

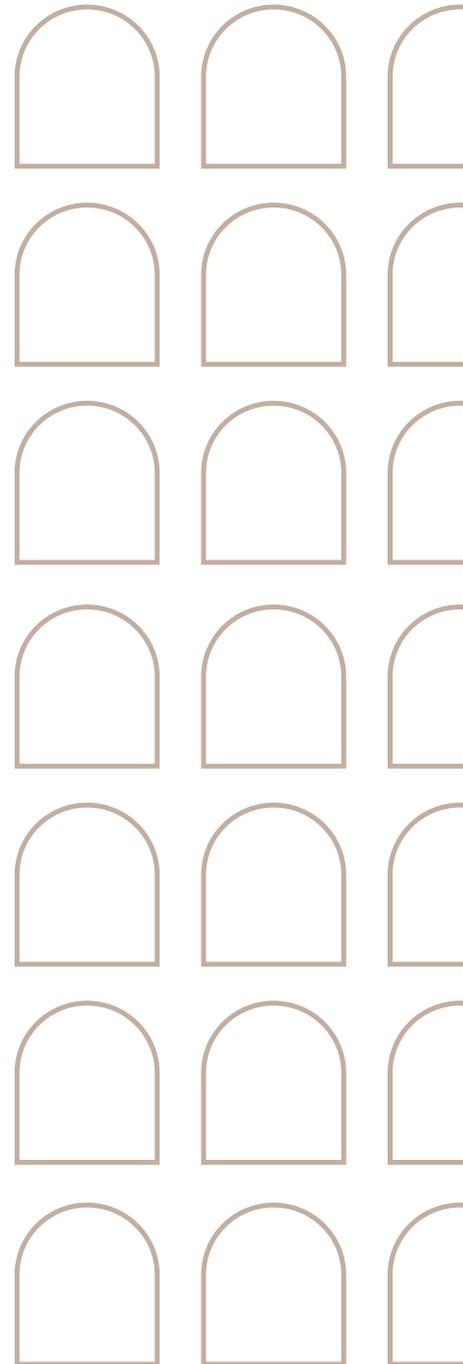
STG Policy Papers

POLICY BRIEF

WHAT NEEDS TO CHANGE IN DISABILITY MAINSTREAMING IN INTERNATIONAL AID POLICIES, AND HOW

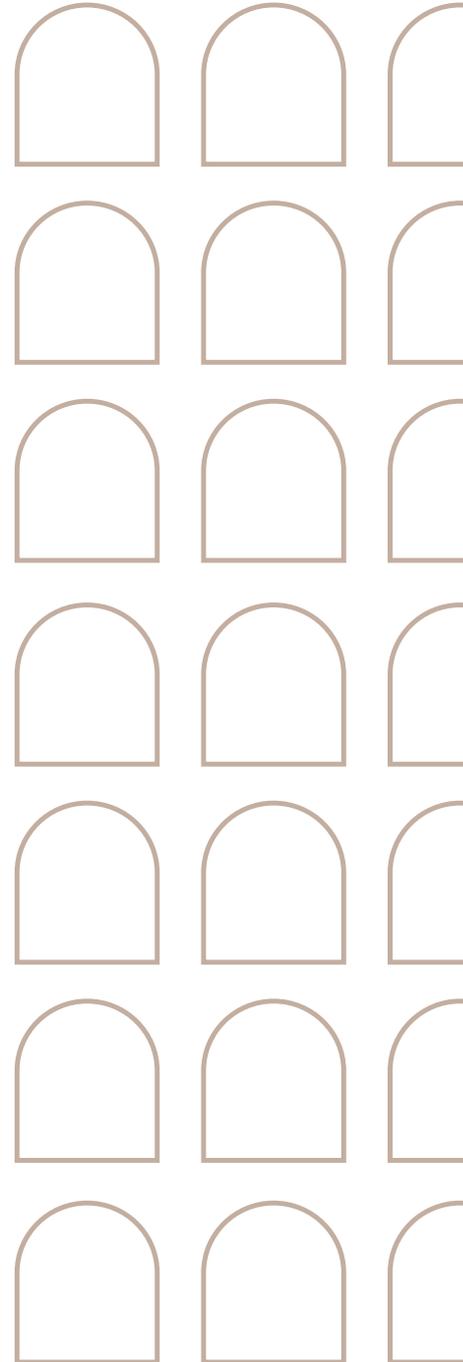
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EXECUTIVE SUMMARY

