Disability Inclusion in African Regional Policies

Policy review findings from the ESRC/DFID Bridging the Gap Disability and Development in Four African Countries Project.

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Acronyms/Abbreviations

ADA – African Disability Alliance

AfDB - African Development Bank

AU – African Union

AUC - Africa Union Commission

CAP – Common Africa Problem

CPA1 - Comprehensive Plan of Action for the Decade of Persons with Disabilities 1999-2009

CPA2 - Comprehensive Plan of Action for the African Decade of Persons with Disabilities 2010-2019

DFID – Department for International Development

ESRC - Economic and Social Research Council

DPO – Disabled People's Organisation

GDP - Gross Domestic Product

ICT – Information Communication Technology

ILO – International Labour Organisation

MDG – Millennium Development Goals

POA – Plan of Action

PRSPs - Poverty Reduction Strategy Papers

REC - Regional Economic Communities

SMART - Specific, Measurable, Achievable, and Time-Bound

SMEs - Small and Medium-Sized Enterprises

SADPD - Secretariat of the African Decade of Persons with Disability

SWAPS - Sector Wide Approaches

TVET - tertiary education and vocational education training

UN – United Nations

UNCRPD - The Convention on the Rights of Persons with Disabilities

UNDP - United Nations Development Programme

UNDAF - The United Nations Development Assistance Framework

UNICEF - United Nations International Children's Emergency Fund

Executive Summary

The objective of this report is to provide a pan-African meta-analysis of disability policies and strategies, specifically analysing initiatives in four policy domains: education (including early child development), health, labour markets and social protection. It is anticipated that the research findings and analysis will provide a nuanced understanding of the content of each of the policy documents reviewed; the processes by which they were negotiated and subsequently implemented; and make recommendations, primarily targeted at policy-makers and development practitioners, including disabled people's organisations (DPOs), on how these policies and strategies, and those that will be subsequently developed, can be developed and implemented in an inclusive, effective and efficient manner. Also it builds on and complements the findings of the individual policy analysis report in the four designated countries.

In the long-term, it is hoped that the findings and recommendations in this report will make a significant contribution to the sustained alleviation of poverty throughout Africa. It is also hoped that this will strengthen the ability of the African Union and its constituent Member States as well as the African Disability Alliance (ADA) to enhance their ability to advance the implementation of their existing disability rights obligations, in alignment with the UN Convention on Rights of Persons with Disabilities (UNCRPD). The ADA was previously the Secretariat of the African Decade of Persons with Disability (SADPD) and has as its mission to promote inclusive development and human rights for people with disabilities in the African region through partnerships with the AU, UN, African governments, civil society organisations, academia and DPOs.

The vast majority of documents that were reviewed for this analysis were published by the Africa Union and the African Disability Alliance. A total of 11 policy and strategy documents were reviewed: two on education, three regarding health, one on labour markets and one with respect to social protection. In addition, two disability-specific documents were reviewed, as well as two

documents regarding general development issues. A full list of documents reviewed is provided in Appendix II.

The policies and strategies reviewed were selected on the basis of a pre-determined criteria devised by the authors. This process identified disability-specific policy papers as well as mainstream policies and strategies directly related the four policy domains were reviewed: education, health, labour markets and social protection.

While this report focuses on pan-African policies, four additional reports have been produced analysing country specific policies and strategies; Kenya, Sierra Leone, Uganda and Zambia.

Findings and Recommendations

A review of African Union (AU) and African Disability Alliance websites identified only 11 policies and strategies in the domains we have focused on in this research project. While disability is recognised as an issue by the African Union and its constituent Member States, the lack of established policies and strategies in comparison with other social and economic policy domains, indicates that disability does not have a comparable status and the high political profile that it warrants.

Positively, several of these policies and strategies mentioned many of the key ideas and concepts that are fundamental to international disability rights and international development. There are many references to human rights and inclusion, but they are not necessarily related to disability issues explicitly. "Inclusion" is more regularly associated with other poor and marginalised groups, such as women, children and refugees. "Disability" and "people with disabilities" appears to be perceived by policy-makers and development practitioners as an afterthought or included as a vulnerable group with no further specific indications.

An area of concern and common weakness found in all of the documents reviewed was that there were no financial or budgetary projections or allocations to implement the stated aims, objectives and anticipated activities outlined in policies/strategies. None of the documents had any budgetary/financial information which is necessary to ensure their effective implementation. A good

example of this is the *Continental Plan of Action for the African Decade of Persons with Disabilities 2010 – 2019*, published by the African Union, but written in close collaboration with the African disability movement.

