**Ipas’s written evidence to the UN Special Rapporteur on the rights of persons with disabilities report “Reaching the furthest left behind: The participation of persons with disabilities in the follow-up and review of the 2030 Agenda for Sustainable Development and Post-2030 discussions” to inform the forthcoming report to the 79th session of the UN General Assembly in October 2024**

15 June 2024

Ipas respectfully submits its inputs to the Special Rapporteur on the rights of persons with disabilities relating to the participation of people with disabilities in the follow-up and review of the 2030 agenda for sustainable development and the implementation of the Sustainable Development Goals.

Ipas works with partners around the world to advance reproductive justice by expanding access to abortion and contraception. We believe that all people have the right to make fundamental decisions about their own bodies and health. Ipas works through a comprehensive approach alongside institutions and communities to help ensure that people have the information they need to make decisions, the support from their communities and health systems, and that laws and policies support bodily autonomy. In support of Ipas’s mission, we partner with disability-led organizations to support reproductive choice and bodily autonomy. Through meaningful and intentional programming, we work together to address factors impacting a person’s ability to actively and meaningfully realize their sexual and reproductive rights.

The 2030 Agenda promises to leave no one behind, including persons with disabilities. This commitment is explicitly included in seven targets and 11 indicators explicitly referring to persons with disabilities. These cover access to education and employment, availability of schools that are sensitive to students with disabilities, inclusion and empowerment of persons with disabilities, accessible transport, accessible public and green spaces, and building the capacity of countries to disaggregate data by disability. ([UNDESA, 2019](https://social.un.org/publications/UN-Flagship-Report-Disability-Final.pdf))

The implementation of the 2030 Agenda, by, for, and with persons with disabilities should be in line with the Convention on the Rights of People with Disabilities and incorporate the disability perspective in all aspects of its realization, monitoring, and evaluation.

Our written submission focuses on relevant experience generated from related participatory program design and implementation, Ipas’s relationships with Disabled Peoples Organizations (DPOs) as project partners, and the outcomes of these programs.

**Engagement and participation in the implementation, follow-up, and review process of the 2030 Agenda at the regional, national, and sub-national level**

The highest attainable standard of health and well-being is a precondition for a full and productive life for persons with disabilities because one’s health and well-being affect one’s ability to participate fully in work, education, and in the community.

Despite states’ obligation under international human rights law to address the health inequities faced by persons with disabilities, we know that in practice, this does not guarantee access to services. When we examine reproductive choice with an intersectional lens and an eye toward disability inclusion, we can identify several unique and compounding barriers that people with disabilities can face when seeking care and information. For example, people with disabilities can experience:

* Ableist policies that limit their reproductive choice and autonomy, even including forced termination of pregnancy or sterilization.
* Limited or no access to comprehensive sex education.
* Structural barriers that limit physical access to services.
* Stigma and ableism from providers, their community, and their families.

To address these barriers to services, support the implementation and follow-up of the 2030 Agenda and Sustainable Development Goals, and ultimately fulfill people with disabilities human rights, they must be meaningfully engaged throughout the entire process—from program design, implementation, and evaluation to leadership positions at the highest level.

In Nigeria, [people with disabilities](https://documents1.worldbank.org/curated/en/780571593336878236/pdf/Disability-Inclusion-in-Nigeria-A-Rapid-Assessment.pdf) are among [the poorest and most disadvantaged groups in society](https://www.internationaldisabilityalliance.org/blog/25-million-lives-stake-nigerians-disabilities-during-pandemic), as about [80% of them live in economic and psychosocial poverty](https://www.ipas.org/country-impact/disability-inclusion-for-sexual-and-reproductive-health-in-nigeria/). They tend to be excluded from social life and are often neglected by healthcare institutions and providers, caregivers, and law enforcement agencies. The experience of women with disabilities is worsened by ‘double discrimination’, stifling social myths and beliefs, unsolicited pity, restrictive laws, and misinformation.

The Discrimination Against Persons with Disabilities (Prohibition) Act is only a first step in fulfilling Nigeria’s obligations under the CRPD. Authorities should now put effective measures in place for its full implementation to ensure equal treatment and participation of people with disabilities across Nigeria.

Ipas Nigeria Health Foundation is working in partnership with the Deaf Women Association of Nigeria to address barriers to SRH information and services. Through this work, we have identified good practices for advocating and promoting the rights of people with disabilities.

Ipas Nigeria partnered with Deaf Women to undergo a human-centered design process to identify social norms that prevented women with disabilities from accessing contraception and safe abortion services. Through this process, they co-developed an intervention strategy to address the barriers. The main emphasis of their work was placed on [destigmatizing Traditional Leaders](https://www.ipas.org/news/local-groups-in-nigeria-lead-the-way-for-inclusive-abortion-care/) to build support for women with disabilities and providing training for the health workers to sensitize their work, along with sign language training to address key communication gaps in service.

