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Department of
Economic and
Social Affairs



Disability and Development Report 2024

Accelerating the realization
of the Sustainable Development
Goals by, for and with persons
with disabilities

Advance Unedited Version



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Department of Economic and Social Affairs

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by, for and with persons with disabilities



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Department of Economic and Social Affairs

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Disability and Development Report 2024
Published by the United Nations
New York, New York 10017, United States of America

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ISBN: 9789211304671
eISBN: 9789210024891 (PDF)
ePUB: 9789213584453

United Nations Publication Sales No. E.23.IV.3

Design and layout
Department of Economic and Social Affairs, United Nations, New York

Ending poverty (Goal 1)

This section presents an overview of the situation of persons with disabilities vis-à-vis Goal 1, which calls to end poverty in all its forms. Targets under Goal 1 include: reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions (target 1.2); implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable (target 1.3); and ensure that all men and women have access to financial services (target 1.4).

Poverty among persons with disabilities is a key concern in the CRPD. The CRPD calls on States Parties to ensure access by persons with disabilities to poverty reduction programmes (article 28), equal remuneration for work of equal value (article 27) and equal access to retirement benefits and programmes (article 28). The CRPD also stresses autonomy – the right for persons with disabilities to control their own financial affairs and to have equal access to bank loans, mortgages and other forms of financial credit (article 12), and rights to an adequate standard of living and social protection (article 28).

Current situation and progress so far

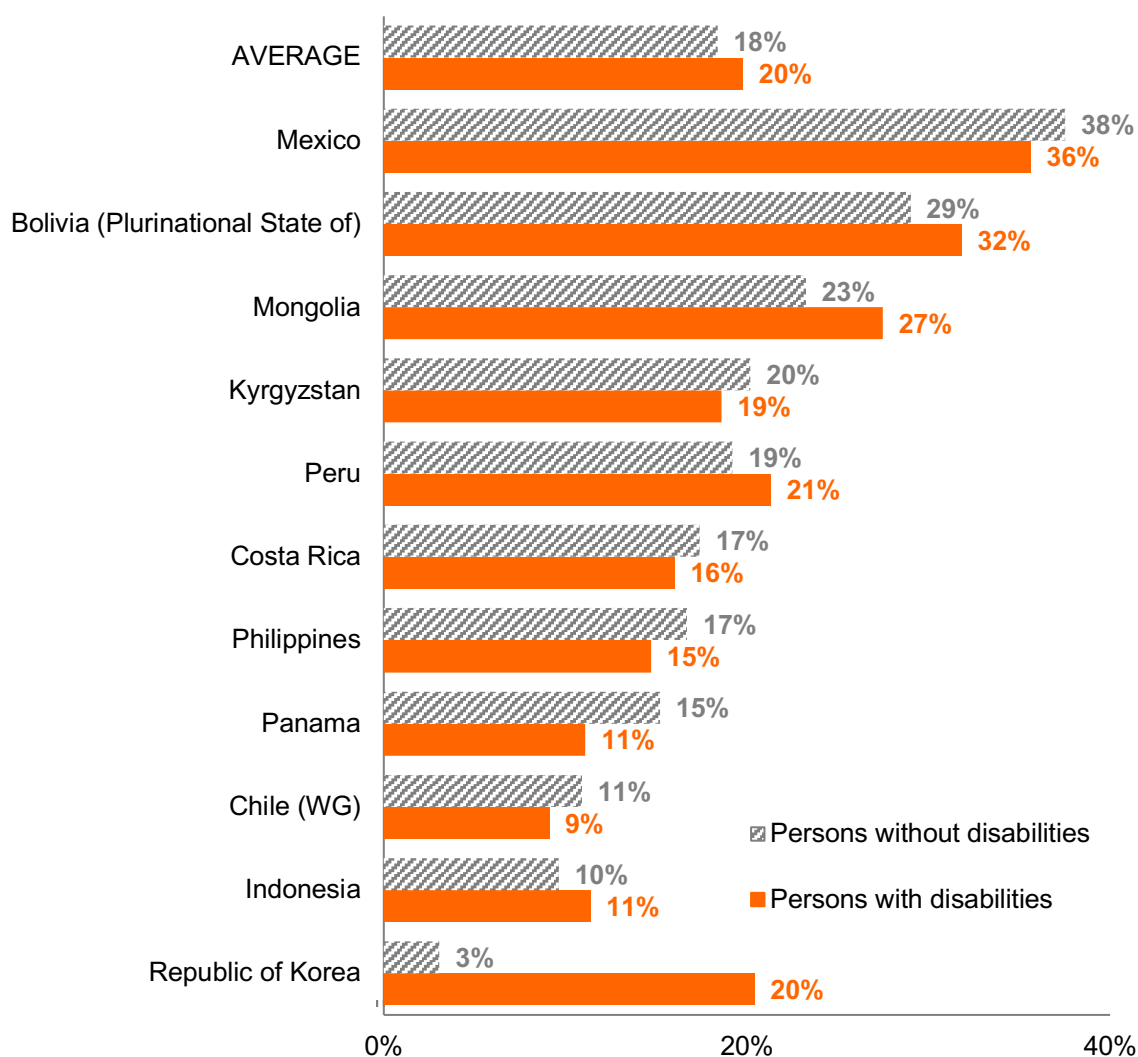
Persons with disabilities, and their households, are more likely to live in poverty, as shown in income poverty measures and more significantly in multidimensional poverty measures.

Income poverty measures tend to reveal more modest gaps in poverty rates between persons with and without disabilities and mask real poverty gaps. These measures tend to assume that the income poverty line, i.e. the monetary amount that is needed to meet basic needs, for persons with and without disabilities, is the same. However, persons with disabilities face extra costs of living due to higher medical bills, costs of assistive technology, special transport and support services. Omitting these costs will make persons with disabilities look wealthier than they are. For example, income poverty, among 11 countries, reveals a small gap: on average 20 per cent of persons with disabilities versus 18 per cent of persons without disabilities lived under the national poverty line (Figure 1). Due to a lack of comparable data over time, it remains difficult to assess on a wide scale the evolution of income poverty rates among persons with disabilities. An exception is Costa Rica and Peru, for which comparable data over time suggests that poverty rates among persons with disabilities have remained stagnant between 2015 and 2021 (Figure 2).

An assessment of poverty in non-monetary forms provides a more comprehensive picture of the current situation of persons with disabilities. Among 33 countries or areas, 80 per cent of persons with disabilities compared to 60 per cent of persons without disabilities are multidimensionally poor, i.e. they experience deprivations in more than one of the following dimensions: education, health, living standards and employment (Figure 3). In all countries except Djibouti, adults with disabilities are significantly poorer on a

multidimensional level compared to adults without disabilities. The most common drivers of multidimensional poverty are lower levels of education and lack of employment among persons with disabilities.

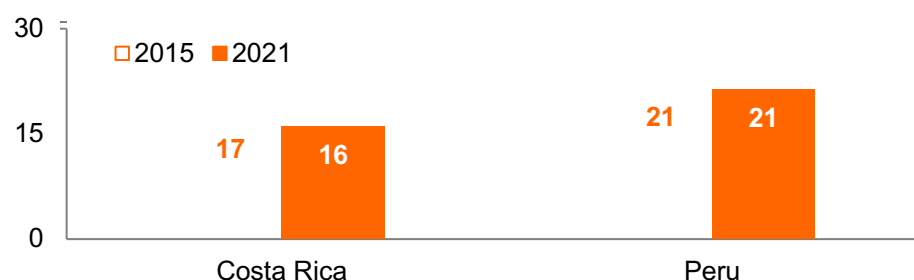
Figure 1. Percentage of persons living under the national poverty line, by disability status, in 11 countries, in 2021 or latest year available.



Note: Poverty lines for Bolivia (Plurinational State of), Chile, Costa Rica, Mexico, Panama and Peru were defined by regional methodology developed by ECLAC.¹² (WG) identifies data produced using the Washington Group Short Set of Questions.

Source: ECLAC¹³ and ESCAP.¹⁴

Figure 2. Progress in the percentage of persons with disabilities living under the national poverty line, in 2 countries, from 2015 to 2021.



