



# Zero Project

An Analysis of Innovative Public Policies

# Model Policy Report

**Supporting the Sustainable Development Goals  
and the UN Convention of the Rights of Persons with  
Disabilities with Model Policies**

**Canada:** The Accessible Canada Act

**Chile:** The National Plan for Universal Accessibility

**Ireland:** The Assisted Decision-Making (Capacity) Act

**Israel:** Equal Rights Improvement

**Poland:** The Accessibility Act

**Singapore:** The Compulsory Education Act

**ITU and WHO:** Global Standard on Accessibility of Telehealth Services

**WHO:** European Framework for Quality Health Services

**European Union:** The European Accessibility Act

---

This Report is based on the Zero Project Policy Maker Forum at the Zero Project Conference 2023, and was developed jointly with the respective countries, United Nations agencies, and the European Union.

Accessible PDF



# Content

## INTRODUCTION

The Power of Model Policies .....	1
Worldmap of Model Policies .....	2
Policy coherence as a key to the successful implementation of the UN CRPD .....	4
The Policy Maker Forum at the Zero Project Conference .....	6
About the Zero Project .....	8

## MODEL POLICIES BY COUNTRIES

The Accessible Canada Act .....	10
The National Plan for Universal Accessibility of Chile .....	14
The Assisted Decision-Making (Capacity) Act 2015 of Ireland .....	18
Amendment 23 to the Equal Rights for Persons with Disabilities Law in Israel .....	22
Accessibility Act of Poland .....	26
Extension of the Compulsory Education framework to include children with disabilities of Singapore .....	30

## MODEL POLICIES BY INTERNATIONAL ORGANIZATIONS

European Accessibility Act .....	34
WHO-ITU Global Standard for Accessibility of Telehealth Services .....	38
The WHO European Framework for action to achieve the highest attainable standard of health for persons with disabilities 2022–2030 .....	42

## ANNEX

Analysis: Public policies supporting persons with disabilities .....	46
Sources and further reading .....	48

### Credits

#### Authors of this Model Policy Report:

**Michael Fembek** is a Member of the Board of the Essl Foundation and CEO of the Zero Project, in charge of strategic development and global communications. He has a background in business journalism and philanthropy in Austria.

**Friedrich Ruhm Perdomo** is a freelance journalist and member of the editorial team of GEWINN, the major business magazine in Austria. His journalistic focus is on business, innovation, inclusion, and sustainability.

This publication was developed with contributions from: Christoph Almasy (design); John Tessitore (editing).

**Disclaimers:** The views expressed in this publication do not necessarily reflect the views of the Essl Foundation or the Zero Project. The designations employed and the presentation of the material do not imply the expression of any opinion whatsoever on the part of the Essl Foundation or the Zero Project concerning the legal status of any country, territory, city, or area, or of its authorities, or concerning the delineation of its frontiers or boundaries.

Photos have been provided with consent for dissemination by the respective organizations and in accordance with the Zero Project privacy policy.

For information or copies, contact:  
office@zeroproject.org  
Essl Foundation, c/o Haus der Philanthropie,  
Schottenring 16, 1010 Vienna, Austria

© Essl Foundation, June 2023. All rights reserved.

# The Power of Model Policies

## ABOUT THIS REPORT

Since its inception in 2013, the Zero Project has researched, selected, and described hundreds of model policies (referred to as Innovative Policies), and over 100 government representatives have presented them at the annual Zero Project Conference.

With this publication, the Zero Project takes its approach a step further. We have leveraged our networks to select a small group of national model policies, encompassing various topics, with a particular emphasis on accessibility. The choice of model policies was not based on being “the best” (as determining that would be subjective), but rather on their clear goals and approaches. Additionally, countries with similar geographies, cultural backgrounds, and income levels can readily adapt and utilize these policies. In addition to the national model policies, three more were selected: two from United Nations agencies and one from the European Union.

The model policies were initially presented at a forum during the Zero Project Conference in February 2023, which took place at United Nations Headquarters in Vienna. Subsequently, the Zero Project produced and published this report in June 2023, which is now available for download on [zeroproject.org](https://zeroproject.org). In the same month the Model Policy Report was presented at a Side Event during the Conference of State Parties (COSP16) at UN Headquarters in New York, co-presented by several representatives associated with these policies.

Drawing from the insights and feedback gathered from the Zero Project network, this approach will be continuously developed and enhanced in the future. The ultimate objective is to foster greater inclusivity and accessibility in public policies for individuals with disabilities by utilizing these model policies and facilitating knowledge sharing and mutual learning among stakeholders.

# Worldmap of the Model Policies

Where the Model Policies are located: Canada, Chile, Ireland, Poland, Israel, Singapore, the European Union, and transnational models introduced by WHO Europe and by WHO and ITU.

## The Accessible Canada Act

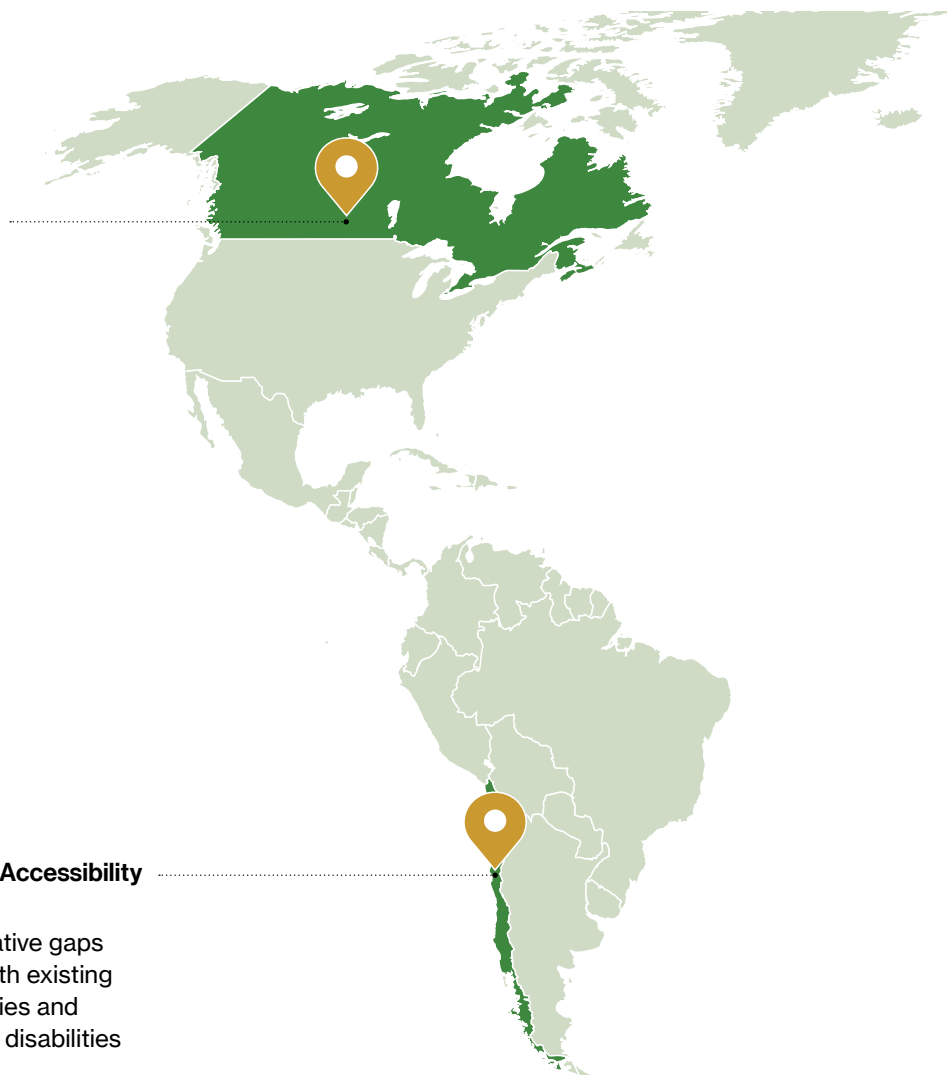
### Canada

The Canadian federal law sets comprehensive accessibility standards for the first time and drives the implementation of measures to reduce barriers in various areas of daily life.

## The National Plan for Universal Accessibility

### Chile

The National Plan closes legislative gaps and a backlog in compliance with existing regulations on equal opportunities and social inclusion of persons with disabilities in Chile.



### ABOUT THE ITU, THE WHO, AND WHO EUROPE

The World Health Organization (WHO) is a specialized agency of the United Nations responsible for international public health. It was established on 7 April 1948, and its headquarters is located in Geneva, Switzerland. The WHO has six regional offices and 150 field offices worldwide. ([who.int](http://who.int))

The International Telecommunication Union (ITU) is a specialized agency of the United Nations responsible for issues related to information and communication technologies (ICTs). It was established in 1865, making it one of the first international organizations. The ITU is headquartered in Geneva, Switzerland. ([itu.int](http://itu.int))

### Assisted Decision-Making (Capacity) Act

#### Ireland

The Irish law introduces a more inclusive and empowering approach to supporting people with limited decision-making capacity in making decisions.

### The Accessibility Act

#### Poland

The Polish law creates a general legal basis for the rights of persons with disabilities in Poland, which have so far been insufficiently guaranteed and implemented.

### Amendment 23 to the Equal Rights for Persons with Disabilities Law

#### Israel

The amendment aims to improve equal rights for persons with disabilities in Israel by introducing new and stricter administrative measures.



### Extension of the Compulsory Education Act

#### Singapore

The Extension of the Compulsory Education framework extends Singapore's compulsory education law to children with disabilities.

## TRANSNATIONAL POLICIES



### European Accessibility Act

#### European Union

The law of the European Union creates the basis for EU-wide harmonized accessibility requirements for products and services.



### WHO European Framework for Action on Achieving the Highest Possible Standard of Health for Persons with Disabilities

#### WHO Regional Office for Europe

The WHO European Framework for Action aims to provide people with disabilities with improved access to quality health services.



### Global Standard on Accessibility of Telehealth Services

#### WHO and ITU

The Standard on Accessibility of Telehealth Services provides a framework for making telehealth services accessible to people with disabilities.

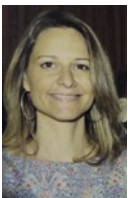
# Policy coherence as a key to the successful implementation of the UN CRPD

FOREWORD BY JOELSON DIAS AND ANA LUÍSA JUNQUEIRA



Joelson  
Dias

The successful implementation of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) goes beyond its mere ratification by UN Member States. Policy coherence, which involves aligning and coordinating policies across various sectors and levels of governance, plays a crucial role in ensuring the effective realization of disability rights. By fostering consistency, integration, and cooperation among different policy areas (such as political participation, education, and employment), policy coherence acts as a key mechanism for promoting inclusivity, equal opportunities, and the full participation of this social segment in all aspects of society.



Ana Luísa  
Junqueira

When states ratify international treaties and conventions, they commit to aligning their laws, policies, and practices with the established standards. This commitment serves as a catalyst for policy coherence efforts, compelling states to review and adjust their existing legislation and governmental frameworks to ensure compliance with treaty obligations. Additionally, ratification creates a platform for dialogue and collaboration among states, facilitating the exchange of knowledge and experiences, and enabling states to identify areas where further efforts are needed.

In the context of the UNCRPD, policy coherence is essential for its effective implementation. It requires aligning and integrating various policies across sectors – economic, social, cultural, and political – to ensure they work together towards the inclusion of persons with disability. This approach is closely linked to intersectionality, which acknowledges that people with disabilities can face multiple forms of marginalization and discrimination based on intersecting factors such as gender, race, ethnicity, and socio-economic status. Also, by prioritizing policy coherence, many conflicts, contradictions, and gaps within disability-related policies can be avoided, fostering a comprehensive and coordinated approach to promoting rights.

The 2030 Agenda for Sustainable Development, specifically Goal 17, recognizes the need to “strengthen the means of implementation and revitalize the global partnership for sustainable development.” It includes “Institutional and Policy Coherence” as an integral part of the Means of Implementation. The agenda also includes a cross-cutting target to “enhance policy coherence for sustainable development,”

which applies to the entire framework of the Sustainable Development Goals (SDGs). This module provides guidance to governments and stakeholders on improving policy and institutional coherence, as well as integrated approaches to policy-making for the pursuit of sustainable development goals. It is important to highlight that disability is referenced in various parts of the SDGs, particularly in areas related to education, growth and employment, inequality, accessibility of human settlements, as well as data collection and monitoring of the SDGs.

The European Union has adopted a comprehensive approach to disability rights through its European Disability Strategy. This document emphasizes the importance of coordination among EU Member States and coherence in accessibility policies, as well as alignment with other relevant EU legislation, to promote accessibility, equal opportunities, and non-discrimination for persons with disability.

Moreover, policy coherence depends on strong leadership and explicit commitment at the highest political level. These factors are crucial in guiding policy development within line ministries and translating commitments into tangible and measurable actions at the local, regional, national, and international levels. Political leadership at the highest level is also vital for maintaining a delicate balance among complex political, social, and economic factors when adopting cross-sectoral recovery measures, while ensuring the fulfillment of domestic priorities and international obligations, particularly regarding the UNCRPD.

In this regard, empowering civil society organizations to develop political leaders is essential for the effective implementation of the UNCRPD through coherent policies. By fostering the growth of leaders within these organizations, we create a platform for their active participation and advocacy in shaping coherent policies that address the specific needs and concerns of persons with disabilities.

**Joelson Dias** is partner at Barbosa e Dias Advogados Law Firm in Brazil; Member of the National Commission for the Rights of Persons with Disabilities (OAB), Brazil.

**Ana Luísa Junqueira** is a lawyer at Barbosa e Dias Advogados Law Firm, Brazil.

# How the Zero Project uses Model Policies to connect SDGs and CRPD

FOREWORD BY MICHAEL FEMBEK AND ROBIN TIM WEIS, ESSL FOUNDATION



Michael Fembek

This publication by the Zero Project Policymaker Forum acknowledges the critical need for sharing inclusive and replicable public policies (regulations, laws, etc.) that benefit everyone, not just a select few.

