

アジア太平洋地域関係資料

新アジア太平洋障害者の十年（2003-2012）

びわこミレニアム・フレームワーク

日本語訳

財団法人日本障害者リハビリテーション協会

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はじめに

国連 ESCAP アジア太平洋障害者の十年は 2002 年に最終年を迎えました。それに先立ち、第 58 回 ESCAP 総会は、2002 年 5 月 22 日に、「十年」の延長を決議し、この地域の課題に取り組むため、2003 年から 2012 年をインクルーシブで、バリアフリーな、権利に基づく社会の推進を目標とする、新アジア太平洋障害者の十年とすることが決まりました。

2002 年 10 月に日本で開催された、最終年記念フォーラム大阪フォーラムは、大阪市および堺市において障害者団体、障害者支援団体、専門家、ボランティア団体などとの協力により成功裡に終わり、会議ではこれまでの十年間の活動の評価を行い、今後の十年に何をすべきかが討議されました。

大阪フォーラムの直後に ESCAP が日本政府と滋賀県との協力により開催した最終年ハイレベル政府間会合では、これまでの「十年」間に達成されたことと今後取り組む課題を明かにし、次期十年の推進のための行動ガイドラインである、「びわこミレニアム・フレームワーク」(BMF) が採択されました。BMF には、この地域における課題解決に向けて推進する重要な方針が示されています。

日本障害者リハビリテーション協会は、社会福祉・医療事業団（高齢者・障害者福祉基金）のご協力を得て、広く関係者に役立てていただくため、びわこミレニアム・フレームワークの日本語訳を作成しました。

作成にあたり、翻訳を引き受けてくださった、高島和子さんおよび編集に携わってくださった、嶋原純子さんに心から感謝申し上げます。

日本障害者リハビリテーション協会
2003 年 3 月 31 日

国連アジア太平洋経済社会委員会 (E S C A P)

「アジア太平洋障害者の十年 (1993-2002)」 最終年ハイレベル政府間会合

2002年10月25-28日

滋賀県大津市

アジア太平洋障害者のための、インクルーシブで、バリアフリーな、かつ
権利に基づく社会に向けた行動のための地域におけるフレームワークの検討
(暫定議題6)

アジア太平洋障害者のための、インクルーシブで、バリアフリーな、かつ
権利に基づく社会に向けた行動のためのびわこミレニアム・フレームワーク(案)
(注:「びわこ」は、本ミレニアム・ワークが検討・採択された「アジア太平洋障害者
の十年」最終年ハイレベル政府間会合が滋賀県大津市で開催されたことにちなんで
つけられた。)

要約

第58回E S C A P総会は、2002年5月22日付けで、21世紀におけるアジア太平洋地域の障害者のためのインクルーシブで、バリアフリーな、かつ権利に基づく社会の促進に関する決議58/4を採択した。E S C A Pはその決議において、「アジア太平洋障害者の十年 (1993~2002年)」をさらに10年間 (2003~2012年) 延長することを宣言した。

この文書は、「十年 (2003~2012年)」において、障害者のためのインクルーシブで、バリアフリーな、かつ権利に基づく社会を目指す地域内各国政府および関係者による行動のための地域における政策勧告を提供する地域行動規範案の枠組みを示すものである。

この文書では、新たな十年で優先的にとり組むべき7つの領域を明示している。これらの優先領域には、重要課題、それを達成すべき目標および、必要行動が含まれている。

この地域行動規範案は、障害問題への関心が、ミレニアム開発目標および関連の目標を達成する努力と不可分となるよう、それらの目標を明確に取り込んでいる。

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I. 序文

「アジア太平洋障害者の十年」最終年ハイレベル政府間会合に出席した我々E S C A P加盟・準加盟国政府の代表は、

1. 4億人と推定される障害者は、アジア太平洋地域諸国の発展に寄与する能力を有しており、一致した活動を通してますます地域社会に変化をもたらす主体となってきたが、大多数の障害者は依然として地域社会における教育、雇用およびその他の社会経済的機会を奪われ、最貧困層の20%を占めていることを認識し、
2. 1981年の国際障害者年に続き、1982年12月3日に、国連総会にて障害者の完全参加と平等および権利擁護を目的とした総会決議 37/52「障害者に関する世界行動計画」が採択されたことを想起し、
3. 「国連・障害者の十年（1983～1992年）」最終年に「アジア太平洋障害者の十年（1993～2002）」を宣言し、また1992年、北京での同「十年」開始の会議において「障害者の完全参加と平等に関する宣言」および「十年」行動課題を採択することによって、アジア太平洋地域の政府が同地域の障害者の完全参加と平等を実現させるための継続的な決意をしたことをも想起し、
4. 12の政策領域（国内調整、法律、情報、国民の認識、アクセスとコミュニケーション、教育、訓練と雇用、障害原因の予防、リハビリテーション、サービス、支援技術、自助組織、地域協力）において、「十年」の目標を達成するための行動課題において設定された政策ガイドライン、ならびに1995年の政府間地域評価会議で採択され、1999年にさらに強化され、さらに2000年の第56回E S C A P総会で採択された107の目標を確かなものとし、
5. 1990年代、国連の世界レベルの政策やプログラムにおけるイニシアティブが、諸宣言やフレームワーク、戦略的行動計画の中に障害問題を主要課題として取り入れてきたことを認識する。それらの分野には、教育、環境、人権、人口・開発、社会開発、女性の地位向上、児童および人間居住環境が含まれる。特に、1995年3月にコペンハーゲンで開催された世界社会開発サミットは、「社会開発に関するコペンハーゲン宣言」の中で、障害者は世界最大の少数派グループの一つとして、貧困、失業および社会的孤立にしばしば追い込まれていると指摘した。同宣言は、各国政府が国連の「障害者の機会均等化に関する標準規則」を促進し、同規則の実施のための戦略を策定すべきであると提言したことを認識し、

6. 21世紀における人類全体の向上を目指した多数の具体的公約を組み入れて国連総会が2000年9月8日に決議55/2によって「国連ミレニアム宣言」を採択したことで、急速なグローバル化が進む中で経済・社会開発に取り組むという各国政府の決意を表明したことを国際社会が認識し、
7. このような世界レベル、地域レベルでの有利な政策環境の下、E S C A P加盟・準加盟国政府が2002年5月22日の第58回E S C A P総会で、E S C A P総会決議58/4「21世紀におけるアジア太平洋地域の障害者のためのインクルーシブで、バリアフリーな、かつ権利に基づく社会の促進」を採択し、その中で「十年（1993－2002年）」をさらに10年間（2003－2012年）延長することを宣言したことを高く評価する。この決議は、2002年以降のE S C A Pによる「障害者に関する世界行動計画」および「アジア太平洋障害者の十年」行動課題の実現を更に促進するものである。
8. 「行動課題」の12の全政策領域において、全体的な改善が達成されてはいるものの改善の度合いは一律ではなく、特に障害をもつ子どもと青少年の教育への機会が、ずっと驚くほど低い率にとどまったままであること、そして顕著な地域内格差が見られた点について意見の一致が見られ、
9. 各国政府に対し、2001年12月19日付国連総会決議56/168「障害者の権利および尊厳を保護・促進するための包括的、総合的な国際条約」に留意しつつ、特に障害者にとっての発展の権利という人権の視点に向かって、慈善に基づくアプローチから権利に基づくアプローチへのパラダイムシフトを奨励し、
10. 「アジア太平洋地域の障害者の完全参加と平等に関する宣言」にまだ署名していない国に対し、署名するよう、また、「アジア太平洋障害者の十年」行動課題の107の目標を達成すべく努力するよう促し、
11. アジア太平洋地域の障害者のための、インクルーシブで、バリアフリーな、かつ権利に基づく社会に向けた行動のためのびわこミレニアム・フレームワークを採択する。「インクルーシブな社会」とは、万人のための社会を意味し、「バリアフリーな社会」とは、物理面や人々の意識・行動面において、また社会、経済、文化的側面において障壁のない社会を意味する。「権利に基づく社会」とは、発展への権利を含む、人権の概念に基づく社会である。
12. 「行動のためのびわこミレニアム・フレームワーク」は、「知的障害者の権利宣言」（国連決議2856（XXVI）／1971年12月20日）、「障害者の権利宣言」3447（XXX）／1975年12月9日）、「障害者に関する世界行動計画」（37/52／1982年12月3

日)、「障害者の職業リハビリテーションおよび雇用に関する国際労働機関（ILO）条約」（No.159／1983年6月20日）、「障害者の機会均等化に関する標準規則」（48/96／1993年12月20日）および「特別なニーズ教育に関するサラマンカ声明および行動要綱」といった障害者関連の国連の国際的文書や命令、勧告と関連付けて位置づけされることを確認し、

13. ミレニアム開発目標（Millennium Development Goal, MDG）実現において、障害者に関する課題への取り組みが含まれることは不可欠であるため、「行動のためのびわこミレニアム・フレームワーク」がミレニアム開発目標の達成に貢献することを期待するものである。

II. 「行動のためのびわこミレニアム・フレームワーク」の原則と政策方針

14. アジア太平洋地域の障害者のためのインクルーシブで、バリアフリーな、かつ権利に基づく社会の実現という目標に向かって進むため、「行動のためのびわこミレニアム・フレームワーク」は以下の原則と政策方針の下に策定されるものとする：

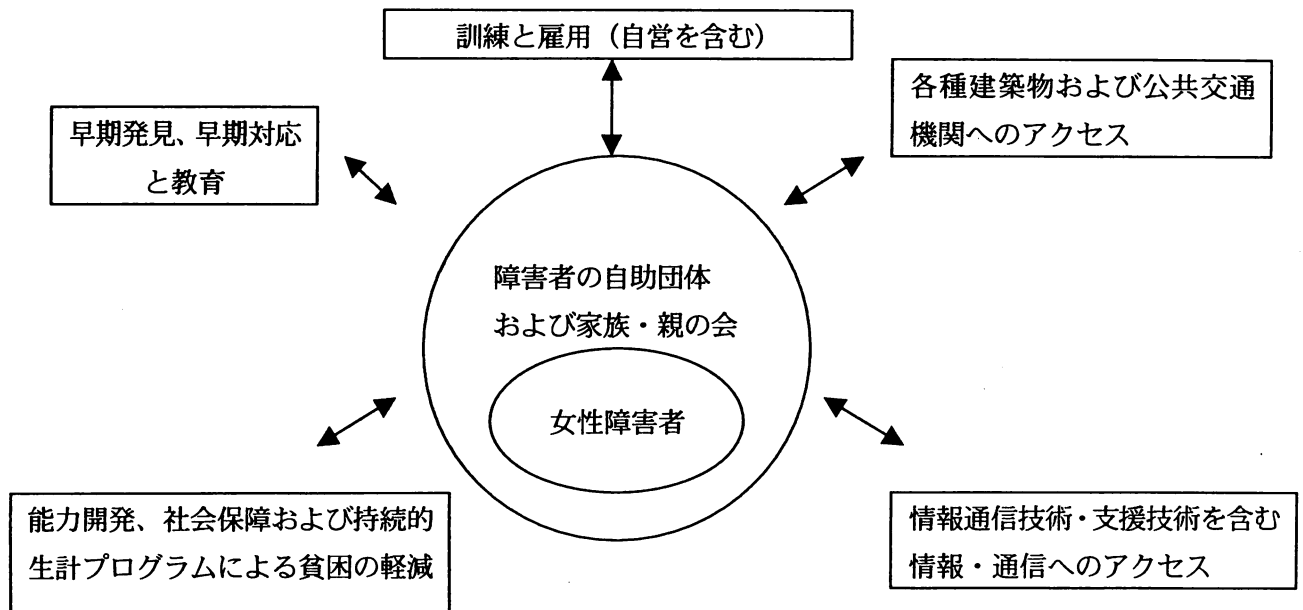
- （1）教育や保健、情報・通信、訓練と雇用、社会サービスおよびその他の分野における、障害者の平等な機会や対応、公平さを享受できる権利に関する法律や政策を制定・施行するこれらの法律・政策は男性も女性も、あるいは都市部・遠隔地、農村部を問わず、あらゆる障害者を含めなければならない。また、権利に基づき、インクルーシブで、多分野間アプローチを促進すべきである。
- （2）新規・既存を問わず、すべての法律、政策、事業、計画に障害問題を取り込む。
- （3）障害当事者団体、また障害者のために活動する団体の有効な参加により、障害に関する政策の策定、実施にあたっての調整、および実施状況のモニタリングを行うため、障害に関する国内の調整委員会を設立、または強化する。
- （4）障害者と障害者団体の発展を支援し、障害に関する国の政策決定過程に障害者自身が参加できるようにし、特に女性障害者の発展に重点を置き、性差別撤廃運動と同様に障害者自助団体への参加にも重点を置く。
- （5）特に貧困の軽減、初等教育、男女平等、若年層の雇用の分野で、ミレニアム開発目標を達成する取り組みの中に障害者を含める。
- （6）政策立案と計画実施のために、国の障害統計資料の収集分析能力を高める。

- (7) 早期対応策を、0～4歳の障害児のための療育、保健とリハビリテーション、社会サービスを含むあらゆる分野に採用する。
- (8) 障害原因の予防、リハビリテーション、障害者の機会均等を図る上で、地域に根ざした取り組みを強化する。
- (9) 社会基盤とサービス開発において、特に農村・都市開発、住環境、交通と通信の分野で、経済効率を考慮した全市民のためのユニバーサル・デザインやインクルーシブ・デザインの概念を取り入れる。

Ⅲ. 行動のための優先領域

15. 「アジア太平洋障害者の十年」（1993～2002年）の期間中に十分な進展が見られず、行動が遅れた優先的領域には、更なる努力を集中して投入する必要がある。第58回ESCAP総会決議 58/4 は、以下を域内政府が取組む優先的政策領域として掲げている。
- (a) 障害者の自助団体および家族・親の会
 - (b) 女性障害者
 - (c) 早期発見、早期対応と教育
 - (d) 自営を含む訓練と雇用
 - (e) 各種建築物および公共交通機関へのアクセス
 - (f) 情報通信技術及び支援技術を含む情報と通信へのアクセス
 - (g) 能力開発、社会保障および持続的生計プログラムによる貧困の軽減

優先領域



各優先的領域には、それぞれ以下の項目が含まれる：(a) 重要課題、(b)(可能な場合) ミレニウム開発目標 (c) びわこフレームワークの目標 (d) これらの目標を達成するために必要な行動。

IV. 優先領域における目標と行動

A. 障害者の自助団体および家族・親の会

1. 重要課題

16. 障害をもつ人々を支援し、情報を伝え、その権利を擁護するのに最も適任なのは障害者自身であり、また、その能力を備えているのも当事者たちである。障害をもつ人々が自分たちの意見を積極的に発信し、意思決定に参加することが、障害者自身の生活の質の向上はもちろん、彼らを取り巻く地域社会全体の向上につながるということは多くの例が示す通りである。障害者の自助団体は、障害者が社会・経済的、文化的、あるいは政治的生活への完全参加を確かなものとし、地域社会の発展への貢献を可能とするような政策や法律等の策定・施行に対して、自らの考えを述べる資格を有しているだけでなく、十分な情報を把握し、自らのために声をあげる動機も十分備えていると言える。

17. 障害をもつ人々の自己代表権を認識し、彼らが意思決定過程に参加するために必要な能力を向上させることが肝要である。障害者自身が自分たちのかかえる課題について発言し、身近な地域社会や社会全般において自己の向上を目指し、自立した生活を可能にするような改革の必要性を唱え続けなければならない。しかしながら、自分自身のために声をあげられない子どもやその他の人々については、その必要がなくなるまで親や家族、あるいは他の支援者が本人の権利やニーズについて声をあげられるようにする必要がある、また、奨励されなければならない。
18. 民主的かつ代表制にのっとりた障害者運動を展開するという手法は、障害者のニーズと権利に関する政府の適切な取り組みを確保するための一つの手段である。したがって、特に農村のグループや団体、あるいは障害をもつ女性や少女たち、知的障害者や精神障害者のように、取り残されている団体やグループを障害者自助団体に含む必要がある。

2 目標

目標1：各国政府、国際融資機関、そして非政府組織（NGO）は、2004年までに、すべての分野の障害者自助団体の結成と発展を推進するため、特にスラム街や農村に住む人々に焦点を当て、適切な資源配分措置を伴った政策を採用するものとする。また、政府は2005年までに、地方レベルにおける親の会の設立を保障するため方策を策定し、2010年までには国レベルの連合組織を結成するものとする。

目標2：各国政府と市民社会組織は2005年までに、障害者の生活に直接、あるいは間接的に影響を与えるような計画の策定と実施に関する意思決定過程に、障害者団体を完全に組み入れるものとする。

3 目標達成に必要な行動

1. 各国政府は障害問題に関する国内調整委員会の指示の下、障害者の自助団体と各省庁、市民社会組織や民間団体との協議・諮問関係のレベルを引き上げるための施策を実施する必要がある。また、その施策には、女性の障害者をはじめとする障害者が、さまざまな意思決定過程への効果的な参加の仕方を学ぶ訓練が含まなくてはならない。政府は、協議・諮問のためのガイドラインを作成し、各種障害者団体の代表が定期的にその協議・諮問過程を再検討・評価されなくてはならない。
2. 各国政府は、国内の調整委員会の中に、様々な障害をもつ人々の代表から成る政策検討パネルを設置しなくてはならない。このパネルは、障害者に直接あるいは間接的に影響

するすべての政策とその実施状況を評価するものとする。

3. 各国政府は、国から地方に至るまでの全レベルにおいて、立法・司法機関はもちろん、社会生活のすべての分野における障害者の代表を増やすための措置をとらなくてはならない。また、そのことは差別是正措置や反差別法により促進されなければならない。
4. 障害者自助団体は、障害をもつ青年や女性を含めメンバーが、地域社会全般および彼ら自身の団体内で、相談員的かつリーダー的役割を果たすために、そして、自助団体のメンバーのリーダーシップおよび運営能力を発展させるトレーナーとしての役割を果たすことができるように、メンバーたちの能力開発を図る事業を展開する必要がある。
5. 国内の各種障害者団体は、農村の障害者が相互支援、意見表明および計画やサービスの紹介を行う自助団体への参加を促進し、また、農村・都市開発 NGO や農村開発を推進する政府機関との協調を積極的に進めるための仕組みを開発する必要がある。
6. 国際融資機関と NGO は、それぞれの開発政策の中で、障害者の自助団体を促進し強化するための資金配分・技術支援に高い優先度を与える必要がある。

B. 女性障害者

1 重要課題

19. 女性障害者は、女性であり、障害があることによって幾重にも不利な立場に置かれている。多くは貧困者でもあるということから、社会で最も疎外された人々であると言える。障害をもつ女性や少女は、障害をもつ男性や少年と比べると、家庭内で差別を受ける可能性ははるかに高く、保健、教育、職業訓練、雇用および収入を得る機会を奪われており、社会的、地域的活動からも疎外されている。
20. 障害をもつ女性や少女は、さらに、身体的・性的虐待を受けるリスクが高く、子どもを生む権利を否定され、結婚や家庭生活に入る機会を奪われるといった差別を受けている。農村部の女性や少女は、より不利な境遇に置かれており、非識字率が高く、情報やサービスへのアクセスが限られている。幼い頃から障害者としての烙印を押され、拒絶され、また発達の手助けを与えられないので、自尊心や地域社会における女性としての役割を持つことなく成長するのである。
21. 域内には、障害をもつ女性が障害者団体の中で更なる差別を受けているという国もあ

る。そのような団体には女性メンバーが少なく、女性がリーダー的役職につくことはほとんどない。障害者団体の主唱議題に女性たちの関心事がとりあげられることはなく、若い女性障害者たちがリーダー養成研修の対象になってこなかった。

22. 女性運動は女性一般に地位向上をもたらしたが、障害をもつ女性たちの生活にはほとんど影響を与えなかった。女性の障害者が一般の女性団体に含まれることはなく、彼女らの問題は特別な問題としか扱われず、更に、彼女らはこの状況を変えるだけの声をあげる力をもっていなかった。
23. 政府は必要な支援サービスを提供し、女性障害者による開発の主流への完全参加を促進することによって、この不平等を是正するという特別な責務を負っている。

2 目標

目標3：政府は2005年までに、必要とされる分野において女性障害者の権利を守る反差別施策をとるものとする。

目標4：各国の障害者自助団体は、2005年までに、組織の運営、研修・訓練、主張活動を含む諸活動への女性障害者の完全参加と平等な代表権を促進する方針を採用するものとする。