Source: ECLAC.¹³

Box 1. Target 10.c: by 2030, reduce to less than 3 per cent the transaction costs of migrant remittances and eliminate remittance corridors with costs higher than 5 per cent

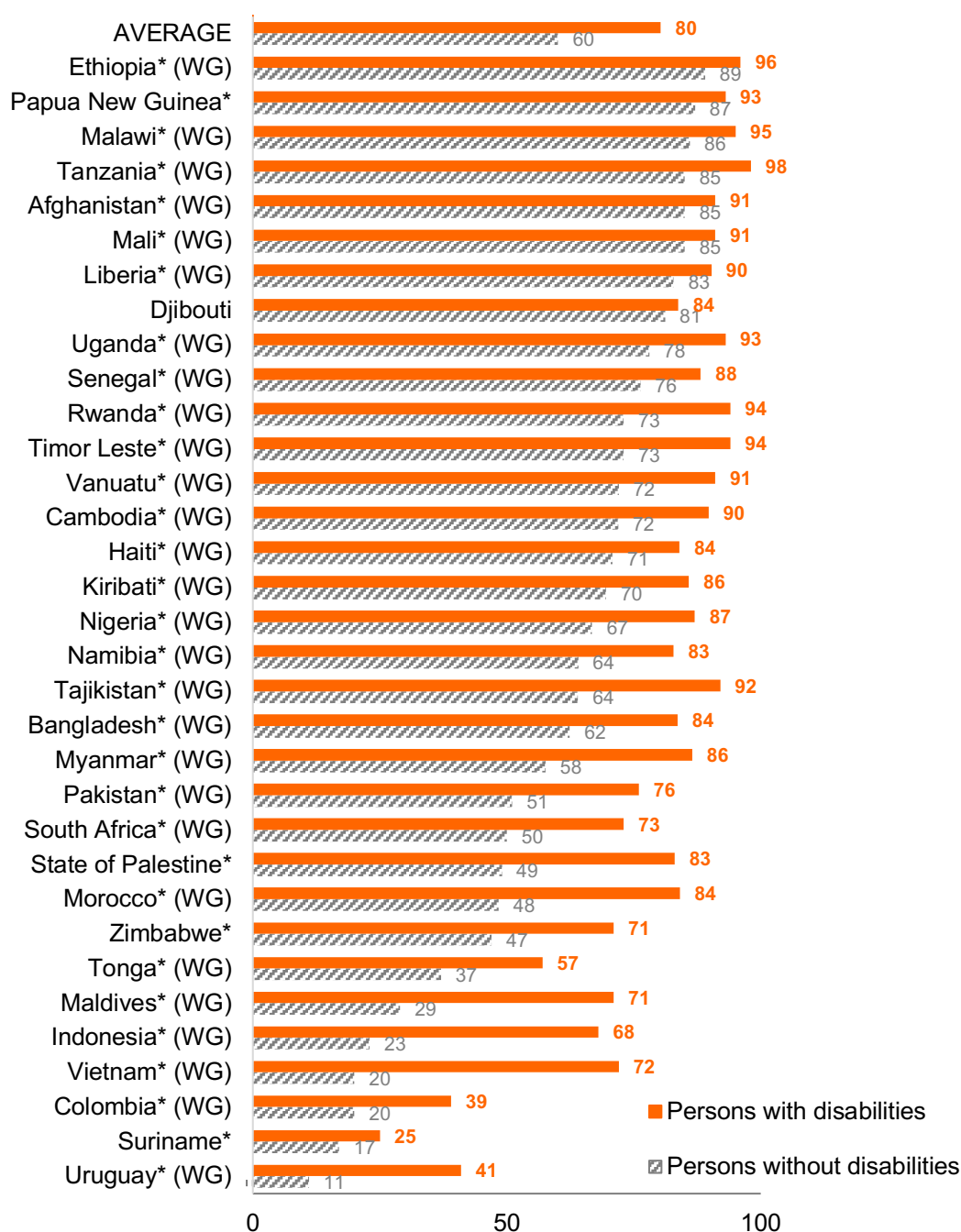
Remittances, i.e., the money immigrants send to their families back home, can be instrumental in lifting their families out of poverty. The Global Compact for Safe, Orderly and Regularly Migration (2018), in its objective 20 regarding transfer of remittances, calls for opening up distribution channels to underserved populations including for persons with disabilities.¹⁵

Persons with disabilities are part of migrant populations and may need to send remittances home. For persons with disabilities who stay back home, receiving remittances from relatives abroad can be essential especially if they are struggling financially or can not afford the assistive technology, health care, rehabilitation and crucial services they need.

When sending and receiving remittances, persons with disabilities may find financial barriers such as transaction costs and also other barriers: the financial services and the transportation to these services may not be accessible for them. Or accessible transportation may be available but more costly than other transportation.

The COVID-19 pandemic disproportionately impacted the remittance flows for persons with disabilities. In a worldwide study among 46 countries in 2020, 49 per cent of parents/caregivers with disabilities reported that they had lost usual cash transfers and remittance flows since the beginning of the pandemic compared to 31 per cent of parents/caregivers without disabilities.¹⁶

Figure 3. Multidimensional poverty rates,¹⁷ by disability status, in 33 countries or areas, in 2018 or latest year available.

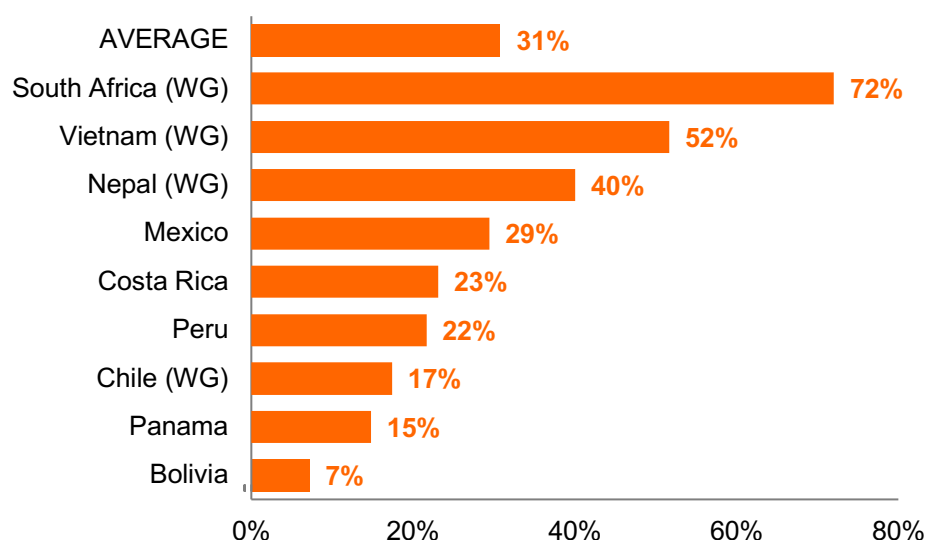


*Note: (WG) identifies data produced using the Washington Group Short Set of Questions. An asterisk * indicates that the difference is statistically significant at 5 per cent or less.*

Source: Mitra and Yap (2021).¹⁸

Persistent gaps in income and wages between persons with and without disabilities contribute to higher poverty rates among persons with disabilities. Persons with disabilities have lower incomes and wages than persons without disabilities and households with persons with disabilities earn a lower income per capita than those without persons with disabilities (Figure 4). Income per capita in Nepal, South Africa and Vietnam is 40 to 72 per cent higher in households without persons with disabilities than those with. In Latin American countries, the average wage for persons without disabilities tends to be 7 to 29 per cent higher than for persons with disabilities. In Costa Rica and Peru, progress has been made in reducing this gap. In 2015, the wage of persons without disabilities was 40 per cent higher than that of persons with disabilities in Costa Rica and 33 per cent higher in Peru; in 2021, the wage was only about 20 per cent higher in both countries (Figure 5). Households with persons with disabilities may experience additional reductions in their income if a household member has to provide care for persons with disabilities and cannot participate in the labor market. They may also face increased barriers in receiving remittances from family members abroad (see Box 1).

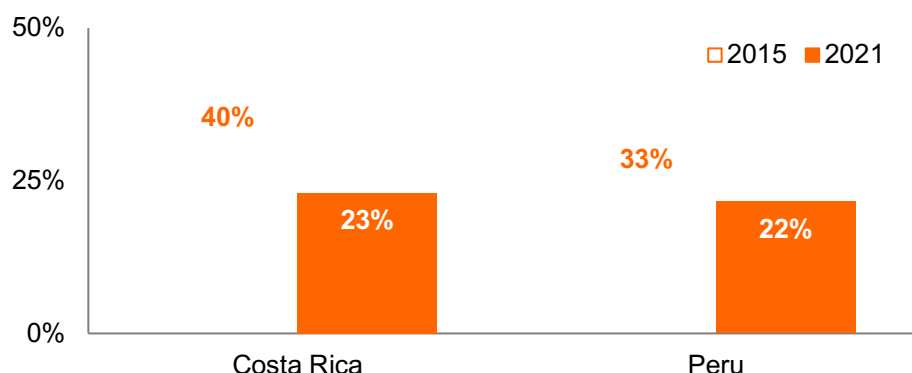
Figure 4. Income/wage gaps between persons without and with disabilities, in percentage, in 9 countries, in 2021 or latest year available.



Note: Data shows the ratio of the average wage of persons without disabilities aged 15 and over to the average wage of persons with disabilities aged 15 and over, showed in percentage; except for Nepal, South Africa and Vietnam for which data shows the ratio of the median income per capita of households without persons with disabilities to the median income per capita of households with persons with disabilities, showed in percentage. (WG) identifies data produced using the Washington Group Short Set of Questions.