Why is there a need for international aid policies to better embed disability? What can policy actors do to meet this need? This policy brief is willing to support policy actors engaged with international aid policies in agencies delivering aid (such as bilateral governmental and multilateral agencies), and it seeks to answer these questions. It first provides essential data on why disability matters in policy-making, and in international aid policies. Second, it gives a concise overview of approaches to disability throughout history. Then it mentions the principal current international framework and refers to the state of the art in aid policies. Finally, it gives practical suggestions for improvement by outlining a number of actions that could be embedded in organisations working in international aid in order to include disability in their framework.



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1. INTRODUCTION

According to the World Health Organisation (WHO), 15% of the world's population currently live with a disability. Studies show that disability can affect everyone throughout life, and that its likelihood tends to increase with age¹. Therefore, disability should be at the forefront of the agenda of every policy maker, especially in countries with ageing populations (such as South Korea, Japan, Italy, Cuba).

Disability is also a possible cause and consequence of poverty and exclusion. According to the World Bank, 'poverty may increase the risk of disability through malnutrition, inadequate access to education and health care, unsafe working conditions, a polluted environment, and lack of access to safe water and sanitation. Disability may also increase the risk of poverty, through lack of employment and education opportunities, lower wages, and increased cost of living with a disability.'

Throughout history, across cultures and beyond geographical divides, approaches to disability (and to persons living with it) have been remarkably diverse. These can be summarised as charity, medical, social and rights-based approaches.

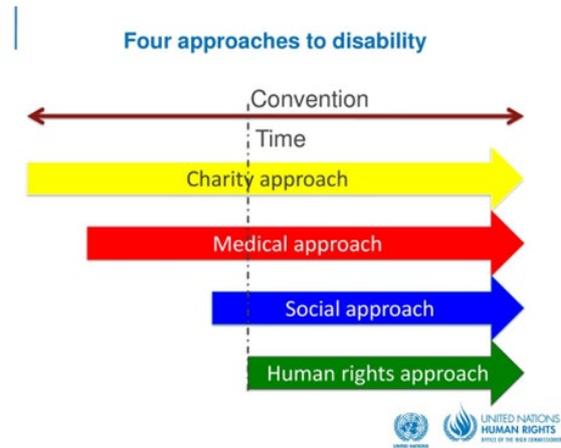
The charity model sees people living with disability as passive objects, unable to do things for themselves and thus in need of external help, charity and pity.

The medical model sees disability as something that needs to be treated. People with disabilities are seen as sick and in need of a medical specialist that can fix them.

The social model sees social and environmental barriers as the true cause of disability, and therefore seeks to remove them. However, within this model, the person with disability is still generally considered as someone who needs the help of another person, who should reduce such barriers.

The rights-based approach to disability places the person, with their needs, rights, and dignity at the centre. Disability is seen as the sum of

internal (impairment) and external (barriers) factors, and each person lives their disability in a unique way.



2. THE UNCRPD AND OTHER INTERNATIONAL FRAMEWORKS

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) was approved on 3 December 2006. This can be considered a milestone in the history of the rights of persons with disabilities, as it officially marked the shift to a rights based approach to disability:

Art 1. The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.

As of today, 185 states have ratified the Convention, and disability is progressively embedded in national and transnational policies around the world. The European Union is the only organisation of regional integration to have ratified the UNCRPD.