None on the 11 documents reviewed had any SMART indicators[1] by which to assess to what extent each of these policies and strategies have been implemented effectively. These omissions represent significant lost opportunities for the future progress of disability policy and practice, especially in the global context of the SDGs and the ongoing implementation of the UNCRPD. In the absence of findings and SMART indicators, civil society institutions, including DPOs, will not have the necessary tools to hold their respective governments accountable for their stated disability rights and commitments.

It was also observed that DPOs were not involved in the formulation and implementation of the documents reviewed, with the exception of the disability-specific policies.

The following recommendations are made for policy makers and implementers, DPOs and other development organisations:

1. For policy makers and implementers:

All policies and strategies must be disability-inclusive and reflect clear indicators of how to realise this inclusion. In order to achieve this, the following actions are required by the African Union (AU) and it's Member States:

a) Engage in dialogue with DPOs in formulating and implementing all policies relating to disability, thereby ensuring that they genuinely address the needs of people with disabilities;
b) Allocate dedicated budgets to meet the specific requirements for disability-inclusion;
c) Develop monitoring and evaluation frameworks for each of the policies/strategies reviewed in this paper and any future development policies;
d) Develop relevant SMART indicators within the monitoring and evaluation strategies; and

[1] SMART – Specific, Measurable, Achievable, Realistic and Time-Bound

e) Collect data from the SMART indicators that can be disaggregated by disability status within the sector specific management information systems.

2. For Disabled People's Organisations (DPOs):

DPOs must become active role players in policy development and implementation at government level within the AU and at individual country level. In order to achieve this, the following actions are required by the DPOs:

a) Become familiar with the policy-making process in their respective countries;
b) Receive targeted and appropriate training in
   - Strategic planning and advocating for inclusive policies and implementation strategies;
   - SMART indicator development and measurement for disability inclusion;
   - Monitoring and evaluation of disability-inclusive policies and strategies;
   - Appropriate and relevant budgeting for disability-inclusive policies; and
   - Information management systems and relevant disability measures to be included.

3. For general development organisations:

Local and international development and non-governmental organisations must ensure that all their policies and development plans are disability-inclusive. In order to achieve this, the following actions are required by these organisations:

a) Engage in dialogue with DPOs in formulating and implementing all devlopment projects and service provision to ensure visibility and inclusion of people with disabilities;
b) Include disability-sensitive monitoring and evaluation (M&E) plans;
c) Collect data that can be disaggregated by disability status within their M&E plans;
a) Include people with disabilities within their structures and service provisions to reflect an inclusive organisation.

Introduction

This report constitutes an inherent component of be Bridging the Gap: Examining Disability and Development in Four African Countries research programme, managed by the Leonard Cheshire Disability and Inclusive Development Centre, University College London. This three-year programme is funded by the Economic and Social Research Council (ESRC) and the UK's Department for International Development (DFID). This research programme aims to develop an in-depth, nuanced understanding of how people with disabilities are at increased risk of being excluded as social and economic development increases. The research will focus on four low-income sub-Saharan African countries: Kenya, Sierra Leone, Uganda and Zambia. It focuses on four policy domains: education, health, labour markets and social protection. The fundamental working hypothesis underpinning this research programme is that the socio-economic status of disabled people in many low income countries has remained stationary while the well-being of many of their fellow citizens has surged ahead[2].

The objective of this report is to provide a pan-African meta-analysis of disability policies and strategies, specifically analysing initiatives that have been taken in four policy domains: education (including early child development), health, labour markets and social protection. This will complement the detailed analyses undertaken at country level, in four designated countries: Sierra Leone, Kenya, Uganda and Zambia.

In light of the ratification of the UN Convention on the Rights of Persons with Disabilities (UNCRPD[3]), 2010 was selected as the cut-off point for the selection of policy documents for review. All selected policies or strategies must have been developed in 2010 or later. The only exception to this general rule was those policy and strategy papers that were disability-specific, and there are only two that met this criterion.

It was expected that the analysis of these documents would reflect and include references to key international policy instruments, including the UNCRPD, the

[2] http://gap.leonardcheshire.org/
[3] http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf

Millennium Development Goals (MDGs)[4] and the Sustainable Development Goals (SDGs)[5]. To some extent, this was the case, but not to the degree that would be expected if these international instruments were perceived as a top priority at a continental level. This may be partially attributed to the fact that the UNCRPD is being implemented incrementally in many African countries. Furthermore, the SDGs have only just been agreed in New York in September 2016 and therefore, it is anticipated that reference to these will become more apparent in the next five years.

What is also clear from the analysis is that there is a strong correlation between lack of access to public sector services, (particularly in the policy domains of education, health, labour markets and social protection), and poverty, as articulated in a multi-dimensional manner. Thus, the lack of access to such services is likely to increase poverty and may also include an increased prevalence of impairments in some circumstances. For example, living in environments with lack of access to public health services may lead to the onset of impairments or exasperate already existing impairments.