Source: ECLAC,¹³ Banks et al. (2021)¹⁹ and South African General Household Survey 2016.

Figure 5. Progress in income/wage gaps between persons with and without disabilities, in percentage, in 2 countries, from 2015 to 2021.



Source: ECLAC.¹³

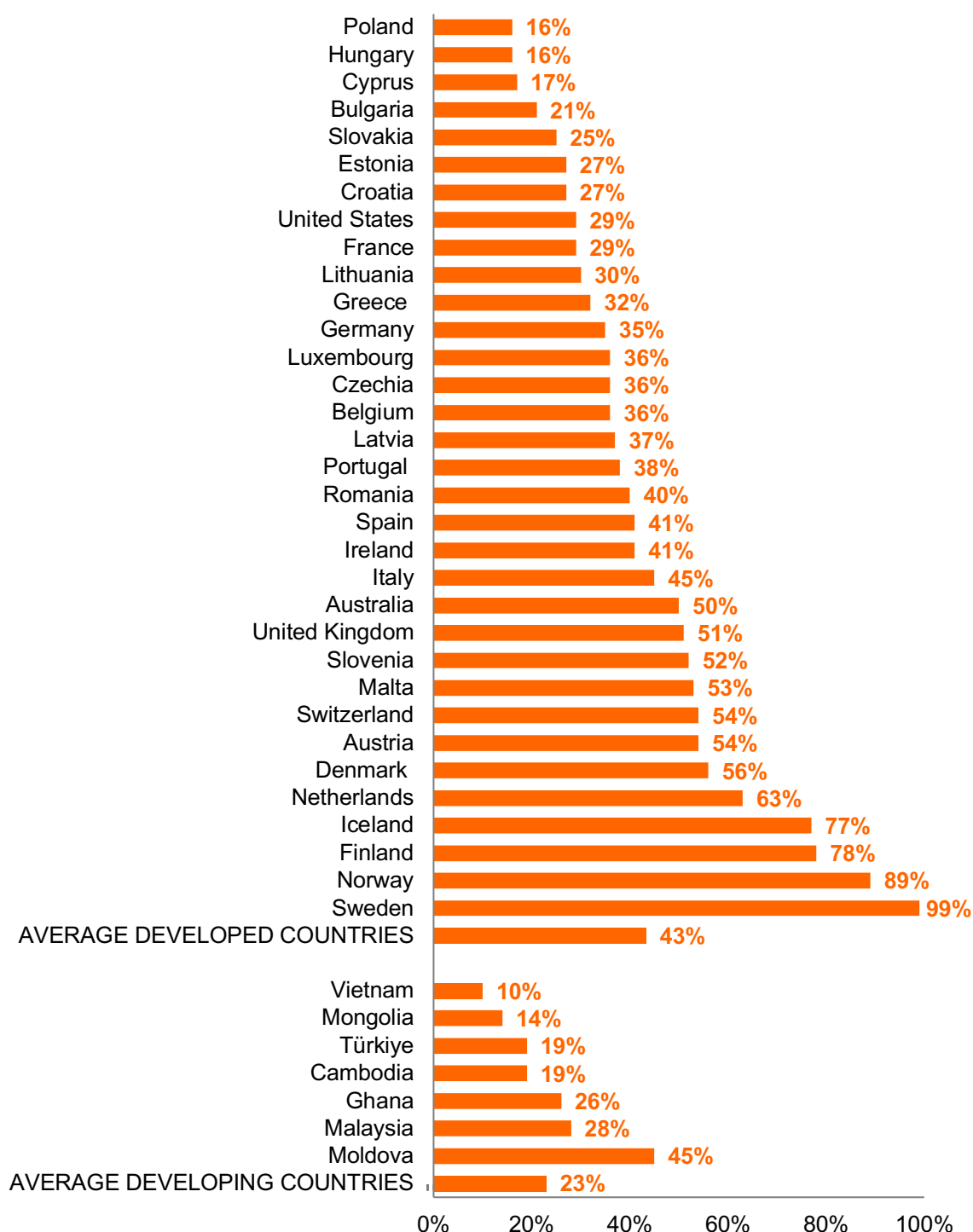
Extra costs associated with disability

Poverty for persons with disabilities can be aggravated because of disability-related extra costs. These costs are additional expenses that persons with disabilities require to achieve a similar level of participation and well-being compared to persons without disabilities. Common sources of extra costs include healthcare and transportation as well as rehabilitation, personal assistance and assistive technology. Such costs can be impoverishing, severely depleting household resources. Further, the inability to meet these costs can limit social participation, which in the long run can worsen poverty and the fulfilment of human rights. Extra costs are often substantial (Figure 6). Overall, among 40 countries, the average spending on these extra costs represents between 10 per cent (Vietnam) to 99 per cent (Sweden) of household income.

There are substantial differences among persons with disabilities, as the type and magnitude of extra costs varies by factors such as type and severity of disability, age, as well as individuals' environments and level of participation.²⁰ For example, in Vietnam, while spending on extra costs represent 10 per cent of household income on average, costs varied widely by type of disability (from 9 per cent for persons with self-care limitations to 29 per cent for persons with communication difficulties) and severity (costs are seven times higher for persons with severe disabilities compared to moderate disabilities).²¹

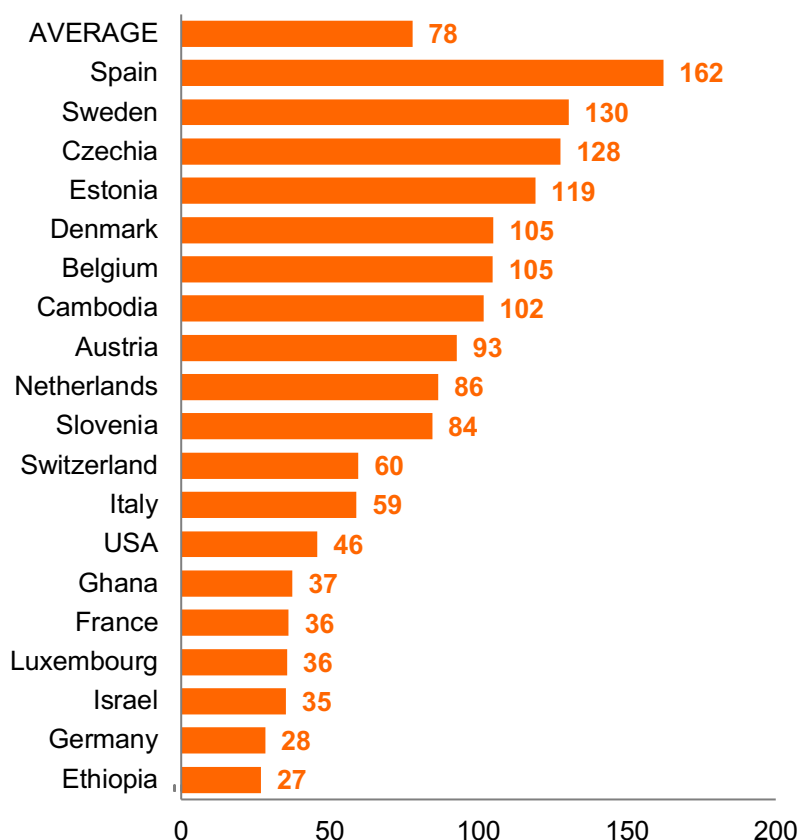
Most methods used for estimating extra costs only capture what people have spent rather than what they would require for full participation. Focusing on actual rather than required spending underestimates the true value of extra costs, as many persons with disabilities are unable to afford the complete range of goods and services they require. Additionally, certain items may not be widely available in some settings, or people may lack information about how to access them.²² Lower availability of required goods and services as well as lower capacity to pay may explain why estimates of spending on extra costs tend to be higher in developed countries than in developing countries (Figure 6).

Figure 6. Extra disability-related costs as a proportion of household income, in 40 countries, in 2018 or latest year available.



Source: Antón et al. (2016); İpek (2020); Ozdamar et al. (2020); Minh et al (2015); Touchet and Morciano (2019); Morris et al. (2020); Vu et al. (2020); Palmer et al. (2019); Carrar and Cumpa (2014); Asuman et al. (2021); Amin and Adros (2019).^{23,24}

Figure 7. Percent increase in income poverty among persons with disabilities, when extra costs related to disability are considered, in 19 countries, in 2018 or latest year available.



Note: Data for Ethiopia is based on health costs only.