目標5：障害をもつ女性が2005年までに国の主要な一般女性団体に含まれるものとする。

3 目標達成に必要な行動

1. 各国政府は、女性障害者の権利を擁護し、差別から守るための施策を講じる必要がある。特に、保健サービス、教育、訓練および雇用への平等なアクセスを確保し、性的その他の虐待や暴力から保護するための施策を実施しなければならない。
2. 各国政府、NGO および障害者自助団体は、女性障害者がおかれている状況について、国民の意識向上を図る事業を実施すると同時に、彼女ら自身の肯定的生き方や役割モデル、そして自己開発の機会を促す事業を実施しなければならない。
3. 各国政府は地域、国および国内地方の各レベルで、ジェンダーに関連する適切な情報が女性障害者間で普及するような仕組みの構築を促進する必要がある。その中には、国の法制に関する国際的文書や情報が含まれなければならないが、そののみに限られるものではない。

4. 障害者自助団体は、地域、国および国内地方の各レベルで、女性障害者を代表する者が障害者自助団体に加わることを保障しなければならない。
5. 障害者自助団体は、会議やワークショップ、セミナーに参加する代表団の少なくとも半数を女性障害者で構成しなければならない。
6. 女性障害者は、障害者自助団体が行う運営・管理および総務的な分野の研修に参加することを奨励され、また優先的に機会が与えられなければならない。
7. 各国政府、NGO、障害者団体およびドナーは、ジェンダーの問題に対する女性障害者の意識の向上を図り、障害者自助団体のあらゆるレベルにおける政策・意思決定過程へ参加する能力を高め、政府との関係や市民社会で発言し、協議や諮問に関わる役割を果たす能力を高めるため、女性障害者を対象としたリーダー研修を実施しなければならない。
8. 女性障害者は、障害者団体内に自助グループを設け、支援のおよび情報の発信や共有化の手段として、地域、国レベルのネットワークを設立しなければならない。
9. 女性障害者の団体やネットワークは、障害をもつ少女たちの、特に教育や保健情報、研修、あるいは社会開発へのアクセスを重視した発展を促進しなければならない。
10. 国および地域レベルの女性障害者のグループやネットワークは、情報の普及および発信と支援を広げるために、女性障害者とその自助団体を一般の女性団体に含め、女性障害者が抱える課題への取り組みをも含むように、一般の女性団体に向けて提唱しなければならない。
11. 一般の女性団体は、利用しやすい会場や使いやすい形式の研修教材、そして必要な支援を準備して、特に障害をもつ女性が研修プログラムに参加できるようにしなければならない。
12. 各国政府、NGO、障害者自助団体、ドナーおよび市民社会を含むすべての機関は、障害をもつ女性の選択する自由と自己決定に関する権利を常に擁護し、促進しなければならない。

C. 早期発見、早期対応および教育

1 重要課題

24. 入手可能な資料によると、アジア太平洋地域では、障害をもつ青少年のうち何らかの形で教育を受けているのは10%未満にとどまる一方、障害をもたない青少年は70%以上が初等教育を受けている。この状況は、教育はすべての児童の基本的権利であり、2015年までにはすべての児童に初等教育を受けさせるという国際的な指令があるにもかかわらず、この状況は存在している。政府は、次の「十年」において、あらゆる種類の障害をもつ児童のニーズに応える適切な教育を提供しなければならない。障害児の教育については、域内の各国政府の対応に大きな幅があり、児童は種々多様な公式・非公式の教育の場で、別々の、あるいはインクルーシブな形式の学校教育を受けていることが認識されている。
25. 障害児や障害をもつ青少年が教育を受けられないということは、特に職業訓練や就職への機会が減るばかりでなく、収入を得たりビジネスを行うための機会も減るということで、それは、更なる発展への機会から疎外されるということを意味している。教育や訓練を受けられなければ、社会・経済的自立の達成が妨げられ、永続的かつ世代を越えた貧困のサイクルに陥る可能性が高くなるのである。
26. 障害をもつ乳幼児や幼児には、早期発見・早期認定（0歳～4歳）を含む早期対応サービスを受けられることが必要であると同時に、彼らの潜在能力を最大限に引き出すために両親や家族に対する支援や訓練が必要となる。障害をもつ幼児への早期発見・認定および対応だけでなく両親や看護者への支援が提供されなければ、教育によって可能となる障害児の能力の向上までもが制限を受けるという二次的な「障害」に至ることになる。早期対応サービスは、教育と保健と社会サービス事業の協同作業でなければならない。
27. 現在、アジア太平洋地域の多くの国では、障害児および障害をもつ青少年たちの大半は都市部にあるセンター内の擁護学校で教育を受けており、その生徒数は限られている。「特別なニーズ教育に関するサラマンカ声明および行動要綱」は、地元の普通校での教育を可能にするインクルーシブ教育が、農村地区を含めて大多数の障害児や青少年に最高の教育機会を提供すべきであると勧告した。個々の児童のニーズに見合うのが特殊学校や施設等での教育のみであるという場合は例外として、ケースバイケースで検討すべきである。障害児の中には、特殊教育が最も適切な教育形態であると思われる児童が存在することが認められている(注1)。地域の普通校で、障害児を含むすべての児童が受ける教育は、社会の中のバリアや、まわりの人々の否定的な態度を打ち砕き、障害をもつ人々が地域社会に溶け込むことに大きな助けとなる。親や地域を巻き込むと、その働きは更に強化される。

(注1.「障害者の機会均等化に関する標準規則」に関する1993年12月20日付国連総会決議48/96の別添6.教育、パラ8、参照)

28. 障害児に対して質の高い教育を提供する場合の最大のバリアは、早期発見・早期対応サービスの欠如、否定的な態度、排除的な方針や慣習、能力差のある児童を教える一般教師のための研修不足、柔軟性を欠くカリキュラムと評価システム、普通学級および特別学級の教師を補佐する特別スタッフの欠如、適切な教材の欠如および学校環境のアクセス面の不備等である。これらのバリアは、国の全児童・青少年を対象としたすべての保健および教育開発イニシアティブに障害児・青少年を含めて政策や計画を立案し、戦略を実践し、資源を配分することによって克服できる。
29. 各国政府は関係機関と協力し、障害者の生活の向上という基本的人権を満たすため、スポーツやレジャー、レクリエーションの機会とそのための設備を提供することが求められる。

2 ミレニアム開発目標

30. この優先領域におけるミレニアム開発目標では、2015年までに、男女を問わずどの地域の子どもたちも初等教育課程を完全に修了でき、すべてのレベルの教育を男女が平等に受けられるようにしている。

3 目標

目標6：2015年までに、すべての男女児童が初等教育課程を完全に修了するというミレニアム開発目標の対象者の中で、障害をもつ児童と青少年は最も重要部分を占める。

目標7：2010年までに、障害をもつ児童と青少年の少なくとも75%が初等教育課程を完全に修了できるようにする。

目標8：2012年までに、すべての乳幼児（0～4歳）は、生存を保障され、その家族に対する支援と研修を含む地域に根ざした早期対応サービスを受けられるようにする。

目標9：各国政府は、子どもの障害の早期発見を保障する。

4 目標達成に必要な行動

1. 各国政府は、2015年までにすべての子どもが初等教育を受けるという「ダカール行動計画」および「ミレニアム開発目標」を達成するために、障害児を含むすべての子ども

の初等教育を義務化する法律を、実施の仕組みをともなって施行する必要がある。「ダカール行動計画」を受けての「万人のための国内教育計画」を始めとするすべての国の教育計画に、障害をもつ青少年が明確に組み入れられる必要がある。

2. 教育省は、障害児の家族や障害当事者団体と協議しながら、教育政策を企画・策定し、障害児が地元の初等教育機関に通学できるようにする教育プログラムを開発する必要がある。政策を実施するにあたり、全ての児童は学校に通う権利があり、学校は生徒の差異を受け入れる責任があることを明確に理解し、状況に応じてインクルーシブ教育のための学校制度を整備しなければならない。
3. 一人ひとりの学習ニーズに最も適した学校を選べるように、様々な教育の選択肢が提供されなければならない。
4. 教育予算において、特に障害児の教育のため、十分な公的予算が配分されなければならない。
5. 各国政府は、適切な早期対応と、教育の提供、資源および支援事業の立案に必要な、0歳から就学期の障害児に関する総合的データを、他と協力しつつ収集しなければならない。
6. 障害児の早期対応、ならびに就学前・初等・中等・高等教育のため、5カ年の目標設定が必要である。2012年までに75%の障害児が学校に行くという目標を達成するため、進ちょく状況はよくモニターされなければならない。
7. 保健省および関連省庁は、障害を持ったすべての乳幼児(0歳～4歳)を対象とした早期対応サービスのための(専門医の)照会システムと共に、病院やプライマリー・ヘルスケアおよび地域の医療保健施設における障害の十分な早期発見・認定サービスを確立しなければならない。政府は定期的にハイリスク妊婦とハイリスク新生児に対して、出生時またはその後の障害の早期発見を行わねばならない。
8. 保健・教育担当省庁は、障害を持った全ての乳幼児(0歳～4歳)とその家族に対し、早期対応、支援および訓練を提供するため、その他の関係省庁、自助団体、NGO、地域ベースの団体と協力し、早期対応サービスを確立しなければならない。
9. 教育担当省を含む、政府は、国や地元のNGOと協力し、障害児の家族、学校および地域社会に対して、都市部と農村部の別なく、障害児および障害をもつ青少年のあらゆるレベルの教育に参加する権利について、啓発キャンペーンを実施しなければならない。また、就学比に男女差のある地域においては、障害をもつ女子の就学を特に進めなければなら

らない。

10. 域内の各国政府は、障害児を含むすべての児童のための学校で、特殊教育あるいはインクルーシブ教育という形の教育の質を高めるために、必要に応じて以下の施策を講じなければならない。(a)教育関連・学校職員、教師を含む教育関連の公務員の、障害児教育に対する積極的な姿勢を促進すると同時に、障害児が地元の学校で教育を受ける権利について啓発し、障害児および青少年が普通校に通えるようにするための実践的な方法について関心を深めるための研修を実施する；(b)様々な能力をもつ児童の教授法や技術、柔軟なカリキュラムと授業・評価法に関する研修を、教師を対象とした総合的な事前研修や職員研修という形で実施する；(c)教職に適する障害者の就職を奨励する；(d)児童のスクリーニング・認定、配置等の手続き、児童中心の個別指導、そして都市と農村地方におけるリリースセンターや専門的指導者などを含む学習・指導支援体制を確立する；(e)著作権保護の制約を受けずに、適切で利用しやすい教材、機器、器具を確保する；(f)個々の児童の能力に応じた、地域の状況に合った柔軟なカリキュラムを確保する；(g)学習者の多様なニーズに合った評価およびモニタリング手続きを確保する。
11. 各国政府は2010年までにバリアフリーな学校および円滑に利用できる交通手段の実現に向けて、積極的な事業を展開しなければならない。
12. 各国政府は、様々な障害をもつ児童や青少年を対象とした効果的な教育方法の開発をさらに進めるため、研究機関における研究計画を奨励しなければならない。
13. 障害当事者、また、障害者支援団体は、障害児の教育への意見表明を優先事項として取り組むことが求められる。
14. 域内での試みや成功事例を共有し、インクルーシブ教育への取組みへの発展を支援するため、地域内協力を強化する必要がある。

D. 訓練および自営を含む雇用

1 重要課題

31. 障害者を経済の主流に組み入れるという課題は未だ達成されていない。国際基準が実施され、国によってはモデル的訓練が実施され、雇用法の制定、国によって雇用に関する様々な政策や事業が試みられているにも関わらず、障害者、なかでも女性、青少年および地方の障害者の多くは教育や訓練を受けられず、雇用されず、あるいは不完全雇用で、貧しい状況にある。

32. 障害者には「一定水準の」仕事に就く権利がある。「一定水準の」仕事とは、自由や公正、安全および人間の尊厳が守られた中で行う生産的な仕事である。障害者は一人ひとり異なった能力を有しており、彼ら自身がしたいことを、障害によってではなく能力を基に選ぶ権利を持っている。彼らには、すべての人に与えられるのと同じ教育、職業訓練、雇用およびビジネス環境が必要である。特殊な支援サービスや支援技術、または職種内容の調整が必要となる人々もいるが、それらは彼らの生涯にわたる生産性や貢献に比べれば小さな投資である。さらに、生涯にわたって受け入れられないことがしばしば社会心理的障壁を生むことがあるが、この問題は、障害者の訓練や雇用状況を改善するには避けて通れない問題である。
33. 職業訓練と雇用の問題は、障害者の地域社会への完全参加という観点と、変化する人口統計と雇用というマクロ的な観点からの検討が必要である。更に、グローバル化や雇用の確保、貧困の軽減、青少年や高齢者の失業という問題に対応するには、これらの問題や対応の仕方が障害者にどのように影響するかを考慮しなければならない。
34. 一般的に、障害に関する訓練を受けた有能な職員は不足しており、特に訓練と雇用に関してはその傾向が顕著である。国と地域レベルにおける効果的な政策や計画の開発、実施、評価、普及に関わるその他の能力面の問題についても、引き続き取り組みが必要である。障害者はまた、サービスの消費者としてだけでなく、その意見主唱者、計画者、そしてサービス提供者として、常に積極的に雇用および訓練に関するイニシアティブと関わり続ける必要がある。

2 目標

- 目標10: 2012年までに、少なくとも署名国の30%がILO「職業リハビリテーション及び雇用（障害者）に関する条約（第159号 1983年）」を批准する。
- 目標11: 2012年までに、全署名国の職業訓練事業の少なくとも30%には障害者を含め、彼らのために適切な支援と職業斡旋およびビジネス開発サービスを提供する。
- 目標12: 2010年までに、すべての国で障害者の雇用率および自営率を示す確かなデータをそろえる。

3 目標達成に必要な行動

1. 各国政府は「職業リハビリテーションと及び雇用(障害者)に関する条約」(1983

年)を検討し、批准、施行しなければならない。

2. 各国政府は、訓練、雇用、自営、貧困軽減計画への障害者の参画の度合いを評価するため、政策、文書化した計画、調整機関および仕組みを整えなければならない。この評価活動には、雇用主や労働者団体のみならず、障害当事者団体および支援団体との協議が含まれなければならない。
3. 各国政府は障害者の雇用を促進するために、雇用者のインセンティブや戦略を開発し、実践していく必要がある。また、多くの国においては政府自体が主要な雇用主なので、障害をもつ職員の雇用、昇進等においてモデル的な役割を果たすべきことを認識する必要がある。
4. 各国政府は、職場および労働市場における障害者の平等な扱いと機会獲得の権利を守る差別撤廃法を検討しなければならない。政府は、民間で障害者の雇用を奨励および促進し、リストラによって影響を受ける障害者の権利を護る仕組みを整えなければならない。
5. 各国政府、国際機関、NGO、訓練機関、およびその他の社会団体は、訓練された有能な職員を確保できるように訓練や雇用および職業リハビリサービスを提供するスタッフの数を増やして質を高めるように、より一層協力しなければならない。そのような訓練事業には障害者を積極的に採用し、職員として雇用しなければならない。
6. 各国政府はNGOの協力を得て、障害者が一般の職業訓練を受け、雇用されるために必要な支援サービスを得られるように保障しなければならない。また、障害者を除外すると高い代償を払うことになるという認識のもと、参画への障壁を取り除くために必要とされる追加資金を配分しなければならない。
7. 各国政府やNGOや障害者団体は、雇用主、労働組合、社会団体と連携して活動を進めることによって、協力関係や政策、相互理解を促進するとともに、障害者が公的、あるいは民間、または自営の場で働く際に利益を享受し、より有効な職業訓練を受けることができるようにしなければならない。
8. 各国政府は雇用主団体や労働者団体、障害当事者団体・支援団体およびその他の団体と協力して障害者の職業訓練に関連した現在の政策、実践とその成果を点検し、現状との格差やニーズを認識し、グローバル化や情報通信技術(ICT)の進展により変化する職場のニーズや遠隔地や農村に住む障害者のニーズに対応しなければならない。
9. 最重度の障害者のニーズに応えるための資金配分を行い、できる限り尊厳を守り、インクルーシブな環境の中で、就職準備ワークショップや地域に根ざした雇用支援等の方

法を活用して、職業訓練と雇用サービスを提供しなければならない。

10. 多くの国で正規労働の機会が不足していることを認識し、政府や国際機関、贈与者、NGO、その他の民間組織は、障害者および障害当事者団体・支援団体が、ビジネス開発、起業および資金分配に関する計画に平等にアクセスできるように保障しなければならない。
11. 障害者団体を含む地域内の機関は、政府や国際機関との協力の下、特に地域的、文化的ニーズを反映した職業訓練と雇用のすべての側面における成功事例に関する情報収集と普及の仕組みを構築しなければならない。

E. 各種建築物・公共交通機関へのアクセス

1 重要課題

35. アジア太平洋地域の国々では、公共交通機関を含む各種建築物の円滑な利用ができないことが、依然として、障害者が積極的に社会・経済活動に参加することを妨げる主要な障壁となっている。国によっては、各種建築物への平等なアクセスが障害者の基本的権利として認められている。利用できない建築物や道路、交通機関を作ることは、障害者を一般社会から差別することを意味する。円滑に利用できる、つまりアクセシブルな環境整備を求めた障害者の運動の成果として生み出されたのが、ユニバーサル/インクルーシブ・デザインという考え方である。ユニバーサル/インクルーシブ・デザインの概念に基づく取り組みは、障害者だけでなく、高齢者や妊婦、幼児連れ等、社会の他の人々にも有益であることが証明されている。
36. 世界の高齢者人口の大部分がアジア太平洋地域に居住している。現在の人口動態の傾向からすると、その数は急激に増えることが予想される。また、豊かな国、貧しい国を問わず、ほとんどすべての国で男性よりも女性が長生きするため、高齢女性の割合が着実に伸びている。そして、男女を問わず、さらに多くの人々が長生きすれば、障害を持つ高齢者数も増加する。加えて、高齢者はしばしば重荷や負担と見なされるために、加齢に伴って現れる身体的障害は高齢者の社会的イメージを悪化させるだけであろう。しかし、老若を問わずすべての障害者は共通の問題をかかえており、等しく影響を受けている。共通の問題としては、我々をとりまく環境の中にある障壁で、例えば、各種建築物や公共交通機関へのアクセスの問題が含まれる。
37. ユニバーサル/インクルーシブ・デザインに基づく取り組みは、事故発生率を下げることにつながり、万人のための、より安全な環境を提供する。物理的障壁は、障害者の完

全参加を妨げ、社会的、経済的生産性を低下させることがわかっている。したがって、建築上、設計上のバリアの除去と防止を目的とした投資が経済的に有効であることは、特に社会的・経済的参加に最も重要な領域（交通機関、住宅、教育、雇用、医療、行政機関、文化・宗教活動、余暇とレクリエーションなど）において十分証明されている。施設だけでなく、サービス全体が利用可能であるべきことを確認するのは重要である。この関連で、職員の訓練カリキュラムの中に障害者との接し方を重要課題として盛り込まなければならない。

2 目標

目標 13：各国政府は、農村・農業関連も含む、公共施設やインフラ設備と交通機関の計画のため、アクセシビリティ基準を採択し、施行しなければならない。

目標 14：新たに建設、または改築する陸上や水上、大量・軽量鉄道輸送および航空輸送システムを含むすべての公共交通システムは、障害者と高齢者にとって完全に利用可能でなければならない。既存の陸上、水上、航空公共交通システム(車両、停留所、ターミナル)も、可能な限り早急に利用可能なものにしなければならない。

目標 15：インフラ開発向けの全ての国際的ならびに地域融資機関は、その融資・補助審査基準にユニバーサル／インクルーシブ・デザインの概念を採り入れなければならない。

3 目標達成に必要な行動

1. 各国政府は、障害者団体およびプロの建築・土木協会等民間団体と協力し、展示や図書館、研究施設、情報センター等の活用を通して、アクセシブルな環境整備を実現するため、国および／または地域の情報交換のための仕組みの構築を支援し、研究機関や建築・土木関係の教育機関とネットワークを築かなければならない。
2. 建築、設計と造園、建築と土木関連の専門教育や学問講座にインクルーシブ・デザインの概念を盛り込み、障害者の積極的な参加を得る移動ワークショップ等を含む地域内のすべてのデザイン学校が行う教員対象の講座に、実用的でアクセシブルなデザインに関する効果的な指導を行うようにする必要がある。更に、CBR従事者のような最終的に障害者と密接に関わる専門家や他の経験豊かな実務者が、インクルーシブ・デザイン技術の普及の成功事例を学ぶことができる継続的教育開発研修コースを支援することが望まれる。