The Convention on the Rights of Persons with Disabilities (CRPD) is a significant international human rights treaty that has proven to provide a framework for improving accessibility and inclusion for all. Its adoption in 2006 marked a major milestone in the global effort to promote and protect the rights of persons with disabilities. With 186 ratifications (as of May 2023), it stands as one of the most widely ratified human rights treaties in history.

The CRPD can also be a valuable tool to address the Sustainable Development Goals (SDGs). For instance, SDG 10 aims to reduce inequalities within and among countries, including those related to disability. SDG 4 emphasizes the significance of inclusive and equitable quality education for all, including persons with disabilities. SDG 8 promotes sustainable and inclusive economic growth, productive employment, and decent work opportunities for all, including persons with disabilities.

SDG 17 plays a particularly important role in building networks worldwide that can support the implementation of the CRPD. The Zero Project works at this intersection of the CRPD and the SDGs, focusing on innovative solutions – sharing their inspiring stories, and connecting them with stakeholders that can both support and learn from them. The Zero Project firmly believes that the most sustainable change occurs when we work together to find and share solutions that improve the daily lives and legal rights of all persons with disabilities.

This publication, the Zero Project Model Policy Report, provides valuable insights and analysis on the connections between the CRPD, the SDGs, and disability-inclusive innovative solutions on the level of public policy-making.

Based on the careful selection of Model Policies, this report provides concise descriptions of their

background, mechanics, evidence measurements, and sanctioning strategies. Moreover, it offers practical recommendations to policy makers, practitioners, and stakeholders on how to advance disability-inclusive legislation in the future. Rather than reinventing the wheel, let us replicate legislation that works for all!

Public policies, by their nature, are not flawless and can never address every issue or meet the needs of every individual, with and without a disability. They can, however, serve as a starting point or a model for neighbouring countries to learn from and adapt to their own context. Even if more affluent countries have advanced and comprehensive regulations, it is important for less affluent geographies to consider basing their own public policies on a proven foundation that is close to them, and which they can then modify and improve over time. Readers may keep this practical aspect in mind when analysing the Model Policies presented.

This report also presents three Model Policies that are designed to be implemented and replicated from an existing model, or from a country that acts as a pilot ‘implementer’. In this group, replication is the main objective, which usually is not the case when a country implements its policies.

This publication is itself a pilot, built with the support of the Zero Project Ambassador Circle and embedded in the Zero Project Conference and its networks. It is also embedded in the opportunities to present these Model Policies, especially at Side Events at the Conference of State Parties at United Nations Headquarters in New York.

We at the ESSL Foundation will build on the lessons from this publication, and next year we will focus on the Zero Project’s main theme of Education.

**Michael Fembek** is CEO of the Zero Project, and Member of the Board of the ESSL Foundation.

**Robin Tim Weis** is Director of International Affairs of the Zero Project.

# The Policy Maker Forum at the Zero Project Conference

## A SUMMARY OF THE EVENT AND PRESENTATIONS

High-level representatives from seven countries and three international organizations met for the first time to exchange model policies for the implementation of the rights of persons with disabilities and to discuss and share their experiences.

From 21 to 24 February 2023, the Zero Project Conference took place in the United Nations Office in Vienna. Over the span of three days, a record number of over 1,000 participants experienced more than 150 internationally renowned speakers in 90-plus sessions, all focused on sharing successfully implemented innovations.

One of these sessions was the Zero Project Policy-maker Forum, organized for the first time and bringing together high-level policy makers from around the world to discuss best practices and to present legal frameworks that have proven effective, as well as possible strategies for replication in other countries.

The two-hour event took place was chaired by Daniela Bas, Director, Division for Inclusive Social Development, United Nations Department of Economic and Social Affairs, who introduced the event through a video message. The moderator was Cathal Morgan, Policy Advisor, Rehabilitation Health Services, Assistive Technology & Disability Inclusion, WHO Regional Office for Europe, with Michael Fembek, CEO, Zero Project, as his co-moderator.

Seven countries – Canada, Chile, India, Ireland, Israel, Poland, and Singapore – presented legislation that had previously been selected because it could serve as a role model for other nations. In addition, three international organizations – EU, ITU, WHO – presented new directives that will play an important role in the implementation of the rights of persons with disabilities in the coming years and will also influence national legislation.

Between and following the individual presentations there was an opportunity to ask questions and discuss the policies presented. In the spirit of SDG 17 – Partnerships for the Goals – the representatives of the states were informed in advance about each other's documents, so that a constructive dialogue emerged about how their specific legislation can help

people with disabilities to live more independently around the world.

Representing their countries at the first Zero Project Policy Maker Forum were the following:

- **Anne Rabbitte**, Minister of State, Department of Children, Equality, Disability, Integration, Government of Ireland
- **Dan Rshal**, Commissioner for Equal Rights for People with Disabilities, Ministry of Justice, Government of Israel
- **Daniel Concha Gamboa**, National Director, SEN-ADIS, Government of Chile (remote participation)
- **Eric Chua**, Senior Parliamentary Secretary in the Ministry of Social and Family Development, Government of Singapore (remote participation)
- **Inmaculada Placencia Porrero**, Senior Expert in Disability and Inclusion, Directorate-General Employment, Social Affairs, and Inclusion, European Commission
- **Małgorzata Jarosińska-Jedynak**, Secretary of State, Ministry of Development Funds and Regional Policy, Government of Poland (remote participation)
- **Masahito Kawamori**, Rapporteur of Q28 “Multimedia Framework for e-Health Applications” in Study Group 16, ITU
- **Stephanie Cadieux**, Chief Accessibility Officer, Government of Canada
- **S.B. Muniraju**, Deputy Advisor, NITI Aayog, Government of India (remote participation). He presented the National Strategic Framework on Assistive Technologies for India, which was not followed up for this Report.

The Model Policy approach and the Policymaker Forum were supported by the Zero Project Ambassador Circle. The Ambassador Circle was founded during the 2022 Zero Project Conference with the primary objective of encouraging a shift in how disabilities are perceived in the diplomatic world and in the countries they represent.





### WATCH THE POLICY MAKER FORUM AT THE ZEROCON23

You can stream the first ever Zero Project Policy Maker Forum, which took place at the Zero Project Conference 2023, online on the Zero Project Youtube channel or by scanning the QR-Code.



The in-person presenters of the Policy Maker Forum (from left to right): Stephanie Cadieux (Canada), Cathal Morgan (WHO), Inmaculada Placencia Porrero (European Commission), Dan Rashal (Israel), Michael Fembek (Zero Project), Masahito Kawamori (Rapporteur of e-Health Framework, ITU), Minister Anne Rabbitte (Ireland)



Impressions from the Zero Project Conference 2023: "Family Picture" after the Award Ceremony (bottom). Arts (left) and Technology (right) being important catalysts for change.



# About the Zero Project

## INNOVATIVE SOLUTIONS FOR A WORLD WITHOUT BARRIERS

The mission of the Zero Project is to work for a world without barriers. Worldwide, it finds, shares, and disseminates solutions that improve the daily lives and legal rights of people with disabilities.

The original impetus for what would later become the Zero Project occurred in 2008, when the Essl Foundation MGE gemeinnützige Privatstiftung – an Austrian charitable foundation that focuses on scientific research and charitable giving – carried out a preliminary study on existing data related to persons with disabilities and other disadvantaged groups. On this basis, the Essl Social Index was introduced as a means of measuring the implementation of the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD).

Since then, this index has evolved into what is now known as the “Zero Project.” A dedicated team has developed the original idea into a renowned research-driven initiative that engages with more than 9,000 experts from around the world. More than 700 Zero Project Solutions have been identified to date, all of which share the key criteria of innovation, scalability, and impact to improve the lives and legal rights of persons with disabilities.

### **An international team**

The Zero Project is managed out of its headquarters at the Haus der Philanthropie (House of Philanthropy) in Vienna. An international team connects with

representatives of all sectors of society, conducts research based on an annual theme, and organizes local as well as global events – such as the annual Zero Project Conference in UN Headquarters in Vienna. Special support is given to initiatives directly impacting the lives of persons with disabilities.

Since 2019, Chile’s Fundación Descúbreme has formalized its long-standing partnership with the Essl Foundation to function as the Zero Project’s Latin American arm. Throughout the year, Zero Project Latin America amplifies and promotes the Project’s research and impact throughout the Spanish-speaking world. The annual highlight of this partnership is the Latin American edition of the Zero Project Conference.

### **Working in a global network**

The Zero Project is proud of its global network of partners, experts, decision-makers, opinion leaders, and other changemakers. By fostering close collaboration among all parts of this vast network, the impact of proven solutions can be amplified and replicated elsewhere. The Zero Project believes that the diversity of relationships is a strongpoint, and continues to deepen trusted partnerships, such as our official cooperation with Fundación Descúbreme, and more recently through a memorandum of understanding with the European Network for Accessible Tourism.

### **Finding and sharing solutions**

All network activities are based on the Zero Project’s unique research method, with its three pillars of (1) selecting solutions based on their innovativeness, impact, and potential to scale; (2) engaging with thousands of Zero Project Network members as part of the selection process; and (3) supporting the selected solutions in order to increase their impact. Based on a revolving four-year cycle, the research concentrates on one of the following four themes each year: Employment, Education, Independent Living/Political Participation, and Accessibility. Due to the increasing importance of Information and Communication Technologies (ICT), this topic is covered every year in its relation to the main research theme.

### **THE ZERO PROJECT DATABASE**

Digitalization plays an important role in making proven solutions known, and in facilitating knowledge transfer internationally. To that end, the Zero Project in 2022 launched the new Zero Project Database – an accessible, user-friendly tool to allow anyone to conduct keyword-based searches in the Zero Project’s vast database of more than 700 curated solutions. The Database also encourages the direct exchange with more than 600 organizations and 600 experts in over 100 countries. It is available free-of-charge at [zeroproject.org](https://zeroproject.org).

# Model Policies by Countries

## Canada

The Accessible Canada Act: The Canadian federal law sets comprehensive accessibility standards for the first time and drives the implementation of measures to reduce barriers in various areas of daily life.

## Chile

The National Plan for Universal Accessibility: The National Plan closes legislative gaps and a backlog in compliance with existing regulations on equal opportunities and social inclusion of persons with disabilities in Chile.

## Ireland

Assisted Decision-Making (Capacity) Act: The Irish law introduces a more inclusive and empowering approach to supporting people with limited decision-making capacity in making decisions.

## Israel

Amendment 23 to the Equal Rights for Persons with Disabilities Law: The amendment aims to improve equal rights for persons with disabilities in Israel by introducing new and stricter administrative measures.

## Poland

The Accessibility Act: The Polish law creates a general legal basis for the rights of persons with disabilities in Poland, which have so far been insufficiently guaranteed and implemented.

## Singapore

Extension of the Compulsory Education Act: The Extension of the Compulsory Education framework extends Singapore's compulsory education law to children with disabilities.

# Comprehensive accessibility standards for the whole country

## THE ACCESSIBLE CANADA ACT

The Accessible Canada Act (ACA) is a Canadian federal law that promotes equality for people with disabilities by setting comprehensive accessibility standards for the first time and driving the implementation of measures to remove barriers in various areas of daily life.

### Problem targeted:

#### Missing comprehensive legislation

Persons with disabilities still face significant barriers that prevent them from fully participating in society. More than 6 million Canadians aged 15 and over have a disability (22 per cent of the population), and fewer than 60 per cent of Canadians with disabilities aged 25 to 64 are employed. Compared to Canadians without disabilities, those with milder disabilities earn 12 per cent less, and those with more severe disabilities earn 51 per cent less and are thus more likely to live in poverty.

### Solution and goals:

#### Everyone under federal jurisdiction has to execute a plan to remove barriers

The Government of Canada passed the ACA as a means of driving change with respect to the proactive identification, removal, and prevention of barriers that persons with disabilities in Canada continue to face in achieving full and equal participation in society. The ACA sets out seven priority areas:

- (i) employment
- (ii) the built environment
- (iii) information and communication technologies (ICT)
- (iv) communication other than ICT
- (v) the design and delivery of programmes and services
- (vi) the procurement of goods, services, and facilities
- (vii) transportation

Additional priority areas can be prescribed by regulation. The ACA also establishes a goal of realizing a barrier-free Canada by 2040.

The ACA requires organizations under federal jurisdiction, including government departments and agencies, Crown corporations, the Canadian Forces, the Royal Canadian Mounted Police, certain parts of Parliament, and the federally regulated private sector (e.g., banks, transportation service providers, broadcasting and telecommunications service providers) to prepare and publish a plan that demonstrates consideration of barriers and accessibility across their operations, and to report publicly on a regular basis.

#### Barriers include

- physical barriers, such as the lack of ramps or accessible toilets;
- communication and information barriers, such as the lack of sign language interpreters or accessible electronic documents;

The ACA also requires the federally regulated private sector (e.g., banks, transportation service providers, broadcasting and telecommunications service providers) to report publicly on a regular basis.

Prior to the Accessible Canada Act (ACA), there was no comprehensive national accessibility legislation. While existing human rights legislation provided some protection against discrimination on the grounds of disability, the disability community had long criticized the processes for making complaints and adjudication.

Canada was also obligated to develop national accessibility legislation to becoming a signatory to the United Nations Convention on the Rights of Persons with Disabilities.



The official information sheet by the Government of Canada.

- barriers related to the provision of programmes and services, such as inaccessible websites, lack of forms in alternate formats, etc.

In addition, the ACA calls on the Government of Canada to collect accessibility data and use it in measuring progress in the implementation of the legislation over time. In June 2022 the government published a Federal Data and Measurement Strategy for Accessibility that aims to set out the work required to achieve this objective.

The Act established the Canadian Accessibility Standards Development Organization – now known as Accessibility Standards Canada (ASC) – which is responsible for developing national accessibility standards related to all seven priority areas set out in the ACA, and for supporting research to inform their development. The standards that ASC develops are voluntary unless they are adopted into regulation, in which case they would then apply to all entities regulated under the ACA, where relevant.

The ACA also created the role of Accessibility Commissioner at the Canadian Human Rights Commission, who is responsible for promoting, monitoring, and enforcing compliance with the ACA and the Accessible Canada Regulations (ACR). The Commission also deals with complaints from people who have been harmed because an organization did not meet its obligations under the ACR.