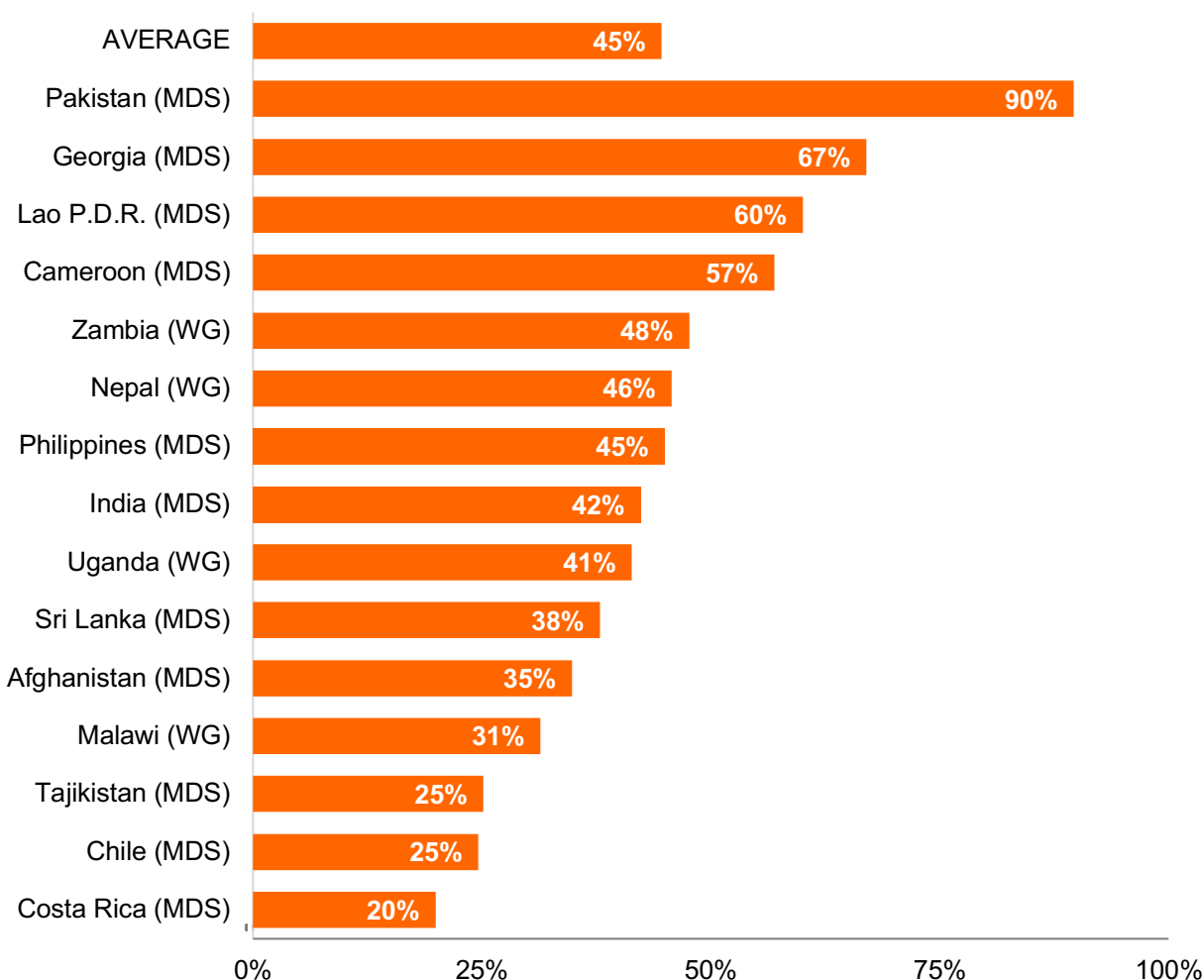
Source: Asuman et al. (2021); Palmer et al (2019); Morris et al (2020); Morris and Zaidi (2020); Hailemichael et al (2019).²⁵

Extra costs are rarely considered when measuring income poverty, as most poverty assessments, whether for producing national poverty measures or for identifying benefits under social protection programmes, assume persons with and without disabilities need to spend the same amount to meet their daily needs. Incorporating even modest estimates of extra costs can substantially increase the proportion of persons with disabilities living in income poverty. The percentage increase in income poverty headcount among persons with disabilities when raising the poverty line by the average amount spent on extra costs ranges from an increase of poverty rates by 27 per cent in Ethiopia to 162 per cent in Spain (Figure 7).

Knowing the amount and the causes of extra costs is key for policy and planning, including for social protection programmes.²⁶ For example, healthcare is a major source of extra costs. Healthcare and assistive technology costs are highly variable amongst individuals and can require high, but infrequent, spending (e.g., for a new assistive device). As such, social health protection (e.g. national health systems

or social health insurance) that covers disability-related health services may be suited for these costs. In Türkiye, the introduction of universal health care was estimated to have cut persons with disabilities' total spending on extra costs by more than half.²⁷

Figure 8. Percentage of persons with disabilities who consider banks, post offices and shops in their community hindering or not accessible, in 15 countries or areas, in 2021 or latest year available.



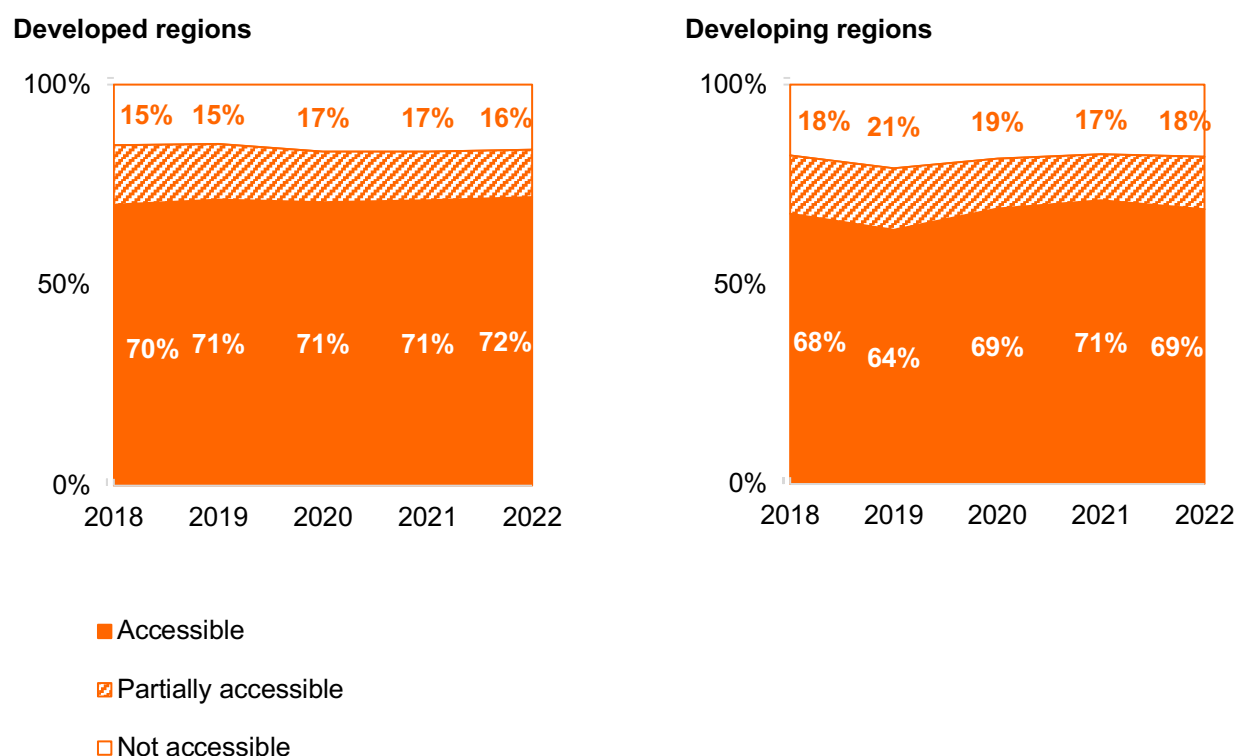
Note: Data for Malawi, Nepal, Uganda and Zambia refers to banks only. Data from Cameroon and Pakistan were collected in selected regions of these countries and are not nationally representative. (MDS) identifies data produced using the Model Disability Survey. (WG) identifies data produced using the Washington Group Short Set of Questions.

Source: UNDESA (on the basis of data from SINTEF⁹) and WHO (on the basis of data from the Model Disability Surveys).

Access to financial services

Access to financial services is a critical component of financial stability and can help people out of poverty. Without a bank account and access to financial services, individuals cannot access credit and may face higher costs for conducting financial transactions through alternative financial service providers. Such individuals find it more difficult to save money and plan financially for the future, leaving them more vulnerable to the impacts of medical or job emergencies that may endanger their financial stability. The lack of longer-term savings undermines their ability to improve skills, purchase a home, or pay for the education of themselves and their families.

Figure 9. Percentage of banks that are accessible for users of wheelchairs, in developed and developing regions, from 2018 to 2022.