3. アクセシビリティを高め、地域独特の知恵や素材の応用例を発掘するため、デザイン・コンテストや建築関係の表彰、ならびにその他の支援を通じて、革新的な技術開発を奨励することが必要である。例えば、触知できるブロックや滑らないタイルといった建築物のアクセシビリティを高めるものの材料を地元で開発し、入手可能にすべきである。また、革新的な技術を普及させるネットワークの立ち上げも望まれる。
4. 各国で、どのように規定や基準が開発され適用されたか、またどのようにこれらがアクセシビリティを高めたかについて評価する制度設立への支援が必要である。広報活動や結果報告および改善策の指摘等により、個々の新築、または改築された建物より、むしろ地域全般についてのフィードバックや事例研究が重要である。
5. 利用者としての障害者団体との協議など、さまざまな協議過程を通じ、公衆衛生施設や飲料水供給を含む障害者のアクセス・ニーズがすべての農村／農業開発事業に盛り込まれる必要がある。ただし、この場合のニーズは、公衆衛生施設や飲料水供給へのアクセスのみに限るものではない。
6. 国、地方、地域の各レベルでアクセス担当官または担当部署を設置する必要がある。その役割には、建築家やデザイナー、開発者に対して技術的助言やアクセス規定に関する情報、インクルーシブ・デザインおよび農村部や都市部、都市部周辺における自然や人工的な環境にふさわしい技術について情報を提供することが含まれる。
7. 障害者団体は、肢体、視覚、聴覚障害者だけでなく、知的障害者を含む様々な障害当事者団体のニーズを一つの声にまとめて代表し、建築物に関するニーズを一括して効果的に提示するため、自信を生み出す施策や権利擁護を推し進める施策を実施しなければならない。

F. 情報、通信および支援技術を含む情報通信へのアクセス

1 重要課題

38. ICTは、経済成長の原動力として経済のグローバル化に拍車をかけている。しかしながら、ICTの発展は、持てる者と持たざる者、また先進国と途上国との間に格差をもたらした。
39. ICTが障害者へ与える影響には、良い面と悪い面の両方が存在する。ICTの発展により多くの障害者はその恩恵に浴し、新技術は、どんな技術レベルの障害者にも雇用機

会を与え、地域で自立して暮らす機会を与えた。適切な訓練を受けた盲ろう者は点字表示機能のあるスクリーン・リーダーを使い、重度の脳性まひ者はインターネット上での情報交換に参加している。しかしながら、その恩恵のほとんどはまだ先進国の障害者に限られている。ICTの急速な発展によって、障害によっては予期しなかった問題が生じている。例えば、オンライン登録や銀行業務、買い物取引は、認知／知的、肢体、視覚障害・聴覚障害を併せもつ人々にとって利用できない場合がある。

40. 途上国の農村部では、ICT利用による大きな潜在的恩恵が考えられるが、アジア太平洋地域の途上国に居住する障害者の大多数は、貧しく、ICT利用から疎外されてきた。
41. 2000年11月、アジア・太平洋電気通信共同体（APT）主催による世界情報社会サミット アジア地域会合が東京で開かれ、「21世紀におけるICTを通じたアジア・太平洋ルネッサンス」に関する東京宣言が採択された。東京宣言は、2005年までにアジア太平洋地域の人々が可能な限りインターネットにアクセスできるようにすべきだとし、デジタルディバイドの原因の一つとして、収入、年齢、性別とともに障害をあげている。また、2003年にジュネーブで、そして2005年にチュニスで世界情報化社会サミットが開催される。サミットでは、障害者や他の社会的弱者の問題が取り上げられなければならない。
42. 情報社会において、情報と通信へのアクセスは、基本的人権の一つである。著作権所有者は、その内容が障害者を含むすべての人にアクセス可能となるよう責任を持つべきである。いかなる対海賊版行為管理技術もまたはデジタル権管理技術も、障害者による情報・通信へのアクセスを妨げるべきでない(注2)。情報通信技術は、テレコミュニケーション（電気通信）と放送システムのバリアを打ち破らなければならない。途上国はICTの分野で、より強力な支援を必要としている。

(注2. 情報と通信への権利は、例えば以下のようなものに対するアクセスを含む：

- 国の機関により購入・使用され、または公共の利用のために民間企業により購入・所有されるコンピューターのハードウェア・ソフトウェアおよび付属機器；
- 公共の通信設備；
- 地元ラジオ、ビデオの内容およびデジタルTVを含む放送システム；
- 電話サービスを含む電子通信システム；
- ウェブ、マルチメディアコンテンツ、インターネット電話を含むインターネットおよびウェブコンテンツを作成するソフトウェア；
- 携帯通信機器を含むその他の消費者利用電子通信機器；
- 自動販売機を含む双方向取引機器；
- 電子情報システムを通じて得られるサービス；

- 教科書、教師用の教材、電子学習環境を含む学習機材；
- 手話を通じた話し言葉と、話し言葉からの手話；
- 文字を持たない土着の言語を含む母国語による情報とコミュニケーション；
- コンピューター・スクリーン・リーダーや点字、その他あらゆる方法によって得られるすべての文字情報；
- 公共利用のための今後の I C T

以上の事項へ障害者が直接利用することが何らかの理由で直ちに確保されていない場合は、I C T開発者は、その製品と障害者の利用する支援技術サービスとの効果的な相互運用性を確保しなければならない。

43. アジア太平洋地域の多くの国々で、手話、点字、指点字（触読手話）は、未だ標準化されていない。これらや他のコミュニケーション手段の開発および普及が必要である。このようなコミュニケーション手段へのアクセスなくしては、視覚障害者、盲ろう者、聴覚障害者はI C Tの発展から取り残される。より重大なことは、彼らが日常生活の中の言語とコミュニケーションの活用という基本的人権を奪われるということである。

2 目標

目標16： 2005年までに、障害者が域内の各国に住む他の人々と、少なくとも同じ割合でインターネットとその関連サービスにアクセスできるようにする。

目標17： 2004年までに、国際的I C T基準に責任のある国際機関〔例、国際電気通信連合（ITU）、国際標準機構（ISO）、世界貿易機関（WTO）、ワールド・ワイド・ウェブ・コンソーシアム（3WC）、モーション・ピクチャー・エンジニアリング・グループ〕は、国際的なI C T基準に障害者のためのアクセシビリティ基準を組み込む。

目標18： 2005年までに、各国政府はそれぞれの国のI C T政策に障害者のためのI C Tアクセシビリティ基準を導入し、適切な施策によって、障害者を受益対象者に含む。

目標19： 各国政府は、それぞれの国で、標準手話、指点字、触察手話の開発調整・および普及に努め、出版物やCD-ROM等のあらゆる手段を使って、その成果を広く知らせる。

目標20： 各国政府は、それぞれの国で、手話・指点字通訳者、点訳者および音読者の養成

と派遣を行い、これらの人材の雇用を促進する制度を確立する。

3 目標達成に必要な行動

1. 各国政府は、情報と通信に対する障害者の権利をモニターおよび保護するための法律、政策および計画を公布し、施行しなければならない。例えば、障害者がアクセスできる情報コンテンツの作成を行う機関に、一定の条件下で著作権の適用を免除する法律などである。

政府は、他の関連機関や民間組織と協力し、以下を行わなければならない。

2. ICTを管轄する省庁・調整機関内に、内外との調整を行うICTアクセシビリティ担当部局を設置し、民間企業内にも同様の部局の設置を奨励する。
3. ICTに関する政策決定者、管轄省庁およびICT関連民間企業の代表および技術者を対象に、障害問題に対する意識向上のための研修を行う。障害者がかかえるICTアクセスの必要性、ならびに自らも社会の生産的な一員になることへの要望やそのための能力があるということを知らせることも目的の一つである。
4. 障害者がソフトウェア・ハードウェアの開発者や規格関連機関に自らのニーズを伝えるにはどのように意思疎通を図ればよいかの研修を行い、障害者のコンピューター識字教育と能力開発を支援する。
5. 障害者が使用するICT機器の免税や支援技術機器の費用助成を含むさまざまな形の優遇制度を提供し、必要とする障害者が購入できるようにする。
6. 国、地域、および国際的レベルの協同組合をはじめ、障害をもつ消費者の様々なネットワークを構築し強化することを支援し、個々に購入すると一般に高額なICT製品やサービスの購買力・交渉力を高める。
7. ICTアクセシビリティ関連施策と基準の開発・策定において、障害者団体がその全過程に関われるように、あらゆる必要な措置をとる。
8. あらゆる分野の障害者のために、ICTのアクセシビリティへの長期的取り組みを確保するため、ユニバーサルかつオープンであり、共有の国際的基準に基づいたICT開発を採用・支援する。その際、特に有効性が証明済みのアクセシビリティの内容や特徴を備えた基準に重点を置く必要がある。例としては、ワールド・ワイド・ウェブ・コンソー

シウム (W3C) のウェブ・アクセシビリティ・イニシアティブ (WAI) やDAISYコンソーシアムがある。

9. 現地語ソフトやコンテンツに、統一モデル言語のような国内および国際標準文字エンコードおよびモデルを使用するよう要請し、文字エンコードおよびモデルについて、アクセシビリティの必要条件に関する対話を奨励する。
10. 障害者のニーズを代弁し、その意を汲む民間団体が、障害者に必要な国際的、地域的基準の更なる統一に向けての議論に参加できるように支援する。そのような国際的基準がない場合、各国政府は国際的基準との適合性や相互運用性に留意しつつ、それらのニーズに応える別の活動を支援する。
11. 二国間・多国間の支援機関や国際的支援機関は障害者の ICT アクセシビリティを向上させるという社会責任に基づいた報償基準を設け、障害者の ICT アクセスを促進させる。
12. 新しい技術や既存の技術が、障害を含めた基準やユニバーサルデザインの概念に基づいて開発されることを保障するため、ICTやテレコミュニケーション、放送の基準開発のための地域作業部会を設置、支援する。ICTに加え、標準化された手話や点字の開発を含む障害者のコミュニケーションを保障する施策も策定する。

G. 能力開発、社会保障および持続的生計プログラムによる貧困の軽減

1 重要課題

44. アジア太平洋地域には、4億人の障害者がおり、その40%以上が貧困生活をおくっていると推定される。これらの障害者は、社会の他の人々が受けている保健、食べ物、教育、雇用、その他の基本的な社会サービスを含む権利の享受から疎外され、地域社会の政策決定過程に参加することからも疎外されてきた。
45. 貧困は障害の原因でもあり結果でもある。貧困と障害は相互に増長し合い、弱体化や疎外へと更に推し進める。栄養不足、危険な労働・居住環境、不十分なワクチン接種や保健と妊婦ケア、不衛生、そして障害の原因に関する不十分な情報、戦争や紛争、自然災害が障害をもたらす要因である。これらの多くは防ぐことができるものである。障害はまた、生計手段へのアクセスが限られることや、労働市場や経済から疎外されることによって貧困を促進する。これは個人だけでなく、しばしば家族全体に影響を及ぼす。

46. 高齢者数とその割合の増加は、障害者の増加につながり、さらに人類の貧困を促進する要因となりうることを示してきた。高齢者の問題は、加齢に伴う障害の発生と、適切な保健サービスや社会保障の提供と関連している。高齢化社会においては、特に、現行の社会保障制度が十分かどうかという意味において、これらの課題が国の保健行政や長期的な介護システムに大きな影響を与えるであろう。
47. 貧しい障害者のための社会サービスが低いレベルに留まっている主要な原因は、個々の家族や地域社会に根ざしている。しかしながら、アジア太平洋地域の途上国の障害者福祉レベルが低いことの決定的な要因はほとんど知られていない。要因分析のために必要な、家族や地域社会レベルの社会・経済調査データが欠如しているのである。地域社会レベルのインフラ開発が、貧しい障害者へのサービスの提供にどの程度影響があるか調査することが重要である。
48. 障害原因の予防とリハビリテーションと障害者のエンパワーメントと意識や行動の変化とを関連付けた統合的な取り組みが必要である。障害の意味を開発の主要な課題として認識すべきである。その重要性を貧困や人権、ならびに国際的な合意を得た開発目標の達成と関連付けて認識することが望まれる。世界の貧困撲滅は障害者の権利とニーズへの考慮なしには達成され得ない。
49. 国連ミレニアム開発目標の一つに、貧困撲滅という具体的な目標がある。これは前向きなアプローチである。しかしながら、障害者が不釣り合いなまでに多数を占める極貧層ではなく、貧困から救出するのが最も容易な層にばかり目標達成のための努力が向けられる可能性がある。この戦略には被害を受けやすく、忘れてはならない障害者層を見逃す危険性がある。障害者の貧困の根本原因は、複雑で多面的である。それゆえ、ミレニアム開発目標を達成するための貧困緩和戦略において、障害者を対象グループに優先的に含むよう意識的に努力しなければならない。

2 ミレニアム開発目標

50. この優先分野におけるミレニアム開発目標は、2015年までに、現在一日の収入が1ドル未満の人々や飢えに苦しむ人々、そして安全な飲み水を手、購入できない人々の割合を半減させるというものである。

3 目標

目標 21: 各国政府は、1990年から2015年の間に、現在一日の収入／消費額が1ドル未満の障害者の割合を半減する。

4 目標達成に必要な行動

1. 各国政府は、極度の貧困と飢えの根絶に関するミレニアム開発目標を達成するため、国の貧困緩和事業の主要な対象グループとして障害者を直ちに組み入れる必要がある。
2. 各国政府は、障害者のためのサービスに十分な農村開発と貧困緩和の財源を割り当てる必要がある。
3. 各国政府は、貧困障害者の基礎データを確保するため、ミレニアム開発目標のための収入と貧困、教育、保健等の基礎データの収集や分析に、障害の規模と貧困層分布図、障害を含めなければならない。
4. 各国政府は、以下の施策を通じて、障害問題を対貧困層開発戦略の中心に位置付けなければならない。
 - (a) 貧困障害者に対する資源配分の増額および障害に対する社会的資金割り当ての導入
 - (b) 市民による評価方式の活用を含む、より効果的な方法を使った現行の社会、経済政策の参加型評価
 - (c) 身体障害や精神障害をもつ高齢者や障害児がいる貧困家庭に対する奨学金および／または健康保険など、適切な社会保障計画の策定
 - (d) 障害者とその家族を対象とした包括的開発政策
5. 各国政府は、各省庁や市民社会組織、民間セクターの能力開発のモデルとして、障害者の貧困緩和の成功事例を文書化し、普及させなければならない。
6. 各国政府は、障害問題を開発政策に盛り込むという観点から、国連の支援を得て、政治家、障害者団体および地域社会開発機関に対して障害者問題の重要性を訴え、戦略的な協力関係の構築を促進しなければならない。
7. 障害の原因を減らし、リハビリテーション・サービスの提供を目的とした予防策は、政府、民間セクターおよびNGOの通常業務の主要部分を占めなければならない。障害原因の予防とリハビリテーションを目的とする事業は、国家計画や政策および予算に含まれるべきである。
8. 各国政府は、障害原因の予防および障害者のリハビリテーションに関する国の戦略を立案し、採択しなければならない。
9. 障害者のリハビリテーションに関する国の戦略において、3つのアプローチ、すな

わち施設型、アウト・リーチ型、そして地域に根ざしたC B R型のすべての役割を認める必要がある。特に、C B R型のアプローチは、最大限の範囲に対してサービスを提供し、費用対効果が最も高い点を強調しなければならない。

10. 保健サービス供給システムには、政府系、非政府系を問わず、理学療法や作業療法といったリハビリテーション・サービスや必要な支援機器サービスの提供を含まなければならない。精神障害や肢体不自由をもつ高齢者の保健や性別を重視した対応策についてはほとんど知られていない。精神病を患う高齢者のためのサービス提供には、注意が必要である。農村部や都市部の貧困地域を含む地域レベルにおいてサービスを受けることができる点を特に重視しなければならない。
11. 各国政府は、障害者が相互支援をしたり、人権擁護活動をしたり意思決定過程に参加したりする際に必要な能力の向上を図るため、農村部や都市部の貧困地域において、障害者の自助団体およびその連合組織の設立を支援しなければならない。

V. 「行動のためのびわこミレニアム・フレームワーク」の目標達成のための戦略

51. 下記の戦略は、各国政府が市民団体との協力の下、I V節に挙げている目標を達成するのを支援しなければならない。

A. 障害に関する国の5ヵ年行動計画

52. 「行動のためのびわこミレニアム・フレームワーク」(2003～2012年)を国および地方レベルで実施するためには、障害に関する国の行動計画が不可欠である。

戦略1: 各国政府は、2004年までに、障害者団体およびその他の市民団体と協力して、「行動のためのびわこミレニアム・フレームワーク」(2003年～2012年)の目標・戦略実施のための、包括的な国の5ヵ年行動計画を策定し、採択しなければならない。この計画には、一般の開発計画・事業に障害を盛り込むようなインクルーシブな障害政策・事業が含まなければならない。

B. 障害問題への権利に基づくアプローチの促進

53. 障害問題への取り組みを前進させるに当たっては、権利に基づくアプローチをとらなければならない。障害者の市民としての権利や文化的、経済的、政治的、社会的権利に留意し、これを保障する必要がある。障害問題は、開発や人権問題に関する議論として扱い、

国の計画に組み入れなければならない。世界的には、40以上の国が障害者差別禁止法を採択したが、アジア太平洋地域では、わずか9カ国が採択したにとどまっている。

戦略2： 各国政府は、特に差別撤廃を実現するために、障害者の権利を保護する法律と政策の採択について、あるいは現行の法律について見直しを行わねばならない。その中で、障害者に対する差別の中身が何であるか、明確で具体的な定義をする必要がある。そのような法律や政策は、国連が定める人権と障害に関する基準に適合していなくてはならない。障害者は、そのような法律の下で権利を行使できるように、効果的な対処法へ平等にアクセスできるようにすることが望まれる。

戦略3： 各国の人権機関は、障害者の人権に対する人々の関心を高め、障害者が全力でその役割を果たせるように統合を図らなければならない。障害者の人権を擁護するため、各国政府は各地域の具体的状況に合わせて、独立した障害者人権擁護機関を設立することを検討しなければならない。

戦略4： 各国政府は、市民社会の障害者団体を含む障害者が、自分たちの生活に影響を与える法律や政策の策定作業に協力し、そのよう法律や政策の実施状況をモニター・評価すると同時に改善を提案することに初期の段階から十分に参画できるようにしなければならない。

戦略5： 各国は、中心となる国際人権条約（注3）の批准を検討しなければならない。障害者団体との協議後、各国政府は批准した条約の監視機関に提出する報告書の中に、障害者の権利に関する具体的な情報を盛り込むことが望まれる。

（注3. 6つの中心となる国際人権条約とは、「市民的及び政治的権利に関する国際規約」、「経済的、社会的及び文化的権利に関する国際規約」、「拷問禁止条約」、「子どもの権利条約」、「女子差別撤廃条約」および「人種差別撤廃条約」である。）

戦略6： 各国政府は、「障害者の権利と尊厳の促進および保護のための統合的かつ包括的国际条約」の策定に向け、総会決議 56/168（2001年12月19日）により設置されたアドホック委員会の業務を支援し、これに貢献することを検討しなければならない。また、その際に、世界のすべての地域からの幅広い範囲の障害者団体による完全参加を促進・円滑化しなければならない。

戦略7： 各国政府は、「障害者権利条約（案）」（注 国連決議 56/168 2001年12月19日）の策定、採択過程に国、地域、国際レベルにおいて障害者や障害者団12体が参画できるようにしなければならない。この条約が採択されれば、障害者の権利と責務について、当事者主導の強力な監視システムが確立されることになるであろう。

C. 計画のための障害統計と障害に関する共通定義

54. 十分なデータがないことが、アジア太平洋地域において、計画の実施を監視および評価する政策と施策の策定を含む障害問題の軽視につながる最大要因の一つになっている。多くの発展途上国では、収集したデータには障害の分布が完全には網羅されていない。このようにデータが限定される要因として挙げられるのは、適用される概念的な枠組み、調査対象と範囲、障害データの収集に使われる定義、分類および方法論等である。また、障害の定義と分類に使われる共通体系が、域内で一律に適用されていないことも認められている。この点に関して、共通体系を作成する基盤として、アジア太平洋地域諸国で「国際生活機能分類（ICF）」をより広く利用することが望まれる。

戦略8： 各国政府は2005年までに、障害関連のデータ収集と分析の体系を作成し、政策決定と計画策定に役立つように、障害別に分類した適切な統計資料を作る必要がある。

戦略9： 各国政府は、2005年までに、地域内の国別の比較が可能となるように、「障害者統計の開発のためのガイドラインと原則」（注4. 国連の出版物 販売 No.E.01. XVII.15.）に基づく障害の定義を採用する必要がある。

D. 障害原因の予防、リハビリテーションおよび障害者のエンパワーメント強化のための地域に根ざしたアプローチ

55. アジア太平洋地域の発展途上国の多くは、従来の施設型であり中央集権的なリハビリテーション事業や計画から、それぞれの地域に適したアプローチに切り替え、あるいは補いつつある。社会的・経済的環境としては貧しく、失業率が高く、社会サービス資源が限られた地域に適したアプローチであり、その中心をなすのが、地域に根ざしたリハビリテーションプログラム、つまりCBRプログラムである。地域に根ざしたアプローチが特に功を奏するのは、障害原因の予防と障害児の早期発見・早期対応、農村に住む障害者への対応をはじめとし、社会的・文化的・宗教的活動を含む、地域におけるすべての活動への障害者の完全参加を実現するための啓蒙活動や人権擁護活動においてである。教育や訓練、雇用におけるニーズを満たすことも、このアプローチによって可能となる。CBRでは、障害者自身がイニシアティブをとって、その選択・管理する主体となることが不可欠である。