The 2015 Agenda for Sustainable Development follows suit by saying that no one should be left behind and that those that are, should be helped first. Disability is mentioned eleven times in the Sustainable Development Goals (SDGs). Of these, goal 4 on quality education, 8 on sustainable economic growth, 10 on reducing inequalities among countries, 11 on sustainable cities, and 17 on global partnership are explicitly addressing the needs and rights

¹ Ng, R., Lim, S. Q., Saw, S. Y. and Tan, K. B. (2020) 40-Year Projections of Disability and Social Isolation of Older Adults for Long-Range Policy Planning in Singapore, *Int J Environ Res Public Health*.

of persons with disability.

Modifying a policy framework to be in line with the UNCRPD and to the SDGs is a long and complex process, which is often supported by civil society, especially by those organisations composed of persons with disabilities (DPOs - Disabled People's Organisations). The active participation of DPOs in the policy process is essential for the respect of the rights-based approach, and it is summarised in the motto, *Nothing About Us Without Us*.

3. DISABILITY IN DEVELOPMENT AND HUMANITARIAN POLICIES

Excellent studies have been produced on [the link between disability and development](#), and on how persons with disabilities are among the most vulnerable during a humanitarian crisis. In 2019 the Interagency Standing Committee (IASC) issued comprehensive [guidelines on how to include persons with disabilities in humanitarian action](#), and several donor agencies have produced [policies](#) or [position papers](#) that guide candidates who are willing to include disability-related issues in programmes, giving examples on how disability could and should be tackled within the project cycle management.

Nevertheless, disability is not yet systematically embedded in aid policies, and it is rarely incorporated into awarded projects (unless these are presented by organisations explicitly dealing with disability). More often, disability is reduced to sorting out physical accessibility issues, such as building ramps for latrines in refugee camps, without any preliminary assessment on the need and adequacy of those ramps.

This twofold problem – that disability is not systematically included in aid policies and is only superficially addressed by awarded projects - is due to a constellation of issues: the complexity of available frameworks; the erroneous belief that without an adequate budget it is impossible to do anything (and budget, we know, is never enough); the lack of updated training for those in charge of policy

development, the lack of progress monitoring tools for existing disability policies, and mostly the still too common, although often unspoken, belief that persons with disability are a burden and cannot actively contribute to the healthy development of society².

4. WHAT CAN BE DONE?

The inclusion of gender and, more recently, environmental sustainability in aid programmes, shows that bottom-up dynamics initiated by implementers and civil society are often not enough to drive policy revision and creation, and that political will and funding are needed when one aims for this kind of shift.

There are many things that donor agencies and their policy experts can do to foster the systematic inclusion of disability in aid policies and therefore in programmes:

- I. Leave the belief that either we do everything, and we do it perfectly, or we do not do anything at all. There are many things that can be done between everything and nothing.
- II. Break the unspoken opinion, still too common in the offices where aid policies are developed, that people with disabilities are a burden; create a link with DPOs and ask them for support to organise awareness raising sessions and improve understanding.
- III. Increase awareness. Organise exchange sessions with companies that champion disability inclusion and ask them to share their experience. If the agency you work for does not have it yet, foster the development of a position paper or a guideline on the topic.
- IV. Start simple. Introduce the *twin track approach* into aid policies, as explained by the IASC (see below):
 1. Mainstream disability into programmes;
 2. Forsee targeted interventions for people with disabilities.
- V. Develop simple tools for monitoring and evaluation and make them compulsory for

2 GIZ, *ibid.*

applicants. The [gender marker](#) introduced by most institutional donor agencies is a good example and could be adapted to disability. A disability marker could measure the extent to which disability is addressed by each programme.