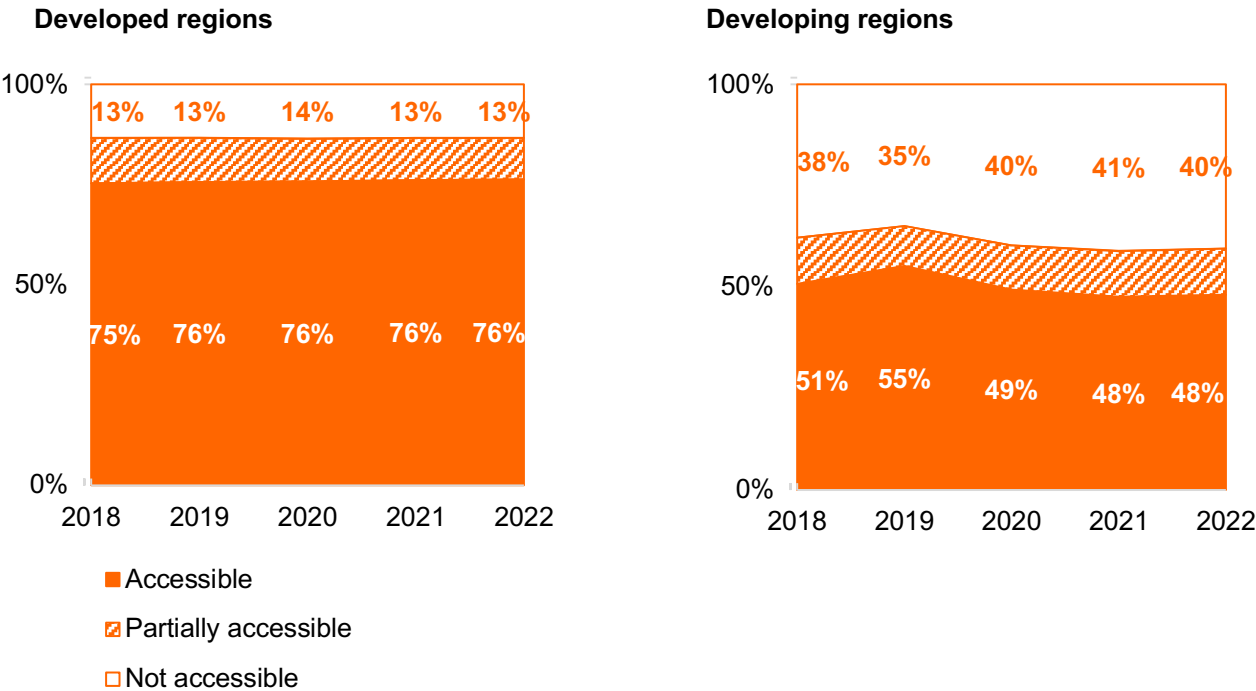
Source: UNDESA (on the basis of data from Sozialhelden¹⁰).

Financial services are not always accessible for persons with disabilities. Banks may not be physically accessible and online financial services may not be virtually accessible. In 15 countries or areas, between 20 and 90 per cent of persons with disabilities consider that the banks, post offices and shops in their communities are not accessible (Figure 8). In Nepal, Uganda and Zambia, more than 40 per cent of persons with disabilities consider banks not accessible. Crowdsourced data suggests that, in 2022, about a third of banks in both developed and developing regions were not accessible or only partially accessible

for wheelchair users, a percentage that has remained relatively constant since 2018 (Figure 9). ATMs tend to be considerably less accessible for wheelchair users in developing regions. As of 2022, about a quarter of ATMs in developed regions were not accessible or only partially accessible for wheelchair users, while about half of ATMs in developing regions were not accessible or only partially accessible for wheelchair users (Figure 10). These percentages have remained fairly constant since 2018.

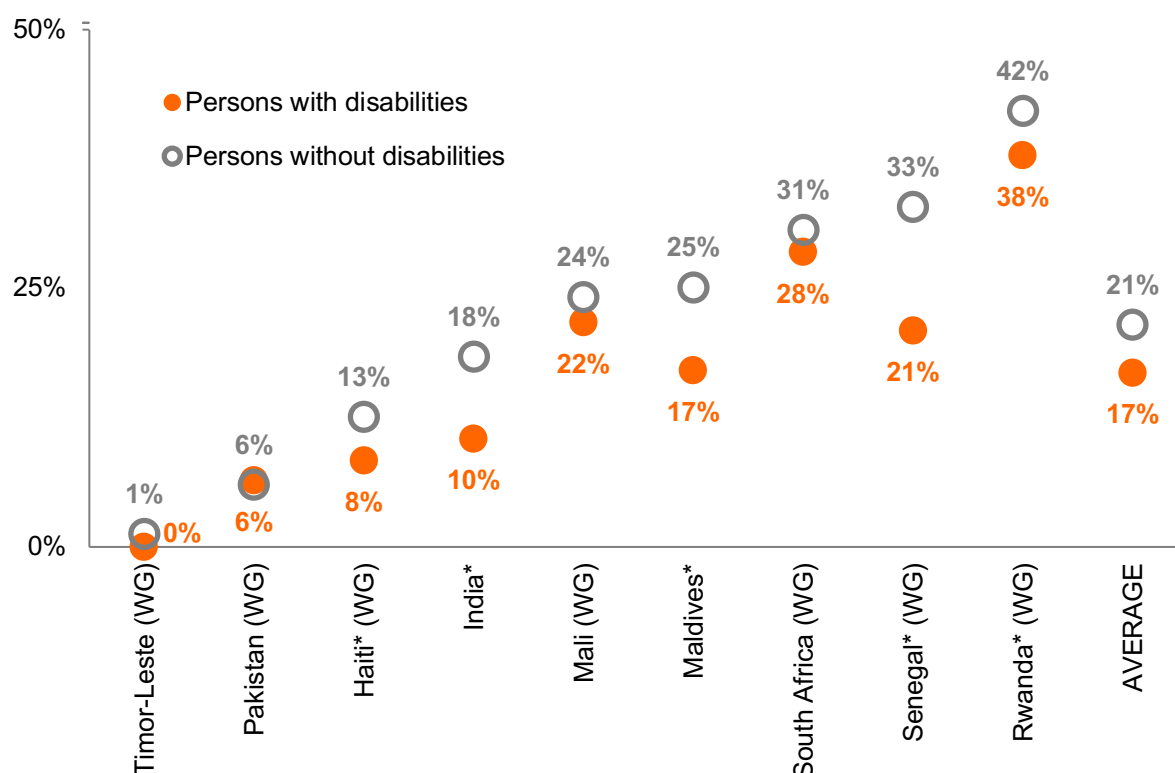
Online banking has become an essential tool for accessing financial services. Yet, many persons with disabilities face barriers in using these services. Among 9 countries, on average, 17 per cent of persons with disabilities versus 21 per cent of persons without disabilities conduct financial transactions with a mobile phone (Figure 11). This small gap of 4 percentage points masks wide variations across countries, with the largest gaps observed in India (18 percentage points), Senegal (12 percentage points) and the Maldives (8 percentage points).

Figure 10. Percentage of ATMs that are accessible for users of wheelchairs, in developed and developing regions, from 2018 to 2022.



Source: UNDESA (on the basis of data from Sozialhelden¹⁰).

Figure 11. Percentage of persons who use a mobile phone for financial transactions, by disability status, in 9 countries, in 2021 or latest year available.



Source: UNDESA (on the basis of data from DHS⁶).

Access to social protection

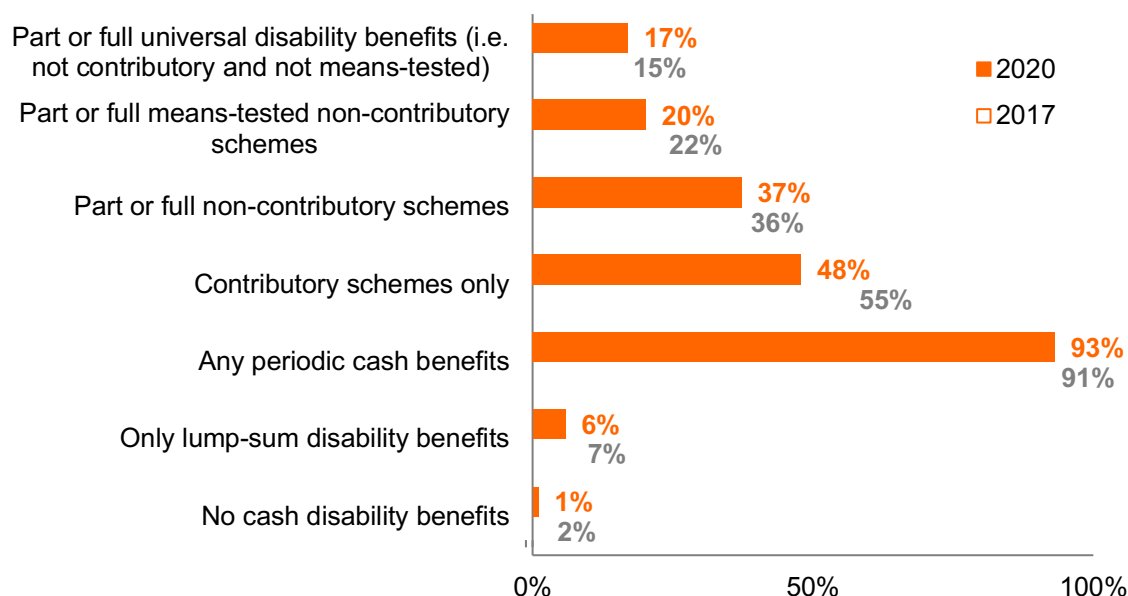
Considering the inequalities and greater vulnerabilities that persons with disabilities face, inclusive social protection is a critical element to strengthen the resilience, inclusion and participation of children, adolescents, working age adults and older persons with disabilities. Social protection systems, in particular disability targeted benefits, can support individuals and their families meet both their disability related extra costs as well as costs of common needs like shelter, food, health care, water and electricity. Globally, as of 2020, only 1 per cent of countries had no disability benefit programs, down from 2 per cent in 2017 (Figure 12). However, despite the fact that most countries have some kind of disability benefits, their coverage – in terms of percentage of persons with disabilities covered by the benefits - tends to be low: these benefits only covered 34 per cent of persons with severe disabilities worldwide (Figure 13).

