



The Fred Hollows
Foundation



**INTERNATIONAL DISABILITY EQUITY & RIGHTS STRATEGY
SUBMISSION FROM THE FRED HOLLOWES FOUNDATION**

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INTRODUCTION

The Fred Hollows Foundation (The Foundation) welcomes this opportunity to contribute to Australia's new International Disability Equity and Rights Strategy. In this response, The Foundation concentrates on areas where we can offer the greatest, and most practical benefit to this strategy and its implementation.

Australia has been a global leader in disability inclusion for more than a decade, leading the way in promoting human rights based, disability inclusive development in line with the [United Nations Convention on the Rights of Persons with Disabilities](#) (UNCRPD)ⁱ. Now is the time for Australia to ramp up its leadership role by resourcing ambitious approaches that translate commitments into sustained, on-the-ground impact. Meaningful action on disability equity and rights can ensure Australia's development efforts reach those who experience the most acute forms of poverty and that people with disabilities are able to fully engage, participate and lead on an equal basis with others.

In summary, The Foundation recommends the following practical priorities to drive an effective approach to achieving disability equity and rights globally.

1. **Advance a life-course approach** that meets the needs and upholds the rights of people with disabilities of all ages, including an explicit focus on women, children and older people and addressing intersectional barriers.
2. **Build more Inclusive Health Systems to accelerate Universal Health Coverage:** which will only be achieved if persons with disabilities receive quality health services on an equal basis with others.
3. Scale up accessible and targeted **integrated people-centred health services** to drive **health equity for people with disability**, across the **continuum of care** from health promotion, prevention, detection, treatment, rehabilitation, and palliative services, with a focus on strengthening primary health care.
4. **Scale up access to Assistive Technology** to enable people living with disabilities to live healthier, more productive, and independent lives.
5. **Elevate the voices of people with disabilities**, with an emphasis on facilitating capacity development of and deeper partnerships with Organisations of People with Disabilities (OPDs) in the design and implementation of local development solutions.

In addition, The Foundation fully supports the joint sector statement prepared by the Australian Council for International Development (ACFID) and the Australian Disability and Development Consortium (ADDC) and calls on the Minister for Foreign Affairs and the Minister for International Development and the Pacific to ensure the strategy is:

- **Ambitious:** Set a 2030 target of 10 per cent of ODA being allocated to initiatives with disability equity as a principal objective, according to the OECD Development Assistance Committee Disability policy marker.
- **Accountable:** Require that all in-country programs over \$3m have a disability objective, and that 80 per cent of programs effectively address disability equity.
- **Resourced:** Increase the central disability allocation to \$20m per annum with annual increases thereafter in line with overall budget increases.

The Foundation also fully supports the overarching approach recommended by The ADDC to framing Australia's Disability Equity and Rights Strategy as laid out in ADDC's submission.



RECOMMENDATIONS

RECOMMENDATION 1: Advance a life-course approach that meets the needs and upholds the rights of people with disabilities of all ages, including an explicit focus on women, children and older people with disabilities:

- Increase focus on addressing the health needs – and care burdens - of **older people with disabilities** by fostering **healthy ageing** in the **rapidly ageing Indo-Pacific region**. As highlighted in the *UN Global Report on Ageismⁱⁱ*, **older women with disabilities** experience multiple forms of discrimination and warrant particular focus and targeting.
- **Investigate whether and to what extent development programs incorporate older individuals with disabilities. Report on the percentage of beneficiaries of DFAT’s investments who are older people**, providing detailed breakdowns by age in at least ten-year intervals (such as 50-59, 60-69, 70-79, 80-89, 90-99, 100+), and by gender. This is crucial because it is estimated that 46% of people aged 60+ have disabilities and more than 250 million older people experience moderate to severe disability globally, and older women tend to be most affected by disabilities.
- **Use an age lens in the design and implementation of new investments to ensure that older people with disabilities are effectively reached**, including, but not limited to access to assistive technologies. Evidence shows that programmes, expenditures, and goals for people with disabilities differ substantially across age groups in ways that suggest ageism. For example, government expenditures per recipient tend to be substantially higher for younger individuals with disabilities, and care options rejected by younger people with disabilities (e.g. institutional care) are often considered acceptable for older adults. It is also estimated that about two-thirds of the global population aged 60 years or older need assistive products and this need is currently not being met.
- **Ensure data is collected and reported with age disaggregation within the older age category including at a minimum, 10-year age brackets**. This is essential given that we become more diverse with age and programmes cannot be effectively designed to reach older people in their diversity if we don’t know this information.
- **Analyse how the development programme is reducing and eliminating intersecting forms of discrimination that people with disabilities may face including ableism, ageism and sexism**. Available research shows that ageism can intersect with ableism and sexism, meaning that older people with disabilities can face multiple forms of discrimination, compounding the disadvantages particularly for older women with disabilities.
- **Require Australian implementing partners to report age disaggregated data following DFAT’s GEDSI good practice note, and to report on how they are reaching older populations**.
- Both persons with disabilities and older people are likely to experience similar barriers to accessing care, as well as bear the same health inequities and face multiple and intersecting forms of discrimination and face similar issues like social isolation and abuse. **Addressing one agenda can support the other – thus policies for healthy ageing can benefit persons with disabilities and vice versa**.
- Increase focus on persons across the range of disability types, including those which are less visible such as cognitive and psychosocial disability.
- In line with the **WHO, UNICEF and Work Bank Framework, *Nurturing care for early childhood developmentⁱⁱⁱ*** invest in models of care that focus on **early childhood development** including screening; tracking of at-risk children; diagnosis; and specialized care including access to assistive devices.
- Support the expansion of **technical expertise in gender, disability, ageing and social inclusion** across international development including deeper **intersectional analysis** to inform program planning, implementation, monitoring and evaluation.
- Continue to champion the collection, analysis and use of **inclusive data**, including but not limited to quality disaggregated data based on sex, age, disability, and other social markers to build evidence, inform measurable targets, and to monitor progress towards disability equity and rights.



RECOMMENDATION 2: Build more Inclusive Health Systems to accelerate Universal Health Coverage

The *WHO Global report on health equity for persons with disabilities (2022)*^{iv} demonstrates that while progress has been made in recent years, the world is still far from realizing the rights of persons with disabilities who continue to die earlier, have poorer health, face more limitations in everyday functioning and greater barriers to participation than others.

These barriers include; inaccessible health care facilities and health information, a lack of sign language interpreters and communication aids, high costs associated with health care, coupled with additional expenses related to disability, lack of health care professionals trained in working with people with disabilities, transport challenges, limited availability of assistive technologies, as well as structural factors including cultural and societal values that manifest in ableism, stigmatization, and discrimination against persons with disabilities and inequitable policies and processes. These poor health outcomes are due to unfair conditions faced by persons with disabilities in all facets of life, including in the health system itself. Countries have an obligation under international human rights law to address the health inequities faced by persons with disabilities. Furthermore, the SDGs and global health priorities will not progress without ensuring health for all. DFAT should:

- Work with health partners and civil society, including Organizations of Persons with Disabilities, to implement the recommendations of the *WHO Global Report on Health Equity for persons with disabilities (2022)*^v, so that persons with disabilities can realize the highest attainable standard of health.
- Adopt **progressive universalism as a core principle, and as a driver of health financing, putting persons with disabilities at the centre.**
- **Support partner governments to establish robust governance mechanisms** and commitments to drive effective implementation of disability inclusion policies and legislation. This should include supporting partner governments to establish plans and systems to effectively monitor, evaluate and report on implementation progress.
- **Strengthen international cooperation on disability inclusion in health care by increasing funding to address health inequities for persons with disabilities** through provision of financial and technical assistance, sharing information, cross-country knowledge, or training platforms.
- **Enhance health sector accountability to deliver on disability inclusion commitments**, through integrating disability equity into relevant performance measurement indicators.
- Work with other donors/peak bodies/international coalitions to advance development of **international standards for accessibility of digital health technologies.**
- **Ensure adequate resourcing to Australian NGOs** to meet disability equity outcomes, including for costs associated with universal design of construction or refurbishment of health facilities, accessibility measures, provision of reasonable accommodation, interpreters, assistive products and building technical capacity of health care staff etc.