On a positive note, it is important to state that the vast majority of the policy documents reviewed identified disability as a fundamental human rights issue, and to a considerable extent, endorsed the principles of the social model of disability. Furthermore, all of the four designated countries included in this research programme, (Kenya, Uganda, Zambia and Sierra Leone), have ratified the UNCRPD, and by implication, have endorsed a human rights approach to disability policy-making, both in terms of policy formulation and implementation. However, as clearly demonstrated in the development studies literature, there is an ongoing "disconnect" between the formulation of policy on the one hand, and its implementation on the other. In addition, although many African countries have ratified international human rights instruments, including the UNCRPD, there is evidence to suggest that, at least in the Southern African countries, the de-facto understanding of human rights, within the broader context of mainstream social and economic policy-making, is not practiced. Consequently, Governments have passed progressive disability legislation and ratified the UNCRPD, but have not

[4] https://www.un.org/millenniumgoals/
[5] http://www.sustainabledevelopment2015.org/

implemented their obligations which these laws and international instruments imply. This could be partially attributed to the fact that many African governments do not have a nuanced understanding of human rights, and what implications these have for policy implementation (Lang, 2009; Lang and Murangria, 2009; Murray and Long, 2015).

A further significant finding is that none of the documents reviewed had any financial/budgetary targets set for any of their aims, goals or activities. This should be seen as a major weakness, as in the absence of at least projected financial forecasts, it is very difficult to see how any government, particularly in Africa, will be held to account for its disability rights commitments, both in terms of policy and programming. From a public policy perspective, unless there is dedicated financial resources for implementation, in the broader context of policy-making, other quite often legitimate and competing policy priorities will be funded, over and above disability issues. It can be legitimately argued that the contemporary policy environment in which disability is contextualised, places greater emphasis upon "mainstreaming", whereby publicly-funded services for people with disabilities are included in services that are provided for all citizens, irrespective of whether they have an impairment or not. While this "mainstreaming" approach to public policy-making and its normative ideological position is indeed correct in its belief that people with disabilities should ideally be "included" in every aspect of life, such an approach is not without its disadvantages. For example, as will be argued in great depth below, the limited resources of many National Statistical Offices in African countries inevitably results in a dearth of robust disaggregated disability statistics, especially at the local and district level. Where this is indeed the case, it can be argued that there is a "democratic deficit", where people with disabilities and other members of civil society are unable to hold their governments to account for disability rights commitments that have been made (Lang, 2009; Mwendwa et al, 2009). Furthermore, in the absence of robust disability data, it is impossible for governments operating at district level to make adequate and appropriate provision for mainstreaming of public services, for there is no means by which public authorities are able to effectively plan services that adequately address the complexity of needs encountered by different impairment groups.

Methodology

In order to evaluate and assess the importance and impact of policy in the field of disability from a continental Africa perspective, this study reviewed relevant policy and strategy documents regarding disability. A full list of policies and strategies that have been reviewed and their websites are listed in Appendix II.

The researchers undertook a mapping exercise to ascertain which were the most relevant and important policies and strategies to be included in this pan-African analysis. This process identified disability-specific policy papers as well as mainstream policies and strategies directly related to the four policy domains of education, health, labour markets and social protection. The vast majority of documents that were reviewed for this analysis were published by the Africa Union. However, it must be emphasised that not all policy and strategy papers produced by the Africa Union since 2010 were included in this study, as this would have been an impossible exercise. The result of the mapping exercise led to the selection of those documents explicitly concerned with the four above mentioned policy domains, as well as disability-specific policy papers and strategies. In addition, it was decided to include key continental-wide policy papers that addressed "poverty", particularly when they addressed the assessment and implementation of the Millennium Development Goals and the Sustainable Development Goals. The rationale for the latter documents were that they directly address the complexity, from a public policy stance, of the overarching theme of this research programme; namely to analyse and find practical solutions and implementation strategies to combat multi-dimensional poverty for people with disabilities in Africa.

In addition, some key documents from the Secretariat of the Africa Decade of Persons with Disabilities, (subsequently renamed the Africa Disability Alliance)[6] were also analysed, as they provided a continental perspective on disability policy and practice in Africa. It was decided by the authors that, as a general rule, only documents that were published since 2010 would be included in this study. The

[6] http://africadisabilityalliance.org/

rationale for this was that the UN Convention on the Rights of Persons with Disabilities (UNCRPD) which was formally ratified in 2008, and is of seminal importance. We decided that any analysis prior to its implementation would be superfluous in answering the central research questions that this programme addresses. Furthermore, the UNCRPD is the first internationally-recognised treaty that enables the inherent rights and dignities of people with disabilities to be legally enforced. Prior the UNCRPD, the United Nations had taken a multiplicity of initiatives in the disability sector, (including the 1993 UN Standard Rules on the Equalisation of Opportunities for Persons with Disabilities)[7], but these at that time did not have any legally-binding status, although they arguably did provide strong moral pressure for UN Member States to at least acknowledge disability rights issues (Quinn et al, 2002).