戦略10： 各国政府は、障害者団体や市民団体と協力して、障害原因の予防や障害者のリハビリテーションとエンパワーメントを目指して地域に根ざしたアプローチを促進するために、国の政策の策定が未だの場合は直ちに策定しなければならない。CBR全体が人権に基づくアプローチに裏付けされていること、そしてピア・カウンセリングなど、自立生活の考え方をモデルとしていることが不可欠である。

VI. 「行動のためのびわこミレニアム・フレームワーク」 の達成のための協力と支援

A. 小地域間の協力と連携

56. この新たなフレームワークの重要な力点の一つは、小地域レベルでの政府間の協力と連携を強化することである。同一小地域内の諸国には共通の問題や要望があり、共通の制限にしばられているため、相互支援や連携のためには最適の立場に置かれているといえる。この意味において、小地域内の各国政府は「行動のためのびわこミレニアム・フレームワーク」の実施にあたり相互支援するためにも、自地域内で独自の優先事項と行動計画を策定することが求められる。

戦略11： 各国政府は、APDF（アジア太平洋障害フォーラム）のような関連NGOやアジア太平洋の小地域内の障害者の自助団体と協力して、「行動のためのびわこミレニアム・フレームワーク」に掲げられた目標と戦略達成するため、2004年までに、各国政府を支援するための小地域独自の仕組みを築かなければならない。

戦略12： 小地域内の各国政府は関連NGOと協力して、小地域内における障害に関する活動調整のため、適切な小地域機関を選んで連絡調整の拠点を設置しなければならない。

B. 地域協力

1. アジア太平洋障害者センターとの協力

57. アジア太平洋障害者センターは、2004年を目途にバンコクに創設され、「アジア太平洋障害者の十年」の成果としてアジア太平洋地域における障害者のエンパワーメントとバリアフリー社会の促進を目指す。同センターの主な活動は、障害者および障害者と共に活動する人々を対象とした訓練と情報提供である。

戦略13： 各国政府、国連、市民組織、および民間団体は、アジア太平洋地域の障害分野において同センターの訓練・コミュニケーション機能を協力して支援し、活用しなければならない。太平洋地域における障害者の能力開発についても、同センターによる明確な取り組みが望まれる。

2. 特定領域の卓越した研究拠点（Centers of Excellence, COE）のネットワーク化

58. アジア太平洋地域の障害の分野で新たなアプローチを実施するにあたって、政府機関だけでなく、市民組織や民間団体も研究開発に携わっている。これらの機関や団体を「卓越した研究拠点」と認定し、最大限の協力や連携が実現するように、機関・団体間の情報、経験、人材の交流を通じたネットワーク化を促進することは有益であろう。このようなネットワークを構築し、維持するにあたっては、アジア太平洋障害者センターが中心的な役割を担うことが出来るであろう。

戦略14： 各国政府、市民組織、および民間団体は、協力関係や協調を最大限に生かすため、特定領域内に卓越した研究拠点のネットワークを構築しなければならない。

戦略15： E S C A P と他の国連機関は、特定領域における卓越した研究拠点を認定し、その振興を図ることによって、拠点間のネットワーク構築を支援しなければならない。

戦略16： アジア太平洋地域内の各国政府は、貿易、技術移転、人材資源の開発にあたり、迅速かつ効果的な資源の共有が可能となるよう協定を結ばなければならない。各国政府はまた、地域内協力を促進して情報交換を推進し、「びわこミレニアム・フレームワーク」の目標を達成した良い事例については記録に残すことが求められる。

C. 地域間協力

59. 「アジア太平洋障害者の十年」（1993～2002年）は、特にアフリカ諸国において国際的なレベルで開発に影響を与え、1999年には2000～2009年を「アフリカ障害者の十年」とすることが宣言された。また、アラブ諸国も2003年～2012年を「アラブ障害者の十年」と宣言することになって、これは新たに延長されたアジア太平洋地域の障害者フレームワークと時期を同じくするものである。地域的のプログラムを強化し、他の地域の経験を学び、地域ごとの障害に関するフレームワークが相乗効果を生み出すためには、地域間の交流を押し進めることが重要である。

戦略17: アジア太平洋地域とアフリカ地域、ならびに西アジア地域が、地域間の情報や経験、専門知識の交流を通じ、各地域の十年計画の実施にあたって相乗効果を生み出すためには、協力と協調を強化する必要がある。それによって、すべての地域が利益を享受できるであろう。

VII. モニタリングと評価

A. 地域会議および小地域会議の開催

60. 「21世紀におけるアジア太平洋地域の障害者のためのインクルーシブで、バリアフリーな、かつ権利に基づく社会の促進」に関するE S C A P総会決議 58/4(2002年5月22日)は、E S C A P事務局長に対し、「十年」の終了まで2年ごとに、その実施の進捗状況に関する報告書をE S C A P総会に提出するよう求めている。E S C A Pは達成状況の評価と、「行動のためのびわこミレニアム・フレームワーク」の実施に必要な行動を確認するために2年ごとに会合を開催する。この会合には、政府省庁、NGO、障害者の自助団体およびメディアによって構成される各国の障害者問題国内調整委員会の代表が招かれ、国および地方レベルでの「行動のためのびわこミレニアム・フレームワーク」の実施状況を評価する報告書を発表する。障害者の自助団体は、この評価活動に積極的に参加することが求められる。地域会合では、毎回以下のテーマ領域内で採択された目標に焦点を当てる。

- (a) 障害者の自助団体、女性障害者、教育、訓練および雇用
- (b) 各種建築物および情報・通信へのアクセス
- (c) 社会保障と持続可能な生計手段の確保による貧困軽減

61. 各小地域内の各国政府は小地域会合を開催し、それぞれの小地域の優先事項と行動計画に基づいて、上記の地域レベル会合と同様に達成状況の評価と「行動のためのびわこミレニアム・フレームワーク」の実施にとって必要と思われる行動の確認を行わなければならない。

**B. 「行動のためのびわこミレニアム・フレームワーク」
の調整およびモニタリングのための地域作業部会**

62. 地域作業部会は国連と各国政府、そして地域内の障害者団体を含む市民組織から成り、定期的に会合を開催し、「行動のためのびわこミレニアム・フレームワーク」の実施について調整およびモニターを行う必要がある。

C. 「行動のためのびわこミレニアム・フレームワーク」の中間評価

63. 「行動のためのびわこミレニアム・フレームワーク」の中間評価が行われなくてはならない。この評価に基づいて、この「十年」の下半期の目標と戦略的計画を修正し、新たな目標と戦略的計画の策定を行うことができる。



ECONOMIC AND SOCIAL COMMISSION FOR ASIA AND THE PACIFIC

High-level Intergovernmental Meeting to Conclude the Asian and Pacific
Decade of Disabled Persons, 1993-2002

25-28 October 2002
Otsu City, Shiga, Japan

**CONSIDERATION OF A REGIONAL FRAMEWORK FOR ACTION TOWARDS AN
INCLUSIVE, BARRIER-FREE AND RIGHTS-BASED SOCIETY FOR PERSONS
WITH DISABILITIES IN ASIA AND THE PACIFIC**

(Item 6 of the provisional agenda)

**DRAFT BIWAKO MILLENNIUM FRAMEWORK FOR ACTION TOWARDS AN
INCLUSIVE, BARRIER-FREE AND RIGHTS-BASED SOCIETY FOR
PERSONS WITH DISABILITIES IN ASIA AND THE PACIFIC**

Note by the secretariat

SUMMARY

The Commission, at its fifty-eighth session, adopted resolution 58/4 of 22 May 2002 on promoting an inclusive, barrier-free and rights-based society for people with disabilities in the Asian and Pacific region in the twenty-first century, by which it proclaimed the extension of the Asian and Pacific Decade of Disabled Persons, 1993-2002, for another decade, 2003-2012.

The present document sets out a draft regional framework for action that provides regional policy recommendations for action by Governments in the region and concerned stakeholders to achieve an inclusive, barrier-free and rights-based society for persons with disabilities in the new decade, 2003-2012. The regional framework for action identifies seven areas for priority action in the new decade. Each priority area contains critical issues, targets and the action required.

The regional framework for action explicitly incorporates the millennium development goals and their relevant targets to ensure that concerns relating to persons with disabilities become an integral part of efforts to achieve the goals.

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I. PREAMBLE

We, the members and associate members of ESCAP represented at the High-level Intergovernmental Meeting to Conclude the Asian and Pacific Decade of Disabled Persons,

1. Recognize that while an estimated 400 million persons with disabilities have the capacity to contribute to national development in the Asian and Pacific region and have increasingly become agents of change in their communities through their collective action, the majority of persons with disabilities are still excluded from education, employment and other economic and social opportunities and constitute some 20 per cent of the poorest people,
2. Recall that following the International Year of Disabled Persons in 1981, the United Nations General Assembly, in its resolution 37/52 of 3 December 1982, adopted the World Programme of Action concerning Disabled Persons, aimed at achieving full participation and equality and protection of rights of persons with disabilities,
3. Also recall the continuing commitment of Governments in the Asian and Pacific region to the promotion of full participation and equality of persons with disabilities in the Asian and Pacific region and to the improvement of their lives through the proclamation of the Asian and Pacific Decade of Disabled Persons, 1993-2002, at the end of the United Nations Decade of Disabled Persons (1983-1992) and through the adoption of the Proclamation on the Full Participation and Equality of People with Disabilities in the Asian and Pacific Region and the Agenda for Action for the Asian and Pacific Decade of Disabled Persons, 1993-2002, at the launch of the Decade at Beijing in 1992,
4. Affirm the policy guidelines set out in the Agenda for Action for achieving the goals of the Asian and Pacific Decade of Disabled Persons within the 12 policy areas (national coordination, legislation, information, public awareness, accessibility and communication, education, training and employment, prevention of causes of disability, rehabilitation services, assistive devices, self-help organizations and regional cooperation) and the 107 specific targets adopted at a regional review meeting in 1995, further strengthened in 1999 and endorsed by the Commission at its fifty-sixth session in 2000,
5. Recognize that in the 1990s, United Nations initiatives concerning global policies and programmes in areas such as education, environment, human rights, population and development, social development, advancement of women, children, and shelter and habitat incorporated disability issues as substantive concerns in their declarations, frameworks and strategic action programmes. In particular, the World Summit for Social Development, held at Copenhagen in March 1995, in its Copenhagen Declaration on Social Development noted that people with disabilities, as one of the world's largest minorities, are often forced into poverty, unemployment and social isolation. It recommended the promotion of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities and the development of strategies for implementation of the Rules,

6. Note that the world community has expressed its commitment to economic and social development in the face of rapid globalization in adopting General Assembly resolution 55/2 of 8 September 2000 entitled “United Nations Millennium Declaration”, embodying a large number of specific commitments aimed at improving the lot of humanity in the twenty-first century,
7. Appreciate that under such a favourable policy milieu at the global and regional levels, ESCAP members and associate members adopted resolution 58/4 of 22 May 2002 on promoting an inclusive, barrier-free and rights-based society for people with disabilities in the Asian and Pacific region in the twenty-first century, by which it proclaimed the extension of the Asian and Pacific Decade of Disabled Persons, 1993-2002, for another decade, 2003-2012. The resolution will give further impetus to the implementation of the World Programme of Action concerning Disabled Persons and the Agenda for Action for the Asian and Pacific Decade of Disabled Persons in the region beyond 2002,
8. Agree that overall improvement has been achieved in all 12 policy areas under the Agenda for Action, but that progress has been uneven, particularly in the continuing and alarmingly low rate of access to education for children and youth with disabilities, and has been marked by significant subregional disparities,
9. Encourage Governments to actively implement the paradigm shift from a charity-based approach to a rights-based approach to the development of persons with disabilities and to move towards the human rights perspective, especially the perspective of the right to development for persons with disabilities, bearing in mind General Assembly resolution 56/168 of 19 December 2001 on a comprehensive and integral international convention to promote and protect the rights and dignity of persons with disabilities,
10. Urge Governments in the region which have not done so to join the signatories to the Proclamation on the Full Participation and Equality of People with Disabilities in the Asian and Pacific Region and to strive to achieve the 107 targets for the implementation of the Agenda for Action for the Asian and Pacific Decade of Disabled Persons,
11. Adopt the Biwako Millennium Framework for Action to promote an inclusive, barrier-free and rights-based society for persons with disabilities in the region. An “inclusive” society means a society for all and a “barrier-free” society means a society free from physical and attitudinal barriers, as well as social, economic and cultural barriers. A “rights-based” society means a society based on the concept of human rights, including the right to development,
12. Confirm that the Biwako Millennium Framework for Action is set in the context of relevant disability-specific United Nations international instruments, mandates and recommendations, including General Assembly resolutions 2856 (XXVI) of 20 December 1971 on the Declaration on

the Rights of Mentally Retarded Persons, 3447 (XXX) of 9 December 1975 on the Declaration on the Rights of Disabled Persons, 37/52 of 3 December 1982 on the World Programme of Action concerning Disabled Persons, the Rehabilitation and Employment (Disabled Persons) Convention (No. 159), 1983, adopted by the International Labour Organization on 20 June 1983, and its recommendation on that Convention, General Assembly resolution 48/96 of 20 December 1993 on Standard Rules on the Equalization of Opportunities for Persons with Disabilities and the Salamanca Statement and Framework for Action on Special Needs Education,

13. Anticipate that the Biwako Millennium Framework for Action will contribute to attaining the millennium development goals and targets as issues relating to persons with disabilities are vital concerns to be addressed in realizing the relevant millennium development goals and targets.

II. PRINCIPLES AND POLICY DIRECTIONS OF THE BIWAKO MILLENNIUM FRAMEWORK FOR ACTION

14. To promote the goals of an inclusive, barrier-free and rights-based society for persons with disabilities in the Asian and Pacific region, the Biwako Millennium Framework for Action, is guided by the following principles and policy directions:

- (1) Enact and/or enforce legislation and policies related to equal opportunities and treatment of persons with disabilities and their rights to equity in education, health, information and communications, training and employment, social services and other areas. Such legislation and policies should include persons with all types of disabilities, women and men, and people in urban and remote and rural areas. They should be rights-based and promote inclusive and multisectoral approaches.
- (2) Include disability dimensions in all new and existing laws, policies plans, programmes and schemes.
- (3) Establish or strengthen national coordination committees on disability which will develop and coordinate the implementation and monitoring of the policies concerning disability, with effective participation from organizations of and for persons with disabilities.
- (4) Support the development of persons with disabilities and their organizations and include them in the national policy decision-making process on disability, with special focus on the development of women with disabilities and their participation in self-help organizations of persons with disabilities as well as in mainstream gender initiatives.

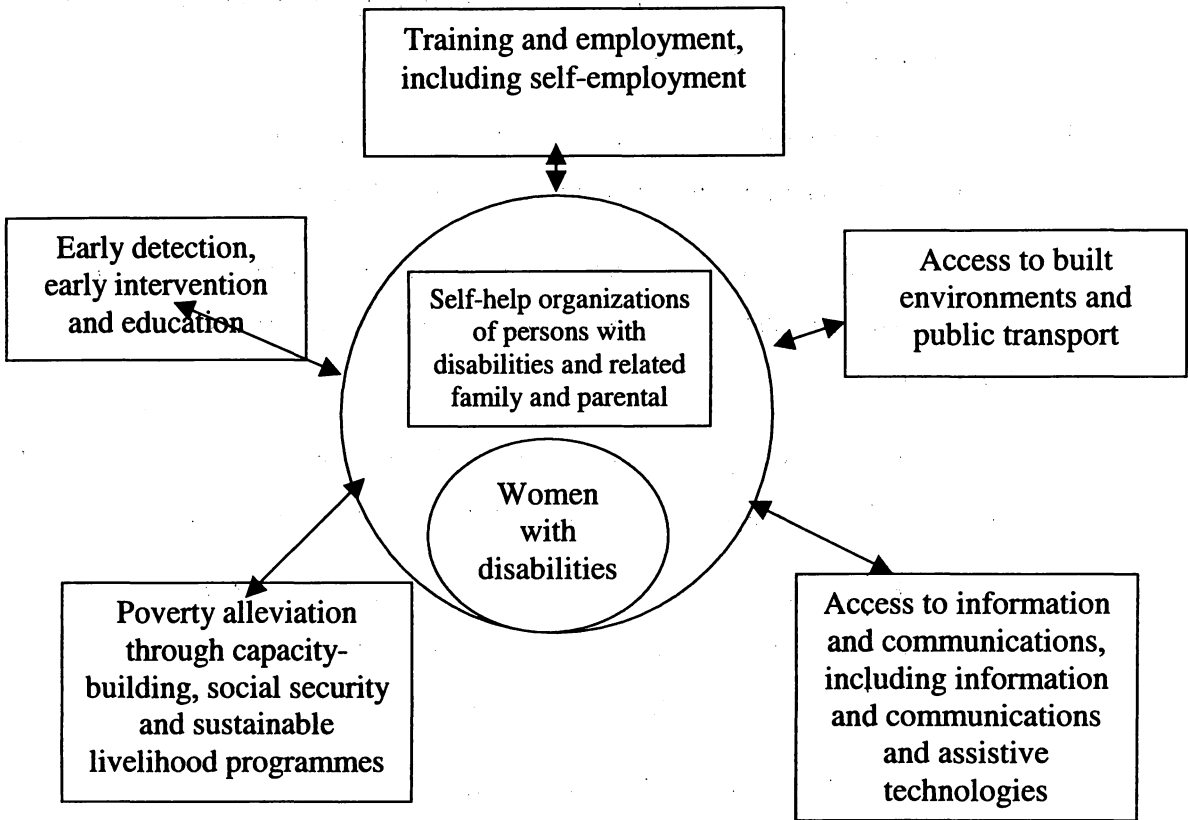
- (5) Ensure that disabled persons be an integral part of efforts to achieve the millennium development goals, particularly in the areas of poverty alleviation, primary education, gender and youth employment.
- (6) Strengthen national capacity in data collection and analysis concerning disability statistics to support policy formulation and programme implementation.
- (7) Adopt a policy of early intervention in all multisectoral areas, including education, health and rehabilitation, and social services for children with disabilities from birth to four years.
- (8) Strengthen community-based approaches in the prevention of causes of disability, rehabilitation and equalization of opportunities for persons with disabilities.
- (9) Adopt the concept of universal and inclusive design for all citizens, which is cost-effective, in the development of infrastructure and services in the areas of, inter alia, rural and urban development, housing, transport and telecommunication.

III. PRIORITY AREAS FOR ACTION

15. Further efforts need to focus on priority areas where progress was found inadequate and action was lagging during the implementation of the Asian and Pacific Decade of Disabled Persons, 1993-2002. By resolution 58/4, Governments in the region defined the priority policy areas as:

- (a) Self-help organizations of persons with disabilities and related family and parent associations;
- (b) Women with disabilities;
- (c) Early detection, early intervention and education;
- (d) Training and employment, including self-employment;
- (e) Access to built environments and public transport;
- (f) Access to information and communications, including information, communications and assistive technologies;
- (g) Poverty alleviation through capacity-building, social security and sustainable livelihood programmes.

Graphic presentation of the priority areas



For each priority area, the following have been identified: (a) critical issues, (b) millennium development goals, where applicable, (c) targets of the Biwako Framework and (d) action required to achieve those targets.

IV. TARGETS AND ACTION IN THE PRIORITY AREAS

A. Self-help organizations of persons with disabilities and related family and parent associations

1. Critical issues

16. Persons with disabilities are the most qualified and best equipped to support, inform and advocate for themselves and other persons with disabilities. Evidence suggests that the quality of life of persons with disabilities, and of the broader community, improves when disabled persons themselves actively voice their concerns and participate in decision-making. Self-help organizations are the most qualified, best informed and most motivated to speak on their own behalf concerning the proper design and implementation of policy, legislation and strategies which will ensure their full participation in social, economic, cultural and political life and enable them to contribute to the development of their communities.

17. It is imperative to recognize the right of persons with disabilities to self-representation and to strengthen their capacity to participate in the decision-making process. Persons with disabilities must articulate their own issues and advocate for reforms that will bring about their development and

independent living in their communities and society at large. However, when children and others are not able to represent themselves, their parents, family members and other supporters should be encouraged and enabled to help advocate their rights and needs until such support is no longer necessary.

18. The development of a democratic, representative disability movement is one way to help ensure that government provision is appropriate to the needs and rights of persons with disabilities. Self-help organizations of persons with disabilities should include groups and organizations from rural areas as well as those of particularly marginalized disabled persons such as women and girls with disabilities, persons with intellectual disabilities and persons with psychiatric disabilities.