RECOMMENDATION 3: Scale up of accessible and targeted integrated people-centred health services to drive health equity for people with disability, across the continuum of care from health promotion, prevention, detection, treatment, rehabilitation and palliative services, with a focus on strengthening primary health care:

- Continue to advocate a **Twin-Track Approach**, through BOTH working to ensure access to **services that meet the specific needs of people with impairments** whilst at the same time working to **mainstream disability equity and rights across all health investments.**

Transforming Lives: An investment case for Eye Health^{vi}, world-first research by **The Fred Hollows Foundation** and **Victoria University's Institute of Strategic Economic Studies** produces an investment case for scaling up programs to reduce blindness and vision impairment globally. The report argues that restoring a person's sight creates pathways for success at school, the ability to earn



an income and a greater quality of life. This is especially true for people living with disabilities. The Australian Government can increase access to eye health services for all people:

- Advocate for the **inclusion of eye health services in packages of care for UHC**.
- Support integrated school health programs for children with disabilities, focusing on screening, early detection, the provision of eyeglasses and other assistive products, and referrals to enhance education and well-being.
- Increase investment in **integrated, people-centred eye care and multi-sectoral approaches to eye health** in recognition of the **positive return on investment**, taking care to ensure investments are accessible to people with disabilities and address both supply and demand-side barriers.

Of those people with vision disability (whose vision cannot be restored), fewer than 15% have access to vision rehabilitation services. It is therefore critical that the Australian Government^{vii}:

- **Strengthen access to rehabilitation services**, including vision rehabilitation services, including establishment of new services where they did not previously exist, strengthening of existing services and enhancing referral mechanisms to rehabilitation services within a continuum of care approach.

RECOMMENDATION 4: Scale up access to Assistive Technology (AT).

Many people will require some kind of AT over the course of their lives - glasses, hearing aids, walking aids, wheelchairs, prostheses, orthoses and products to support memory or communication. AT includes assistive products and related services. **Access to AT is an essential pre-condition to achieving equal opportunities, enjoying human rights and living in dignity** and is enshrined as a right in the UNCRPD.

Based on self-reported survey data collected by the World Health Organization (WHO), **31% of the global population (and about two-thirds of the global population aged 60 years or older) need assistive products**^{viii}. The fastest growing unmet assistive technology needs globally are among **older people**. AT is also therefore essential to **healthy ageing**. The **World Health Assembly Resolution WHA71.8**^{ix} “**Improving access to assistive technology**” mandates all member states to develop, implement and strengthen policies and programs to improve access to assistive technology as a move toward universal health coverage. A global consensus on the size of the problem and the growing gap between need and access, and of the importance of AT as a key enabler of the inclusion and participation of people with disabilities, ageing populations and people with co-morbidities has already been reached.

Now is the time to implement the WHA recommendations together with those of the **Assistive Technology Procurement Study Report (2020)**^x commissioned by the WHO Regional Office for the Western Pacific, which was funded by the Australian Government and represents one of the commitments made by Australia at the **2018 Global Disability Summit**. In addition, Australia should:

- **Become a core funder of ATScale**, the **Global Partnership for Assistive Technology** and champion ATScale programs through Australia's diplomatic channels and partnerships. ATScale is a cross-sector global partnership with a mission to transform people's lives through AT. It catalyses action to ensure that, by 2030, an additional 500 million people in LMIC countries get the life-changing AT they need. By joining a group of core AT funders, including USAID, DFAT can help steer this agenda forward. Australia should also **advocate for a greater focus on the needs of older people in programs run by ATScale**.
- **Work with partners to establish a Pacific regional procurement facility** for quality and affordable assistive technologies by 2025.
- Provide funding for **regular training of multi-disciplinary personnel within local systems in the maintenance of AT**.



- **Fund pilots and scale up of effective, contextualised rights-based support services**, including human supports such as sign language interpreters, sighted guides, tactile interpreters, and personal assistance.

RECOMMENDATION 5: Elevate the voices of people with disabilities, with an emphasis on facilitating capacity development of and deeper partnerships with OPDs in the design and implementation of local development solutions.

