioning in China, many are only able to do so in an unofficial capacity. China is especially sensitive to the use of human rights instruments, that might be seen as targeting specific countries. In 2020, the UN requested additional information in approximately 35 areas where Chinese progress is unclear (Committee on the Rights of Persons with Disabilities 2020). Gaining way with this burgeoning powerhouse must be dealt with care.

European Union - The CRPD became the first human rights treaty to be adopted by a regional organization when the EU ratified it in 2010. Through bodies such as the European Parliament, European Ombudsman, EU Agency for Fundamental Rights, and European Disability Forum, the EU creates frameworks for both the regional organization and to coordinate with member national monitoring frameworks. United Nations recommendations to the European Union are limited. The EU most recently replied to the majority of concerns in its response letter of 2017 and implementation of the European Disability Strategy of 2010-2020. For example, the European Commission withdrew from the European monitoring framework as advised by the UN, almost

immediately after notification of issue by the UN. The EU represents a model of a responsive regional organization. While the European Union is vastly compliant, individual members may continue to interpret the treaty differently. Poland made a reservation that stated abortion is not a required protected form of medical care. The Netherlands allows for refusal of medical care and food by individuals, while France ratified the treaty, while denying it as legally binding in all cases. Many European nations sought to clarify when compulsory guardianship would be allowed in their reservation statements. A number of European countries objected to reservations by members of the Non-Aligned Movement, who ratified the agreement, but simultaneously dismissed it when it conflicted with national law, constitution, or national religion. The European Union joined many European states in objecting to Libyan reservations concerning the CRPD and its national authority.

Kenya – Illustrating the ambitions and problems facing poorer countries, the Kenyan government submitted their initial report to the Committee in 2014 and the Committee responded with requests for clarification in 2015. The Kenyan government made strides to incorporate international standards into national law. However, the government also acknowledges that societal norms differ from laws in the official record. As of the date of submission of the initial report, several legal changes were still in draft form. The government also acknowledges that poverty and political disruption have slowed incorporation of disability policy changes. Mobility, accessibility, and access to services remain challenging. However, for each article the government established changes or plans of action to change. The Committee requested 31 points of clarification but has not issued a findings report as of the publishing of this document. Kenya has not filed any reservations or objections to the CRPD.

Russia - The CRPD Committee's last official report concerning Russia occurred in 2018. During that time, the Committee acknowledged in five areas, including new policy language that seeks to prohibit discrimination, increasing inclusive education, and entering into the Marrakesh Treaty for those with visual disabilities. However, the Committee also recognized over 50 areas of general or specific concern, across the Articles of the CRPD. The majority of these concerns stem from a system that may not fully embrace the human right model of disability policy.

Saudi Arabia - The Committee provided its response to Saudi Arabia in 2019, responding positively to measures that allowed for persons with disabilities to serve on Shura Council and quotas for employment. However, the Committee also found that the overall approach of the Kingdom was a charity model, not a human rights model. In all, over 60 observations and recommendations were provided back to the Kingdom of Saudi Arabia for action. Many of these concerns are routed in wider issues of human rights. As of this date, the Kingdom has not filed a formal response to the UN's concerns. Unlike other prominent countries in the region (Libya, Iran), Saudi Arabia has not been rebuked for overly broad reservations. However, tensions with Iran make it unlikely to help make widespread change in the Middle East region.

The United States currently is a signatory, but refused ratification of the CRPD in 2012. While the United States led the creation of the CRPD, its ratification met political controversy in the current polarized domestic situation. Although enforcement of compliance is left up to states who ratify the agreement, some remain concerned about sovereignty and other issues. However, National Council on Disability, an independent federal agency, presents compelling counter arguments to many of these issues (National Council Disability 2014). Achieving ratification of the CRPD would be a major step

forward as an instrument of International disability coordination.

Ratification remains unlikely in the United States as long as the issue is viewed through the lens of sovereignty. However, if the narrative could be reframed around a complimentary item of interest, there may be a chance of ratification. For example, in many nations, persons of disability are either not integrated into the workforce or paid at lower wages. It could be argued that this artificially lowers wages for businesses seeking cheap labor outside the US. It might be argued that global application of CRPD might equalize costs of labor, returning some competitiveness to the US. This may incentivize the US to ratify, then through its example, pressure other nations toward compliance. This could strengthen the US use of SDGs as a lever of economic advantage, since it already bears the cost of compliance through the ADA act.

Controversy: North versus South – On close inspection of the CRPD, the harmony of rapid adoption is disrupted by conflicting declarations, reservations, and objections. A key indicator that a state may not be fully committed to the spirit of the CRPD is when a state mentions its reservation regarding provisions of the convention which are contrary to the constitution, or in some cases, the state religion of a nation. This is particularly impactful, when specific sections of the CRPD are not highlighted as the source of friction. This creates a high level of ambiguity which sections will or will not be adhered to.

he overall trend is for countries in the global south, many of which are associated with the Non-Aligned Movement, to protect their legal freedom of action by applying overly broad declarations or reservations to the CRPD, while accepting it in name. The EU and many European nations are quick to highlight this perceived hypocrisy. Reconciling this tension is difficult but necessary.