2. *Targets*

Target 1. Governments, international funding agencies and non-governmental organizations (NGOs) should, by 2004, establish policies with the requisite resource allocations to support the development and formation of self-help organizations of persons with disabilities in all areas, and with a specific focus on slum and rural dwellers. Governments should take steps to ensure the formation of parents associations at local levels by the year 2005 and federate them at the national level by year 2010.

Target 2. Governments and civil society organizations should, by 2005, fully include organizations of persons with disabilities in their decision-making processes involving planning and programme implementation which directly and indirectly affect their lives.

3. *Action required to achieve targets*

1. Governments should implement measures under the direction of the national coordination committee on disability to increase the level of consultations between self-help organizations of persons with disabilities and diverse sectoral ministries, as well as with civil society and the private sector. These measures should include training of persons with disabilities, including women with disabilities, on how to participate effectively in the various decision-making processes. Governments should establish guidelines for the conduct of consultations and the process should be periodically reviewed and evaluated by representatives of self-help organizations of persons with diverse disabilities.

2. Governments should establish a policy review panel within the national coordination committee on disability consisting of representatives of persons with diverse disabilities. The panel should review all policies and their implementation which directly or indirectly affect persons with disabilities.

3. Governments should take action to increase the representation of persons with disabilities in all areas of public life, including government, at all levels from national to local, as well

as the legislature and judicial bodies. This should be promoted by means of affirmative action and anti-discrimination legislation.

4. Self-help organizations should develop programmes for capacity-building to empower their members, including youth and women with disabilities, to take consultative and leadership roles in the community at large as well as in their own organizations and enable them to serve as trainers in the development of leadership and management skills of members of self-help organizations.

5. National self-help organizations of diverse disability groups should develop mechanisms to engage rural persons with disabilities in self-help organizations for mutual support, advocacy and referral to programmes and services, and to collaborate actively with rural and urban development NGOs and Government in rural development initiatives.

6. International funding agencies and NGOs should give high priority in their development policies to providing funding and technical assistance to promote and strengthen self-help organizations of persons with disabilities.

B. Women with disabilities

1. Critical issues

19. Women with disabilities are one of the most marginalized groups in society, as they are multiply disadvantaged through their status as women, as persons with disabilities, and are over-represented among persons living in poverty. Women and girls with disabilities, to a greater extent than boys and men with disabilities, face discrimination within the family, are denied access to health care, education, vocational training, employment and income generation opportunities, and are excluded from social and community activities.

20. Women and girls with disabilities encounter further discrimination as they are exposed to greater risk of physical and sexual abuse, denial of their reproductive rights, and reduced opportunity to enter marriage and family life. In rural areas girls and women are more disadvantaged, with higher rates of illiteracy, and lack of access to information and services. Stigmatized and rejected from earliest childhood and denied opportunities for development, girls with disabilities grow up lacking a sense of self-worth and self-esteem and are denied access to the roles of women in their communities.

21. Within some self-help organizations of persons with disabilities in some countries in the region, women with disabilities have faced further discrimination. Women with disabilities are under-represented in membership of such organizations and scarcely visible in leadership and executive roles. Their concerns are not addressed in the advocacy agenda of self-help organizations and young women with disabilities have not been targeted for leadership training.

22. The mainstream gender movement, which has had a significant effect on improving the equality of lives of non-disabled women, has had minimal effect on the lives of women with

disabilities. Women with disabilities have not been included in membership of mainstream gender organizations, their issues have not been addressed other than to note that they are of special concern and they have lacked the advocacy skills to change this situation.

23. Governments have a special responsibility in rectifying the imbalances, providing the needed support services and promoting the full participation of women with disabilities in mainstream development.

2. *Targets*

Target 3. Governments should, by 2005, ensure anti-discrimination measures, where appropriate, which safeguard the rights of women with disabilities.

Target 4. National self-help organizations of persons with disabilities should, by 2005, adopt policies to promote the full participation and equal representation of women with disabilities in their activities, including in management, organizational training and advocacy programmes.

Target 5. Women with disabilities should, by 2005, be included in the membership of national mainstream women's associations.

3. *Action required to achieve targets*

1. Governments should implement measures to uphold the rights of women with disabilities and to protect them from discrimination. In particular, measures should be implemented to ensure equal access to health services, education, training and employment, and protection from sexual and other forms of abuse and violence.

2. Governments, NGOs and self-help organizations should implement programmes to raise the public's awareness of the situation of women with disabilities and to promote positive attitudes, role models and opportunities for their development.

3. Governments may facilitate the establishment of a mechanism at the regional, national and subnational levels to disseminate relevant gender-related information among women with disabilities. The information should include, but not be limited to, international documents and information on national legislation.

4. Self-help organizations of persons with disabilities should ensure that women with disabilities are represented at the local, national and regional levels of the organizations.

5. Self-help organizations should ensure that women with disabilities constitute at least half of their delegations at meetings, workshops and seminars.

6. Women with disabilities should be encouraged to take part in and be given priority in receiving training opportunities in managerial and general subjects provided by self-help organizations.

7. Governments, NGOs, self-help organizations and donors should provide leadership training for women with disabilities to raise their awareness of gender issues and to increase their capacity to participate in policy and decision-making processes at all levels of self-help organizations of persons with disabilities and in advocacy and consultative roles with Government and in civil society.

8. Women with disabilities should form self-help groups within self-help organizations and form national and regional networks as a means of support and of disseminating and sharing information.

9. Groups and networks of women with disabilities should promote the development of girls with disabilities, with particular emphasis on access to education, health information, training and social development.

10. National and regional groups and networks of women with disabilities should advocate to mainstream women's groups for the inclusion of women with disabilities, their self-help groups and concerns into the organizations and networks of mainstream women's groups, for information dissemination and support.

11. Mainstream women's organizations should specifically include women with disabilities in their training programmes through providing accessible venues, arrangements and support as well as training materials in accessible formats.

12. All agencies, including Governments, NGOs, self-help organizations, donors and civil society must promote and uphold at all times the rights of women with disabilities to choice and self-determination.

C. Early detection, early intervention and education

1. Critical issues

24. Available evidence suggests that less than 10 per cent of children and youth with disabilities have access to any form of education. This compares with an enrolment rate of over 70 per cent for non-disabled children and youth in primary education in the Asian and Pacific region. This situation exists despite international mandates declaring that education is a basic right for all children and calling for the inclusion of all children in primary education by 2015. Governments should ensure the provision of appropriate education which responds to the needs of children with all types of disabilities in the next decade. It is recognized that there is wide variation in the response which Governments in the Asian and Pacific region have made in providing education for children with disabilities, and that children are currently educated in a variety of formal and informal educational settings, and in separate and inclusive schools.

25. The exclusion of children and youth with disabilities from education results in their exclusion from opportunities for further development, particularly diminishing their access to vocational training, employment, income generation and business development. Failure to access education and

training prevents the achievement of economic and social independence and increases vulnerability to poverty in what can become a self-perpetuating, inter-generational cycle.

26. Infants and young children with disabilities require access to early intervention services, including early detection and identification (birth to four years old), with support and training to parents and families to facilitate the maximum development of the full potential of their disabled children. Failure to provide early detection, identification and intervention to infants and young children with disabilities and support to their parents and caretakers results in secondary disabling conditions which further limit their capacity to benefit from educational opportunities. Provision of early intervention should be a combined effort of Education, Health and/or Social Services.

27. Currently education for children and youth with disabilities is predominantly provided in special schools in urban centres and is available to limited numbers of children in many countries of the Asian and Pacific region. The Salamanca Statement and Framework for Action on Special Needs Education recommended that inclusive education, with access to education in the regular local neighbourhood or community school, provides the best opportunity for the majority of children and youth with disabilities to receive an education, including those in rural areas. Exceptions to this rule should be considered on a case-by-case basis where only education in a special school or establishment can be shown to meet the needs of the individual child. It is acknowledged that in some instances special education may be considered to be the most appropriate form of education for some children with disabilities.¹ The education of all children, including children with disabilities, in local or community schools assists in breaking down barriers and negative attitudes and facilitates social integration and cohesion within communities. The involvement of parents and the local community in community schools further strengthens this process.

28. Major barriers to the provision of quality education for children with disabilities in all educational contexts include the lack of early identification and intervention services, negative attitudes, exclusionary policies and practices, inadequate teacher training, particularly training of all regular teachers to teach children with diverse abilities, inflexible curriculum and assessment procedures, inadequate specialist support staff to assist teachers of special and regular classes, lack of appropriate teaching equipment and devices, and failure to make modifications to the school environment to make it fully accessible. These barriers can be overcome through policy, planning, implementation of strategies and allocation of resources to include children and youth with disabilities in all national health and education development initiatives available to non-disabled children and youth.

29. Governments, in collaboration with other stakeholders, need to provide sport, leisure and recreational activities and facilities for persons with disabilities, as the fulfillment of their basic rights to the improvement of life.

¹ See General Assembly resolution 48/96 of 20 December 1993 on Standard Rules on the Equalization of Opportunities for Persons with Disabilities, annex, rule 6. Education, para. 8.

2. Millennium development goal

30. In this priority area the millennium development goal is to ensure that by the year 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling and that girls and boys will have equal access to all levels of education.

3. Targets

Target 6. Children and youth with disabilities will be an integral part of the population targeted by the millennium development goal of ensuring that by 2015 all boys and girls will complete a full course of primary schooling.

Target 7. At least 75 per cent of children and youth with disabilities of school age will, by 2010, be able to complete a full course of primary schooling.

Target 8. By 2012, all infants and young children (birth to four years old) will have access to and receive community-based early intervention services, which ensure survival, with support and training for their families.

Target 9. Governments should ensure detection of childhood disabilities at a very early age.

4. Action required to achieve targets

1. Governments should enact legislation, with enforcement mechanisms, to mandate education for all children, including children with disabilities, to meet the goals of the Dakar Framework for Action and the millennium development goal of primary education for all children by 2015. Children with disabilities need to be explicitly included in all national plans for education, including national plans on education for all of the Dakar Framework for Action.

2. Ministries of Education should formulate educational policy and planning in consultation with families and organizations of persons with disabilities and develop programmes of education which enable children with disabilities to attend their local primary schools. Policy implementation needs to prepare the school system for inclusive education, where appropriate, with the clear understanding that all children have the right to attend school and that it is the responsibility of the school to accommodate differences in learners.

3. A range of educational options should be available to allow the selection of a school that will best cater for individual learning needs.

4. Adequate public budgetary allocation specifically for the education of children with disabilities should be provided within the education budget.

5. Governments, in collaboration with others, should collect comprehensive data on children with disabilities, from birth to 16 years old, which should be used for planning appropriate

early intervention and educational provision, resources and support services, from birth through school age.

6. Five year targets should be set for the enrolment of children with disabilities in early intervention, pre-school, primary, secondary and tertiary (post-school) education. Progress towards meeting these targets should be closely monitored with a view to achieving the goal of 75 per cent of children with disabilities in school by 2012.

7. Ministries of Health and other concerned ministries should establish adequate early detection and identification services in hospitals, primary health care, centre and community-based health care services, with referral systems to early intervention services for all disabled infants and children (birth to four years old). Governments should routinely screen high-risk pregnancies and high-risk newborn babies for early detection of disabilities at birth or soon thereafter.

8. Ministries of Health and Education should establish early intervention services, in collaboration with other concerned ministries, self-help organizations, NGO and community-based agencies, to provide early intervention, support and training to all disabled infants and children with disabilities (birth to four years old) and their families.

9. Governments, including Ministries of Education, should work in partnership with NGOs at the national and local level to conduct public awareness campaigns to inform families of children with disabilities, schools and local communities, of the right of children and youth with disabilities to participate in education at all levels, in urban and rural areas, and with particular emphasis on the inclusion of girls with disabilities where there is a gender imbalance in school attendance.

10. The following measures should be taken, where appropriate, by Governments in the region to improve the quality of education in all schools, for all children, including children with disabilities, in special and inclusive educational contexts: (a) conduct education and training for raising the awareness of public officials, including educational and school administrators and teachers, to promote positive attitudes to the education of children with disabilities, increase sensitivity to the rights of children with disabilities to be educated in local schools and on practical strategies for including children and youth with disabilities in regular schools; (b) provide comprehensive pre- and in-service teacher training for all teachers, with methodology and techniques for teaching children with diverse abilities, the development of flexible curriculum, teaching and assessment strategies; (c) encourage suitable candidates with disabilities to enter the teaching profession; (d) establish procedures for child screening, identification and placement, child-centred and individualized teaching strategies and full systems of learning and teaching support, including resource centres and specialist teachers, in rural and urban areas; (e) ensure the availability of appropriate and accessible teaching materials, equipment and devices, unencumbered by copyright restriction; (f) ensure flexible and adaptable curriculum, appropriate to the abilities of individual children and relevant in the local

context; (g) ensure assessment and monitoring procedures are appropriate for the diverse needs of learners.

11. Governments should implement a progressive programme towards achieving barrier-free and accessible schools and accessible school transport by 2012.

12. Governments should encourage programmes of research at tertiary institutions to develop further effective methodologies for teaching children and youth with diverse abilities.

13. Organizations of and for disabled persons should place advocacy for the education of children with disabilities as a high priority item on their agenda.

14. Regional cooperation needs to be strengthened to facilitate the sharing of experiences and good practices and to support the development of inclusive education initiatives.

D. Training and employment, including self-employment

1. Critical issues

31. The challenge of integrating and including persons with disabilities in the economic mainstream has not been met. Despite international standards and the implementation of exemplary training and employment legislation, policies and practices in some countries, persons with disabilities, and especially women, youth and those in rural areas, remain disproportionately undereducated, untrained, unemployed, underemployed and poor.

32. Persons with disabilities have a right to decent work. Decent work is productive work in conditions of freedom, equity, security and human dignity. Persons with disabilities have unique differences and abilities and they should have the right to choose what they want to do based on their abilities, not on their disabilities. They require the same educational, vocational training, employment and business development opportunities available to all. Some may require specialized support services, assistive devices or job modifications, but these are small investments compared to lifetimes of productivity and contribution. Furthermore, a lifetime of exclusion often results in psychosocial barriers, which must be addressed if persons with disabilities are to succeed in training and employment situations.

33. Vocational training and employment issues must be considered within the context of the full participation of persons with disabilities in community life and within the macro context of changing demographics and workplaces. Responses to issues such as globalization, job security, poverty reduction and unemployment among youth and older workers must also consider how these issues and responses affect persons with disabilities.

34. Generally, there is a lack of trained and competent staff working with persons with disabilities, especially with regard to training and employment. Other capacity issues that relate to developing, implementing, evaluating and disseminating effective policies and programmes on national and regional levels must continue to be addressed. Persons with disabilities must also be regularly and

actively involved in initiatives related to employment and training, not just as consumers but also as advocates, designers and providers of services.

2. *Targets*

Target 10. At least 30 per cent of the signatories (member States) will ratify the International Labour Organization Vocational Rehabilitation and Employment (Disabled Persons) Convention (Nn. 159), 1983, by 2012.

Target 11. By 2012, at least 30 per cent of all vocational training programmes in signatory countries will be inclusive of persons with disabilities and provide appropriate support and job placement or business development services for them.

Target 12. By 2010, reliable data that measure the employment and self-employment rates of persons with disabilities will exist in all countries.

3. *Action required to achieve targets*

1. Governments should examine, ratify and implement the Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983.

2. Governments should have policies, a written plan, a coordinating body and some mechanism to evaluate the success of including persons with disabilities in training, employment, self-employment and poverty alleviation programmes. These activities should include consultations with organizations of and for persons with disabilities as well as employers' and workers' organizations.

3. Governments should develop and implement employer incentives and strategies to move persons with disabilities into open employment and recognize that government, as a major employer in most countries, should be a model employer with regard to the hiring, retention and advancement of workers with disabilities.

4. Governments should examine and/or enact anti-discrimination legislation, where appropriate, that protects the rights of workers with disabilities to equal treatment and opportunity in the workplace and in the marketplace. Governments should encourage and promote employment of persons with disabilities in the private sector and should provide a mechanism for the protection of rights of those persons with disabilities affected by layoffs and downsizing exercises.

5. Governments, international organizations, NGOs, training institutions and other social partners should collaborate to increase the availability and upgrade the competencies of staff providing training, employment and vocational rehabilitation services to ensure that trained and competent staff are available. Persons with disabilities should be actively recruited and included in such training programmes and hired as staff.

6. Governments, with the assistance of NGOs, should ensure that persons with disabilities have the support services they require to participate in mainstream vocational training and employment, and allocate the additional funds required to remove barriers to inclusion, with the full recognition that the price tag related to exclusion is higher.

7. Governments, NGOs and disabled persons' organizations should collaborate more with employers, trade unions and other social partners to develop partnerships, policies, mutual understanding and more effective vocational training and employment services that benefit persons with disabilities working in formal, informal or self-employment settings.

8. Governments, in collaboration with employers' organizations, workers' organizations, organizations of and for persons with disabilities and other social partners should review current policies, practices and outcomes related to the vocational training of persons with disabilities to identify gaps and needs and develop a plan to meet these needs in the light of workplace changes related to globalization, ICT and the needs of persons with disabilities living in remote and rural communities.

9. Funds must be allocated to meet the needs of those with the most extensive disabilities to provide training and employment services in dignified and inclusive settings to the extent possible, by using strategies such as transitional and production workshops and community-based and supported employment.

10. Recognizing the lack of formal job opportunities in many countries, Governments, international agencies, donors, NGOs and others in civil society must ensure that persons with disabilities and organizations of and for persons with disabilities have equitable access and are included in programmes related to business development, entrepreneurship and credit distribution.

11. Regional organizations, including those of persons with disabilities, in collaboration with national governments and international agencies, should develop mechanisms for the collection and dissemination of information related to good practices in all aspects of training and employment, especially those that reflect regional and cultural needs.

E. Access to built environments and public transport

1. Critical issues

35. Inaccessibility to the built environment, including the public transport system, is still the major barrier which prevents persons with disabilities from actively participating in social and economic activities in the countries of the region. Some Governments recognize disabled persons' basic right to equal access to built environments. Creating inaccessible built environments, streets and transport systems discriminates against persons with disabilities and other members of society. The concept of universal/inclusive design has emerged as a result of the struggle of persons with disabilities for accessible physical environments. Universal/inclusive design approaches have proven

to benefit not only persons with disabilities but also many other sectors within the society, such as older persons, pregnant women and parents with young children.

36. Most of the world's population of older persons resides in the Asian and Pacific region. The numbers are expected to increase dramatically given current demographic trends. The proportion of older women is also steadily growing given that women outlive men in nearly all countries, both rich and poor. As more people - men and women - survive to older age, the numbers of older people with disabilities are rising. Additionally, the onset of physical disability in old age will only exacerbate the social stigma older persons face as they are often viewed as burdens and liabilities. All persons with disabilities, however, whether young or old, have issues in common which affect them equally. These include the barriers in our environment, such as the lack of access to built environments and public transport.

37. The universal/inclusive design approaches provide safer environments for all by reducing the rate of accidents. Physical barriers are known to prevent full participation and reduce the economic and social output of persons with disabilities. Investments in the removal and prevention of architectural and design barriers are increasingly being justified on economic grounds, particularly in areas most critical to social and economic participation (e.g., transport, housing, education, employment, health care, government, public discourse, cultural and religious activities, leisure and recreation). It is important to note that not only facilities but also services should be accessible in their entirety. In this connection dealing with persons with disabilities should be an important part of a staff training curriculum.

2. *Targets*

Target 13. Governments should adopt and enforce accessibility standards for planning of public facilities, infrastructure and transport, including those in rural/agricultural contexts.

Target 14. All new and renovated public transport systems, including road, water, light and heavy mass railway and air transport systems, should be made fully accessible by persons with disabilities and older persons; existing land, water and air public transport systems (vehicles, stops and terminals) should be made accessible and usable as soon as practicable.

Target 15. All international and regional funding agencies for infrastructure development should include universal and inclusive design concepts in their loan/grant award criteria.

3. *Action required to achieve targets*

1. Governments, in collaboration with disabled persons' organizations, civil society groups such as professional architecture and engineering associations and others in the corporate sector, should support the establishment of national and/or regional mechanisms to exchange information on means to realize accessible environments, with display, library and research facilities,

and information centres and should network with research and/or educational architectural and engineering establishments.

2. Ensure that professional education and academic courses in architecture, planning and landscape and building and engineering contain inclusive design principles; “teaching the teachers” courses in effective teaching of practical accessible design are established for all design schools in the region, including travelling workshops which involve the active participation of persons with disabilities; and support continuing education professional development courses on best practices in inclusive design techniques for experienced practitioners, including those professionals who work closely with the end-users, such as community-based rehabilitation personnel.