Finally, the ACA created a new role of Chief Accessibility Officer, who serves as an independent advisor to the Minister of Employment, Workforce Development, and Disability Inclusion and is responsible for monitoring and annually reporting on progress in achieving the outcomes of the ACA and reporting on systemic and emerging issues related to accessibility.

The Chief Accessibility Officer role has been created to provide overall oversight in the implementation

of the Act and to foster cohesion in efforts to raise awareness about accessibility issues in Canada.

#### Nature of the regulation:

### A comprehensive federal law

The Accessible Canada Act is a Canadian federal law. The ACA was introduced in the House of Commons in 2018 and came into force on 11 July 2019.

Of note, the ACA includes a broad definition for disability as any impairment, including a physical, mental, intellectual, cognitive, learning, communication, or sensory impairment – or a functional limitation – whether permanent, temporary, or episodic in nature, or evident or not, that, in interaction with a barrier, hinders a person's full and equal participation in society. The ACA shifts the responsibility from individuals to organizations, which are now required to proactively identify, eliminate, and prevent barriers to inclusion.



“Fundamentally, in Canada we are working to change the way disability is perceived in society – the barriers are the problem, not the disability. Accessibility, across the globe, needs to be embraced as a valuable enhancement to societies, not seen as a burden. We’re working for nothing less than a cultural transformation, a mind-set shift, and a serious, society-wide reckoning with unconscious bias.”

Stephanie Cadieux, Chief Accessibility Officer, Government of Canada

#### Involved parties:

##### **A broad consultation process, from submission of ideas to the final law**

National level consultations were held across the country to inform the development of the ACA. Submissions were received via email and in-person discussions with stakeholders located across the country, including individuals and organizations from the disability community, prospective federally regulated entities, provincial and territorial governments, indigenous organizations, unions, the private sector, academics, and the general public.

The effort to ensure that the consultations were fully accessible, multi-modal, and geographically wide-spread is in keeping with the commitment of “Nothing Without Us,” set out in the Convention on the Rights of Persons with Disabilities.

#### Implementation and funding:

##### **Targeting all federal government departments and agencies**

The Act applies to organizations under federal responsibility, including: federal government departments and agencies; Crown corporations; parts of the private sector that the Government of Canada regulates, such as banks, transportation service providers, broadcasting and telecommunications service providers; and the Canadian Forces and Royal Canadian Mounted Police.

The Act also applies to parliamentary entities, such as the House of Commons and the Senate, and to First Nations band councils. First Nations band councils are, however, exempted from the Act’s requirements until 2026, in order to allow for continued engagement to take place regarding a more tailored approach to implementation of the ACA in First Nations communities.

As the largest employer in Canada, the Government of Canada established an Office of Public Service Accessibility to foster coordination and collaboration across federal public services and to support the federal government in being a leader in accessibility. The office of Employment and Social Development Canada (ESDC), a department of the Government of Canada, serves as the focal point for the ongoing implementation of the ACA.

#### Enforcement and sanctions:

##### **Executing accessibility plans, feedback processes, and regular reporting**

The ACA requires organizations under federal jurisdiction to prepare and publish accessibility plans, to set up fully accessible feedback processes so that persons with disabilities have a means of reporting accessibility barriers, and to report regularly on progress against their accessibility plans.

Regulations under the ACA have prescribed that government departments and agencies and Crown corporations were required to publish their first accessibility plans by 31 December 2022. Larger private sector regulated entities are required to publish their first plans by 1 June 2023, and smaller private sector regulated entities are required to publish their first plans by 1 June 2024.

The Accessibility Commissioner and their team develop resources to assist organizations in meeting their obligations under the ACA and the ACR. They carry out inspections to verify compliance, and take action to bring organizations into compliance and prevent non-compliance. They take a graduated approach to enforcement, using tools such as production and compliance orders, notices of violation with warnings or administrative monetary penalties, and compliance agreements. The Commissioner submits annual

## WATCH ON YOUTOUBE

[Stephanie Cadieux  
at the Policy Maker Forum  
at the Zero Project  
Conference 2023](#)



reports to the Minister about their activities and about systemic or emerging accessibility issues. They may also publish special reports about issues related to implementing the ACA.

### Monitoring and outlook:

#### A variety of indicators measure progress

The passage of the ACA is an important step towards a more inclusive and accessible society for persons with disabilities in Canada. Work to implement the ACA is ongoing and builds on the existing efforts of the disability community, provincial and territorial governments, many regulated parties, and the private sector writ large to advance accessibility.

Information to help assess whether the Act is achieving its objective of driving the proactive identification and removal of barriers will come from various sources, including:

- The first accessibility plans and progress reports published by federally regulated entities;
- Annual reports prepared by the Chief Accessibility Officer and the Accessibility Commissioner;
- Ongoing calls for proposals under the Accessible Canada grants programme, which aims to build capacity in the disability community by funding projects to raise awareness of the ACA, to support National AccessAbility Week celebrations across Canada, and to foster partnership within and outside of the disability community; and,
- Implementation of the Federal Data and Measurement Strategy for Accessibility (published in June 2022), including the development of performance indicators for all seven priority areas, and the ongoing identification of relevant data sources.

#### TWO OF MANY REASONS WHY THE ACA WAS CHOSEN AS A MODEL POLICY FOR THIS REPORT

- It requires regulated entities to take a proactive approach to the identification, removal, and prevention of barriers to accessibility, and to continuously monitor and report publicly on how they are removing and preventing barriers over time.
- It requires regulated entities to engage with the disability community in the development of their plans and reports, and to establish a feedback mechanism through which Canadians, including persons with disabilities, can provide information about barriers to accessibility that they continue to face.

#### CONTACT

**Stephanie Cadieux**  
Chief Accessibility Officer  
Office of the Chief Accessibility Officer,  
Employment and Social Development Canada  
[Stephanie.Cadieux@hrsdc-rhdcc.gc.ca](mailto:Stephanie.Cadieux@hrsdc-rhdcc.gc.ca)  
[www.canada.ca/en/employment-social-development/corporate/office-chief-accessibility-officer.html](http://www.canada.ca/en/employment-social-development/corporate/office-chief-accessibility-officer.html)

# Enforcing the existing law on universal accessibility

## THE NATIONAL PLAN FOR UNIVERSAL ACCESSIBILITY OF CHILE

The National Plan for Universal Accessibility (PNAU, Plan) of Chile was enacted in 2022 to close legal gaps and overcome a backlog in compliance with existing regulations on equal opportunities and social inclusion of persons with disabilities.

### Problem targeted:

#### Lack of coordination and information as a barrier to accessibility

Although the State of Chile has made progress to address the needs of universal accessibility – with Law No. 20,422 (“Law on Equal Opportunities and Social Inclusion of Persons with Disabilities”) being the main instrument that regulates these matters – there is a lag in compliance with this legislation, as well as regulatory shortcomings that generate accessibility gaps in matters as significant as access to health, education, employment, housing, transportation, culture, leisure and recreation, and the response to emergencies and disasters.

- Investment in accessibility is concentrated in urban areas, with little participation of people with disabilities in their territories.

In addition to people with disabilities, there are other groups that are relevant from the perspective of universal accessibility, as they also encounter cognitive, sensory, physical, and attitudinal barriers in order to carry out their daily tasks and life projects. These include:

- young children;
- migrants or native peoples for whom communication can be a barrier;
- older people who may experience physical, perceptual, and digital barriers to moving around or accessing information.

### Solution and goals:

#### 13 strategic objectives for 16 central state institutions

The PNAU includes 16 central state institutions as well as regional and local authorities to achieve the objectives of significantly improving universal accessibility in physical environments and in communication and information; improving the knowledge and skills of those who provide services to the public, including people with disabilities; and applying the principles of Universal Design so that all people can use these services in conditions of autonomy, safety, and comfort regardless of their mobility, understanding, sensory perception, or any other condition of human diversity.

The Plan has defined 13 strategic objectives that aim to improve the accessibility of environments:

- means of communication and information
- preparation of civil servant teams
- improvement of regulations
- promotion of knowledge and research in the fields of transport and mobility, housing and public

The Plan has a participatory governance model that contemplates citizen participation in its formulation, follow-up, and monitoring.

The main gaps point to:

- A lack of coordination among public institutions to advance (mainly) accessibility of physical environments, with very little progress in terms of communication, information, and adaptations to accommodate people with sensory and mental disabilities.
- State officials who design programmes and serve the public do not understand the principles of universal accessibility.
- There is little research and development on the matter.



buildings, state information and digital communication, employment and training

- education
- health
- access to justice
- citizen participation
- science and technology
- culture
- sports
- tourism
- prevention and response to emergencies

Further, PNAU calls for strengthening the territories in the control of regulations, as well as territorial planning with a perspective of social inclusion and Universal Design. These objectives must implement 120 measures, which are expected to be achieved within ten years from 2023, although there are interim goals for three and five years.

#### **Nature of the regulation:**

### **A public policy defining accessibility from a human rights perspective**

The National Universal Accessibility Plan is a public policy approved by the President of the Republic of Chile. It is based on Law 20,422, which establishes norms on equal opportunities and the social inclusion of people with disabilities and which recognizes universal accessibility as a principle, as well as on a set of sectoral laws that regulate this aspect.

In accordance with this law, universal accessibility is understood from a human rights perspective as a fundamental condition for people with disabilities to be able to live independently and to fully participate in all aspects of life.

### **FOUR REASONS WHY THE PNAU WAS CHOSEN AS A MODEL POLICY FOR THIS REPORT**

- It is a national policy that has a comprehensive and transversal perspective, applying an ongoing and comprehensive method.
- It involves numerous ministries: Transportation, Housing and Urban Design, Health, Education, Social Development and Planning, Labour, Justice, Sports, and Public Works.
- The Plan includes the participation of people with disabilities and social organizations as a guiding principle to monitor its execution.
- The National Service for the Persons with Disability (SENADIS) has a technical advisory role for the public institutions involved and also for the persons with disabilities and their social organizations.

### **FACTS & FIGURES**

- Objectives must implement 120 measures, which are expected to be achieved within ten years from 2023.
- The PNAU includes 16 central state institutions as well as regional and local authorities

“The National Universal Accessibility Plan might help other countries to create a similar participatory model that coordinates different ministries in order to provide a comprehensive and transversal solution. This plan presents several solutions to the challenges of accessibility and Universal Design faced by government sectors, giving specific deadlines and dates to move forward to eliminate physical, digital, communicational, and attitudinal barriers for persons with disabilities.”

Daniel Concha Gamboa, National Director, SENADIS, Government of Chile

#### **Involved parties:**

#### **Creating the Advisory Council for Universal Accessibility for People with Disabilities**

For the formulation of the PNAU, a Committee of Ministers or State Secretaries in the field of social development and disability agreed to convene a commission of specialists and organizations of and for people with disabilities, who then prepared a proposed plan that the government could subsequently implement.

Thus, an Advisory Council for Universal Accessibility for People with Disabilities was created. Its purpose is to accompany and advise the Ministry of Social Development and Family, through the National Disability Service, in the design, implementation, and evaluation of the National Universal Accessibility Plan for People with Disabilities.

Dialogues were held with organizations of and for people with disabilities, which are part of the Civil Society Councils that accompany the National Disability Service at the regional level.

Four dialogues were held by macro-zones of the country: in the north, centre, and south of the country and with metropolitan areas due to the specific scale of urban problems, such as transportation and mobility. The activities were carried out virtually, which allowed for the participation of representatives of 60 organizations from all over the country.

#### **Implementation and funding:**

#### **Coordination mechanisms on government level, technical level, and regional level**

Implementation of the PNAU is led by the Ministry of Social Development and Family, through the National Disability Service, and commits the efforts of another 14 ministries and services of the State of Chile, in addition to voluntarily adding municipal governments and universities from the country. Likewise, it contemplates various mechanisms for the participation of civil society throughout the implementation of the PNAU.

The technical implementation of the plan is led by the National Disability Service, which is responsible for coordinating the institutions involved, monitoring and holding them accountable for their progress and adaptation needs, and evaluating their results. For this purpose, a highly specialised technical team has been formed and is entrusted with these tasks: The Advisory Council on Universal Accessibility will also provide ongoing advice.

At the regional level oversight boards will be formed, which will develop regional strategies to ensure the application of current regulations and those that will be created with the Plan. Likewise, institutions linked to community planning and investment will be coordinated to support the formulation and execution of universal accessibility municipal plans.

There is no special financing for the Plan, since what is intended is to mainstream the work of each institution, with Universal Design and accessibility as criteria for the provision and design of services and programmes.

## WATCH ON YOUTUBE

[Daniel Concha Gamboa  
at the Policy Maker Forum  
at the Zero Project  
Conference 2023](#)



### Enforcement and sanctions:

#### **Norms, monitoring, citizen participation, and communication support the Plan**

In the case of a state policy, a first element of support is that the PNAU has been approved by a presidential decree, to which all the ministries involved have subscribed. To ensure successful implementation, further institutional coordination measures at the national and decentralized levels are foreseen, including:

- a normative agenda,
- an operational monitoring system,
- mechanisms for citizen participation, and
- a communication strategy.

Regarding monitoring, there will be an online platform for operational monitoring of the Plan, for use by public institutions, so that the public can follow and make an impact on its implementation.

The PNAU is an initiative of the executive power, so it is based on a commitment and government agreement to promote its actions within the framework of what the laws authorize each institution. In this sense, it does not establish sanctions for non-compliance.

The Plan will seek to facilitate and make citizen complaint channels more accessible so that the sanctions established in national legislation can be applied.

### Monitoring and outlook:

#### **Participation of people with disabilities in the centre of monitoring progress**

The PNAU has defined the participation of people with disabilities as one of its principles. For this reason, together with the measures to be implemented in ten years, it has a participatory governance

model that contemplates citizen participation in its formulation, follow-up, and monitoring, and includes specific measures that aim to guarantee this right in the design of public programmes and services, as well as the standards and protocols that will be generated.

An evaluation of the PNAU has been contemplated in the field of (1) processes, (2) products, and (3) results.

