



*American Model United Nations*  
**Commission on Social Development**

# Report to the General Assembly on the Implementation of the World Programme of Action Concerning Disabled Persons

## Table of Contents

Executive Summary.....	3
Consideration of the Implementation of the World Programme of Action Concerning Disabled Persons.....	4
Deliberations.....	4
Subsection on Equal Access to Opportunities .....	4
Subsection on Education with Regards to Disabled Persons.....	5
Subsection on Information Reporting, Preventative Measures and Rehabilitation....	6
Adoption of the Report.....	9

## Executive Summary

1 The Commission for Social Development is pleased to present its report concerning  
2 implementation of the World Programme for Action Concerning Disabled Persons. In  
3 order to best address the prompts provided, the body divided itself into three informal  
4 committees: equal access to opportunities, education, and prevention.  
5

6 The first deliberations subsection includes the four main topic areas identified by the  
7 equal access to opportunities committee. Under the first topic, the committee stressed the  
8 importance of ensuring infrastructure and transportation accommodations in areas that  
9 persons with disabilities frequent. Second, there was a focus on workforce integration  
10 that included examples of incentive measures to support employers. The third topic  
11 discussed was public access, which encouraged the increase of provisions to families in  
12 rural and urban areas. Finally, healthcare and medical equipment was addressed in hopes  
13 to provide greater resources to best meet the needs of various medical conditions. The  
14 committee focused on these four areas in order to achieve a better quality of life for  
15 persons with disabilities.  
16

17 The second subsection discusses the three target areas identified by the education  
18 committee. The first, public awareness, addressed education of communities through ad  
19 campaigns and heightened sensitivity training for professionals. The second, academic  
20 education, focused on bolstering resources and additional faculty tailored to those with  
21 disabilities. The final target area, education of medical professionals, discussed the need  
22 for increased understanding and technical savvy about the needs of the disabled among  
23 caregivers.  
24

25 The third subsection involves the three most pertinent areas identified by the prevention  
26 methods and rehabilitation committee: preventative measures, rehabilitation methods and  
27 improved data collection. Firstly, pre-natal and post-natal care was suggested to address  
28 preventative measures. Early diagnosis was perceived as paramount. Secondly,  
29 discussion of rehabilitation methods centered on support of programs engendered by the  
30 World Health Organization. Thirdly, the committee emphasized the necessity of data  
31 collection between urban and rural sectors, as the latter often suffers under representation.  
32 To accomplish a more accurate assemblage of information, home states would, with the  
33 help of non-governmental organizations if necessary, create committees whose purpose is  
34 data collection in all areas of the country. Their reports would go to the Committee on the  
35 Rights of Persons with Disabilities.  
36

## **Consideration of the Implementation of the World Programme of Action Concerning Disabled Persons**

37 At its 2014 session, the Commission considered agenda item 2, the Implementation of the  
38 World Programme of Action Concerning Disabled Persons.  
39

### ***Deliberations***

40 At the outset of discussion, the Commission decided to informally divide itself into three  
41 committees. The sub-topics covered included: equal access to opportunities; education  
42 with regards to disabled persons; and information reporting, preventative measures and  
43 rehabilitation.

### **Subsection on Equal Access to Opportunities**

The body convened to discuss the importance of four integral topics to opportunities for disabled peoples: infrastructure and transportation, workforce integration, public assistance and healthcare. Without serious consideration of these four topics, the body felt that States could not engage in meaningful discussion to guarantee representation of those with disability in society.

The first topic discussed was access to infrastructure and transportation. The body expressed interest in public transportation that was more handicap-accessible as well as buildings that cater to those with disabilities through ramps, sidewalks and elevators. Accessible public transportation was encouraged by strongly recommending that States with current transportation systems take steps to make those available to disabled peoples and that States lacking strong public transportation develop new transportation with the needs of the disabled in mind. Personal assistance was also considered as a means of increasing the independence of the disabled in transportation. States encouraged stronger urban planning for future cities that will represent the needs of disabled peoples. The Republic of Korea mentioned success in connecting rural and urban areas through public transportation. States agreed that governments should encourage the implementation of similar programs, so that those with disabilities have access to the resources that urban centers can provide, especially medical care. States expressed wishes for the development of technology in developed nations in order to create networks between disabled persons and resources that can improve their quality of life.

With regards to workforce integration, States debated assimilating both the disabled and their caregivers into the job market and pondered incentives for hiring disabled peoples and their caregivers such as tax breaks for companies that hire these workers. In discussion of solutions, it was mentioned that in the United States, companies must have 7% of their workforce representing disabled peoples in order to be eligible for government contracts. Furthermore, in Germany, laws require that companies must

employ a minimum of 5% disabled employees or face the penalty of increased taxes. Similarly, private employers in China must reserve no less than 1.5% of job opportunities of persons with disabilities. Those who fail to meet this quota in China must pay a fee to the Disabled Person's Employment Security Fund. These representatives urged others to create similar systems in their respective States to ensure diversity and inclusivity in the global workforce. States also discussed government sponsorship of industries specifically for disabled workers. Many States voiced interest in disability education in the workplace so that the coworkers of disabled peoples can better understand their needs and wishes in order to foster a more open workplace culture for those with disabilities.