3. Encourage innovative techniques, such as through design competitions, architectural and other awards and various other forms of support, to identify particular applications that enhance accessibility and apply local knowledge and materials. Local materials to make built environments accessible, e.g., tactile blocks and non-slip floor tiles, should be developed and made available. Networks to disseminate innovative techniques should be developed.

4. Support the establishment of appraisal mechanisms on how codes and standards have been developed, applied and enforced and how they have increased accessibility in various countries. Feedback and case studies on areas (rather than on a single new or upgraded building) are important, with publicity and dissemination of the findings, and show how improvements could be made.

5. Ensure that the accessibility needs of persons with disabilities be included in all rural/agricultural development programmes, including but not limited to access and use of sanitation facilities and water supply through a process of consultation that includes disabled user-groups.

6. Create access officers or posts which include the function of access officers at local, provincial and national levels whose functions include providing architects/designers/developers with technical advice and information on access codes and application of inclusive design, and appropriate technology in the natural and built environments in rural, peri-urban and urban contexts.

7. Disabled persons’ organizations should implement confidence-building and advocacy measures to present their needs collectively and effectively in the built environment in one voice representing the needs of different disability groups, including not only persons with physical, visual and hearing disabilities but also persons with intellectual disabilities.

F. Access to information and communications, including information, communication and assistive technologies

1. Critical issues

38. ICT has been the engine of economic growth and continues to spur the globalization process. However, the benefits of ICT development have spread unevenly between the haves and the have-nots

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and between developed and developing countries.

39. The effects of ICT upon persons with disabilities have been both positive and negative. Many disabled persons benefit from ICT development, as the technologies are opening up opportunities for employment at all skill levels and opportunities to live independently in the community. Deaf-blind persons, with proper training, are using a refreshable Braille screen reader and persons with severe cerebral palsy are taking part in information exchange through the Internet. However, benefits are still largely limited to persons with disabilities in more developed countries. The rapid development of ICT has given rise to unanticipated problems for persons with certain disabilities. For example, online processes for registration, banking or shopping transactions may not be accessible to persons with cognitive/intellectual, physical or visual and/or auditory disabilities.

40. The majority of disabled persons in the developing countries in the Asian and Pacific region are poor and have been excluded from ICT use, although there is a great potential benefit for the use of ICT in rural areas in developing countries.

41. The Tokyo Declaration on Asia-Pacific Renaissance through ICT in the Twenty-first Century, adopted by the Asia-Pacific Summit on the Information Society, organized by the Asia-Pacific Telecommunity and held at Tokyo in November 2000, declared that people in the Asian and Pacific region should have access to the Internet by the year 2005 to the extent possible. It also recognized disability as one of the causes of the digital divide, along with income, age and gender. The World Summit on the Information Society will be held at Geneva in 2003 and at Tunis in 2005. At the Summit, issues concerning persons with disabilities and other disadvantaged groups should be considered.

42. In the information society, access to information and communications is a basic human right. Copyright owners should bear responsibility for ensuring that content is accessible to all, including persons with disabilities. Any anti-piracy or digital rights management technology should not prevent persons with disabilities from access to information and communications.² Information and

² The right to information and communications should include, but not be limited to, disabled persons' access to:

- Computer hardware/software and related accessory devices purchased and used by state agencies or purchased and owned by private agencies for public use;
- Public communication facilities;
- Broadcasting systems, including community radio, video content and digital television;
- Telecommunication systems, including telephone service;
- The Internet, including web, multimedia content, internet telephony and software used to create web content;
- Other consumer electronic/communication devices, including mobile communication devices;
- Interactive transaction machines, including kiosk machines;
- Services provided through electronic information systems;
- Instructional materials, including textbooks, teachers' edition and electronic learning environments;
- Spoken language through sign language interpretation and vice versa;
- Information and communication in the individuals' mother tongue, including indigenous languages which may not have their own written scripts;
- Any print materials, through all means, such as computer screen readers, Braille, other augmentative and alternative methods;
- Any future ICT intended for public use.

When, for whatever reasons, direct access by persons with disabilities to the items listed above cannot be readily achieved, ICT developers should ensure effective interoperability of their products and services with assistive technology used by

communication technology should break down the barriers in telecommunication and broadcasting systems. Developing countries need greater support in the area of ICT.

43. In many countries in Asia and the Pacific, Sign Language, Braille, finger Braille (tactile sign language) have not yet been standardized. These and other forms of communication need to be developed and disseminated. Without access to such forms of communication, persons with visual and/or hearing impairments cannot benefit from ICT developments. More importantly, they may be deprived of the basic human right to language and communication in their everyday lives.

2. *Targets*

Target 16. By 2005, persons with disabilities should have at least the same rate of access to the Internet and related services as the rest of citizens in a country of the region.

Target 17. International organizations (e.g., International Telecommunication Union, International Organization for Standardization, World Trade Organization, World Wide Web Consortium, Motion Picture Engineering Group) responsible for international ICT standards should, by 2004, incorporate accessibility standards for persons with disabilities in their international ICT standards.

Target 18. Governments should adopt, by 2005, ICT accessibility guidelines for persons with disabilities in their national ICT policies and specifically include persons with disabilities as their target beneficiary group with appropriate measures.

Target 19. Governments should develop and coordinate a standardized sign language, finger Braille, tactile sign language, in each country and to disseminate and teach the results through all means, i.e. publications, CD-ROMs, etc.

Target 20. Governments should establish a system in each country to train and dispatch sign language interpreters, Braille transcribers, finger Braille interpreters, and human readers and to encourage their employment.

3. *Action required to achieve targets*

1. Governments should promulgate and enforce laws, policies and programmes to monitor and protect the right of persons with disabilities to information and communication; for instance, legislation providing copyright exemptions to organizations which make information content accessible to persons with disabilities, under certain conditions.

Governments, in collaboration with other concerned agencies and civil society organizations, should:

persons with disabilities.

2. Set up an ICT accessibility unit within the ICT ministry/regulatory agency, and encourage private companies to establish an equivalent unit to coordinate activities within and outside agencies/companies.

3. Conduct and encourage awareness-raising training for ICT policy makers, regulatory agencies, representatives as well as technical personnel of private ICT companies to raise understanding of disability issues, including disabled persons' ICT accessibility needs, their capability and aspiration to be productive members of society.

4. Support computer literacy training and capacity-building for persons with disabilities, through training on how to communicate with software and hardware developers and standards organizations to address their needs.

5. Provide various forms of incentives, including exemption of duties for ICT devices used by persons with disabilities and subsidize the cost of assistive technology equipment to ensure that they are affordable for persons with disabilities in need.

6. Support the creation and strengthening of networks, including cooperatives, of consumers with disabilities at the national, regional and international levels in order to increase the bargaining and buying power for ICT products and services, which are generally expensive to buy individually.

7. Take all necessary steps to ensure, in the development of measures and standards relating to ICT accessibility, that organizations of persons with disabilities are involved in all stages of the process.

8. Adopt and support ICT development based on international standards which are universal/open/non-proprietary to ensure the long-term commitment to ICT accessibility for persons with disabilities among all sectors, with special attention to standards that have accessibility components and features with a proven record of effectiveness. Examples of these are the Web Accessibility Initiative of the World Wide Web Consortium and the Digital Accessible Information System Consortium.

9. Require that local language applications and content use national/international standard character encoding and modelling, such as the Unified Modeling Language, and encourage dialogue on accessibility requirements of character encoding and modelling.

10. Support participation of civil society organizations representing and reflecting the requirements of persons with disabilities in discussions on regional and international standards towards a goal of increased harmonization of international standards supporting the requirements of persons with disabilities. Where such international standards are lacking, Governments should support alternative initiatives to address those needs, with attention to compatibility and interoperability with international standards.

11. Bilateral and multilateral donor agencies and international funding agencies should adopt award criteria based on the social responsibility of the receiving agencies/organizations, including their obligation to promote ICT accessibility for persons with disabilities.

12. Support and establish a regional working group to develop standards in ICT, telecommunication and broadcasting to ensure that new and existing technologies are based on disability inclusive standards and are developed on a universal design concept. In addition to ICT, measures to ensure communication of persons with disabilities, including development of standardized Sign Language and Braille, need to be established.

G. Poverty alleviation through capacity-building, social security and sustainable livelihood programmes

1. Critical issues

44. In the Asian and Pacific region, it is estimated that of 400 million persons with disabilities, over 40 per cent are living in poverty. Those persons with disabilities have been prevented from accessing entitlements available to other members of society, including health, food, education, employment and other basic social services, and from participating in community decision-making processes.

45. Poverty is both a cause and consequence of disability. Poverty and disability reinforce one another, contributing to increased vulnerability and exclusion. Poor nutrition, dangerous working and living conditions, limited access to vaccination programmes and health and maternity care, poor hygiene, bad sanitation, inadequate information about the causes of impairments, war and conflict and natural disasters are factors responsible for disability. Many of these causes are preventable. Disability in turn exacerbates poverty, by diminishing access to means of livelihood, increasing isolation from the marketplace and economic strain. This affects not just the individual but often the entire family.

46. The increasing numbers and proportions of older people living to advanced old age has meant that the number of persons with disabilities will increase and this may be a contributing factor to human poverty. The issues of concern for older persons have to do with disabilities related to ageing and the provision of appropriate health care and social security. In ageing societies, especially, these issues will have a profound impact on national health and long-term care systems and on whether social security schemes are sufficient as currently constituted.

47. The main factors that account for the low level of social services for poor persons with disabilities are household-based and community-based. However, there is little knowledge about the determining factors for the low welfare level of persons with disabilities in the developing countries of the region. Social and economic survey data at the household and community levels, which are necessary for an analysis of the factors, are lacking. It is important to examine to what extent the

development of community-level infrastructure affects the provision of services for poor persons with disabilities.

48. An integrated approach is required, linking prevention and rehabilitation with empowerment strategies and changes in attitudes. The significance of disability should be assessed as a key development issue and its importance should be recognized in relation to poverty, human rights and the achievement of internationally agreed development targets. Eliminating world poverty is unlikely to be achieved unless the rights and needs of persons with disabilities are taken into account.

49. One of the millennium development goals has a specific target of poverty eradication. This is a positive approach. However, there is a danger that this strategy may omit the important vulnerable group of persons with disabilities as efforts to achieve the targets could focus on those who can be brought out of poverty most easily and not those in extreme poverty, among whom persons with disabilities are disproportionately represented. The root causes of poverty of persons with disabilities are far more complicated and multifaceted. Hence, conscious efforts should be made to include persons with disabilities in the target groups given priority in the poverty reduction strategy to achieve the millennium development goals.

2. Millennium development goals

50. The relevant millennium development goal in this priority area is to halve, by the year 2015, the proportion of the world's people whose income is less than one dollar a day and the proportion of people who suffer from hunger, and by the same date, to halve the proportion of people who are unable to reach or to afford safe drinking water.

3. Targets

Target 21. Governments should halve, between 1990 and 2015, the proportion of persons with disabilities whose income/consumption is less than one dollar a day.

4. Action required to achieve targets

1. Governments should immediately include, as a major target group, persons with disabilities in their national poverty alleviation programmes in order to achieve the millennium development goal target to eradicate extreme poverty and hunger.

2. Governments should allocate adequate rural development and poverty alleviation funds towards services for the benefit of persons with disabilities.

3. Government should include disability dimensions and poverty mapping and disability into the collection and analysis of millennium development goal baseline data on income poverty, education, health, etc., so as to ensure baseline data for poor persons with disabilities.

4. Government should mainstream disability issues into pro-poor development strategies through:

- (a) Increased resource allocation for poor persons with disabilities and the introduction of social budgeting for disability;
- (b) Participatory evaluation of existing social and economic policies through more effective methodologies, including the use of citizen's report card method;
- (c) Establishment of appropriate social protection schemes, such as schooling subsidy and/or health insurance for poor families with disabled children and older persons with physical and mental disabilities;
- (d) Comprehensive development policies targeting persons with disabilities and families with disabled persons.

5. Governments should document and disseminate good field-based practices in poverty alleviation for persons with disabilities that can be used as models for capacity-building in government sectoral ministries, civil society organizations and the private sector.

6. Governments should encourage the building of strategic alliances among and advocating the importance of disability issues to policy makers. organizations of persons with disabilities and community development organizations, with assistance from the United Nations system, with a view to incorporating disability issues into development policies

7. Preventive measures aimed at minimizing the causes of disability and the provision of rehabilitation services should be an integral part of the normal business of Governments, the private sector and NGOs. Programmes aimed at disability prevention and rehabilitation should be included in national plans, policies and budgets.

8. Governments should design and adopt a national strategy on prevention of causes of disabilities and rehabilitation for persons with disabilities.

9. The national strategy should acknowledge the role of all three approaches, institutional, outreach and community-based, in the rehabilitation of persons with disabilities. Community-based approaches, in particular, should be emphasized to achieve maximum coverage and outreach of services as well as to maximize their cost-effectiveness.

10. The health service delivery structures, both governmental and non-governmental, should include rehabilitation services such as physiotherapy and occupational therapy as well as the provision of essential assistive device services. Little is known about gender-specific measures and health care approaches for mental health and physical disabilities among older women and men. Service provision for mental illness in older people needs attention. Special emphasis should be placed on ensuring that such services are available at the local level, including rural and urban poor areas.

11. Governments should support the formation of self-help groups of persons with disabilities in rural and urban poor areas and their federations, with a view to developing their capacity in mutual support, advocacy and participation in the decision-making process.

V. STRATEGIES TO ACHIEVE THE TARGETS OF THE BIWAKO MILLENNIUM FRAMEWORK FOR ACTION

51. The following strategies should support Governments, in collaboration with civil society organizations, in the achievement of targets cited in chapter IV.

A. National plan of action (five years) on disability

52. A national plan of action concerning disability is vital to implement the Biwako Millennium Framework for Action, 2003-2012, at the national and subnational levels.

Strategy 1. Governments should develop, in collaboration with organizations of persons with disabilities and other civil society organizations, and adopt by 2004, a five-year comprehensive national plan of action to implement the targets and strategies of the Biwako Millennium Framework for Action, 2003-2012. The national plan should have inclusive policies and programmes for integrating persons with disabilities into mainstream development plans and programmes.

B. Promotion of a rights-based approach to disability issues

53. A rights-based approach should be taken to advance disability issues. The civil, cultural, economic, political and social rights of persons with disabilities should be addressed and protected. Disability issues should be integrated into national plans relating to development and into a human rights agenda. Globally, more than 40 countries have adopted non-discrimination laws on disability, but only 9 countries in the Asian and Pacific region have done so.

Strategy 2. Governments should examine the adoption of laws and policies and review of existing laws to protect the rights of persons with disabilities, especially to ensure non-discrimination. They should include a clear and specific definition of what constitutes discrimination against persons with disabilities. Such laws and policies should comply with United Nations standards on human rights and disabilities. Persons with disabilities should have equal access to effective remedies to enforce their rights under such laws.

Strategy 3. National human rights institutions should draw special attention to the rights of persons with disabilities and integrate them into the full range of their functions. Governments should consider, according to the concrete circumstances of their countries and areas, establishing an independent disability rights institution to protect the rights of persons with disabilities.

Strategy 4. Governments should ensure that persons with disabilities, including disability groups in civil society, fully participate from an early stage in helping to shape the laws and policies that will affect their lives and in monitoring and evaluating the implementation of these laws and policies and in recommending improvements.

Strategy 5. States should consider ratifying the core international human rights treaties.³ After consultation with disability groups, Governments should include specific information about the rights of persons with disabilities in reports submitted to treaty monitoring bodies under the treaties they have ratified.

Strategy 6. Governments should consider support for and contribute to the work of the Ad Hoc Committee established by General Assembly resolution 56/168 of 19 December 2001 to consider proposals for a “comprehensive and integral international convention to promote and protect the rights of persons with disabilities” in the elaboration of the comprehensive and integral international convention to promote and protect the rights and dignity of persons with disabilities and should encourage and facilitate the full participation of a wide range of disability groups from all regions of the world in contributing to the Committee’s work.

Strategy 7. Governments should include persons with disabilities and their organizations, in their procedures at the national, regional and international levels, concerning the drafting and adoption of the proposed human rights convention on disability, (as decided by General Assembly resolution 56/168 of 19 December 2001) which by passing, will ensure a strong consumer-influenced monitoring mechanism on the rights and responsibilities of persons with disabilities.

C. Disability statistics/common definition of disabilities for planning

54. Lack of adequate data has been one of the most significant factors leading to the neglect of disability issues, including the development of policy and measures to monitor and evaluate its implementation, in the region. In many developing countries, the data collected do not reflect the full extent of disability prevalence. This limitation results in part from the conceptual framework adopted, the scope and coverage of the surveys undertaken, as well as the definitions, classifications and the methodology used for the collection of data on disability. It is also recognized that a common system of defining and classifying disability is not uniformly applied in the region. In this connection, a wider usage of the International Classification of Functioning, Disability and Health in countries of the region will be expected to provide a base for the development of such a common system of defining and classifying disability.

³ Six core human rights treaties are: the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, the Convention against Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment, the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, and the International Convention on the Elimination of All Forms of Racial Discrimination.

Strategy 8. Governments are encouraged to develop, by 2005, their system for disability-related data collection and analysis and to produce relevant statistics disaggregated by disability to support policy-making and programme planning.

Strategy 9. Governments are encouraged to adopt, by 2005, definitions on disability based on the *Guidelines and Principles for the Development of Disability Statistics*,⁴ which will allow intercountry comparison in the region.

D. Strengthened community-based approaches to the prevention of causes of disability, rehabilitation and empowerment of persons with disabilities

55. Many developing countries in the region are now beginning to augment and replace traditional institutional and centralized rehabilitation programmes and projects with approaches better suited to their social and economic environments of poverty, high unemployment and limited resources for social services. Community-based rehabilitation programmes form the hub of such strategies. The community-based approach is particularly appropriate for the prevention of causes of disability, early identification and intervention of children with disabilities, reaching out to persons with disabilities in rural areas, raising awareness and advocacy for the inclusion of persons with disabilities in all activities in the community, including social, cultural and religious activities. Education, training and employment needs could also be met by this approach. It is essential that persons with disabilities exercise choice and control over initiatives for community-based rehabilitation.

Strategy 10. Governments, in collaboration with organizations of persons with disabilities and civil society organizations, should immediately develop national policies, if that has not yet been done, to promote community-based approaches for the prevention of causes of disability, for rehabilitation and for the empowerment of persons with disabilities. Community based rehabilitation (CBR) perspectives should reflect a human rights approach and be modelled on the independent living concept, which includes peer counselling.

VI. COOPERATION AND SUPPORT IN PURSUANCE OF THE BIWAKO MILLENNIUM FRAMEWORK FOR ACTION

A. Subregional cooperation and collaboration

56. One of the important focuses of the new regional framework is to strengthen cooperation and collaboration among Governments at the subregional level. Countries in the same subregion share common concerns, aspirations and constraints and are in the best position to provide mutual support and collaboration. In this regard, Governments in each subregion are requested to formulate their own subregional priorities and a plan of action to seek mutual support in the implementation of the Biwako Millennium Framework for Action.

⁴ United Nations publication, Sales No. E.01.XVII.15.

Strategy 11. Governments, in cooperation with relevant NGOs, such as the Asian and Pacific Disability Forum, and self-help organizations of persons with disabilities in each subregion of Asia and the Pacific, should establish, by 2004, subregional mechanisms to support governments to achieve targets and strategies contained in the Biwako Millennium Framework for Action.

Strategy 12. Governments in each subregion should collaborate with relevant NGOs in establishing focal points within appropriate subregional organizations with a view to coordinating subregional activities on disability.

B. Regional collaboration

1. Collaboration with the Asian and Pacific Development Center on Disability

57. The Asia-Pacific Development Center on Disability will be established towards 2004 at Bangkok, as a legacy of the Asian and Pacific Decade of Disabled Persons, to promote the empowerment of persons with disabilities and a barrier-free society in the Asian and Pacific region. The Center will serve persons with disabilities and persons working with them in training and information support in the Asian and Pacific region.

Strategy 13. Governments, the United Nations system, civil society organizations and the private sector should collaborate, support and take advantage of the training and communication capability of the Center in the field of disability in the region. Capacity-building of persons with disabilities in the Pacific should be also clearly addressed by the Center.

2. Networking among centres of excellence in focused areas

58. There are government institutes and agencies, as well as civil society and private organizations involved in research and development, implementing new approaches in the field of disabilities in the Asian and Pacific region. It would be useful to identify those institutes/agencies/organizations as centres of excellence and to facilitate the exchange among them of information, experiences and personnel to promote networking, with a view to maximizing cooperation and collaboration. The Asia-Pacific Development Center on Disability could play a supporting role in establishing and maintaining such a network.

Strategy 14. Governments, civil society organizations and the private sector should establish a network of centres of excellence in focused areas to maximize cooperation and collaboration.