(1) Processes: the level of strengthening of the public offer in terms of its accessibility will be analysed, periodically contrasting the advances that are reported with the baseline that was established when formulating the Plan.

(2) Products: the incorporation of territorial indicators on accessibility conditions in the country's Urban Development Indicator System will be promoted, and an observatory of accessibility of public buildings and websites will be developed.

(3) Results: indicators will be designed to measure the effects of the actions undertaken on people's quality of life through indicators based on national studies on disability and dependency.

#### CONTACT

**Daniel Concha Gamboa**  
National Director  
National Service for the Persons with Disability  
[dconcha@senadis.cl](mailto:dconcha@senadis.cl)  
[www.senadis.cl](http://www.senadis.cl)

# Comprehensive legislation for supported decision-making

## THE ASSISTED DECISION-MAKING (CAPACITY) ACT 2015 OF IRELAND

The Irish Supported Decision-Making (Capacity) Act 2015 (the Act) aims to eliminate the discrimination and marginalization people who are at stages of limited capacity in decision-making processes by creating a more inclusive and empowering approach.

### Problem targeted:

#### Moving out of the wardship system

Until the introduction of the Assisted Decision-Making (Capacity) Act 2015, Ireland relied on a form of restrictive guardianship, referred to as ‘wardship’ or the ‘ward of court system’, since the enactment of the Lunacy Regulation (Ireland) Act 1871. This deprived persons of the ability to make decisions affecting their lives and affairs.

In particular, once a person was deemed to lack capacity for one’s own decision or category of decisions, that person was deemed to lack capacity for all decisions. This has often resulted in people with disabilities being excluded from important decisions that affect their lives, such as regarding medical treatment, where to live, and financial matters.

A decision which a supporter may not agree with, or that might be considered unwise by some, does not in and of itself indicate a lack of capacity.

### Solution and goals:

#### A tiered system of decision-making support and advanced planning

The Irish Assisted Decision-Making (Capacity) Act 2015 aims to address the problem of the discrimination and marginalization of people with disabilities or cognitive impairments in decision-making processes

by recognizing that such people have the right to make their own decisions and by providing them with the necessary supports and accommodations to do so.

By promoting supported decision-making and establishing a framework for decision-making assistants and co-decision-makers, the Act seeks to empower people with disabilities to participate fully in decision-making processes and to ensure that decisions are made in line with the will and preference of the person being supported, explicitly moving away from an often paternalistic “best interests” approach.

In this regard, the Act puts in place a set of guiding principles that bind all decision supporters, including the initial presumption of capacity, which must be rebutted on the basis of particular decisions or types of decisions.

The Act notes that a decision which a supporter may not agree with, or that might be considered unwise by some, does not in and of itself indicate a lack of capacity, and it also recognizes that a person’s decision-making capacity may fluctuate over the course of his or her life.

The Act therefore provides for a tiered system of decision-making supports that can be relied upon based on a person’s level of need, including decision-making assistants and co-decision-makers, who can assist a person in exercising his or her own decision-making.

At a higher tier of support, the Act provides for a Decision-Making Representative, who can make decisions on behalf of another person where those decisions align with the will and preference of the person being supported. The Act also allows for certain forms of advance planning, through the creation of Advance Healthcare Directives and Enduring Powers of Attorney.

The Act also establishes the Decision Support Service, which provides information, advice, and support to people who may require decision-making supports. The Service maintains a register of decision support arrangements, and has an oversight function for such arrangements.

A further objective of the Act is to promote greater understanding and awareness of the rights and needs of people with disabilities in society as a whole, in particular advancing a number of key measures for further realization of rights under the United Nations Convention on the Rights of Persons with Disabilities.

#### Nature of the regulation:

### Amending old legislations in a stage-by-stage process from 2015 to 2023

The Assisted Decision-Making (Capacity) Act 2015 was signed into law on 30 December 2015, and came into effect in stages over the subsequent period. Over the course of these preparations it became clear that amending legislation was required before the system could be launched, which was delivered via the Assisted Decision-Making (Capacity) (Amendment) Act 2022. After an extensive preparation phase, the system came into full force on 26 April 2023 with the commencement of both the 2015 and 2022 Acts.

The Act changes the existing law on capacity from the status approach of the wardship system to a flexible approach, whereby capacity is assessed on an issue and time-specific basis. The Act also repeals the Marriage of Lunatics Act 1811 and the Lunacy Regulation (Ireland) Act 1871.

The Act will also introduce five formal decision-making support arrangements for persons who may lack capacity to make certain decisions in their lives, including

### FOUR REASONS WHY THE ACT WAS CHOSEN AS A MODEL POLICY

- The novel nature of the legislation, both in terms of domestic law and international practice.
- A multi-year programme of work to reform a legal structure older than the Irish state.
- A high degree of multiagency collaboration in order to design, manage, and oversee a complex change management programme,
- Existing systems and structures, including those supporting the approximately 2,000 existing wards of court, could be transitioned into the new system.

### FACTS & FIGURES

- The Decision Support Service has been allocated a budget of €8.464 million for 2023.
- The Act creates criminal offences for certain matters such as fraud, coercion, or undue influence, which can be penalized by fines or imprisonment.



“I have no doubt that Assisted Decision-Making will bring about positive change in the lives of many people. It represents a strong example of rights-based and person-centred policy-making, and of coordination and collaboration across government. Its ambition to thoroughly overhaul and reform the way we support our citizens will enhance independence, dignity, and self-determination for people with capacity difficulties living in Ireland at some of the most critical junctures in their lives.

It will give people experiencing diminished capacity greater power to direct the course of their own lives, placing Ireland as a leader in the complex area of supporting persons experiencing periods of diminished capacity.”

Anne Rabbitte is Minister of State at the Department of Children, Equality, Disability, Integration and Youth with special responsibility for Disability, Government of Ireland

two for advance planning and three based on the level of support required at a specific point in time.

As a body, the Decision Support Service has been created within the Mental Health Commission to operate the new tiered decision support system.

#### **Involved parties:**

#### **Two ministries and broad civil participation in the heart of the change process**

The Minister of Children, Equality, Disability, Integration, and Youth has responsibility for the legislation, with the exception of Part 8 of the Act concerning Advanced Healthcare Directives, which is the responsibility of the Minister for Health. An Interdepartmental Steering Group oversaw the development of the amending legislation and commencement preparations, additionally including members of the Department of Justice, the Health Service Executive, the Courts Service, and the Decision Support Service.

A wide range of stakeholders were consulted in advance of the 2015 Act being signed into law. Also in terms of the amending legislation, a wide range of organizations, including persons with disabilities and their representative organizations, contributed to the pre-legislative scrutiny process.

A consultation process took place at the end of 2021 and start of 2022 on the codes of practice that accompany the Act. This was a public consultation to which all persons and organizations, including disabled persons organizations, had the opportunity to contribute. Additionally, there has been regular engagement between the Department of Health and disability groups in various forums, which has facilitated input on assisted decision-making legislation.

#### **Implementation and funding:**

#### **An annual budget, to be reviewed and adjusted annually**

The commencement of the legislation finalizes the establishment of the Decision Support Service within the Mental Health Commission to oversee the implementation and operations of the new tiered system of decision-making supports.

The Decision Support Service will process applications for decision support arrangements, has oversight responsibility for decision supporters under the Act, and will maintain a register of arrangements that can be accessed by certain persons and bodies. The Director also has functions in relation to the promotion of the Act and its provisions. The Courts and the Health Service Executive also have key roles to play under the Act.

The Decision Support Service has been allocated a budget of €8.464 million for 2023. This is an increase of €1.164 million from 2022 in anticipation of the service becoming fully operational following the entry into force of the Decision Support (Capacity) Act 2015. This budget will be reviewed annually and adjusted as necessary.

### Enforcement and sanctions:

#### A variety of sanctions, including the creation of new criminal offences

There are a variety of sanctions in place to protect people who make use of the provisions of the Act, with the Director of the Decision Support Service and the courts holding certain powers in this regard.

The Act empowers the Director of the Decision Support Service to investigate complaints, to seek informal resolution of complaints, and to apply to the courts for temporary prohibition orders in certain circumstances.

The Act also creates criminal offences for certain matters such as fraud, coercion, or undue influence, which can be penalized by fines or imprisonment.

### Monitoring and outlook:

#### Five different types of decision supports are now available

A significant feature of the Assisted Decision-Making (Capacity) Act 2015 is the commencement of the Decision Support Service, which has begun processing applications for decision supports.

A major objective of the legislation is the exit from wardship by all wards of court within three years of commencement. Once the Act comes into force, adults currently in wardship will transition to the new decision-making support arrangements on a phased basis. With the commencement of the Act, five different types of decision supports are now available in Ireland:

- Decision-making assistance agreement: the person makes their own decisions with support from their decision-making assistant. Their decision-making assistant helps them to access and to understand information and to communicate their decision.
- Co-decision-making agreement: the person makes specified decisions jointly with a co-decision-maker.
- Decision-making representation order: the court appoints a decision-making representative to make certain decisions on the person's behalf, subject to

guiding principles and a requirement to act as the agent for a person's will and preference.

- Advance Healthcare Directives: when a person has capacity, they make advance provision for health-care decisions.
- Enduring Power of Attorney: when a person has capacity, they make advance provision for someone to act on their behalf in certain matters should they lose capacity at a point in the future.

Within five years a review of the Act is required by law. There will also be ongoing review of progress, both from a policy and operational perspective, during the initial phase of operation.

The tiered decision-making supports being made available are unique within the State, and may in future be used as a model for international best practice.

### WATCH ON YOUTOUBE

[Anne Rabbitte at the Policy Maker Forum at the Zero Project Conference 2023](#)



### CONTACT

**Adrian McLaughlin**  
Private Secretary to the Minister for Disabilities  
Department of Health  
Government of Ireland  
[adrian\\_mclaughlin@health.gov.ie](mailto:adrian_mclaughlin@health.gov.ie)  
[www.health.gov.ie](http://www.health.gov.ie)

# Enforcing accessibility legislation, overcoming multiple objections

## AMENDMENT 23 TO THE EQUAL RIGHTS FOR PERSONS WITH DISABILITIES LAW IN ISRAEL

Amendment 23 to the Equal Rights for Persons with Disabilities Law (the Amendment) aims to improve the enforcement of the Equal Rights for Persons with Disabilities Law (the Law) in Israel by introducing new and stricter administrative measures and improving their enforcement.

### Problem targeted:

#### A lack of effective enforcement of the Law

The main purpose of the Equal Rights for Persons with Disabilities Law is to ensure that people with disabilities in Israel are able to enjoy equal rights and opportunities and live full and meaningful lives. The Law establishes that people with disabilities have the right to participate in all aspects of society, including the right to work, to education, to transportation, and to equal access to public places and services.

The higher the level of compliance, the more 'considerate' the enforcement measure will be. The greater the infringement, the stricter the enforcement tool would apply.

An important aspect of the Law is the notion that in order to lead this change, there is a need for effective enforcement. To this end, the Law includes a set of enforcement powers: civil and administrative/criminal. The first are given to both the Commission for Equal Rights of Persons with Disabilities in the Ministry of Justice and the civilian population, while the second are given only to the Commission.

The Commission for Equal Rights of Persons with Disabilities is a government agency established by the Law, and is responsible for promoting the equal rights of persons with disabilities as well as fighting discrimination and exclusion. The Commission also ensures that all public places, facilities, and services are accessible to people with disabilities.

When the Law was initially legislated, given the perception that the entire notion of accessibility was still at its onset and required implementation among those obligated to provide accessibility, gradual and measured enforcement procedures were implemented. Accordingly, it was determined that once a violation of the Law is found, the violator would receive an administrative warrant, ordering them to fix the violation within a reasonable timeframe. Only in the event that the violation is not fixed within the given timeframe would a criminal procedure be initiated.

The practical result of this 'old' enforcement tool was the lack of effective enforcement of the accessibility provisions, as there is no sufficient incentive and motivation for violators to address the violations before the initial enforcement actions are executed by the Commission. In addition, there are claims regarding the inadequacy and lack of balance between the powerful criminal measures and the violations, which are regulatory in their nature and in most cases stem from economic reasons and no intention to discriminate.

### Solution and goals:

#### The Amendment introducing powerful enforcement measures of the Law

Amendment 23 to the Equal Rights for Persons with Disabilities Law intends to provide a solution to the problem of ineffective accessibility enforcement. It stipulates that when a violation of an accessibility provision is found on the part of an obligee, the Commission has the authority to take three different administrative measures, with the decision as to which specific measure to take to follow an inspection and investigation, such as the economic capacity of the obligee, actions taken by the obligee to fulfil their



accessibility obligations, and, of course, the obligee's claim with regard to the violation:

- The authority to impose a financial sanction (fine);
- The authority to impose an administrative warning (notification that a violation has been committed, with no fine imposed);
- The option to offer the obligee the opportunity to address the violation and avoid further penalty, along with the depositing of a collateral sum.

The choice of the specific measure taken would be in accordance to specific conditions detailed in the legislation and by a written administrative order signed by the Commissioner.

#### **Involved parties:**

### **Overcoming multiple objections from the public and private sector**

Expectedly, the successful process of passing Amendment 23 was the result of major efforts, both openly and behind the scenes, as well as dealing with numerous objections from both public sector and private sector obligees. These objections reflected the magnitude of the anticipated results.

Despite the fact that the essential requirements to comply with the accessibility provisions have not changed following this legislation, the transition to administrative enforcement will contribute to the understanding that the accessibility obligations are indeed in force and should be taken seriously and be complied with.

The main parties that were involved in the formulation of the amendment were the Commission for Equal Rights of Persons with Disabilities in Israel's Ministry of Justice, various NGOs representing the interests of

### **TWO REASON WHY THE AMENDMENT WAS CHOSEN AS A MODEL POLICY IN THIS REPORT**

- The process of passing Amendment 23 was the result of major efforts, both openly and behind the scenes, as well as dealing with numerous objections from both public sector and private sector obligees.
- Amendment 23 presents a new and genuine approach, in line with a general direction that the Israeli Government is currently promoting with regard to many regulations.