On the topic of public assistance, the committee discussed public assistance to directly address and fulfill the needs of disabled children and ease financial hardship that often face families of disabled children. Recognizing that this places a heavier burden on those outside of urban centers, special consideration would be given to rural caregivers. Funding for these programs would be based on the needs and resources of individual countries. In order to offer proper representation for those without caregivers, especially children, States encouraged the creation of programs to support disabled orphans to eradicate abuse and encourage the empowerment of this marginalized group. In light of the wide range of disability present in nations, Member States encourage the financial support of a variety of care programs for disabled peoples, including physical therapy and assisted living, and creating programs for public care providers. States recognized the severe lack of resources for disabled persons seeking education, especially in rural areas and encouraged the creation of public assistance programs that would aim towards including those with disabilities in academic environments.

44 A final topic of interest is access to healthcare and needed medical devices. Many States  
45 expressed concern with access to mental health professionals for those with disabilities.  
46 Others conveyed interest in distribution of the United Nations Disability Fund so that the  
47 disabled would have vital access to tools such as wheelchairs, canes and other medical  
48 devices. It was agreed that States, especially those that are developing, can invite Non-  
49 Governmental Organization and international organizations to contribute to funding for  
50 sustainable ways for families to receive healthcare for their disabilities. States recognized  
51 that the financial burden of medical care constitutes a major obstacle for those with  
52 disabilities and encouraged research organizations and corporations to invest in  
53 developing more cost-effective means of treating medical conditions. States also looked  
54 favorably on State action that provides citizens with attainable and safe healthcare  
55 delivery.

### **Subsection on Education with Regards to Disabled Persons**

On the issue of disabled persons, the body centered its discussion on three key areas for education: in the community, in the medical fields, and in the schools.

Community education is central to establishing safe, supportive environments for disabled persons. As such, the body encouraged the formation of a myriad of different programs targeted at community education. Inspired by the ad campaign successfully

implemented by Mexico, the body recommended similar programs that were targeted at increasing awareness of disabled persons and at their increased integration within communities. In rural areas with limited access to technology, greater outreach can be achieved through the networking of local community leaders on education about the rights of the disabled. Other suggested programs include: bolstered curriculum throughout the entire education system, specifically in elementary schools, targeted at raising awareness of disabled persons and the critical role they play in society; increased interaction with disabled persons, such as volunteer programs and outreach; and job training focused on heightened understanding and collaboration with disabled persons in the work place.

Member States believe that it is imperative that medical professionals be prepared as well as experienced in the sensitive care of disabled persons. Both patients and healthcare workers should be technically educated about the nuances of caring for those with disabilities. It is recommended that disabled persons have full access to information pertaining to emotional and medical support. Healthcare can be utilized as a medium for reducing harmful stigmas and as a way of disseminating unbiased medical information. The body suggested special attention be given to both preventative measures and treatment in order to ensure the right to health enjoyed by the most citizens.

56 Schools are important socioeconomic equalizers. As such the body recognized the vital  
57 importance of integrating disabled students into institutions of learning in a way that  
58 maximizes their potential to succeed. With the goal of global access to adequate learning  
59 materials, the body discussed that additional resources should be dedicated to those with  
60 disabilities. Topics included increased teacher attention and educational supplies tailored  
61 to students-specific needs. Resources such as ramp access to schools and braille texts  
62 were also discussed. Additionally, teachers should undergo training on how to best  
63 accommodate disabled students within the classroom, such as required courses taken  
64 during their degree program before entering the workforce. The committee agreed that  
65 disabled students should be included in existing academic and vocational education  
66 programs.  
67

### **Subsection on Information Reporting, Preventative Measures and Rehabilitation**

68 The third topic covered information reporting, preventative measures and rehabilitation. The committee began with a strong consensus on the need for improved reporting measures for people with disabilities, giving rise to debate on the methods and mechanisms to improve broadening the scope of reporting to provide a more accurate representation of the disabled community. There was general agreement on the existence of a skewed perception of where disabled people are located and the numbers of people with certain types of disabilities. Furthermore, the committee discussed areas in need of specific attention such as those disabled in rural areas, the need for a standardized method of data collection and the necessity to obtain correct information from all countries to

accurately assess the status of disabled persons. Representatives agreed that accurate data collection is imperative to understanding the challenges faced by persons with disabilities as a means for improving quality of life for persons with disabilities and those adversely affected. The body put forward that a multilateral effort on reporting between States and the Committee on the Rights of Persons With Disabilities is a preferable and effective method to inform nations about issues affecting their populations.