Strategy 15. ESCAP and other United Nations agencies should assist in the establishment of a network of centres of excellence in focused areas through the identification and promotion of such centres.

Strategy 16. Governments of the region should enter into a suitable agreement on trade, technology transfer and human resource development for fast and efficient sharing of resources.

Governments should also promote regional cooperation, share information and document good practices on the achievements of the Biwako Millennium Framework targets.

C. Interregional collaboration

59. The Asian and Pacific Decade of Disabled Persons, 1993-2002, has influenced developments at the international level, in particular in countries in Africa. The African Decade of Disabled Persons, 2000-2009, was declared in 1999. It is also expected that the Arab Decade of Disabled Persons, 2003-2012, will be declared, which will coincide with the newly extended regional framework on disability in the Asian and Pacific region. In order to strengthen regional programmes, learn from other regional experiences and create synergy among the regional frameworks on disability, interregional exchange activities are important.

Strategy 17. The Asian and Pacific region, the African region and the Western Asian region should strengthen their cooperation and collaboration to create synergy in implementing regional decades through interregional exchange of information, experiences and expertise, which will mutually benefit all the regions.

VII. MONITORING AND REVIEW

A. Organization of regional and subregional meetings

60. The Commission, by its resolution 58/4 of 22 May 2002 on promoting an inclusive, barrier-free and rights-based society for people with disabilities in the Asian and Pacific region in the twenty-first century, requested the Executive Secretary of ESCAP to report to the Commission biennially until the end of the Decade on the progress made in implementation of that resolution. ESCAP should convene biennial meetings to review achievements and to identify action that may be required to implement the Biwako Millennium Framework for Action. At those meetings, the representatives of national coordination committees on disability matters comprising government ministries/agencies, NGOs, self-help organizations and the media will be invited to present reports to review progress in the implementation of the Biwako Millennium Framework for Action at the national and subnational levels. Self-help organizations of persons with disabilities should be encouraged to participate actively in the review process. Regional meetings should focus one at a time on the targets adopted in the following thematic areas:

- (a) Self-help organizations of persons with disabilities, women with disabilities, education, training and employment;
- (b) Access to built environments and access to information and communications;
- (c) Poverty alleviation through social security and sustainable livelihoods.

61. Governments in each subregion should organize subregional meetings to review achievements and to identify action that may be required to implement the Biwako Millennium

Framework for Action based on their subregional priorities and action plan in a similar manner as at the regional level described in the above paragraph.

B. Regional working group to coordinate and monitor the Biwako Millennium Framework for Action

62. A regional working group comprising the United Nations system, Governments and civil society organizations, including organizations of persons with disabilities in the region should meet regularly to coordinate and monitor implementation of the Biwako Millennium Framework for Action.

C. Mid-point review of the Biwako Millennium Framework for Action

63. A mid-point review of the Biwako Millennium Framework for Action should be conducted. Based on the review, the targets and strategic plans for the second half of the Decade may be modified and new targets and strategic plans formulated.

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ECONOMIC AND SOCIAL COMMISSION FOR ASIA AND THE PACIFIC

High-level Intergovernmental Meeting to Conclude the Asian and Pacific
Decade of Disabled Persons, 1993-2002

25-28 October 2002
Otsu City, Shiga, Japan

**REVIEW OF ACHIEVEMENTS IN THE IMPLEMENTATION OF THE
AGENDA FOR ACTION FOR THE ASIAN AND PACIFIC
DECADE OF DISABLED PERSONS, 1993-2002**

(Item 4 of the provisional agenda)

**REVIEW OF REGIONAL-LEVEL ACTIONS IN SUPPORT OF THE IMPLEMENTATION
OF THE AGENDA FOR ACTION FOR THE ASIAN AND PACIFIC DECADE
OF DISABLED PERSONS, 1993-2002**

Note by the secretariat

SUMMARY

The Asian and Pacific Decade of Disabled Persons, 1993-2002, is the unique regional initiative undertaken by the Governments in the Asian and Pacific region to strengthen regional cooperation to address issues affecting the achievement of the goals of the World Programme of Action concerning Disabled Persons. The Decade will conclude in 2002.

The present document reviews the regional-level actions in support of Governments in the Asian and Pacific region in their efforts to achieve the full participation and equality of persons with disabilities, the goals of the Asian and Pacific Decade. It specifically reviews regional-level support actions by ESCAP and contributions made by other United Nations bodies and specialized agencies as well as intergovernmental agencies towards the implementation of the Agenda for Action for the Asian and Pacific Decade of Disabled Persons, 1993-2002.

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Introduction

1. The Expert Group Meeting to Review and Appraise the Achievements of the United Nations Decade of Disabled Persons in the Asian and Pacific Region, organized by ESCAP at Bangkok in August 1991, recognized that there was a need for a second decade of disabled persons to consolidate the gains achieved thus far in the ESCAP region. This need was also supported by the Fourth Asian and Pacific Ministerial Conference on Social Welfare and Social Development, held at Manila in October 1991. However, Governments and non-governmental organizations (NGOs) in other regions did not echo the view of the Governments in the ESCAP region to extend the Decade at the international level.
2. The Governments of the ESCAP region, which consists of two thirds of the world's population, therefore proclaimed the unique regional decade, the Asian and Pacific Decade of Disabled Persons, 1993-2002, by resolution 48/3 of 23 April 1992, adopted at the forty-eighth session of the Commission, held at Beijing in April 1992. The resolution was intended to strengthen regional cooperation in resolving issues affecting the achievement of the goals of the World Programme of Action concerning Disabled Persons, especially those concerning the full participation and equality of persons with disabilities.
3. The Asian and Pacific Decade of Disabled Persons will end in 2002. The present document reviews the regional-level actions in support of Governments in the Asian and Pacific region in their efforts to achieve the goals of the Decade. It specifically reviews regional-level support actions by ESCAP and contributions made by other United Nations bodies, specialized agencies and intergovernmental agencies.

I. OVERVIEW OF REGIONAL DECADE SUPPORT ACTIONS

4. In pursuance of resolution 48/3, ESCAP convened the Meeting to Launch the Asian and Pacific Decade of Disabled Persons, 1993-2002, at Beijing in December 1992. The Meeting adopted the Proclamation on the Full Participation and Equality of People with Disabilities in the Asian and Pacific Region and the Agenda for Action for the Asian and Pacific Decade of Disabled Persons, 1993-2002.
5. Through resolution 48/3 the Executive Secretary was requested to report to the Commission biennially until the end of the Decade on the progress made in the implementation of the resolution and to submit recommendations to the Commission. In pursuance of that resolution, ESCAP convened regional meetings to review progress in the implementation of the Agenda for Action. The Meeting held at Bangkok in June 1995 examined the progress made since the inception of the Decade and adopted 73 targets and 78 recommendations concerning the implementation of the Agenda for Action, including the gender dimensions of implementation.

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6. The Meeting of Senior Officials to Mark the Mid-point of the Asian and Pacific Decade of Disabled Persons, hosted by the Government of the Republic of Korea at Seoul in September 1997, reviewed the progress made during the first half of the Decade. The Meeting adopted the Seoul Proposals for the Second-half of the Asian and Pacific Decade of Disabled Persons and recommitted to the implementation of the Agenda for Action. The third in the series of regional reviews was the Regional Forum on Meeting the Targets for the Asian and Pacific Decade of Disabled Persons, and Equalization of Opportunities for Persons with Disabilities in the ESCAP Region, held at Bangkok in November 1999. That meeting reviewed, for the first time since their adoption in 1995, the targets and the implementation of the Agenda for Action. The targets for the implementation of the Agenda for Action were strengthened and increased from 73 to 107.

7. Throughout the Decade, a regional cooperation mechanism played an important role in coordinating regional actions in the development and monitoring of the implementation of the Agenda for Action and its targets. The following section examines the role and achievements of this mechanism.

II. REGIONAL COOPERATION MECHANISM

8. During the Asian and Pacific Decade, action on partnership development aimed at generating broad support for the implementation of the Agenda for Action was undertaken, while existing cooperative arrangements were continued and strengthened. The Regional Inter-agency Committee for Asia and the Pacific (RICAP) Subcommittee on Disability-related Concerns (formerly known as the Asia-Pacific Inter-organizational Task Force on Disability-related Concerns), of which ESCAP served as the secretariat, was expanded and strengthened after 1992. The Subcommittee included 11 United Nations bodies and agencies. A wide range of service-delivery and self-help NGOs in the field of disabilities joined the Subcommittee and actively participated in its activities. Representatives of Governments interested in contributing to regional cooperation also attended its sessions at no expense to the secretariat. Subcommittee members organized themselves into teams to develop regional support for the implementation of particular areas of the Agenda for Action. Members with the mandates, competence and resources volunteered to serve as team coordinators. An important mode of Subcommittee cooperation was through the sharing of information and the pooling of expertise.

9. In 2000, the Thematic Working Group on Disability-related Concerns replaced the RICAP Subcommittee. The primary objective of the Working Group was to sustain the momentum towards the fulfilment of the goals of the Asian and Pacific Decade of Disabled Persons, 1993-2002. It has been co-chaired by ESCAP, the Food and Agriculture Organization of the United Nations (FAO) and NGOs. Its membership was expanded to include 50 NGOs, 15 government representatives and the Asian Development Bank (ADB). The Working Group's members have been active in the process of

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reviewing the achievements in the implementation of the Agenda for Action. It was instrumental in advocating for the extension of the Asian and Pacific Decade for another decade, 2003-2012. Members of the Working Group have been actively involved in drafting the Biwako Millennium Framework for Action towards an Inclusive, Barrier-free and Rights-based Society for Persons with Disabilities in Asia and the Pacific, which will be submitted for adoption at the High-level Intergovernmental Meeting to Conclude the Asian and Pacific Decade of Disabled Persons, 1993-2002, to be held at Otsu City, Shiga, Japan, from 25 to 28 October 2002.

III. WORK OF ESCAP IN SUPPORT OF THE DECADE

A. Overview

10. In support of resolution 48/3, the Commission adopted the following three resolutions: 49/6 of 29 April 1993 on the Proclamation and Agenda for Action for the Asian and Pacific Decade of Disabled Persons, 1993-2002; 54/1 of 22 April 1998 on strengthening regional support for persons with disabilities into the twenty-first century; and 58/4 of 22 May 2002 on promoting an inclusive, barrier-free and rights-based society for people with disabilities in the Asian and Pacific region in the twenty-first century. In pursuance of those resolutions, ESCAP implemented numerous projects to strengthen national capacity in policy areas under the Agenda for Action.

11. In support of Governments and NGOs in the implementation of the Agenda for Action, ESCAP provided numerous technical advisory services to them, in particular, to organizations of disabled persons, during the Decade. It also promoted the exchange of good practices among Governments, NGOs and self-help organizations through the organization of regional and subregional meetings, seminars and workshops as well as through the provision of financial support through the trust fund for the Decade. ESCAP has been active in disseminating technical information through publications, a web site and CD-ROM. Almost all ESCAP publications on disability are available online from its Decade homepage (<http://www.unescap.org/decade>).

B. ESCAP activities under the policy areas of the Agenda for Action

12. Of the 12 policy areas under the Agenda for Action, ESCAP has focused its efforts on areas that were not covered by the mandates or expertise of other United Nations bodies and agencies. ESCAP focused on policy areas concerning national coordination, legislation, information (in particular, disability statistics), accessibility, assistive devices and self-help organizations of disabled persons.

13. Flagship programmes of ESCAP include the promotion of non-handicapping physical environments for disabled persons, which was initiated in 1993, and the empowerment of persons with disabilities through support for the development of their self-help organizations, which started in

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1990, before the Asian and Pacific Decade was proclaimed. Single-year and multi-year projects were implemented in both policy areas. In 1998, ESCAP began to merge the two policy areas mentioned above (accessibility and self-help organizations) and created projects on the training of disabled persons as trainers for the promotion of non-handicapping environments.

14. To implement project activities, ESCAP undertook a multisectoral approach within the secretariat. A comparative advantage of the ESCAP disability programme was the development of active inter-divisional collaboration, including the ESCAP Human Settlements Section, in the promotion of non-handicapping environments; the Rural Development Section, in poverty alleviation among rural disabled persons; the General Transport, Coordination and Communications Section and the Tourism Unit, in the promotion of accessible public transport and the promotion of barrier-free tourism.

15. The following sections highlight various programmes and activities carried out by ESCAP. The activities are organized in terms of the policy areas under the Agenda for Action, as well as a number of cross-cutting and emerging issues.

1. National coordination

16. Strengthening national coordination committees is the key to the implementation of the Agenda for Action at the national level. ESCAP has been active in promoting a multisectoral approach to the implementation of the Agenda for Action.

17. ESCAP assisted the Governments of India and Malaysia in the organization of intercountry seminars on multisectoral collaboration for people with disabilities in 1996. Each country team consisted of representatives of diverse governmental agencies and disability NGOs. Many insights were gained on the issues and conditions concerning multisectoral dialogue and action. In order to further promote multisectoral collaboration and to address critical issues faced by national coordination committees on disability, ESCAP provided technical assistance to the Government of the Philippines in the organization of a regional conference on issues of national coordination committees on disability and strategies in Manila in 1997. ESCAP conducted a questionnaire survey in 1997 to assess the progress made in the establishment and strengthening of such committees in the region.

2. Legislation

18. There was considerable interest in the development and strengthening of equalization legislation in the ESCAP region. The secretariat received many requests from Governments in the region and NGOs for model frameworks of legislation. In response to the requests, ESCAP issued two companion publications in 1995: *Legislation on Equal Opportunities and Full Participation in Development for Disabled Persons: A Regional Review* (ST/ESCAP/1622) and *Legislation on Equal Opportunities and Full Participation in Development for Disabled Persons: Examples from the*

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ESCAP Region (ST/ESCAP/1651). Examples from 16 countries of the region were included in the publications, which were disseminated to lawmakers, policy makers in Governments and their NGO partners.

3. Public awareness

19. ESCAP has actively supported the regional campaigns for the promotion of the Asian and Pacific Decade of Disabled Persons since 1993. These campaigns have been organized by the Regional NGO Network for the Promotion of the Asian and Pacific Decade of Persons with Disabilities, in collaboration with host governments and local NGOs. Campaign 1994, held at Manila in July 1994, adopted the Decade logo. ESCAP provided financial support for the regional campaigns in Hong Kong, China in 1998, Bangkok in 2000 and Hanoi in 2001 to facilitate the participation of least developed and developing countries.

20. ESCAP joined the organizers of Campaign 2000 in Bangkok, which provided a regional forum to review action on targets for the implementation of the Agenda for Action and share experiences on good practices in their implementation. Campaign 2001, held at Hanoi in December 2001, was the largest regional Campaign. The Campaign adopted the Hanoi Declaration of Campaign 2001 on the Facilitation of Community Integration of People with Disabilities, which urged Governments in the region to extend the Asian and Pacific Decade, 1993-2002, for another 10 years. ESCAP will support the final regional campaign to be held at Osaka, Japan, in October 2002.

21. An ESCAP videotape entitled "Freedom from barriers" was produced to promote access by people with disabilities to physical environments and public transport. Another video to promote the Asian and Pacific Decade, entitled "To be seen, heard and counted", was produced and disseminated widely.

4. Information

22. In 1994, ESCAP supported activities that included subregional information dissemination and the translation of Decade documents into national languages. ESCAP created a Decade homepage (<http://www.unescap.org/decade>) in 1997. Information, resources, links to disability-related organizations, reports of the Thematic Working Group on Disability-related Concerns and most ESCAP publications and activities on disability can be obtained on this web site.

23. An important area of information is disability statistics. The Statistical Institute for Asia and the Pacific and ESCAP organized a subregional workshop on disability statistics at New Delhi in February 2000. The workshop, hosted by the Government of India, brought together statisticians from national statistical offices and related agencies and policy makers for disability-related matters. A similar subregional workshop was organized at Shanghai, China in April 2001. Subregional workshops could be organized for the Pacific and Central Asian subregions during the next decade.

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5. Accessibility and communication

(a) Accessibility

24. To address the urgent need to remove barriers in the built environment, ESCAP embarked in 1993 on a project to promote non-handicapping environments for people with disabilities in the ESCAP region.

(i) Projects on the promotion of non-handicapping environments

25. As its first-phase project, ESCAP undertook the development of regional guidelines for the promotion of non-handicapping environments for persons with disabilities and older persons. In 1994, ESCAP convened an expert group meeting at Bangkok in June and a regional meeting in November. These meetings generated a set of guidelines and case studies for the improvement of access to the built environment. The guidelines cover planning and building design, access policy provisions and legislation and the promotion of public awareness to improve access. The guidelines (ST/ESCAP/1492) were published in 1995.

26. The phase-two project was formulated to support the implementation of the guidelines at the municipal level through pilot projects. The pilot projects were designed to generate demonstration sites under conditions in developing countries of the ESCAP region. The pilot projects were implemented in three cities: Bangkok, Beijing and New Delhi. In each city, a pilot project site of approximately one square kilometre was selected and made accessible.

27. Under the project, a five-day study visit-cum-workshop to Yokohama, Japan, in November 1995 was organized for six members of the working committees from the three pilot project cities to observe the current status of access to the built environment for persons with disabilities and develop a pilot project action plan. The workshop was co-organized by the City of Yokohama and the Regional Network of Local Authorities for the Management of Human Settlements (CITYNET).

28. Seminars and local workshops to implement the pilot project at each of the three pilot project cities were organized with technical and financial support from ESCAP. At Bangkok, a training workshop of technical personnel from the Bangkok Metropolitan Administration, Nonthaburi and Pattaya, Thailand, in May 1997 was organized. At Beijing, an inaugural seminar and workshop were convened from January-February 1996, a mid-point project review workshop was held there in April 1997 and the final workshop was held in May 1998, with 60 participants from 16 cities in China and 8 cities in the region. At New Delhi, an inaugural seminar was held in December 1996 and a final workshop was held in June 1998. Persons with disabilities from other South Asian countries also participated in the final workshop.

29. The final national workshops in Beijing and New Delhi provided an opportunity to share the outcomes of pilot projects in three cities. Both workshops adopted recommendations, including the establishment of an access initiative network among cities participating in the Beijing workshop.

30. Actual accessibility improvements were achieved at all three sites. In Bangkok, nearly 5,000 points of ramp access were made and 15 kilometres of footpaths with Braille blocks were installed. In Beijing, 23 targets in residential, commercial and educational facilities were made accessible. In New Delhi, 14 public buildings and their external environment became accessible.

31. The pilot projects led Governments to the examination of policies and programmes concerning accessibility for people with disabilities and the issuance of improved regulations on accessibility, in addition to the physical improvement of the pilot project sites.

(ii) Other ESCAP initiatives in access promotion

32. ESCAP developed training guidelines for disabled persons as trainers on the promotion of non-handicapping environments. An expert group meeting on the subject was held at Pattaya, Thailand, in June 1998 for the purpose of drafting the guidelines, which were then field tested in Bangalore, India, Pattaya, Thailand and Penang, Malaysia. The training guidelines were published as *Disabled Persons as Promoters of Non-handicapping Environments: Guidelines for Training Trainers* (ST/ESCAP/2046) in 2000.

33. ESCAP and the China Disabled Persons' Federation organized the first training seminar on accessible public transport at Shenzhen, China, in November 2000. This seminar brought together participants from six countries, including China and Hong Kong, China. The training was provided by international experts with a field trip to Hong Kong, China to experience examples of accessible transport systems.

34. The Asia-Pacific Conference on Tourism for People with Disabilities, held at Bali, Indonesia, in September 2000, represented a new initiative in the area of accessibility. This Conference, organized by a local NGO in close collaboration with the Government of Indonesia and ESCAP, was the first of its kind in the ESCAP region and provided a forum for the discussion of major issues related to accessible tourism for people with disabilities. It adopted the Bali Declaration on Barrier-free Tourism for People with Disabilities.

35. A series of 14-day regional training of trainers courses on the promotion of non-handicapping environments for persons with disabilities took place at Bangkok in March 2000 and February-March 2002. A team of architects, urban planners and disabled persons from 11 countries was trained. The tripartite collaboration involving the Japan International Cooperation Agency, the Government of Thailand and ESCAP produced an excellent outcome for South-South cooperation. The three collaborators have agreed to continue the course for two more years.

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36. All the aforementioned activities contributed to the formation of a regional network of persons with disabilities, architects and urban planners who are active in training concerned government officials and advocating non-handicapping environments at the municipal, provincial and national levels.

(b) Communication

37. Information and communications technology (ICT) is increasingly important to address the access needs of persons with disabilities to information and communications. ESCAP, the ICT Task Force of the Thematic Working Group on Disability-related Concerns, the Government of Thailand and NGOs co-organized a seminar on ICT accessibility for people with disabilities at Bangkok in June 2002, the first of its kind in the region. The seminar adopted recommendations on policy/legislative guidelines concerning ICT accessibility for persons with disabilities in the Asian and Pacific region.