### **FACTS & FIGURES**

- An entity with an annual financial turnover of less than a certain threshold – NIS 20 million (approximately \$6 million) – would pay a lower fine.
- If a violation of an obligation is a result of reliance on misinformation provided by a professional Accessibility Expert used by the obligee (a business or a government entity), the obligee would receive only an Administrative Notice.
- The authority can impose (1) a fine, (2) a notification without a fine, or (3) give the obligee the opportunity to address the violation and avoid further penalty, along with the depositing of a collateral sum.

“The whole process of passing and implementing this new amendment, was quite an ordeal, but happily we were able to do it. It included the need to overcome numerous major objections from both the public and private sectors. So we are very excited about this coming summer, in which we will start implementing this legislation. It will hopefully bring us to a better place in terms of Israel being more accessible.”

Dan Rashal, Commissioner for Equal Rights of People with Disabilities,  
Ministry of Justice, Government of Israel

persons with disabilities, and representatives from the private and business sector.

**Implementation and funding:  
The Commission for Equal Rights of Persons with Disabilities is in charge**

Implementation of Amendment 23 will be carried out by the Commission for Equal Rights of Persons with Disabilities in the Ministry of Justice, which is funded by the Israeli Government.

In addition to intensive internal preparatory measures for the commencement of the implementation of the new legislation in summer 2023, the Commission continues to work to improve obligated parties' understanding of their obligations. This is being done through a broad public campaign, using various promotional tools and intensive outreach activities.

Furthermore, new technological means have been developed and put to use to investigate several aspects of accessibility. Meanwhile, measures to evaluate the success of the new legislation are also in the planning process.

**Enforcement and sanctions:  
A balanced approach for applying sanctions**

Sanctions for violations of the new regulations are mainly financial (fines) imposed by the Commission. The guiding principle in choosing among the three enforcement options is the level of compliance with the accessibility provisions applicable to the specific obligee:

- the higher the level of compliance, the more 'considerate' a route would apply;
- the greater the infringement, the stricter the enforcement tool would apply.

Two additional important parameters were taken into consideration during the legislation process of the new enforcement tools: (1) the economic capacity of the obligee and (2) the reliance on the professional knowledge of an Accessibility Expert.

An entity with an annual financial turnover of less than a certain threshold – NIS 20 million (approximately \$6 million) – would pay a lower fine, and in the first four years after the commencement of the implementation of the new legislation would receive only an Administrative Notice for the first violation. This is based on the presumption that these entities are less aware of their accessibility obligations under the law, as well as

## WATCH ON YOUTUBE

[Dan Rashal  
at the Policy Maker Forum  
at the Zero Project  
Conference 2023](#)



the notion that there is room for gradual implementation of the legislation.

If a violation of an obligation is a result of reliance on misinformation provided by a professional Accessibility Expert used by the obligee (a business or a government entity), the obligee would receive only an Administrative Notice. In this case, the obligee would still be obliged to fix the violation, but a financial sanction would be waived.

### Monitoring and outlook:

#### **The objective is to encourage obligees to comply with the Law**

Amendment 23 to the Equal Rights for Persons with Disabilities Law in Israel was sparked by the inadequate and inefficient enforcement of accessibility in Israel in recent decades. The objective of the new legislation is to encourage obligees to comply with accessibility requirements wherever necessary, including by means of deterrence using financial penalties.

### CONTACT

#### **Dan Rashal**

Commissioner for Equal Rights of Persons with Disabilities

Ministry of Justice,

Government of Israel

[danr@justice.gov.il](mailto:danr@justice.gov.il)

[justice.gov.il](http://justice.gov.il)

# Systemic introduction of accessibility in the whole public sector

## ACCESSIBILITY ACT OF POLAND ON ENSURING ACCESSIBILITY FOR PERSONS WITH SPECIAL NEEDS

The Accessibility Act of 19 July 2019 (Accessibility Act) creates a general legal basis for the rights of persons with disabilities in Poland, which were previously inadequately guaranteed and implemented. The law aims primarily at fundamental improvements in the public sector.

### Problem targeted:

#### Creating accessibility for persons with disabilities and the ageing population

The main factors motivating the introduction of a legal basis for accessibility policy in Poland were the country's demographic trends and its ratification of the UN Convention on the Rights of Persons with Disabilities (CRPD) in 2012.

### Solution and goals:

#### Implementing the CRPD and introducing innovative instruments

The Accessibility Act of 19 July 2019 on ensuring the accessibility for persons with specific needs requires that all public facilities meet accessibility standards: architectural, digital, and with regard to information and communication.

The main objective of the Accessibility Act is to improve the accessibility of public facilities to make them open for people with specific needs, giving them the opportunity of using public services as independently as possible.

The Accessibility Act contains general provisions crucial for the functioning of any coherent system supporting accessibility, mostly in the public sector, but also among facilities and entities benefiting from public funds. It shares many terms and definitions with the UN Convention (e.g., barrier, accessibility, persons with special needs, Universal Design, rational improvements) and defines the basic obligations of public spaces in this respect.

The Accessibility Act also introduced a number of other instruments supporting the development of this policy in Poland, such as:

- the voluntary certification of accessibility for NGOs and entrepreneurs; and
- a complaint procedure for the lack of accessibility.

The Accessibility Act introduced horizontal solutions for the entire public sector. It significantly expanded the requirements regarding architectural accessibility, adapted digital solutions from another legal act created in Poland at the same time, and defined the obligations in the field of communication to people with disabilities, also using the existing acquis (i.e., the collection of common rights and obligations that

The Accessibility Act introduced a number of other instruments supporting the development of this policy in Poland, such as the voluntary certification of accessibility for NGOs and entrepreneurs and a complaint procedure for the lack of accessibility.

According to statistical research, Poland is one of the most ageing countries in Europe, and the forecast for the coming decades is that by 2060 there will be 70 seniors per 100 people of working age. Such a demographic requires significant preparation in terms of accessibility, which has a great impact on the activities of seniors in society.

The other factor motivating the Accessibility Act was the country's legal obligations according to Article 9 of the CRPD. Until 2019, Polish law on accessibility was dispersed and insufficiently effective. The activities undertaken were most often minor, focused on grants given to people with disabilities or to companies for small architectural adjustments in the buildings and spaces used by individuals with disabilities.

constitute the body of EU law, and that is incorporated into the legal systems of EU Member States).

The Act also provided the basis for the introduction of continuous supervision over the subject of accessibility at the government level, and created instruments supporting the implementation of investments related to accessibility in the form of an Accessibility Fund.

The main objectives to be achieved by 2025 are:

- a systemic change by gradual adoption of accessibility into various areas and public policies;
- a significant increase of accessibility in the public sector.

#### Nature of the regulation:

### **Comprehensive legislation for the national public sector**

The Act of 19 July 2019 on ensuring the accessibility for persons with specific needs is the centrepiece of Poland's Accessibility Plus Programme 2018–2025, which was introduced in 2018. This government programme enables accessibility to all public places in Poland and has a comprehensive approach.

#### Involved parties:

### **Based on a broad consultation process, being accessible to the main beneficiaries**

Consultations on drafting the Accessibility Act included accessibility experts, architects, and a wide range of organizations, including NGOs representing people with all major types of disabilities. At the stage of public consultations on the bill, representatives of other social organizations could also submit their comments.

### **FOUR REASONS WHY THE ACCESSIBILITY ACT WAS CHOSEN AS A MODEL POLICY FOR THIS REPORT**

- The systemic introduction of accessibility in public facilities and entities, supported by investments and other actions under the Accessibility Plus Programme
- Creating a direct way to introduce minimum accessibility standards in the public sector, and giving people with special needs a greater opportunity to use public services independently
- Introducing a systematic mechanism for spreading accessibility standards among NGOs and entrepreneurs
- Addressing the three key components of the Accessibility Plus Programme: changes in legislation, investment, and education.

### **FACTS & FIGURES**

- The main objectives to be achieved by 2025 are a systemic change by gradual adoption of accessibility into various areas and public policies, and a significant increase of accessibility in the public sector.
- The Accessibility Fund has been established as a financial instrument, allowing for the taking of a loan for the purpose of introducing architectural accessibility to public facilities.



“The Polish way of introducing accessibility into public policy both through the Accessibility Act and the Accessibility Plus Programme is undoubtedly a good practice that we can share as a country. The Accessibility Act is the most important effect of the Accessibility Plus Programme. It provides rules, principles, and obligations, while the Programme is based on projects and provides financial support. We strive to introduce a systemic change by gradual adoption of accessibility into various areas and public policies.”

Malgorzata Jarosińska-Jedynak, Secretary of State,  
Ministry of Development Funds and Regional Policy

The consultation process was held in an accessible way to reach the widest possible audience interested in the subject and the main beneficiaries of the legislation. Alternative versions of the document were therefore created, including translation into Polish sign language.

#### Implementation and funding:

##### **The Accessibility Fund, financed by state budget and the European Union**

The Accessibility Act is coordinated by the minister responsible for Regional Development, but all public entities are obliged to implement the rules on accessibility, mainly relying on public funds (local or state budget).

The Accessibility Plus Programme is based on the principle of the state's subsidiarity towards different social groups, and consists of actions concerning eight areas – such as architecture, transport, and education – that are necessary for creating better living condition for people with specific needs.

The Programme covers disabled people, but also pregnant women, people with prams or heavy luggage, and those physically weaker or elderly. Throughout the country many initiatives aimed at building more tailored accessibility standards are being proposed to local governments and selected public facilities, such as schools, hospitals, and cultural institutions, and grants are being awarded for accessibility adjustments to such facilities.

Grants for improving accessibility are available thanks to the European Fund. Moreover, on the basis of

Article 35 of the Act, the Accessibility Fund has been established as a financial instrument, allowing for the taking of a loan for the purpose of introducing architectural accessibility to public facilities.

The loans offered by the Fund, which is financed by the state budget and the European Fund, are preferential, low-interest, and can be partially cancelled under certain circumstances.

#### Enforcement and sanctions:

##### **The Accessibility Council consists of experts from public and private sector**

The Act itself has also provided the basis for the introduction of continuous supervision over the subject of accessibility at the government level. The regulation establishes a coordinating and advisory body – the Accessibility Council – which consists of experts on accessibility from both the public and private sectors.

The Council is undertaking actions supporting the implementation of the Act and accessibility policy as a whole. Independently of this, the Ministry of Regional Development, which is responsible for accessibility policy, is also introducing a number of activities to promote knowledge about the Accessibility Act, including conferences, a dedicated website, guides, and recommendations. The Ministry is also building a process of cooperation among accessibility officers established under the Accessibility Act in most public entities in Poland.

A strong asset of the Accessibility Act is its complaint mechanism. Each person with specific needs has the

**WATCH ON YOUTUBE**  
**Malgorzata Jarosińska-Jedynak**  
**at the Policy Maker Forum**  
**at the Zero Project**  
**Conference 2023**



right to ask for accessibility to a public building or for communication with a public entity. If there is no response to the request or if the public agent refuses to provide an accessibility solution, a complaint might be issued, which can eventually result in a financial penalty.

#### **Monitoring and outlook:**

#### **Mandatory reporting, accessibility officers and the annual progress report**

The basic tool for evaluating the effectiveness of the implementation of the Accessibility Act is introduced in Article 11, which describes the obligation of public entities to report the status of ensuring accessibility once every four years.

An additional element of planning and controlling the implementation of the Accessibility Act are actions undertaken by accessibility officers, as described in Article 14. The tasks of an accessibility officer consist of advising and supporting people with special needs in using public services offered by a public institution. An officer's tasks also include creating and implementing an accessibility improvement plan for the institution, as well as monitoring its activities in terms of ensuring accessibility to people with special needs.

Another source of information about accessibility progress in Poland is the annual report on the implementation of the Accessibility Plus Programme. The document takes into account comments submitted as part of consultations with members of the Accessibility Council, which includes representatives of the ministries responsible for implementation of individual measures of the Programme.

#### **CONTACT**

**Przemysław Herman**  
Deputy Director, European Social Fund  
Department  
Ministry of Development Funds and Regional  
Policy, Republic of Poland  
+48 222737977  
[Przemyslaw.Herman@mfigr.gov.pl](mailto:Przemyslaw.Herman@mfigr.gov.pl)  
[www.gov.pl/web/fundusze-regiony](http://www.gov.pl/web/fundusze-regiony)

# Bringing children with disabilities into mainstream education

## EXTENSION OF THE COMPULSORY EDUCATION FRAMEWORK TO INCLUDE CHILDREN WITH DISABILITIES IN SINGAPORE

With the extension of the Compulsory Education Act (CE Act), children with disabilities are now included within the Compulsory Education Framework (CE Framework of 2000). Children with disabilities now must attend a mainstream school or a government-funded Special Education school.

### Problem targeted:

#### Children with disabilities were exempted from compulsory education

Before the Compulsory Education (CE) Framework was extended to children with disabilities, an average of approximately 450 children with disabilities were exempted each year.

Given their higher learning needs, most of these students would attend government-funded Special Education (SPED) schools. SPED students are taught by specially-trained teachers who are assisted by medically-trained personnel and support staff, with a curriculum and environment specially tailored to their needs.

### Solution and goals:

#### Primary school or SPED school

With the extension of the CE Framework, which is in place since the year 2000, to include all children with disabilities, Singaporean children from the 2019 Primary One cohort (i.e., children born after 1 January 2012) who have disabilities are required to attend a national primary school to fulfil their CE obligation unless granted exemption.

This could be a mainstream primary school or a SPED school, depending on the child's learning needs. Generally:

- Mainstream schools cater to students who have the cognitive abilities and adaptive skills to access the national curriculum and mainstream learning environment.
- SPED schools support students who may require specialized or more intensive intervention. These schools have a customized curriculum that helps students attain skills necessary for further education, training, employment, and independent living.

The MoE has been working with community partners to raise the quality, accessibility, and affordability of SPED schools in Singapore. This includes:

- Increasing the number of SPED schools to keep pace with the growing population of children with disabilities. Today, there are 24 government-funded SPED schools, and the MoE will partner with social service agencies to establish four more SPED schools by the 2030s.
- Working with SPED schools to keep school fees affordable, with additional financial assistance provided to those who might need it.

## You can raise the quality of SPED schools, for example by the professional development of school staff and quality implementation of the teaching and learning syllabi.