Ultimately, 27 traditional leaders changed their perceptions of women with disabilities accessing contraception and abortion, making commitments to promote positive norms regarding their rights to SRHR information and services. A total of 35 health workers were trained in providing person-centered SRHR care for people with disabilities. Most importantly, this project resulted in reported greater comfort and ease for Deaf Women to receive services in these facilities. Partnering with Deaf Women as collaborators on this work has led to deeply meaningful work, with valuable feedback, and positive results.

The Democratic Republic of Congo recently promulgated (June 2022) a law aiming to promote and protect the rights of people with disabilities and build an inclusive society. However, the country [does not currently have the mechanisms to facilitate accessibility and full participation by PwD](https://unprpd.org/programme/drc/#:~:text=The%20Constitution%20of%20the%20DRC,and%20full%20participation%20by%20PwDs.)s. An approximate [5-10 million people with disabilities](file:///C%3A//Users/espinozac/Downloads/Situational-Analysis-Country-Brief-DRC-c39.pdf) live in the DRC. This population experiences discriminatory cultural practices and beliefs which propagate the marginalization of persons with disabilities. These practices and beliefs affect PWD access to sexual and reproductive health and rights and their meaningful engagement in public life.

Ipas Democratic Republic of the Congo (DRC) has also established meaningful partnerships with partners to improve access to sexual and reproductive health services for people with disabilities. Ipas DRC partnered with Leonard Cheshire to develop a [values clarification](https://www.ipas.org/resource/disability-inclusion-in-reproductive-health-programs-an-orientation-and-values-clarification-toolkit/) toolkit at the intersection of abortion and disability inclusion. This has been a supportive resource to strengthen the capacity of public sector service providers and community health workers and has contributed to reducing stigma. This work has encouraged service providers to recognize the limitations of the current service provision model to care for people with disabilities, the resources needed to improve the infrastructure, and efforts to improve the attitudes of healthcare providers.

Staff from the National Health Programme, health zones, and Ipas integrated questions about disability inclusion in their discussions with providers during supportive supervision. Also in DRC, [Ipas and partners](https://www.msichoices.org/wp-content/uploads/2022/10/MSI-WISH-Disability-Inclusion-Report-December-2023.pdf) supported the update of the national standard guidelines and technical sheets on family planning to ensure disability-inclusive practices were integrated into these key resources. The documents were approved and updated by the Programme National de Santé de la Reproduction.

The benefit and impact of working directly with people with disabilities on programmatic work as key stakeholders and beneficiaries of the interventions cannot be understated and is an important aspect to incorporate in the implementation, follow-up, and review process of the 2030 Agenda.

**Barriers to effective participation and engagement in the annual High-Level Political Forums and other multilateral spaces**

Meaningful engagement and participation in multilateral spaces, including the annual High-Level Political Forum, is particularly challenging for people with disabilities due to structural social, economic, political, and administrative barriers. Some of the main challenges to engaging in these spaces include the limited access to resources to travel to New York, the denial of visas by the United States government, the limited capacity of the organizations to obtain and maintain an ECOSOC status, and accessibility issues. A lack of appropriate accommodations to address accessibility issues can include a wide range of factors that impact participation, like the provision of interpretation, consideration of health issues, accessible venues, and more.

Despite the increase in opportunities to engage in hybrid official UN meetings and events, limited access to the Internet and other technologies, lack of sign language interpretation or captions in all languages, reduced facilitation of engagement for virtual participants, and other logistical arrangements can prevent effective participation in virtual meetings for people with disabilities.

Women and girls with disabilities are likely to experience ‘[double discrimination](https://www.mdpi.com/1660-4601/18/10/5087)’ due to their gender and disability. Age may play an additional, compounding factor, with both young people and older people being excluded based on the perception of their ability to contribute due to their age. Ableism and stigma towards women and girls can create preconceived notions around their abilities and decision-making, which can create barriers to information and opportunities, stripping them of their autonomy.

It is important to ensure truly meaningful engagement, involvement, and partnership of people with disabilities within multilateral spaces and events. This should go beyond soliciting feedback on existing agreements or programs and instead be inclusive of engagement from the start. Inviting people with disabilities to provide thoughts and feedback while not promoting meaningful inclusion, as though leaders, can also serve as a barrier to participation and engagement.

Additionally, the current financial liquidity crisis of the UN represents real risks that the cash flow crisis will be instrumentalized to impose additional restrictions, particularly on civil society access and participation at the UN.

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