Moreover, not all benefits offer the same security. Some benefits are only a one-time lump-sum benefit, while other offer periodic benefits: in 2020, 6 per cent of countries had only lump-sum disability benefits, reflecting a 1 percentage point decrease from 2017 to 2020 (Figure 12). As of 2020, 93 per cent of

countries had schemes that provided periodic cash benefits for persons with disabilities, up from 91 per cent in 2017 (Figure 12).

One factor that limits the coverage of disability benefits is the limitation of these benefits to contributory schemes only. Contributory schemes provide income security for persons working or who have worked in the formal sector (and who have therefore contributed or are contributing to social protection), but they are of limited support to those who have never contributed, such as children with disabilities and most persons with disabilities in many developing countries who are more likely to be working in the informal economy or unemployed (see chapter on Goal 8). In 2020, about half of the countries, 48 per cent, had contributory schemes – a decrease since 2017, when 54 per cent of countries had contributory schemes.

Figure 12. Percentage of countries with cash disability benefits programmes anchored in national legislation, by type of programme and benefit, in 2017 and 2020.



Note: 2017 data is based on 186 countries; 2020 values are based on 188 countries.

Source: The 2017 data was provided by ILO for this Report; for the 2020 data: ILO (2021).²⁸

Non-contributory schemes tend to have wider coverage, as they are not limited to those who have worked in the formal sector and contributed for a number of years. As of 2020, only 37 per cent of countries provided non-contributory benefits, a small increase from 36 per cent in 2017. But many non-contributory benefits targeting persons with disabilities are means-tested, i.e., they protect only persons or households whose economic means fall below a certain threshold: 20 per cent of countries in 2020 had such a scheme, down from 22 per cent in 2017. Often, means testing eligibility thresholds do not consider disability-related extra costs and therefore are insufficient to address the inequalities experienced by

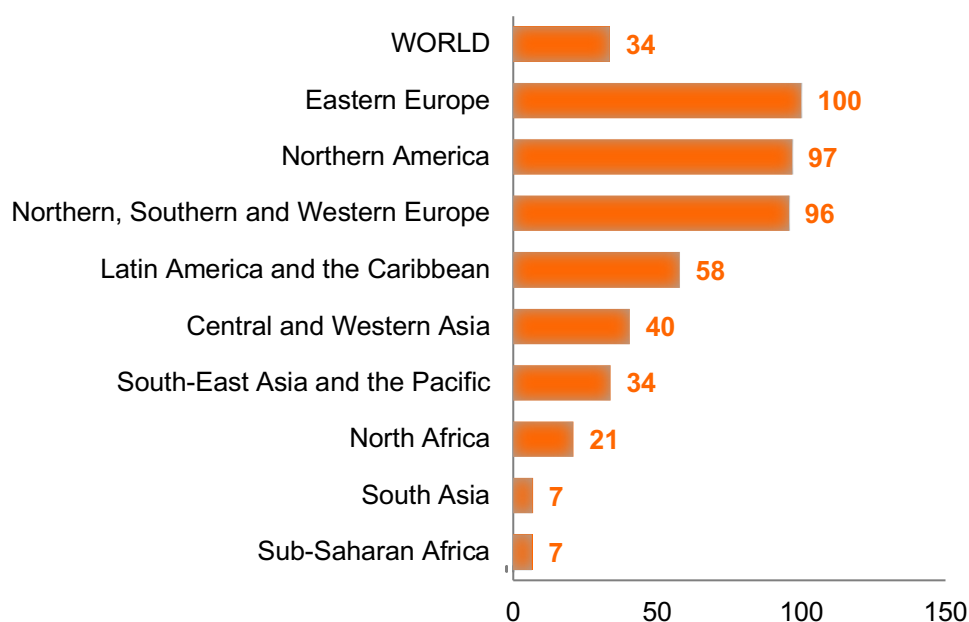
persons with disabilities. In 2020, only 17 per cent of countries provided universal disability benefits, i.e., non-contributory and not means-tested schemes, up from 15 per cent in 2017.

In addition, many disability benefit programmes have narrow eligibility criteria, framed mostly by limitation of earning capacity and incapacity to work and leaving out persons with disabilities who work but would still need social protection to address the challenges and barriers they face, including disability related costs such as cost to obtain and maintain assistive technology and cost of specialized services.

Particularly, in developing countries, social protection systems rarely account for the cumulative impact of barriers to earn income and the diversity of disability related costs across the life cycle. A sole focus on incapacity to work, in social protection programmes, misses completely the disability related costs to seek and keep work as well as the support needs of children and older persons with disabilities.

Beyond these issues, access to social protection is further limited by the extensive challenges faced by countries to develop accessible, comprehensive and reliable disability assessment mechanisms, which would enable effective identification of persons with disabilities who need support, effective management of their case and policy planning. Moreover, even when benefits are available, persons with disabilities may not be able to access them because of various barriers including non-accessible applications processes and lack of training of social protection officers. Other common barriers in accessing social protection schemes, such as distance to registration and payment points, administrative complexity and inaccessibility of information, are magnified for persons with disabilities and their families.^{29,30}

Figure 13. Percentage of persons with severe disabilities receiving cash benefits, worldwide and by region, 2020 or latest year available.

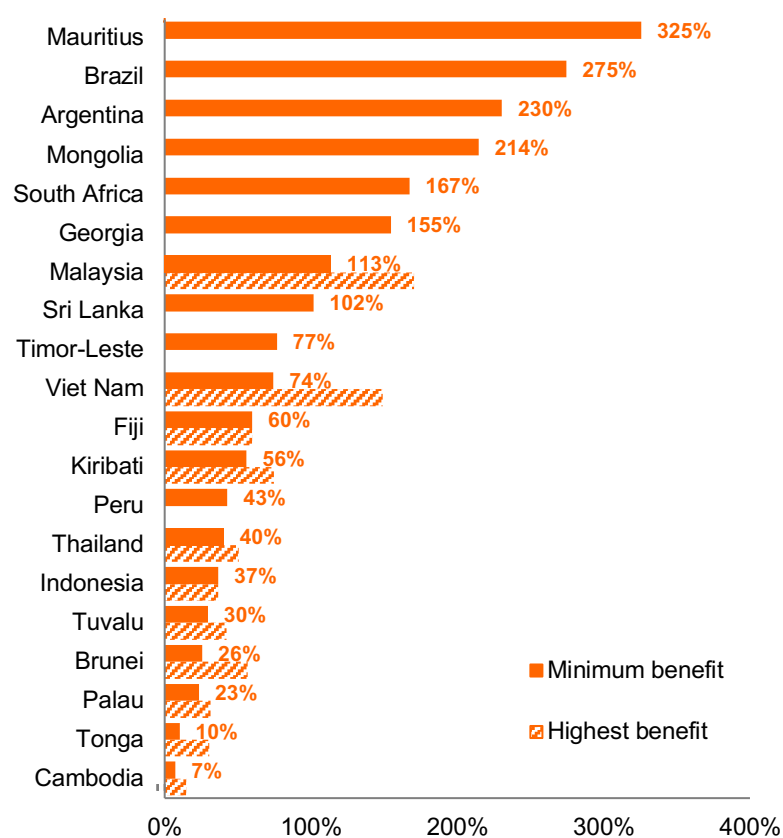


Source: ILO (2022).³¹

Globally, in 2020, only 34 per cent of persons with severe disabilities received any disability related cash benefits (Figure 13), up from 27 per cent in 2016.³² There were significant regional differences: countries in Africa and South Asia had the lowest coverage, while Europe and the Americas had the highest. These differences relate to economic development and the level of maturity of social protection systems. Overall, on average, countries spend 1.5 per cent of their GDP on social programmes for persons with disabilities (see chapter on targets 16.6 and 16.7).