A small number were not enrolled in any educational institutions, for various reasons, such as those who migrated overseas or were home-schooled.

To better safeguard the educational interests of children with disabilities and signal the government's commitment to developing all children, with or without disabilities, to their fullest potential, the Ministry of Education (MoE) decided to extend the CE Framework to children with disabilities.



- Enhancing the professional development of school staff, especially teachers, as well as the effective and quality implementation of the teaching and learning syllabi.

Recognizing that parents may prefer alternative educational settings, some groups of children with disabilities continue to be granted exemption from CE, subject to the MoE's approval. This includes:

- Home-schoolers. Parents who wish to home-school their child must show that they are able to provide a quality education. For example, parents are to submit an Individual Education Plan (IEP) based on MoE guidelines and have the suitable qualifications (including skills and competencies) to deliver the educational aspect of the IEP for their child.
- Children with complex conditions. Children who may require additional support due to complex conditions (including medical conditions) could seek exemption from CE.

**Nature of the regulation:**

**Extension to the Compulsory Education Framework**

The Compulsory Education Framework was introduced by the Ministry of Education in 2000 and came into effect in 2003. Under the CE Act, all Singaporean citizens above the age of 6 and below the age of 15 who are residing in the country are required to attend a national primary school, unless they have been granted exemption.

In 2016 the CE Act was extended to those with disabilities born after 1 January 2012.

**THREE REASONS WHY THE CE ACT WAS CHOSEN AS A MODEL POLICY FOR THIS REPORT**

- The Ministry of Education decided to extend the CE Framework to all children, including those with disabilities.
- The CE Framework offers a choice between mainstream schools and SPED schools, while also recognizing parents preference for other solutions.
- Whereas this public policy may not be seen innovative or a model policy within a European or Northern American context, within an Asian context this is clearly progressive policy-making to achieve both the goals of the CRPD and the SDGs.

**FACTS & FIGURES**

- About 80 per cent of the around 35,000 students with disabilities and special educational needs are supported in mainstream schools. This includes almost all students with physical and sensory impairments. The remaining 20 per cent (around 7,500 students) are supported in government-funded SPED schools.
- Before the Compulsory Education framework was extended to children with disabilities, an average of approximately 450 children with disabilities were exempted each year.



“A quality education accessible to all is one of the key steps to achieving other goals, especially SDG 8 to promote productive, inclusive employment, SDG 10 on reducing inequalities, and SDG 5 on achieving gender equality.”

Eric Chua, Senior Parliamentary Secretary,  
Ministry of Social and Family Development, Government of Singapore

**Involved parties:**

**The Implementation Advisory Panel coordinating all stakeholders**

An Implementation Advisory Panel was appointed to study the implementation of CE for children with special education needs and to make recommendations in the areas of exemption from CE and the placement of children with special education needs in appropriate educational settings.

This panel, which is comprised of government officials, school principals, psychologists, and leaders of disability organizations, also engaged various stakeholder groups, including parents, school leaders, disability organizations, and other advocates for children with disabilities.

**Enforcement and sanctions:**

**Counselling-first approach, offering social assistance, legal enforcement as last resort**

The Ministry of Education adopts a counselling-first approach towards the enforcement of CE. The Ministry and/or the schools will engage parents who do not register their child for a national school or whose children do not attend school regularly.

This includes providing counselling to the students, having conferences with parents, and conducting home visits. If necessary, the child or family may also be referred to community-based support such as Family Service Centres.

Persistent non-compliance cases will undergo further investigation and engagement with parents. Where other forms of social assistance are required, other agencies such as the Ministry of Social and Family Development and community groups will be brought in to help resolve underlying familial issues that affect the children's attendance. If necessary, cases may also be escalated for a formal hearing. Legal enforcement is used as a last resort.



**CONTACT**

**Esther Phua**  
Senior Parliamentary Secretary  
Ministry of Social and Family Development  
Government of Singapore  
[esther\\_PHUA@msf.gov.sg](mailto:esther_PHUA@msf.gov.sg)

**WATCH ON YOUTUBE**

**Eric Chua**  
**at the Policy Maker Forum**  
**at the Zero Project**  
**Conference 2023**



# Model Policies by International Organizations

## European Union

European Accessibility Act: The law of the European Union creates the basis for EU-wide harmonized accessibility requirements for products and services.

## World Health Organization

WHO European Framework for Action on Achieving the Highest Possible Standard of Health for Persons with Disabilities: The WHO European Framework for Action aims to provide people with disabilities with improved access to quality health services.

## International Telecommunication Union

Global Standard on Accessibility of Telehealth Services: The Standard on Accessibility of Telehealth Services provides a framework for making telehealth services accessible to people with disabilities.

# Harmonizing the accessibility of products and services in the EU

## EUROPEAN ACCESSIBILITY ACT

The European Accessibility Act – Directive (EU) 2019/882 of the European Parliament and of the European Council of 17 April 2019 on the accessibility requirements for products and services (EAA) – is a European Union law to remove barriers in the EU market created by different national accessibility requirements. The aim of the regulation is to improve the accessibility of products and services for people with disabilities in the EU.

### Problem targeted:

#### Legislations of EU member states on accessibility, becoming ever more fragmented

In the EU, around 87 million people can be considered to have some form of disability. Accessibility is a prerequisite to enable these people to participate fully and equally in society, and it is a right based on the fact that the EU and most of its Member States are party to the UN Convention on the Rights of Persons with Disabilities (CRPD) along with the obligation to establish a legal framework for accessibility in line with Article 9 of the Convention.

Enforcement is based first on self-declaration, then on market surveillance, and finally on the possibility to take legal action in courts. Sanctions must be effective, proportionate, and dissuasive.

In fact, EU Member States had started to legislate independently on accessibility, leading to increasing fragmentation of legislation. The Commission had therefore proposed the European Accessibility Act (EAA) to break down barriers in the EU market that have been created by different national accessibility requirements.

In particular, the EAA addresses products and services that are most relevant to persons with disabilities and are most likely to be subject to different accessibility requirements in the various EU countries. To identify these, the Commission consulted stakeholders and experts on accessibility and took into account the obligations arising from the CRPD.

### Solution and goals:

#### Defining accessibility requirements for a broad range of products and services

The European Accessibility Act is a law adopted by the European Union in 2019 to improve the accessibility of products and services for persons with disabilities. It aims to ensure that persons with disabilities can fully participate in society and enjoy their rights on an equal basis with others.

The Act aims to improve the functioning of the internal market for accessible products and services by removing barriers created by divergent rules in Member States. In order to achieve this goal, the EAA requires that certain products and services meet specific accessibility requirements.

The following products and services are covered by the European Accessibility Act:

- computers and operating systems
- ATMs, ticketing and check-in machines
- telephones and smartphones
- TV equipment related to digital television services
- telephony services and related equipment
- audio-visual media services, such as television broadcast and related consumer equipment
- services related to air, bus, rail, and waterborne passenger transport

- banking services
- e-books
- e-commerce

The EAA sets out Europe-wide functional accessibility requirements for these products and services, which involves establishing accessibility principles rather than prescribing detailed technical solutions.

A key measure to support the implementation of the Act and other EU accessibility legislation is the establishment of an AccessibleEU Centre, which, according to the Strategy for the Rights of Persons with Disabilities 2021–2030, will support the implementation of accessibility policies across the EU and foster cooperation among the Commission, Member States, accessibility professionals, and people with disabilities.

#### Nature of the legislation:

### An EU Directive, for EU Member States to devise their own laws

The European Accessibility Act is a directive of the European Parliament and of the European Council. According to the EU's definition, a “directive” is a legislative act that sets out a goal that all EU countries must achieve.

However, it is up to the individual countries to devise their own laws on how to reach these goals. The European Accessibility Act states “what” needs to be accessible in terms of functional requirements, but it does not impose detailed technical solutions dictating “how” to make it accessible, allowing for innovation.

### FOUR REASONS WHY THE EUROPEAN ACCESSIBILITY ACT WAS CHOSEN AS A MODEL POLICY IN THIS REPORT

- It aims to improve the accessibility of goods and services for people with disabilities within Europe, and thus the entire world, given the purchasing power and export vitality of the European continent.
- The EAA mandates among others that certain products and services, such as ATMs, ticketing machines, and e-books, are made more accessible to persons with disabilities. This means that manufacturers and service providers must consider the needs of persons with disabilities when designing and producing these products and services.
- It provides a framework for improving accessibility across the European Union and harmonizes accessibility requirements.
- It aims to set a global standard for accessibility. By requiring accessibility features in products and services, the EAA can encourage manufacturers and service providers around the world to prioritize accessibility in their designs.

“Persons with disabilities face similar barriers to access products and services, especially digital ones, around the globe. Using a common set of accessibility requirements in legislation can facilitate the implementation of accessibility and bring coherence in the market across borders.”

Inmaculada Placencia Porrero, Senior Expert in Disability and Inclusion,  
Directorate-General Employment, Social Affairs, and Inclusion, European Commission

#### **Involved parties:**

#### **The EU Commission engaging with all stakeholders, including Member States, industry experts, and disability organizations**

The European Commission, as the lead organization, has been responsible for drafting the European Accessibility Act. The European Commission is the executive branch of the European Union, and is responsible for proposing and enforcing EU laws, policies, and programmes as well as managing the EU's day-to-day operations. The Commission consists of one representative from each EU Member State, appointed by the European Council, and is headed by a President. Approval of the Member States and the European Parliament was required for the adoption of the Act.

Preparatory work included consultation with industry and accessibility experts, in particular the European Disability Forum (EDF) and other disability organizations. EDF sees itself as an umbrella organization of people with disabilities and aims to bring together representatives of people with disabilities from all over Europe.

#### **Implementation and funding:**

#### **Defining a set of common accessibility requirements, obliging the Member States**

In order to determine what must be accessible in terms of functional requirements, the European Accessibility Act defines a set of common accessibility requirements at the EU level for a range of products and services. The directive only applies to selected products and services and their providers, and does

not prescribe in technical detail how they should be made accessible.

In addition, the Accessibility Act obliges Member States to ensure that the selected products and services placed on the market comply with those accessibility requirements. The Accessibility Act does not change existing obligations in EU accessibility legislation, but builds on the accessibility requirements set out in existing EU law, in particular in the areas of public procurement, structural and investment funds, and transport.

The Accessibility Act also supports Member States in implementing the Convention on the Rights of Persons with Disabilities and aims to ensure that all products and services that meet accessibility requirements can move freely in the internal market.

#### **Enforcement and sanctions:**

#### **From 2025, enforcement is based on self-declaration, market surveillance, and finally legal action**

The European Accessibility Act applies to all Member States of the European Union and will come into application on 28 June 2025.

Enforcement is based first on self-declaration, then on market surveillance, and finally on the possibility to take legal action in courts. Sanctions must be effective, proportionate, and dissuasive.

To evaluate the adequacy and functioning of the legislation, the act provides for a report after five years of application.

## WATCH ON YOUTUBE

Inmaculada Placencia Porrero  
at the Policy Maker Forum  
at the Zero Project  
Conference 2023



### Monitoring and outlook:

#### **Harmonizing accessibility standards bringing down production costs for assistive technology substantially**

The European Accessibility Act is an important step towards removing barriers for people with disabilities. Improving the accessibility of everyday products and services, such as telephones, transport, and banking services, helps people with disabilities to participate equally in society, to have better access to education, and to enter the open labour market more easily.

Improved accessibility is also necessary for older people so they can continue to play an active role in society, including extending their working lives.

The European Accessibility Act should also benefit businesses by creating a single set of requirements. Small and midsize enterprises in particular will benefit from the removal of barriers caused by a fragmented market.

In a related impact assessment, the market costs incurred by companies and Member States due to different requirements are estimated at around €20 billion per year.

Implementation of the EAA is estimated to reduce these costs by 45–50 per cent. In contrast, the additional production costs resulting from the implementation of the Act are estimated to be very low or even non-existent. In any case, the potential benefits for all economic operators are likely to be higher than the potential costs associated with implementing accessibility.

### FACTS & FIGURES

- The market costs incurred by companies and Member States due to different requirements are estimated at around €20 billion per year
- Implementation of the EAA is estimated to reduce these costs by 45–50 per cent. In contrast, the additional production costs resulting from the implementation of the Act are estimated to be very low or even non-existent.

### CONTACT

**Inmaculada Placencia Porrero**  
Senior Expert  
European Commission  
[inmaculada.placencia-porrero@ec.europa.eu](mailto:inmaculada.placencia-porrero@ec.europa.eu)  
<https://ec.europa.eu/social/main.jsp?catId=1137&langId=en>

# Standards for the Accessibility of Telehealth Services

## WHO-ITU GLOBAL STANDARD FOR ACCESSIBILITY OF TELEHEALTH SERVICES

The WHO-ITU Global Standard on Accessibility of Telehealth Services (WHO-ITU Global Standard) provides a list of technical and other requirements that telehealth platforms must meet in order to make telehealth services accessible to people with disabilities.

### Problem targeted:

#### **Large gaps in availability, affordability, and accessibility of telehealth services**

According to the World Health Organization (WHO), telehealth is the “delivery of health care services, where patients and providers are separated by distance. Telehealth uses information communication technology for the exchange of information for the diagnosis and treatment of diseases and injuries, research and evaluation, and for the continuing education of health professionals.”

Very often telehealth platforms are not compatible with devices such as screen readers that facilitate people with vision impairment to access information.

During the COVID-19 pandemic the use of telehealth services increased substantially in many countries, becoming a basic need for the general population, enabling people in real time to contact health care providers from home. As such, telehealth contributes to achieving universal health coverage in countries by improving access to quality and cost-effective health services for patients regardless of their setting. It

is particularly valuable for those who live in remote areas and for marginalized populations.

While telehealth provides the means for an equitable health service provision, in reality many persons with disabilities experience difficulties and challenges accessing and using these services.

There is increasing evidence that especially in low- and middle-income countries persons with disabilities cannot benefit from telehealth services due to highly inaccessible formats of delivery. For example, very often telehealth platforms are not compatible with devices such as screen readers that facilitate people with vision impairment to access information. The lack of captioning or volume control in video conferencing impedes persons who are deaf or hard of hearing to interact with health professionals virtually.