Successful locally led development requires adequate long-term and flexible funding, genuine partnerships, and mutual trust, including with OPDs and other civil society organisations. People with disabilities are experts in their own experience, so their perspectives should guide programming across the portfolio, including the development of the **Gender Equality** and **Climate strategies**, as well as the co-design process for the **Civil Society Fund** and the **DPP process**.

- Increase the **Disability inclusion central allocation to \$20m** and increase in line with year-on-year ODA growth.
- Increase funding to Australian organisations working to build **OPD capacity** to help realise DFAT’s new localisation agenda.
- Establish an **Indo-Pacific Disability Equity Leadership Program**, a substantial annual leadership development program for emerging disability leaders that includes specific streams for women with disabilities and marginalised groups such as people with psychosocial and intellectual disabilities and those who are deafblind.
- Further support leadership development across the Indo-Pacific disability movement by increasing the focus on people with disabilities within the Australian Awards Fellowship, with scholarships offered at all levels, including diploma, master’s degree, and PhD.
- Invest in strengthening the **leadership capacities of persons with disabilities**, with a focus on **women and gender diverse people of all ages with disabilities**, including from different ethnic, cultural, and linguistic backgrounds who have historically been overlooked in both disability rights and gender equity spaces.
- Implement **funding models that are flexible and adaptable** to the unique needs and capacities of OPDs and support diversification of the movement through resourcing smaller, emerging groups to establish themselves and represent their constituencies.
- **Allocate specific funds to support the formation and strengthening of regional and international networks among OPDs.** This facilitates broader collaboration, knowledge exchange, and collective advocacy on disability issues.
- Move from ‘**nothing about us without us**’ to a “**Nothing without us**” approach by intentionally including the voices of people with diverse disabilities and of intersecting identities in cross-sectoral policy, advocacy, and programming by ensuring that accessibility and reasonable accommodations are resourced in all investments.
- **Facilitate networking opportunities by introducing OPDS to a broader range of stakeholders**, including other NGOs, government bodies, and international organizations, to foster collaboration and exchange of best practices.
- **Promote and support the employment of persons with disabilities within DFAT** and affiliated organizations, setting an example for inclusive employment practices.
- Develop a **comprehensive, user-friendly database of OPDS and their Australian partners.** This database should include contact information, areas of expertise, and the types of services or support each OPD provides. The database would serve as a valuable resource for fostering collaboration among OPDs, as well as between OPDs and governments, NGOs, and private sector entities to facilitate partnerships, networking, and information sharing.

The Fred Hollows Foundation stands ready to work with the Australian Government and development partners to advance the rights of people with disabilities through implementation of the new Disability Equity and Rights strategy in our region and beyond.



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- ⁱ United Nations Convention on the Rights of Persons with Disabilities, (2006), <https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-crpd>
- ⁱⁱ WHO, Global Report on Ageism (2021), <https://www.who.int/publications/i/item/9789240016866>
- ⁱⁱⁱ WHO/UNICEF/World Bank, The Nurturing Care Framework for Early Childhood Development: A framework for helping children survive and thrive to transform health and human potential, (2018), <https://nurturing-care.org/ncf-for-ecd>
- ^{iv} WHO, Global Report on Health Equity for Persons with Disabilities (2022), <https://www.who.int/teams/noncommunicable-diseases/sensory-functions-disability-and-rehabilitation/global-report-on-health-equity-for-persons-with-disabilities>
- ^v Ibid
- ^{vi} The Fred Hollows Foundation and Victoria University, Transforming Lives: An investment case for eye health, (2023), <https://www.hollows.org/Upload/FHFV3/Media/au/pdf/Reports/FHF23-Investment-Case-Report-FINAL.pdf>
- ^{vii} WHO, Global Report on Health Equity for Persons with Disabilities (2022), <https://www.who.int/teams/noncommunicable-diseases/sensory-functions-disability-and-rehabilitation/global-report-on-health-equity-for-persons-with-disabilities>
- ^{viii} WHO/UNICEF, Global Report on Assistive Technology, (2022), <https://www.unicef.org/reports/global-report-assistive-technology>
- ^{ix} World Health Assembly Resolution WHA71.8 https://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_R8-en.pdf?ua=1
- ^x WHO/WPRO, Assistive technology procurement study: technical report, 2020, <https://www.who.int/publications/i/item/9789290619178>