There was a general call for enhanced and more accurate holistic data collection methods. Representatives proposed the idea of a standardized method of reporting that would serve to benefit across all borders by providing a base-line for reporting measures to stem from. This would provide information on the degree to which people are disabled, have access to resources, and access to programs, which further serves to provide evidence for allocating funding from the United Nations Voluntary Fund on Disability (based on need and necessity) to improve these aspects. The committee unified in calling for the expansion of the Committee on the Rights of Persons With Disabilities, recommending the establishment and implementation of country-specific committees to serve as reporting bodies; these secondary bodies would have the purpose of implementing standardized reporting methods established by the United Nations Voluntary Fund on Disability, collecting both qualitative and quantitative information on disabled people per country and compiling biennial reports for review by the Committee on the Rights of Persons With Disabilities. Poland voiced the importance of gender data collection as an example of the types of segmented data collection that would be beneficial. This type of segmented data collection would be based on the biennial reports, detailing the areas in need of improvement and more adequately representing the population of disabled persons. The body's vision for secondary-reporting committees is that they could be under the framework of an international organization, non-governmental organizations (NGO), or other type of country-approved committee. These would have international approval and strength in their reporting initiatives in an effort to avoid sovereignty issues, as their purpose is purely to collect information and accurately review a country's reporting on the status of their disabled people. Argentina brought to the committee's attention the idea of encouraging NGOs to participate more at the national level in reporting endeavors so as not to infringe on State governments, which was taken into consideration by the body.

Peru brought to the body's attention the lack of reporting and resources in rural areas. They voiced the sentiment that improved information about where and to what extent disabilities occur in rural areas would help address the types of problems they are witnessing in their own country. Furthermore, Argentina brought to attention the difficulty of reaching some existing rural areas, which may lead to reporting error. The delegation from Argentina strongly expressed the need for newer, stronger bureaucratic infrastructure to reach these types of rural areas. There was positive debate over the broader goal of the proposed, expanded reporting committee, which sees the general call for more thorough, detailed reporting as outweighing the current issues in place for complete accessibility.

The committee unanimously agreed that rehabilitation is a crucial aspect when addressing the needs of disabled persons. Representatives suggested governments, NGOs and other relevant stakeholders to invest in programs like that of the World Health Organization, prioritizing the rehabilitation and full integration of disabled persons when resources to do so are available. Representatives also emphasized that where resources are not available, efforts should be made to ensure that those with disabilities are not denied fulfilling lives because they do not have access to treatment. Representatives also agreed upon the importance of reaching disabled in rural areas. China contributed examples of where their government and NGOs have collaborated on programs to bring rehabilitation resources to disabled persons in poverty-stricken rural regions, which have helped reach over one million people. Programs include Rehabilitation for All Among Leprosy-Disabled Persons and Helping the Hearing-Impaired by Donating Hearing-Aids. Through collaboration with government and commercial banks another program was established, "Rehabilitation for Poverty Reduction Among Persons with Disabilities," which China proposed as a more adoptable approach for other countries to replicate.

This committee also discussed the importance and necessity of preventative care in the aspects of expanding awareness, increasing accessibility and availability, as well as providing a holistic approach to this topic. Representatives advised states to increase measures to improve efficacy and accessibility of pre- and post- natal care for expectant mothers and expand measures to include early detection as a means for disability prevention; the committee also placed emphasis on health concerns and preventative measures. The United States brought forth the programs and measures their country has in place in regards to this aspect of prevention, stressing the importance of screenings and genetic testing to assess the possibility of disability. Other nations affirmed the importance of early diagnosis as the most effective prevention and treatment. Besides diagnosis, nations discussed the importance of neonatal care for both mothers and their children through medical care and vitamin access. The committee commended the work of the Democratic Republic of Congo for their radio program which educates expectant mothers and has reduced infant mortality and disability rates through advanced care and understanding. The committee emphasized the desire to have similar education programs which increase the knowledge of care and by mothers of disabled children. Several nations condemned the prevalence of war and conflict on the global sphere because of the correlation between this violence and disabilities. The committee also acknowledged the potential risks in industrialized societies due to increased exposure to dangerous machinery, chemicals, as well as an increased pollution of water, air and land. These risks can lead to disabilities either from birth or through accidents, and the nations recognized the need to create more preventative mechanisms in regards to industrialization.

69 The committee further recommended that the Secretary General suggest that states  
70 submitting reports to the Secretariat per the standards stated in the Convention on  
71 Disabled Persons include certain key categories of data in their reports to be determined  
72 by the Economic and Social Council.  
73



## **Adoption of the Report**

74 At its meeting on 25 November 2014, the draft report of the Commission was made  
75 available for consideration. The Commission considered the report, and with no  
76 amendments, adopted the report by consensus.