It is, therefore, critical to upscale efforts to address the ‘digital divide’ faced by persons with disabilities in order to ensure equitable access to telehealth services and address any structural inequalities.

### Solution and goals:

#### **WHO and ITU jointly developing a global standard, providing a list of requirements for telehealth service providers**

To bridge the digital divide faced by people with disabilities and provide them with equal access to telehealth services, WHO and the International Telecommunication Union (ITU) jointly developed a global standard for accessibility of telehealth services.

The WHO-ITU Global Standard provides a list of technical and other requirements that telehealth platforms must have to make their services accessible to



persons with disabilities, including those with mental and cognitive disabilities.

All requirements are based on the best available evidence, as well as the comprehensive feedback and input collected from civil society and the industry.

**Nature of the regulation:**

**Requirements for concrete accessibility features, starting from planning**

The WHO-ITU Global Standard provides the general technical requirements for the concrete accessibility features that health care providers and manufacturers of telehealth platforms must ensure when delivering telehealth services. The requirements are based on the common challenges that persons with different disabilities experience when accessing and using these services. Some of the requirements overlap across different groups of persons with disabilities.

The WHO-ITU Global Standard also addresses specific technical requirements in the planning phase. Accordingly, health care providers and telehealth platform manufacturers should develop a system to facilitate administrative advance planning for people with disabilities. This system should provide easy-to-use communication technologies and ensure that they are in place so that health professionals can anticipate the specific needs of users when making telehealth appointments.

Security is also a concern of the Standard in the use of telemedicine. In line with the guidelines for web-based remote sign language or video remote interpretation systems, real-time communication via Web Real Time Communication (WebRTC) shall be protected according to WebRTC standards. It is also

**THREE REASONS WHY THE WHO-ITU GLOBAL STANDARD WAS CHOSEN AS A MODEL POLICY FOR THIS REPORT**

- During the COVID-19 pandemic the use of telehealth services increased substantially in many countries, becoming a basic need for the general population.
- The WHO-ITU Global Standard provides the general technical requirements for the concrete accessibility features that health care providers and manufacturers of telehealth platforms must ensure when delivering telehealth services
- The requirements formulated in the WHO-ITU Global Standard are intended for adoption by Member States as regulations or legislation and should also be voluntarily implemented by health care professionals and manufacturers so that the telehealth industry in each country will be in compliance with the accessibility requirements.

“Many persons with disabilities experience challenges accessing and using telehealth services. These challenges vary depending on the type of impairment and the nature of the digital platform/device. This standard targets governments, health care service providers, and manufacturers of telehealth platforms. It provides a list of technical requirements that telehealth platforms must have to ensure accessible telehealth service provision. If implemented, it is able to support accessible and equitable delivery of health care services.”

Masahito Kawamori, Rapporteur, International Telecommunication Union

recommended that telehealth services in general, and accessible telehealth services in particular, provide proper electromagnetic compatibility as well as guidance on its application during telehealth sessions.

#### **Involved parties:**

#### **WHO and ITU joining forces**

The two proponents of the global standard are WHO and ITU, both of which are agencies of the United Nations.

The World Health Organization is responsible for promoting public health on a global level. Its main objective is to help countries around the world achieve better health outcomes for their populations by providing leadership, technical assistance, and guidance on matters related to health. WHO also plays a key role in responding to global health emergencies, such as pandemics, natural disasters, and outbreaks of infectious diseases.

The International Telecommunication Union is responsible for coordinating and regulating international telecommunications and information and communication technologies (ICTs). Its main objective is to promote the development and use of telecommunications and ICTs to improve connectivity and communication among people and communities around the world.

#### **Implementation and funding:**

#### **Involving organizations of persons with disabilities on an international level**

For the development of the WHO-ITU Global Standard, WHO and ITU adopted an inclusive stepwise

approach, closely involving members of several civil societies, persons with disabilities and their representative organizations, as well as representatives of the telehealth industry.

All organizations of persons with disabilities at the international level were invited to contribute to the drafting of the Standard, including the World Federation of the Deaf, International Federation of Hard of Hearing, International Blind Union, as well as organizations for persons with mental and cognitive disabilities.

The requirements formulated in the WHO-ITU Global Standard are intended for adoption by Member States as regulations or legislation, and should also be voluntarily implemented by health care professionals and manufacturers so that the telehealth industry in each country will be in compliance with the accessibility requirements.

The financial aspects will depend on the national policy as well as the decisions made by the industry.

#### **Enforcement and sanctions:**

#### **A voluntary recommendation, but ready-made for adoption by countries**

The adoption of the WHO-ITU Global Standard for accessibility of telehealth services is voluntary, and for the moment there is no sanction against non-compliance. But since it is based on the United Nations Convention on the Rights of Persons with Disabilities, some countries may have regulations imposing mandatory implementation of these requirements.

## WATCH ON YOUTUBE

[Masahito Kawamori  
at the Policy Maker Forum  
at the Zero Project  
Conference 2023](#)



It is proposed that the WHO-ITU Global Standard is:

- implemented by governments as regulations in order to ensure that persons with disabilities have an equal access to telehealth services as others, and
- adopted voluntarily by manufacturers of telehealth platforms or health care professionals.

In addition, the document can be used by civil society groups and organizations of persons with disabilities to advocate for accessible telehealth services.

On the standardization front, proponents will work with international as well as regional standardization bodies, such as CEN, CENLEC, ETSI, TTC, ATSC, ANSI, etc., through liaisons.

WHO and ITU are also planning various communication activities to promote the Standard. There will be awareness-raising seminars and events, capacity-building courses, publications, and communication activities.

### Monitoring and outlook:

#### Ireland and India have indicated their intention to adopt the WHO-ITU Global Standard

By Spring 2023, the date of this publication, a number of countries, including Ireland and India, have indicated their intention to adopt this Standard.

The WHO-ITU Global Standard for accessibility of telehealth services aims to make telemedicine accessible to everyone within a few years.

### FACTS & FIGURES

- In line with the guidelines for web-based remote sign language or video remote interpretation systems, real-time communication via Web Real Time Communication (WebRTC) shall be protected according to WebRTC standards.
- On the standardization side, proponents will work with international as well as regional standardization bodies, such as CEN, CENLEC, ETSI, TTC, ATSC, ANSI, etc., through liaisons.

### CONTACT

**Masahito Kawamori**  
Rapporteur  
International Telecommunication Union  
[kawamorim@gmail.com](mailto:kawamorim@gmail.com)  
<https://www.who.int/publications/i/item/9789240050464>

# Framework for inclusive provision of health services in Europe

## THE WHO EUROPEAN FRAMEWORK FOR ACTION TO ACHIEVE THE HIGHEST ATTAINABLE STANDARD OF HEALTH FOR PERSONS WITH DISABILITIES 2022–2030

The WHO European Framework for action to achieve the highest possible standard of health for people with disabilities 2022–2030 (WHO European Framework) aims to improve access to health services for people with disabilities and to provide equal access to quality health services for all.

### Problem targeted:

#### People with disabilities are at much greater risk of poor health and service delivery

Persons with disabilities experience structural a disadvantage, exemplified through increased poverty rates, lower literacy levels, and lower employment compared with the general population. They also experience greater risk factors for poor health, which – combined with limited or fragmented service delivery – contribute to poor health outcomes.

Unmet health care needs can have detrimental effects on the health and well-being of persons with disabilities and can be associated with worse health outcomes, including mortality rates that are two to three times higher than the rest of the population across all ages.

The WHO European Framework for action to achieve the highest possible standard of health for persons with disabilities 2022–2030 aims to address the following key concerns:

- Persons with disabilities often have increased needs for health care: they need to access general health care services as well as disability-related health care services. However, evidence – both globally and in the European region – shows that, on average, persons with disabilities face more barriers to accessing and using health care and

have greater unmet health care needs than persons without disabilities.

- Unmet health care needs can have detrimental effects on the health and well-being of persons with disabilities and can be associated with worse health outcomes, including mortality rates that are two to three times higher than the rest of the population across all ages. Unmet health care needs can also lead to unnecessarily high health care costs, as persons with disabilities are more likely to experience delayed access to health care, which can lead to more difficult and expensive treatments.
- In the European region, only half of all persons with disabilities can afford health care, including rehabilitation services, while only 10 per cent have access to assistive devices. Furthermore, persons with disabilities in the region report lower levels of use of cancer screening services.
- The observed disparities in access to health care and in health outcomes are the product of both direct and indirect discrimination that, combined, lead to compromised access to health care systems and to living conditions associated with poor health.
- These barriers do not affect solely persons with disabilities but, more widely, people who experience discrimination, including – but not limited to – people belonging to marginalized or minority groups (sexual, racial, ethnic, linguistic, among others), older people, and people on low incomes.
- Barriers to health care services are often due to failures in systems and service delivery, including attitudinal, physical, communication, accessibility, transportation, and geographical as well as policy and financial hardship barriers.

**Solution and goals:**

**Offering targets, specific actions, and an evaluation plan for Member States**

The WHO European Framework includes targets and specific actions for Member States, the WHO Regional Office for Europe, and national and international stakeholders, as well as a detailed monitoring and evaluation framework, to ensure that the right to health for persons with disabilities is fully realized.

The objectives of this policy initiative are fourfold:

- Ensure that all persons with disabilities receive quality health services on an equal basis with others.
- Promote the health and well-being of persons with disabilities.
- Ensure that all health policies and programming, as well as resilience-building and recovery plans during public health emergencies, are disability inclusive.
- Build an evidence base on disability and health.

**Nature of the regulation:**

**A Member State-led process followed by a resolution and framework action plan**

The development of the resolution and framework action plan followed a Member State-led process, with technical and secretariat support from the Division of Health Policy and Systems based in the WHO Regional Office for Europe (Copenhagen), which is one of WHO's six regional offices around the world and comprises 53 countries.

This resolution and framework action plan was considered and adopted by the 72nd session of the WHO Regional Committee for Europe on 13 September 2022.

**THREE REASONS WHY THE WHO EUROPEAN FRAMEWORK WAS CHOSEN AS A MODEL POLICY FOR THIS REPORT**

- Providing a real opportunity to shape a health sector where all, including people living with a disability, are treated with dignity and respect, and can live full and healthy lives.
- Providing for realistic and practical actions to achieve disability-inclusive health policies.
- Advocating and technically supporting Member States to enact policies that ensure no one is left behind

**FACTS & FIGURES**

- In the European region, only half of all persons with disabilities can afford health care, including rehabilitation services, while only 10 per cent have access to assistive devices.
- All 53 Member States of WHO Europe have had input into and ultimately adopted the Resolution at its 72nd session of the Regional Committee in 2022.

“When everyone can access the health services they need – without barriers – everyone stands to benefit. The WHO European Framework will help to shape a health sector where all, including those living with a disability, are treated with dignity and respect, and can participate fully.”

Cathal Morgan, Policy Advisor, Rehabilitation Health Services,  
Assistive Technology & Disability Inclusion, WHO Regional Office for Europe

#### **Involved parties:**

#### **WHO with active participation of all its 53 Member States in Europe**

The WHO European Framework was developed in consultation with the 53 Member States in the WHO European Region and reaffirmed through multiple stakeholder consultations with Member States and organizations of persons with disabilities. All 53 Member States have had input into and ultimately adopted the Resolution at its 72nd session of the Regional Committee in 2022.

The policy drafting and formulation process employed a rigorous approach, involving representatives of disability organizations and associations as well as key government departments/ministries and academic institutions. In particular, the lead Member States and the WHO Regional Office worked closely with the European Disability Forum in terms of planned consultation and input into the development of the resolution and framework action plan.

#### **Implementation and funding:**

#### **National action plans as basis for effective implementation**

National action plans, with clear strategies and mechanisms to accomplish national and regional targets, will be the basis for the effective implementation of the WHO European Framework for action. National action plans, which will include clearly-defined priority actions, timelines, and resources, will be elaborated with the support of national, regional, and international stakeholders, assisted by the WHO Regional Committee for Europe.

The overall implementation of the Framework will be overseen by the WHO Regional Committee for

Europe, through the establishment of a high-level advisory council of independent experts from various domains, which will:

- Advise Member States on implementation and offer technical assistance on the establishment of their own monitoring and evaluation, at national and subnational levels;
- Advocate for political commitment and allocation of adequate financial resources to strengthen and sustain disability-inclusive health care across Member States;
- Report to the Regional Director at regular intervals regarding progress towards the targets at the regional and subregional level.

#### **Enforcement and sanctions:**

#### **Requiring strong partnerships among Member States, the WHO, and disability organizations in Europe**

The realization of the Framework will require strong partnerships among the Member States, the WHO Regional Office for Europe, academia, and national and international organizations, including the European Disability Forum and disabled people's organizations at the subregional and national level.

The WHO Regional Office for Europe will support Member States in the development and implementation of national action plans that will promote disability-inclusive health policies, with the aim of combating exclusion, promoting the rights of persons with disabilities, building resilient health systems, and ultimately building healthier populations in the WHO European region.

## WATCH ON YOUTUBE

Cathal Morgan  
at the Policy Maker Forum  
at the Zero Project  
Conference 2023



### Monitoring and outlook:

#### Ireland's draft paper: "Rights-based Leadership Approach to Building Leadership and Governance in Health Services"

Following adoption of the Framework, efforts have been underway to commence priority activities relevant to the action areas. For example, a Member State-led expert group from Ireland has developed a draft paper entitled "Rights-based Leadership Approach to Building Leadership and Governance in Health Services: Promoting compliance with the UNCRPD."

Following on from this important work, the WHO Regional Office for Europe is leading activities on the development of a toolkit on Disability-Inclusive Leadership and Governance, which will support Member States and service providers on achieving disability-inclusive health policies in real and tangible ways.

Given the importance of being able to evaluate and measure the impact of the framework and its implementation, there is an agreed upon monitoring and evaluation framework. Member States will prepare a mid-term (2026) and a final (2030) monitoring report. The WHO Regional Office for Europe will prepare a mid-term report (including a mapping exercise and relevant case studies) that will be submitted to the Regional Committee at its 76th session (2026), with a final report planned to be submitted at the 80th session (2030).