The **twin track approach** is an effective roadmap for all national and transnational policies, and therefore also for aid policies³. It is articulated into two steps that should be followed simultaneously:

- 1. Mainstreaming disability** means that every sector (i.e. food security and nutrition, water sanitation and hygiene, health, shelter and livelihood) should include elements that allow persons living with disability to actively participate and benefit from programmes. In the case of humanitarian policies, for example, one should make sure that when building latrines in refugee camps, we have time and money for a preliminary assessment of specific needs of persons with disabilities, and therefore adequate latrines (such as with ramps and/or handrails and/or braille signs) are built. Through disability mainstreaming policy makers are addressing the right to equal access to services.
- 2. Forseeing targeted interventions for people with disabilities** means designing (and budgeting) programmes, that are explicitly addressing the needs of persons living with disabilities. For example, in development programmes, this involves financing a programme that explicitly seeks to foster employment for persons with disabilities.

Through targeted interventions, policy makers acknowledge that persons with disability are structurally underrepresented. Under-representation hinders access to decent life and services; therefore, supplementary resources are needed to fill this gap.

5. FINAL CONSIDERATIONS

The logic of scale economies and globalization is increasingly permeating aid policies. When addressing disability, it is important to remember that every human being is unique and might require unique accommodation. However tailored support is necessarily more expensive than one-for-all solutions. It is therefore necessary to rethink the theory of *value for money* as it is currently applied to aid funding, including these considerations.

Finally, policy actors should keep in mind that disability is only one among several inter-sectional factors that define the vulnerability of the person we have in front of us. For this reason, disability cannot be approached as something that we can extrapolate from everyday reality and its complexities; otherwise the risk is to fail to address the issue of vulnerability and, ultimately, of equity.

3 IASC, *ibid.*

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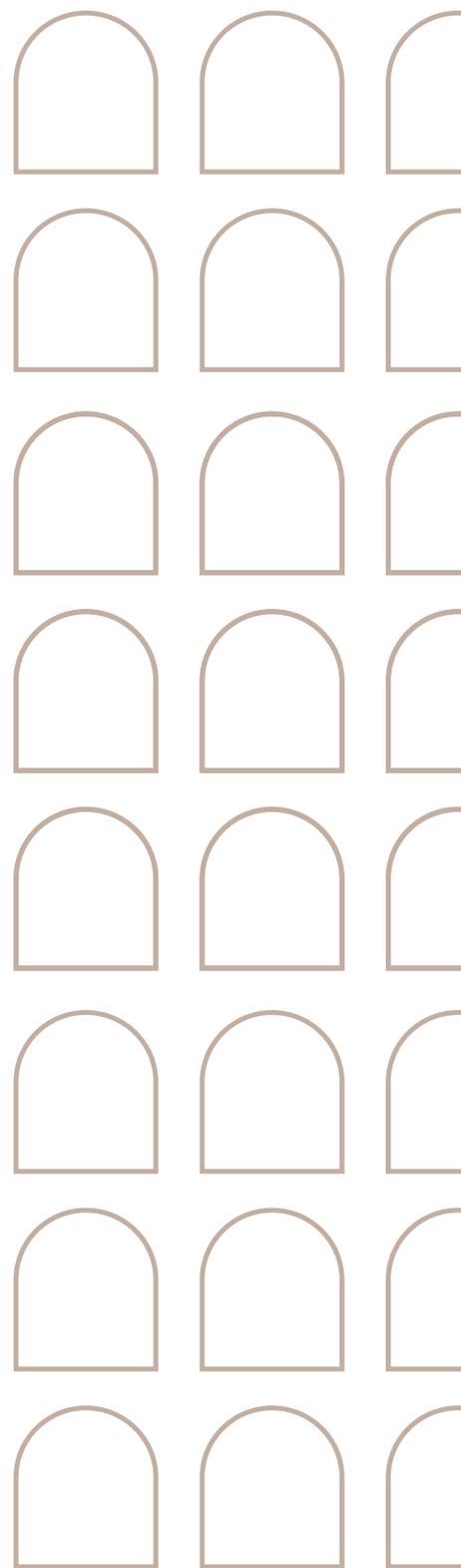
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