Proposals for Actions

Adoption of the CRPD - The CRPD is the clearest path towards improving the conditions of persons with disabilities. While it was one of the most rapidly adopted resolutions, there are key nations, such as the United States, who have not ratified the convention. Although these nations may actually lead the world in many aspects of disability policy, their non-ratification sets an imperfect example for other nations. Dialogue with these nations may need to focus on reconciling concerns of domestic audiences and might include working through domestic NGOs. The review process of the CRPD allows transparency on the progress of achieving the aspirations contained in the convention (United Nations Enable 2016). This will be one of the most difficult issues and if not properly managed could lead to members of the Non-Aligned Movement to withdraw from the convention, using the United States as a model for justification. Refer back to the individual country positions for strategies to address this issue.

Funding and Resourcing - There are two main avenues to resource the goals of disability policy. First is the continued solicitation of voluntary funds. In a post COVID-19 world, both developed and developing nations alike will be challenged to pledge additional funding for some time. Direct disability funding is not the only avenue. Thanks to the United Nations Disability Inclusion Strategy, disability is integrated into nearly all UN resolutions. This meant that funding for all programs, not just disability specific programs, are subject to compliance with CRPD obligations. UN policymakers must follow the principles of the Disability Inclusion Strategy, to include integration into Sustainable Development Goals, to ensure that states are tied to CRPD compliance if they desire UN funding or legitimacy. In other words, non-compliance could lead to loss of funding in WHO, WFP, or

other assistance programs. Gaining new funding will be difficult in this area, although there are opportunities to link COVID-19 response efforts as a special case of debilitating event, employing a "rising tide lifts all ships" approach toward greater funding.

A second option is to research and provide guidelines about what percentage of national budgets should be set aside toward disability policy. This approach acknowledges that even well-intentioned developing nations are challenged to provide the funding required to implement all aspects of the CRPD. An approach that takes both "ends" achieved and "means" available are more likely to lead to sustainable outcomes in all nations. There is likely a standard percentage of GDP or other measure that might be appropriate to this end.

Research, Education, Awareness, and Visibility - The status of the UN often lends itself to bring together multidisciplinary experts from across the globe. In doing so, the organs of UN disability policy have forums and methods to identify areas of needed research, aggregate those results and publish them under the legitimacy of the UN. This capability is especially useful to small and developing states who might lack the depth in specializations required to best address some issues. It also benefits developed states by providing them unique perspectives they might otherwise be blinded by. Forums such as the International Day of Persons with Disability provide a predictable date in which to prepare studies and literature, while also providing visibility to the general public.

A UN recognition day will often be mentioned on the news, morning radio shows, and event your calendar app. The events and expert groups meeting during these days can reach conclusions on some topics, while setting agendas for others. These results can be published as reports and outreach materials, that establish baseline understanding and enable further dialogue. There are a variety of issues that could be

addressed at these forums. For example, how might disability policy goals be affected by the COVID-19 crisis? There are likely other opportunities to leverage disability specific expert groups, or to provide disability experts to working groups in other policy areas. These measures are likely to be amongst the least controversial.

Prevention, Treatment, and Mitigation - While the rights-based perspective on disability policy is recognized as the current best practice, there is still a role for medical intervention. Many disabilities might be influenced by preventable impairments, whether they are from genetic causes, disease, or injury. Financial constraints play an enduring role in healthcare decisions, so choices must be made in where resources should be applied. Often, medical issues are prioritized by their likelihood to cause death. A holistic perspective should also include the long-term individual and social costs associated with different categories of disability. Understanding the lifetime impact of a disability might lead to new prioritization of prevention, treatment and mitigation. Researchers must determine if current metrics are appropriate to make holistic choices, and if not, to develop new metrics. To successfully fund programs in a competitive COVID-19 environment, it may be best to pursue general scientific studies in genetics, virology, modeling, diagnostic, and other fields that are immediately applicable to COVID-19, but likely to have impacts in other health fields.

Modeling, Representation, and Data Sharing - The global aspect of the UN puts it in a unique position as an aggregator of statistics. Standard definitions contained in the CRPD and other foundational documents enable future statistical studies, because these definitions can help standardized data collection, categorization, and interpretation. While grants are often helpful to seed studies, oftentimes undergraduate and graduate students are searching for meaningful questions to answer. Combining a crowd-source approach with UN data may provide a plethora of meaningful observations and insights. Citizen

Science apps such as Zooniverse, already leverage this approach. If data is made available in an accessible way, through APIs or standard formats, it may just be a matter of pushing questions into social media spaces, then screening the results. COVID-19 is an opportunity to justify aggregation and distribution of resources towards learning tools and knowledge management systems, that might be dual-purposed to other means.

Each of these actions should be developed with the resources of a in and post COVID environment in mind. They should also be nested with existing Disability strategies and validated through the language of the CRPD. Representatives meeting during this current period of crisis should acknowledge the difficulties all face, but also remember the quote attributed to Marcus Aurelius, that the obstacle is the way. Through critical and creative thinking, this crisis may yet lead to focus, cooperation, and extraordinary achievement.

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