The WHO European Resolution and associated Framework Action Plan envisages that by 2030 persons with disabilities and their needs will be fully included and considered in all health care planning, delivery, and leadership across all 53 Member States in the region.

Furthermore, implementation of the Resolution and the Framework Action Plan will make a very important contribution to the successful achievement of other objectives, including:

The Triple Billion target, an initiative to achieve significant improvements in the health of the world's population. The Triple Billion targets are set out by the WHO General Programme of Work and the corresponding core priorities of the WHO European Programme of Work to move towards Universal Health Coverage, to better protect people against health emergencies, and to ensure healthy lives and well-being for all;

Achievement of the United Nations Agenda 2030 for Sustainable Development and its associated Sustainable Development Goals (SDG), and especially SDG 3 (Ensure healthy lives and promote well-being for all at all ages);

Compliance with international law as per the United Nations Convention on the Rights of Persons with Disabilities, especially Articles 25 (Health) and 26 (Habilitation and Rehabilitation).

### CONTACT

**Cathal Morgan**  
Policy Advisor – Disability Inclusion,  
Rehabilitation & Assistive Technology  
World Health Organization Regional Office  
for Europe  
[morganc@who.int](mailto:morganc@who.int)  
[www.who.int/europe/about-us/  
about-who-europe](http://www.who.int/europe/about-us/about-who-europe)

# Analysis: Public policies supporting persons with disabilities

## AN INTRODUCTION

In this chapter of the Model Policy Report public policies (laws, regulations, etc.) are presented and explained. In addition, here you will find analysis of: (1) how the impact of a policy can be measured; (2) the method to enforce it; and (3) strategies of replication to other countries.

Public policies related to persons with disabilities can be differentiated into various types. These include, most importantly:

1. **Inclusive Economic Policies:** Tax incentives for businesses employing persons with disabilities, accessible monetary policies, and trade policies promoting disability-inclusive products and services.
2. **Disability-Inclusive Social Welfare Policies:** Health care policies addressing the specific needs of persons with disabilities, inclusive education policies, and accessible social security systems.
3. **Accessible Environmental Policies:** Climate change adaptation strategies considering the unique vulnerabilities of persons with disabilities, inclusive control measures, and conservation policies that promote accessibility.
4. **Disability-Inclusive Foreign Policies:** Diplomatic relations fostering international cooperation on disability rights and national security policies that consider the needs of persons with disabilities, e. g. during emergencies.
5. **Equitable Criminal Justice Policies:** Laws and regulations ensuring equal treatment of persons with disabilities in law enforcement, courts, and prisons, including accommodations for communication and accessibility.
6. **Non-Discriminatory Regulatory Policies:** Business and industry regulations promoting equal opportunities for persons with disabilities, and consumer protection policies ensuring accessible goods and services.
7. **Accessible Infrastructure Policies:** Transportation, energy, and telecommunications policies that prioritize accessibility for persons with disabilities, ensuring equal access to public services and facilities.

This list is not exhaustive, and other categorization can be used as well.

## Public policies related to social welfare and social protection

In terms of social welfare and social protection policies for persons with disabilities, different types can be distinguished. These include:

1. **Inclusive Income Support Programmes:** Cash assistance, food stamps, and housing subsidies tailored to the specific needs of persons with disabilities and their families, ensuring equal access to resources.
2. **Accessible Health Care Policies:** Health insurance programmes that cover disability-specific treatments, therapies, and assistive devices, ensuring comprehensive care for persons with disabilities.
3. **Disability-Inclusive Education Policies:** Financial assistance for college education and training programmes that are accessible to low-income individuals with disabilities, promoting equal opportunities in higher education.
4. **Equitable Social Security Policies:** Retirement benefits, survivor benefits, and disability benefits that consider the unique needs of persons with disabilities, ensuring fair access to social security systems.
5. **Employment and Training Programmes:** Initiatives that promote equal opportunities for persons with disabilities in the workforce, including accessible training programmes and workplace accommodations.
6. **Inclusive Child Welfare Policies:** Policies that address the specific needs of children with disabilities, ensuring equal access to resources and support services for their well-being.
7. **Accessible Housing Policies:** Initiatives that increase affordable and accessible housing options for persons with disabilities, reducing homelessness and promoting independent living.
8. **Disability-Inclusive Community Development Policies:** Programmes that provide funding and support for community organizations working towards creating inclusive environments for persons with disabilities.



The specific measures and provisions within each policy area can be tailored to address the unique needs and circumstances of persons with disabilities. This list is not exhaustive, and other categorization can be used as well.

### **Public policies using norms and standards to ensure equality and consistency**

Social welfare policies are often standardized through established standards and guidelines that are used to ensure that policies are implemented consistently and effectively across different jurisdictions.

Very important are its eligibility criteria, which specify who is eligible for benefits or services under a particular policy, such as income thresholds, age requirements, and disability status. This includes the following considerations:

1. **Inclusive Eligibility Criteria:** Criteria that ensure equal access to benefits and services for persons with disabilities, taking into account their unique needs and circumstances.
2. **Equitable Benefit Levels:** Norms specifying financial assistance or other benefits for individuals or families with disabilities, ensuring that they receive adequate support to meet their specific needs.
3. **Accessible Service Delivery:** Norms outlining the administration of policies and programmes in a manner that is accessible and accommodating to persons with disabilities.
4. **Quality Assurance:** Standards that ensure that providers of services and benefits meet the unique needs of persons with disabilities, promoting high-quality care and support.
5. **Coordination and Collaboration:** Norms encouraging collaboration between different policies and programmes to create a comprehensive support system for persons with disabilities.
6. **Monitoring and Evaluation:** Guidelines for monitoring and evaluating policies and programmes to ensure they effectively address the needs of

persons with disabilities and achieve intended goals and outcomes.

7. **Inclusive Budgeting and Financing:** Norms specifying financing strategies that prioritize the needs of persons with disabilities, ensuring adequate funding for policies and programmes that support their well-being.

Standards can be mandatory, voluntary, or enforced by a 'soft push' by government authorities, for example, when only organizations that fulfil the standards are allowed to provide services or products to the government (public procurement).

### **Measuring the impact of public policies**

The impact of public policies related to persons with disabilities can be measured through various means. These include:

- Assessing the outcomes of policies
- Evaluating the implementation processes
- Analysing the broader effects on individuals and communities
- Conducting cost-benefit analyses
- Monitoring performance indicators
- Gathering stakeholder feedback
- Collecting administrative data

These evaluation methods help determine the effectiveness, efficiency, and long-term impact of policies in promoting disability inclusion and well-being.

### **Public policies supporting important Sustainable Development Goals (SDGs)**

Policies supporting the following SDGs can also support persons with disabilities include:

- SDG 4 (Quality Education),
- SDG 8 (Decent Work and Economic Growth),
- SDG 10 (Reduced Inequalities)
- SDG 17 (Partnerships for the Goals)

For instance, inclusive education policies can contribute to SDG 4 and support the inclusion of students

with disabilities. Employment and training programmes that promote equal opportunities can contribute to SDG 8 and support the economic inclusion of persons with disabilities. Policies aimed at reducing inequalities can align with SDG 10 and address the specific needs of persons with disabilities.

Finally, partnerships and collaborations among different stakeholders can contribute to SDG 17 and promote disability inclusion through joint efforts and resource sharing.

### **How to tailor public policies to the context of another country**

Tailoring public policies to a specific context involves taking into account the unique social, economic, and political characteristics of a particular community or region, especially also existing regulations, infrastructure, and the system of service provision. Here are some steps that can be taken to tailor public policies to a specific context:

1. **Conduct a Needs Assessment:** Identify the unique needs and challenges faced by persons with disabilities in the new context, considering factors such as demographics, culture, and available resources.
2. **Engage with Stakeholders right from the beginning:** Consult with persons with disabilities, their families, service providers, and other relevant stakeholders to gather input on policy design and implementation.
3. **Analyse Existing Policies and Programmes:** Review the policies and programmes currently in place to address disability issues, identifying gaps and areas for improvement.
4. **Adapt Policies and Programmes:** Modify existing policies or develop new ones that address the specific needs and challenges identified in the new context, ensuring they are culturally appropriate and feasible.
5. **Test and Evaluate:** Pilot the adapted policies and programmes to assess their effectiveness in the new context, making adjustments as needed based on feedback and evaluation results.
6. **Monitor and Evaluate:** Continuously track the progress of the adapted policies and programmes, using data and feedback to inform ongoing improvements and ensure they remain relevant and effective.
7. **Engage the Community in the Process:** Encourage participation of the community in the development, implementation, monitoring, and evaluation of the policies and programmes, fostering a sense of ownership and commitment to their success.
8. **Be Flexible and Responsive:** Remain open to making changes as needed based on feedback,

new information, or changing circumstances, thus ensuring that policies and programmes remain effective in addressing the needs of persons with disabilities in the new context.

It is important to note that tailoring policies to a specific context requires a deep understanding of the community or region, and a willingness to be flexible and responsive to the changing needs and conditions. It also requires a governance structure that allows for full participation of persons with disabilities from the very beginning of designing and implementing the policy, as well as transparency and accountability.

### **How public policies can be enforced**

Enforcement of social welfare policies refers to the actions taken to ensure that policies are implemented as intended and that individuals and organizations comply with the rules and regulations associated with those policies. In the context of the rights of persons with disabilities, common methods of enforcement include:

1. **Compliance Monitoring:** Regular inspections and audits to ensure that policies and programmes are effectively addressing the needs of persons with disabilities and adhering to accessibility standards.
2. **Sanctions:** Penalties or other forms of punishment for non-compliance with disability-related policies and regulations, promoting accountability and adherence to inclusive practices.
3. **Education and Outreach:** Efforts to educate individuals, organizations, and businesses about rules and regulations associated with disability policies, raising awareness and fostering a culture of inclusion.
4. **Legal Action:** The use of lawsuits and injunctions to address non-compliance with disability-related policies and regulations, ensuring that the rights of persons with disabilities are protected.
5. **Collaboration and Partnership:** Working with government agencies, community organizations, and private sector entities to promote compliance with disability policies and regulations, addressing non-compliance issues through cooperative efforts.
6. **Technical Assistance:** Providing support and guidance to organizations and businesses in implementing disability-related policies and regulations, ensuring that they have the necessary tools and resources to create inclusive environments.
7. **Enforcement Mechanisms:** Adapting enforcement strategies based on the type of policy, the nature of the problem it aims to address, and the population it serves, ensuring that enforcement efforts effectively support persons with disabilities.

# Zero Project – for a world with zero barriers.



## SOURCES AND FURTHER READING RECOMMENDATIONS

### Zero Project Model Policies

Zero Project Policy Maker Forum (Video Recording of the Session during the Zero Project Conference 2023)  
[www.youtube.com/watch?v=fIaKQ22zd90](https://www.youtube.com/watch?v=fIaKQ22zd90)

### UN Publications on Model Policies related to inclusion and accessibility

“UN Disability and Development Report” (to be published in 2023)

UN Flagship Report on Disability and Sustainable Development Goals (2018) [social.un.org/publications/UN-Flagship-Report-Disability-Final.pdf](https://social.un.org/publications/UN-Flagship-Report-Disability-Final.pdf)

UN DESA: Good Practices of Accessible Urban Development (2016)  
[desapublications.un.org/publications/good-practices-accessible-urban-development](https://desapublications.un.org/publications/good-practices-accessible-urban-development)

Model ICT Accessibility Policy Report by ITU and G3ICT (2014)  
[www.itu.int/en/ITU-D/Digital-Inclusion/Pages/Digital\\_Inclusion\\_Resources/Model\\_ICT\\_Accessibility\\_Policy.aspx](https://www.itu.int/en/ITU-D/Digital-Inclusion/Pages/Digital_Inclusion_Resources/Model_ICT_Accessibility_Policy.aspx)

### SDGs and Policy Coherence

Organisation for Economic Co-operation and Development (2019). “Building Policy Coherence for Sustainable Development 2019: Empowering People and Ensuring Inclusiveness.”  
[www.oecd.org/gov/pcsd/oecd-recommendation-on-policy-coherence-for-sustainable-development.htm](https://www.oecd.org/gov/pcsd/oecd-recommendation-on-policy-coherence-for-sustainable-development.htm)

World Bank Group (2019). “SDGs in Action: Integrating the SDGs into National Budgets.” (video recording)  
[live.worldbank.org/sdgs-in-action](https://live.worldbank.org/sdgs-in-action)

UNITAR: Toolkit “Integrated policies and policy coherence for SDGs” (online course)  
[unitar.org/event/full-catalog/toolkit-integrated-policies-and-policy-coherence-sdgs](https://unitar.org/event/full-catalog/toolkit-integrated-policies-and-policy-coherence-sdgs)

United Nations Development Programme (2017). “Policy Coherence for Sustainable Development: A Roadmap to Achieve the 2030 Agenda.”  
[www.oecd.org/publications/policy-coherence-for-sustainable-development-2017-9789264272576-en.htm](https://www.oecd.org/publications/policy-coherence-for-sustainable-development-2017-9789264272576-en.htm)

European Union: Summaries and types of Legislation,  
[european-union.europa.eu/institutions-law-budget/law/types-legislation\\_en](https://european-union.europa.eu/institutions-law-budget/law/types-legislation_en)

# Join the Zero Project Network!



Scan the QR code in order to provide us with your contact details, ensuring that you will receive our official Call for Nominations email.

**For updates, highlights, and more, follow us here:**

**Facebook**

[/zeroproject.org](https://www.facebook.com/zeroproject.org)

**LinkedIn**

[/zeroproject](https://www.linkedin.com/company/zeroproject)

**Twitter**

[/zeroprojectorg](https://twitter.com/zeroprojectorg)

**YouTube**

[/zeroprojectorg](https://www.youtube.com/channel/UCz0tQ0U1U1U1U1U1U1U1U1U)

**Instagram**

[/zeroprojectorg](https://www.instagram.com/zeroprojectorg)



Download the accessible PDF of this [Zero Project Model Policy Report](#)



Learn more about the Zero Project [www.zeroproject.org](http://www.zeroproject.org)