Adequacy of support is also critical to combat poverty and enable inclusion of persons with disabilities. The value of non-contributory benefits in many developing countries does not reach the internationally poverty line (Figure 14).

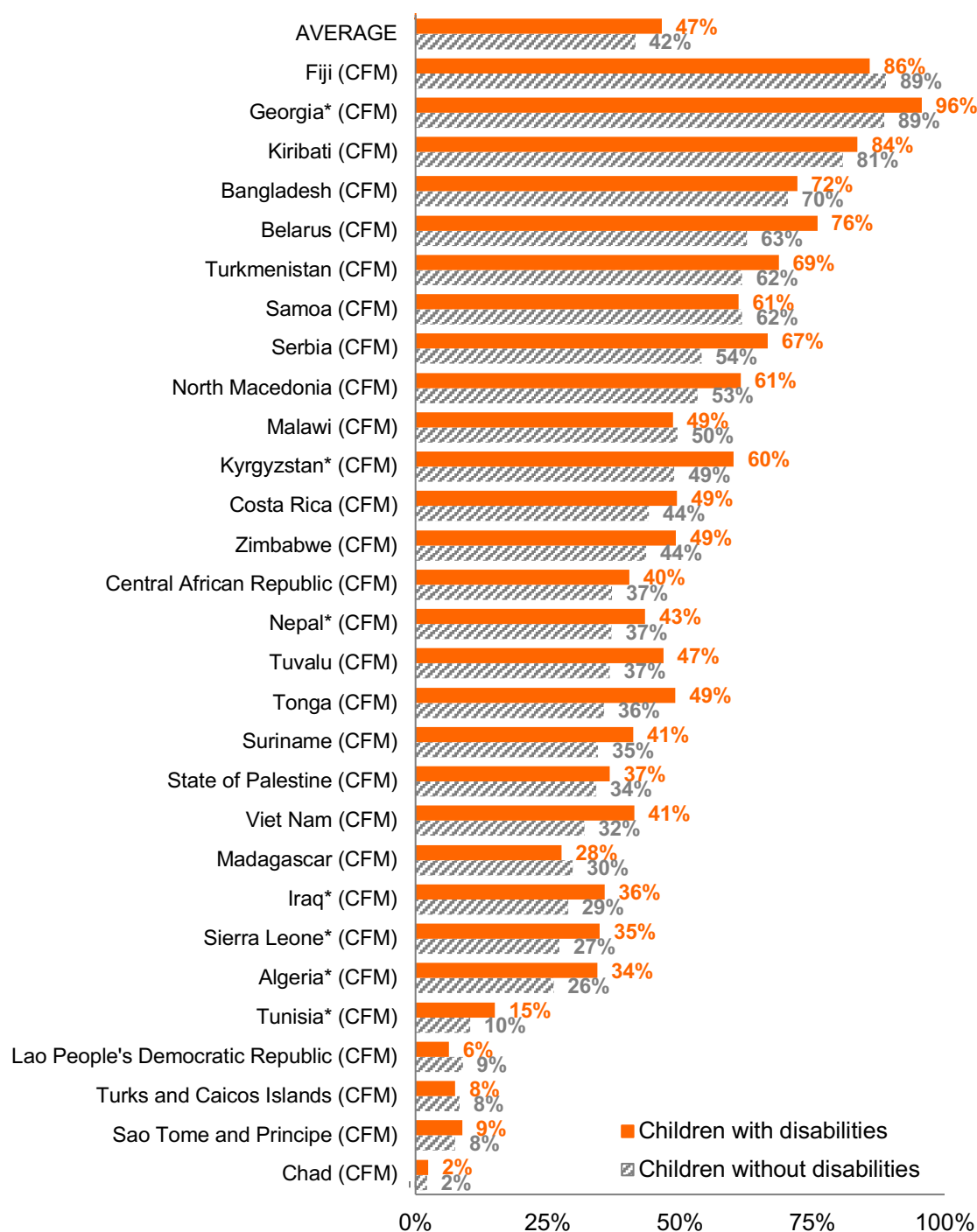
Figure 14. Value of the main disability benefit as a percentage of the relevant international poverty lines, in 20 countries, in 2022 or latest year available.



Note: The poverty lines included are PPP\$2.15 (for low income countries), PPP\$ 3.65 per day (for lower-middle income countries) and PPP\$ 6.85 per day (for upper-middle income countries), based on 2017 PPPs.

Source: UNICEF (2023).³³

Figure 15. Percentage of children aged 2 to 17 years living in a household that received any type of social transfers and benefits in the last three months, by disability status, in 29 countries, in 2021 or latest year available.



*Note: (CFM) identifies data produced using the Child Functioning Module. An asterisk * indicates that the difference is statistically significant at 5 per cent or less.*

Source: UNICEF (on the basis of data from MICS).

Children with disabilities also face higher costs related to disability, including costs of specialized services, assistive devices and accessible transportation. For example, in the Philippines, in 2021, on average, a child with disabilities required an expenditure 40 to 80 per cent higher than a child without disabilities.³⁴ Despite these higher costs, among 29 countries, children with disabilities are only slightly more likely than children without disabilities to live in households accessing any kind of social protection benefits, 47 versus 42 per cent (Figure 15).

Impact of the COVID-19 pandemic

Many persons with disabilities lost income and benefits as a result of the COVID-19 pandemic. Persons with disabilities were often disproportionately affected by job losses and reduced earnings during periods of lockdowns and other restrictions, as they were more likely to work in the informal sector in jobs without security and which relied on face-to-face interactions (see chapter on Goal 8). In a study in 37 countries worldwide, conducted in 2020, a total of 83 per cent of parents/caregivers with disabilities had lost more than half of their income since the start of the COVID-19 pandemic, compared to 66 per cent of those without disabilities.¹⁶ Similarly, in Vietnam, persons with disabilities were 20 per cent more likely to report their household income had decreased during the pandemic, compared to persons without disabilities.³⁵

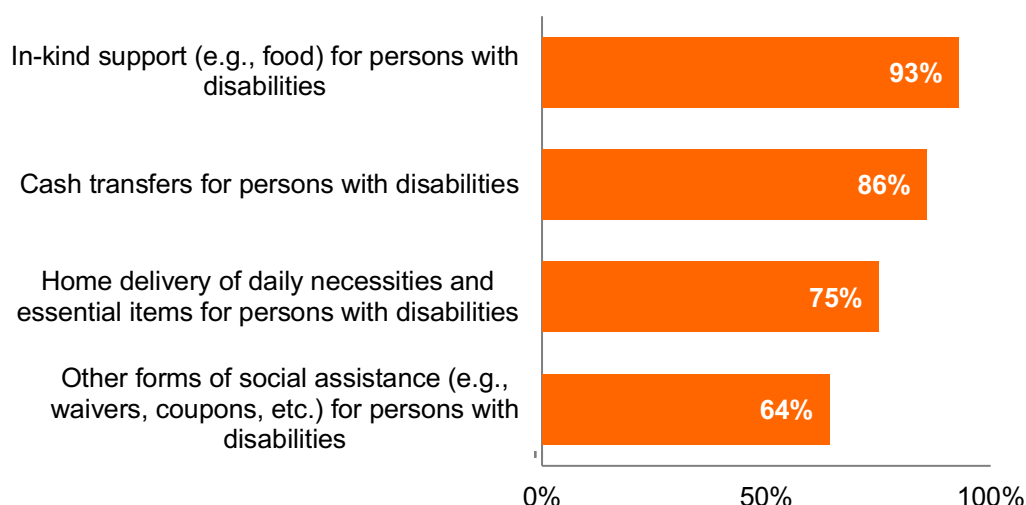
In addition, a large proportion of households with persons with disabilities lost their usual cash transfers or remittance flows after the start of the COVID-19 pandemic, including those from government, friends or family. For example, in 2020, 49 per cent of parents/caregivers with disabilities from households that had received government benefits/social safety nets before the COVID-19 pandemic reported the household had lost them since the start of the pandemic, compared to 31 per cent of parents/caregivers without disabilities.¹⁶ Many persons with disabilities have additional costs associated with disability, and may have been put in a higher financial distress when earnings and benefits were cut, leading to reduced access to basic services as well as disability-related services and pushing persons with disabilities into financial instability or poverty.

Rising inflation since the start of the COVID-19 pandemic has also disproportionately impacted persons with disabilities due to pre-existing higher levels of poverty, increased socioeconomic impact of the pandemic (e.g. job losses) and the need to also cover disability-related extra costs. Cost and availability of assistive products and services have been affected, leading to increasing unmet needs.³⁶ For example, in the Maldives, inflation was 8 per cent for assistive products and 9 per cent for medicines in the first quarter of 2022, compared to a national inflation rate of 0.6 per cent.³⁷

Several countries were able to put in place a variety of measures to support persons with disabilities during the pandemic, including home delivery of daily necessities and essential items as well as in-kind and cash support. For instance, in Asia and the Pacific, in-kind support like provision of food to persons with disabilities was the most common measure (93 per cent of countries/territories), followed by cash

transfers (86 per cent), home delivery of daily necessity and essential items (75 per cent) and others forms of social assistance such as waivers and coupons (64 per cent) – see Figure 16.