6. Education

38. ESCAP activities in this area were directed at supporting the inclusion of children and youth with disabilities within the Education for All campaigns. In 1998 and 2001, ESCAP participated in inclusive education seminars in India and the Lao People's Democratic Republic. ESCAP organized the Regional Forum on Education for Children and Youth with Disabilities into the Twenty-first Century at Bangkok in November 1999. This Forum was convened in collaboration with the UNESCO-Principal Regional Office for Asia and the Pacific programme. A report was presented on findings of regional surveys on early intervention and education of children and youth with disabilities. The Forum also reviewed and revised the education targets of the Agenda for Action.

7. Training and employment

39. ESCAP collaborated with and supported the International Labour Organization (ILO) in its efforts to strengthen employment placement services. ESCAP and ILO jointly organized a regional technical consultation on effective placement services for people with disabilities in Singapore in March 1999. In May 2000, ESCAP and ILO contributed to the technical meeting in conjunction with the RICAP Subcommittee on Disability-related Concerns to explore training and employment activities in the region. Other related activities include ESCAP input to the Global Applied Disability Research and Information Network on Employment and Training opportunities for persons with disabilities through technology in May 2001.

8. Prevention of causes of disability and rehabilitation services

40. In 1994, ESCAP co-sponsored a community-based rehabilitation workshop in Solo, Indonesia, as part of the Disabled Peoples' International fourth Asia-Pacific Regional Assembly held at Jakarta, in December 1994. The workshop focused on the involvement of persons with disabilities in community-based rehabilitation programmes. ESCAP also provided advisory and technical

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assistance to the Second Conference of the Forum of the Resource Group for Community-based Rehabilitation Human Resource Development at Singapore in September 1997. In 2000, ESCAP provided inputs to an intercountry workshop on strategy on improving rehabilitation services on which WHO collaborated.

9. Assistive devices

41. In September 1995, ESCAP organized a technical workshop, with an extensive field visit component, on the indigenous production and distribution of assistive devices in Madras, India. This regional study tour-cum-workshop on assistive devices resulted in a two-part ESCAP publication, *Production and Distribution of Assistive Devices for People with Disabilities* (ST/ESCAP/1774) in 1997.

10. Self-help organizations

42. The empowerment of persons with disabilities through self-help organizations has been a major focus of ESCAP, which initiated a project to support the development of self-help organizations of persons with disabilities in 1990. ESCAP, in close collaboration with self-help organizations in the region, developed guidelines on establishing and strengthening self-help organizations and published *Self-help Organizations of Disabled Persons* (ST/ESCAP/1087) in 1991. The publication was translated into five national languages and into English Braille.

(a) Subregional training workshops on the management of self-help organizations

43. Under the project on self-help organizations and in close collaboration with the Asia-Pacific Regional Council of Disabled Peoples' International and other NGOs, ESCAP organized a series of subregional workshops on the management of self-help organizations at Dhaka in December 1993; at Bacolod City, Philippines, in January 1994; and at Suva, in February 1996. The workshops addressed the training needs of executives and senior administrators of self-help organizations. They were directed at enhancing participants' management skills and their ability to play a more effective, cooperative role in developing national policies and programmes on people with disabilities. Information, discussion and experiences shared by the participants were included in the publication *Management of Self-help Organizations of People with Disabilities* (ST/ESCAP/1849).

(b) Other activities undertaken or supported by ESCAP

44. During the Decade, ESCAP regularly provided technical and advisory services in support of strengthening self-help organizations. These included assistance at the first seminar of people with disabilities of Cambodia in September 1994, which laid the foundation for setting up the first national self-help organization of persons with disabilities in Cambodia; financial and technical support for the organization of the first national workshop on the promotion of self-help initiatives of people with disabilities in Viet Nam in October 1996; support to the development of self-help organizations in the

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Lao People's Democratic Republic in 1999; support and input to the Disabled Peoples' International Oceania Office training seminar on capacity-building for persons with disabilities from eight Pacific countries, held at Port Vila in September 2001.

45. ESCAP merged the two policy areas of accessibility and self-help organizations and created projects to train persons with disabilities as trainers for the promotion of non-handicapping environments. Training guidelines were developed. Eighteen trainees with disabilities from seven countries of the region were trained through a series of three training workshops. The participants conducted eight months of field work in their own cities between the workshops. Their field work included organizing workshops for public administration personnel involved in infrastructure development and public transport and conducting access surveys of various public facilities. Those trainers with disabilities remain active in their own cities and towns and joined a regional access initiative network, which was first set up by the group which had completed its ESCAP training in 2000.

C. Other issues supported by ESCAP

46. In 2001, ESCAP published *Pathfinders: Towards Full Participation and Equality of Persons with Disabilities in the ESCAP Region* (ST/ESCAP/2170), reporting case studies of good practice across many of the 12 policy areas under the Agenda for Action. In addition, ESCAP has supported the issues described in the following sections.

1. Women with disabilities

47. Women with disabilities comprise one of the most neglected segments of the population. ESCAP, in close collaboration with the United Nations Development Fund for Women and other members of the RICAP Subcommittee on Disability-related Concerns, developed and implemented a project to promote the advancement of women and girls with disabilities. The Swedish Organization of Handicapped International Aid Foundation contributed funding support. The project outcome included recommendations for strengthening the gender dimension in the implementation of the Agenda for Action. Under the project, ESCAP issued a publication entitled *Hidden Sisters: Women and Girls with Disabilities in the Asian and Pacific Region* (ST/ESCAP/1548). It was distributed to government delegations and NGO participants at the Fourth World Conference on Women, held at Beijing in September 1995.

48. ESCAP also organized a Regional Training Workshop on the Inclusion of Women and Girls with Disabilities in Mainstream Gender Equality Initiatives at Phitsanulok, Thailand, in June 2001, in conjunction with the Asia-Pacific Summit of Women Mayors and Councillors. Ten women with disabilities from eight countries participated in the workshop. The focus of the workshop was on the development of gender awareness and advocacy skills. A network of women with disabilities was formed as a result of the regional training.

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2. Poverty alleviation of rural disabled persons

49. The Field Study-cum-Regional Seminar on Poverty Alleviation among Rural Persons with Disabilities was organized at Hyderabad, India, in December 1999, in close collaboration with the Ministry of Rural Development, Government of India. This Seminar was the first of its kind that ESCAP organized to draw attention to the issues of poor disabled persons in the rural areas of the developing countries of the ESCAP region.

D. Trust fund for the Decade

50. The technical cooperation trust fund for the Decade was established in pursuance of Commission resolution 49/6 of 29 April 1993 on the Proclamation and Agenda for Action for the Asian and Pacific Decade of Disabled Persons, 1993-2002; contributions amounted to over US\$ 424,000 as of August 2002. Governments, including a local government, labour organizations and a private company have contributed to the fund. China annually donated US\$ 10,000 to the fund. The fund enabled ESCAP to promote intercountry cooperation and facilitate national and local implementation of the 12 areas of the Agenda for Action through technical exchange, training, information dissemination focusing on best practices, and advisory services. The Decade fund also provided for personnel support for the secretariat's Decade promotion activities.

IV. ACTIVITIES OF OTHER UNITED NATIONS AGENCIES

A. Food and Agriculture Organization of the United Nations

51. FAO has collaborated closely with ESCAP and has co-chaired the Thematic Working Group on Disability-related Concerns since its inception in 2000. It is committed to local institution-building for skills development of people with disabilities as well as for networking and collaboration among all the stakeholders to improve the self-help capacities of people with disabilities. The following are some FAO activities related to the Agenda for Action:

(a) Development of a mushroom production training programme for persons with disabilities in rural Thailand in 1999, which resulted in the successful establishment of village-level mushroom enterprises providing employment to both disabled and non-disabled family members.

(b) In Cambodia, collaboration with Handicap International in a project for the integration of farmers with disabilities in ongoing training programmes conducted by the Ministry of Agriculture, Forestry and Fisheries, aimed at capacity-building for integrated pest management.

(c) Special training for extension workers and trainers from the Department of Agricultural Extension, Thailand, was provided to enable them to assist farmers with disabilities who had been included in the assistance to sericulture project in Thailand in 2000.

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(d) Village-level training on food processing for vulnerable groups in Cambodia was aimed at micro-enterprise development for ex-soldiers with disabilities and their families, as a basis for their social and economic integration in their community and the establishment of a network of self-help groups focusing on small-scale enterprise development in rural areas.

(e) Preparation of a training of trainers' manual on small enterprise development by people with disabilities in rural areas. The training methodology was originally developed in a joint ESCAP/FAO project which had proven to be successful for the replication of viable small agro-based and other group-based rural enterprises.

(f) Establishment of food standards with WHO in 1999 to improve food safety, which has a direct impact on health and in the reduction of avoidable disabilities associated with malnutrition or food inadequacy; provision of dietary guidelines and nutrition education materials for use at the community level along with advice to policy makers and programme designers to improve women's knowledge of nutrition and food safety, which can prevent illnesses, disabilities and premature deaths; development of special programmes for the prevention of disabilities through the reduction and prevention of accidents in agro- and forestry-industry operations by the safe use of agricultural tools and agro-chemicals.

(g) Assistance to small farmers' groups and organizations, including persons with disabilities, in capacity-building for enhanced participation in decision-making, self-employment and entrepreneurship, including agricultural and credit cooperatives; work with public institutions to strengthen their capacities in policy advice, planning and training on programmes and activities to promote the inclusion of rural disabled persons, with particular emphasis on institutional mechanisms for stakeholder dialogue and collaboration.

B. International Labour Organization

52. As a contribution to the Asian and Pacific Decade of Disabled Persons (1993-2002) ILO has carried out many activities and programmes, collaborating closely with ESCAP and other United Nations agencies. Among them:

(a) Promotion of the role of employers' organizations and groups in increasing opportunities for people with disabilities, for example, the Employers' Federation of Ceylon, Mongolian Employers' Federation and the Cambodian Business Advisory Council.

(b) Promotion of the issues of disability among trade unions by providing technical inputs into a workers' meeting in Mongolia.

(c) Promotion of employment of people with disabilities among individual employers by the production of a regionally focused video, "AsiaAbility", disseminated through ILO regional channels and available to NGOs and others, and a video for Thailand, "AbilityThailand".

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(d) Development of an ILO regional web site, www.ilo.org/abilityasia, as a vehicle for the dissemination of information related to the employment and training of people with disabilities, and the Decade targets, with web pages to encourage the involvement of trade unions and employers in the training and employment of people with disabilities.

(e) Demonstration of effective strategies for integrating people with disabilities in rural vocational training programmes and addressing the needs of those in remote areas through peer training.

(f) Publication and dissemination of *Integrating Woman and Girls with Disabilities into Mainstream Vocational Training: A Practical Guide*.

(g) Regional projects on integrating people with disabilities into mainstream employment services and training of trainer workshops involving workshops and technical assistance with several countries in the region. The projects resulted in publications which have been translated into Chinese, Khmer, Thai and Vietnamese.

(h) ILO and FAO have conducted a joint mission to the Lao People's Democratic Republic to explore ways to promote agribusiness.

53. As a contribution to the end of the Decade, ILO is conducting country studies in 14 countries, which will be the basis for a comparative analysis of training and employment policies and practices to mark the conclusion of the Decade. The study should serve as a baseline of the current situation and suggest activities for regional attention during the next Decade.

C. International Telecommunication Union

54. ITU does not have any specific programme designed for persons with disabilities. However, it has integrated the concerns of disabilities groups into its regional activities.

55. At the Asia-Pacific Regional Workshop on Equal Access of Women in ICT, held at Seoul, in October 2001, ITU invited a representative from the Korean Differently Abled Women's United to present a paper. The paper indicated that there was a lack of policy and regulations to ensure universal and affordable access to ICT, particularly by rural women and people with disabilities. ITU made a recommendation to raise funds to develop programmes for women, including women with disabilities, to enhance their skills in ICT.

56. The Regional Seminar for ICT Industry Associations in the Asian and Pacific Region was held at Bangkok in June 2002. ITU invited a representative from the Japanese Society for Rehabilitation of Persons with Disabilities to present a paper on social implications of ICT: potential for those less privileged at the Seminar. Recommendations were submitted to ITU.

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D. United Nations Development Programme

57. The UNDP Disability Action Group, which started in 1990, has as its main objective to promote community-based rehabilitation and the inclusion of persons with disabilities in mainstream programmes concerned with sustainable human development. At the request of Governments, UNDP country offices or NGOs, the Disability Action Group makes country visits and provides advisory services with a view to:

(a) Assisting in initiating and planning services for people with disabilities in developing countries; encouraging ongoing and planned development programmes to include people with disabilities; planning and conducting courses for personnel in developing countries, with special emphasis on managers/coordinators of community-based rehabilitation programmes; planning and conducting courses for managers of disabled people's organizations;

(b) Promoting awareness of the abilities and human rights of people with disabilities, and of disability and rehabilitation; evaluation of ongoing programmes; follow-up to the Standard Rules on the Equalization of Opportunities for Persons with Disabilities.

58. In the spring of 1999, UNDP, in partnership with the World Rehabilitation Fund, began the coordination of a three-year global effort to plan and promote new approaches to the socio-economic integration of landmine survivors and others with disabilities in three countries, including Cambodia.

E. United Nations Educational, Scientific and Cultural Organization

59. In preparation for the World Conference on Special Needs Education, held at Salamanca, Spain, in June 1994, UNESCO organized two subregional seminars in the region, in China and Nepal. The preparation and the follow-up to that Conference helped shift the focus from special needs education to more inclusive classroom education. For UNESCO, inclusive approaches to education are seen as a strategy towards achieving education for all. UNESCO aims to enable both teachers and learners not only to feel comfortable with diversity in the classroom, but also to see this diversity as a challenge and enrichment to the learning environment, rather than as a problem.

60. UNESCO co-chaired the task force on education for all children with disabilities, one of four task forces of the Thematic Working Group on Disability-related Concerns. The following are some examples of UNESCO activities to promote inclusive education within the Asian and Pacific region:

(a) UNESCO has produced various materials on inclusive education. Among them is the "Teacher Education Resource Pack: Special Needs in the Classroom", developed to help schools and teachers respond to pupils with special needs. This resource pack has been distributed and translated into the local languages of the region and UNESCO has organized national training workshops for teachers in several countries.

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(b) As a follow-up to the Salamanca Conference, UNESCO launched a project to support action and disseminate information on small-scale innovations at a national, provincial and local level, promoting the inclusion of children with disabilities and learning difficulties in regular schools - inclusive schools and community support programmes. Some 30 countries have participated in this global project, including China, India, the Lao People's Democratic Republic and Viet Nam.

F. United Nations High Commissioner for Refugees

61. UNHCR prioritizes assistance to refugees with disabilities. A special quota for resettlement to a third country is allocated to refugees with disabilities. UNHCR works with agencies such as Handicap International and the International Committee of the Red Cross to implement a number of specific projects for refugees with disabilities, including a community-based rehabilitation project for people with disabilities living in the camps. Handicap International initiated this project in some Myanmar refugee camps. It was aimed at raising awareness, building the capacity of community groups and networks and giving people with disabilities and their families access to knowledge, resources and services for medical rehabilitation and socio-economic integration.

62. Given various difficulties in service delivery, UNHCR is working towards:

- (a) Coordination of services by various agencies at the camp and district levels;
- (b) Effective medical services to be provided at the homes of the persons with disabilities;
- (c) Discussions with refugee organizations and NGOs on how to support persons with disabilities in the camps with additional essential food and non-food items, without creating dependencies that will hamper voluntary repatriation.

G. United Nations Children's Fund

63. UNICEF is committed to ensuring special protection for the most disadvantaged children, including children with disabilities. Major progress is reported in preventing major causes of childhood disabilities. Following the end of the United Nations Decade of Disabled Persons (1983-1992), an inter-agency working group consisting of ILO, UNESCO, UNICEF and WHO was formed to consult on issues related to childhood disability and to build joint technical capacity by developing training materials, workshops, guidelines with indicators for early detection and designing effective interventions, including access to mainstream education and other social services. Highlights of these joint programmes include:

- (a) Support to mine awareness and education to prevent injuries in 16 countries, including Afghanistan, Cambodia, and the Lao People's Democratic Republic.

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(b) Childhood disability programmes in prevention and intervention, advocacy and public education, community-based rehabilitation, partnership and capacity-building, education, training, mainstreaming and data collection/surveys in Cambodia, China, India, Islamic Republic of Iran, Mongolia, Nepal, Sri Lanka and Viet Nam.

H. World Health Organization

64. The disability and rehabilitation programme of WHO gives special attention to low-income countries in its global disability and rehabilitation activities. In 1998, WHO established a global network for monitoring disability issues and trends in rehabilitation. Within the region, WHO continued to promote the concept and implementation of community-based rehabilitation. Activities included:

(a) A bi-regional training workshop on management of rehabilitation programmes at Ciloto, Indonesia, in October 1996, which focused on strengthening managerial skills in developing and implementing community-based rehabilitation programmes.

(b) A regional workshop on strengthening community-based rehabilitation programmes as an integral part of primary health care was held at New Delhi in December 1996. It recommended some country and regional action points for the sustainability and expansion of programme activities as well as for incorporating components into health systems. As a result, the integration of community-based rehabilitation into primary health care services has been initiated in Bangladesh, Bhutan, India, Indonesia, Myanmar, Sri Lanka and Thailand. To support this initiative, the WHO manual on community-based rehabilitation was printed in Bangladesh, Bhutan and India. India initiated community-based rehabilitation for disadvantaged people in the slum areas of Mumbai. In Bhutan, a programme on community-based rehabilitation was established as a priority programme of national health development.

(c) Technical support was provided to Sri Lanka for reviewing the feasibility of local production of low-cost artificial limbs and holding training programmes on community-based rehabilitation for health workers and volunteers. A training worksheet on community-based rehabilitation for provincial health personnel was produced in Indonesia, while seminars and conferences dealing with various aspects were supported in India.

(d) A study was conducted in Thailand on alternatives to the community-based rehabilitation model, while the community-based rehabilitation programme was expanded in several provinces and an intercountry consultation on strengthening training of health workers in community-based rehabilitation was held at Bangkok in May 1999. Recommendations of the meeting helped improve the efficacy of community-based rehabilitation training in countries in the ESCAP region.

(e) A four-week training course was organized for managers of national community-based rehabilitation programmes in Colombo in October and November 1997. Following this training, several district training courses were organized in Bangladesh, Bhutan, India, Myanmar and Sri Lanka.

(f) WHO supported the training of trainers of rehabilitation workers on community-based rehabilitation development and sustainability in Jakarta in November 2000. This helped member countries in developing the much-needed human resources in this neglected area of health development.

I. Asian Development Bank

65. The work of ADB in the area of disability has only emerged during the last few years. In October 1999, ADB organized a regional workshop on development and disability at Manila, with the involvement of government officials from 10 countries in the region; representatives from ESCAP, ILO, UNDP, UNICEF, WHO, and the United States Agency for International Development, Disabled Peoples' International, other international NGOs and staff members of the Bank.

66. ADB has launched a major project on the issue of disability. The outcomes of this project are expected to assist ADB to have a greater awareness about disability issues and provide tools for including disability issues in its activities. It is expected that outputs will also make a significant contribution towards the goals and objectives of the Decade. The project is focused on identifying disability issues in poverty reduction, covering four countries - Cambodia, India, the Philippines and Sri Lanka - and is expected to be completed by the end of November 2002, with a regional approach and inter-sectoral and inter-agency collaboration. The stakeholders that are involved include Governments, disability NGOs, the United Nations system, donor agencies and development organizations. The project involves working with the national task forces on disability in each country to enhance their ability to play a key role in identifying and coordinating disability policies.

67. Other ADB initiatives in relation to disability include a social protection strategy which the Bank adopted in 2001, in which disability issues were introduced, and a major project in promoting employment opportunities in Mongolia which includes people with disability.

V. CONCLUSION

68. It is evident that without strong support at the regional level, the implementation of the unique regional Decade at the national level would have been difficult. The role of regional cooperation mechanisms, namely, RICAP Subcommittee on Disability-related Concerns and the Thematic Working Group on Disability-related Concerns, has been significant in the development of policy tools to support the achievement of the regional Decade goals as well as to monitor the implementation of such policy tools. In the regional coordination mechanism for the Decade, the

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United Nations system has played an important role. This has been clearly seen in this review document. This region will implement another decade to achieve an inclusive, barrier-free and rights-based society for persons with disabilities. To achieve this goal, each member of the United Nations system needs to further strengthen its work and join hands to create synergy of its regional cooperation and support.

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アジア太平洋地域関係資料
新アジア太平洋障害者の十年（2003-2012）
びわこミレニアム・フレームワーク
2003年3月31日
（財）日本障害者リハビリテーション協会
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