Figure 16. Percentage of countries/territories that had social protection measures in place for persons with disabilities during the COVID-19 pandemic, by type of measure, in Asia and the Pacific, as of 2022.



Note: All data is based on 28 countries/territories; except data on 'other forms of social assistance' which is based on 25 countries/territories.

Source: ESCAP.¹⁴

However, many countries were not able to provide targeted additional support to persons with disabilities and their families during the COVID-19 crisis. Only 44 per cent of countries that announced COVID-19 social protection relief measures targeted or mentioned person with disabilities in these measures.³⁸ The most common response was increase in the amount of cash benefits. It has proven very challenging for countries to rapidly expand the number of beneficiaries, pointing to the challenges of disability assessment in general and even more so in times of crisis. This demonstrates the importance of universal disability allowances and the need to have national disability registries and/or inclusive social protection information systems in place, especially in times of crisis.

Summary of findings and the way forward

Persons with disabilities are more likely to be economically insecure and to experience poverty in all its forms. In almost all countries for which data is available, the percentage of persons experiencing multidimensional poverty is higher for persons with disabilities than for persons without disabilities -- in some countries that percentage is more than double among persons with disabilities. Reducing by half the percentage of persons with disabilities experiencing poverty in all its forms, by 2030, as called for in

target 1.2, will require a rate of progress at least 1.3 times faster for persons with disabilities than for persons without disabilities.

Persons with disabilities tend to earn lower wages and to face additional costs related to disability, putting them at higher risk of poverty. Moreover, persons with disabilities face challenges in accessing financial services which are crucial for financial stability. An illustrative example is the lack of accessible banks and ATMs: a quarter of banks worldwide, a quarter of ATMs in developed regions and half the ATMs in developing regions remain inaccessible for persons with disabilities. To make all banks accessible by 2030, banks in developed regions need to be made increasingly accessible at a rate 6 times faster than current rates and in developing regions 3 times faster. ATMs in developed regions need to be made accessible at a rate 8 times faster than current rates. The accessibility of ATMs in developing regions is stagnant and needs major action to move into a steady increase of accessible ATMs: the percentage of accessible ATMs in developing regions should increase at a rate of at least 6 per cent a year to make all ATMs accessible for all by 2030.

The COVID-19 pandemic has led to losses of income and benefits for many persons with disabilities and the rising inflation has led to increased costs in basic goods and services as well as in disability-related goods and services, including rising costs in assistive technology. The combination of these trends put many persons with disabilities at higher risk of poverty. Yet, many countries struggled with providing support for persons with disabilities: less than half of the countries with COVID-19 social protection measures included targeted provisions to support persons with disabilities.

Countries with strong and inclusive social protection systems are better positioned to provide support to persons with disabilities, in regular circumstances and in times of crisis, but such systems are still lacking in many countries. In 2020, only 17 per cent of countries provided universal disability benefits and in many countries the benefits were not sufficient to take people out of poverty or to cover disability related costs. Progress in implementing universal disability benefits, that cover all persons with disabilities, has been slow, with a mere 2 percentage points increase in the percentage of countries providing these benefits from 2017 to 2020. Implementing these schemes in all countries by 2030 will require that the rate of progress accelerates to at least 10 times faster than rates of progress observed so far.

Globally, in 2020, 34 per cent of persons with severe disabilities received cash benefits up from 27 per cent in 2016. At this rate of progress, about half the persons with severe disabilities are expected to not have access to these benefits by 2030. Providing this access to all persons with severe disabilities by 2030 would require an expansion of coverage 3 times faster than current rates of progress.

Data on poverty among persons with disabilities is still lacking in most countries, particularly data on extreme poverty rates disaggregated by disability (SDG indicator 1.1.1) as well as comparable data over time for all Goal 1 indicators.

To eradicate poverty among persons with disabilities and address the persistent gaps in coverage and adequacy in social protection for persons with disabilities, the following key actions are recommended:

1. Regularly collect data to enable disaggregation of income poverty and multidimensional poverty by disability status, type of disability, age of onset of disability, sex and urban versus rural settings. A comprehensive analysis on income and multidimensional poverty is imperative to inform national policies concerning poverty eradication for persons with disabilities. Such an assessment of income and multidimensional poverty requires the consistent collection of data on disability status in national surveys and censuses that collect data for assessing poverty rates. This is particularly important since the emergence of the COVID-19 crisis to determine the impact of the pandemic on persons with disabilities. In addition, adjusting poverty lines by extra costs can provide a more realistic determination of poverty amongst persons with disabilities.

2. Conduct research to better understand extra costs associated with disability; and evaluate the impact of public policies, including social protection schemes, on extra costs associated with disability and on the financial well-being of persons with disabilities. Identify sources and measure the magnitudes of extra costs amongst persons with disabilities and in different settings (e.g. by type of disability and severity, gender and area of residence) and assess the extent to which they affect the financial well-being of persons with disabilities. Evaluate the impact of programmes and policies on out-of-pocket household spending on extra costs, on access to basic goods and services and on unmet needs for required disability-related goods and services.

3. Ensure that disability inclusion is mainstreamed in all national poverty reduction strategies, programmes and actions. Including disability in national poverty reduction strategies, programmes and actions is essential to ensure that persons with disabilities are not left behind in the fight against poverty. National poverty reduction strategies, programmes and actions should address accessibility of infrastructure and services and include provisions to eliminate discrimination and stigma against persons with disabilities as they are key to provide equal opportunities to persons with disabilities and lift them out of poverty. Persons with disabilities may require targeted support to overcome the barriers they face in their daily lives, such as targeted financial assistance, vocational training or healthcare subsidies.

4. Develop a national disability registry and management information system based on an accessible, comprehensive and reliable individual disability (and needs) assessment to facilitate targeting of individual social protection for persons with disabilities, case management and policy planning. Build a disability assessment mechanism adapted to available human resources and service infrastructure at local level to ensure the greatest access possible across the country. Enhance interoperability with social protection information systems to facilitate case management. Engage with representative organizations of persons with disabilities to make registries relevant for users with disabilities and to promote registration.

5. Develop a flexible combination of mainstream and disability specific cash transfers, concessions/ subsidies and support services to be responsive to the diversity of needs of all persons with disabilities, across the life cycle. Progressively expand disability support towards universal coverage, i.e. access to social protection programs and services by all persons with disabilities. Progressively ensure compatibility between disability allowance and other social protection benefits such as household social assistance, child benefit, old age pension as well as with paid work. Ensure that the design of social protection schemes fosters inclusion, greater participation and autonomy of persons with disabilities and supports disability-related costs.

6. Address extra costs and their consequences in social protection policies and programmes.

Means-tested social protection programmes can adjust poverty thresholds and entitlement levels for persons with disabilities by considering extra costs. Adjusting poverty lines in this way can provide a more accurate determination of poverty among persons with disabilities for eligibility for poverty-targeted social protection programmes. Additional programmes can offer cash or in-kind provision of required goods and services. Social health protection programmes can include adequate coverage of disability-related health services and products (e.g. assistive devices and rehabilitation), while subsidies for transportation or schemes for personal assistance can improve their affordability. Make overarching policies and environments disability-inclusive, such as in education, health and employment, infrastructure and communication, to reduce barriers that drive extra costs.

7. Ensure accessibility across the social protection delivery chain. This should include accessibility in communications, facilities, outreach, payment system, grievance and redressal mechanisms and monitoring and evaluation to ensure persons with disabilities do not encounter barriers in access to social protection.

8. Ensure meaningful participation of persons with disabilities and their representative organizations in the design and implementation of national poverty reduction strategies and programmes as well as social protection policies and programs. Such engagement is critical to ensure ownership of reforms and adequate attention to the inclusion requirements of persons with disabilities in both routine programs and in response to crises.

9. Invest in the development of community care and support services for persons with disabilities. Community-based rehabilitation (CBR) programmes, known to promote the inclusion of persons with disabilities, should be promoted and supported. The establishment and continuation of CBR programmes can facilitate the inclusion and wellbeing of persons with disabilities and their families. Invest in better integration of support services in early childhood development, education and economic empowerment.

10. Improve collection and analysis of data for inclusive social protection. Include questions to identify persons with disabilities, using internationally recognized methods, in relevant data collections including routine social protection surveys, management information systems, population censuses as well as household income and expenditures and labor force surveys to: (i) facilitate monitoring of socio-

economic inequalities faced by persons with disabilities in general and among users and non-users of the social protection system; and (ii) assess the scope and level of disability related costs faced by the diversity of persons with disabilities and their families across the life cycle to inform design and development of inclusive social protection schemes.