There were two exceptions to reviewing policy documents published after 2010. Firstly, it was decided to review disability-specific policies published prior to that date, so as to provide an historical context to the development of disability policy-making in Africa. Secondly, it was also decided to include disability-specific policies and strategies, published prior to 2010 that had set goals, targets and activities, as well as timelines that expired after 2010, and therefore had implications in terms of their implementation until 2015. Taking into account the broader context of the international development paradigm, this document assesses to what extent the MDGs have been achieved, particularly in relation to the policy domains. It must be highlighted that very few documents were included under these criteria.

Also, each policy/strategy was assessed regarding to what extent people with disabilities were reported to be involved in the policy-making process, both in terms of its formulation and implementation. A critique was made of the involvement of people with disabilities vis-à-vis the context, principal actors and process, and the extent to which the principles and axioms of the UNCRPD had been encapsulated within the policy/strategy. The limitation of this critique was that it only analysed information contained in the documents and did not include face-to-face interviews with, for example DPOs, as to their involvement and

[7] http://www.who.int/disabilities/policies/standard_rules/en/

inclusion in the policy development process. Historically, there is strong evidence to suggest that people with disabilities have been systematically excluded from being active in the formulation and implementation of disability policy and practice, particularly in developing countries. This is in direct breach of the maxim of the international disability movement of "nothing about us without us" (Albert, 2006; Lockwood and Tardi, 2014; MacLachlan and Swartz, 2009).

In addition, a separate evaluation form was devised to evaluate disability-specific policies, based on the relevant Article of the UNCRPD. Copies of the evaluation forms for the four policy domains, as well as the evaluation form devised for the disability-specific policies are included in Appendix I.

The Analysis Model

A comprehensive policy analysis that specifically addressed the four domains was undertaken. The full analysis reviewed the policy document in terms of a number of content areas, followed by a brief description of the context of the policy development, the actors involved in the development process, and the actual process of development (e.g. who was consulted and how much consultation happened). This analysis follows the model for health policy analysis described by Walt and Gilson (Walt and Gilson, 1994). If there were a large number of relevant policies within one domain 3 – 4 were selected for a full analysis and the remainder underwent only a content analysis.

Full policy analysis: Content, Context, Actors and Process

The analysis adopted in this paper focused on analysing the content, context, the role of key organisations involved in the drafting and publication of the policies and strategies reviewed, as well as the processes implemented in the development of these documents. This approach was consistently applied to all policies and strategies analysed. This methodological approach is elaborated below:

a) Content analysis

A template was developed for each domain together with the Bridging the Gap team and this template was used for each policy analysed using the full analysis. The content component looked at the extent to which the policy is inclusive of people with disabilities, the accessibility of the education, health, labour markets

and social protection services, the inclusion of a monitoring or enforcement component of the policy relating to inclusion of people with disabilities, budget allocation specifically for disability related aspects of the policy, and development of an information system that includes information on disability status. Each item on the template was rated for the policy being analysed. A rating of 4 indicated a strong commitment to inclusion of people with disabilities, while a rating of 1 indicates that the policy does not address disability to any extent or just minimally. The ratings for each policy were averaged and averages compared across the different policies within one domain (e.g. Education, Health, etc.) and across the 4 different domains. These comparisons gives an indication of which domain is most responsive to the inclusion of people with disabilities. Consequently, this score rating scheme was employed for the following categories:-

- Rights
- Accessibility
- Inclusivity
- National implementation strategies
- Funding allocation and
- Information systems to monitor inclusion.

b) Context analysis

The review critically analysed the context by examining political, economic and social contexts under which the policy was developed and how this influenced the policy making process. This was limited by the availability of such information in the documents themselves.

c) Actors

Under this component of the analysis, we examined the different key stakeholders and the role they played in policy development as set out in the documents reviewed. For instance, were DPOs, private sector, civil society, other government departments, and so on, involved in the development of the policy or not?

d) Process

The Process component reviewed any available information on the level of consultation during the development of these documents and who were the main groups consulted if any. Of particular interest was any evidence of consultation with DPOs.

Analysis of Policy and Practice Reviewed

Education, Including Early Child Development

Both the disability and development studies literature maintain that the provision of education, (including early child development), are fundamental to the normative and sustainable trajectory of educational development for all individuals, especially those living in low and middle-income countries (Armstrong et al, 2010; Black and de Matos-Ala, 2016; Croft, 2013; Singal, 2006; Singal, 2017). This is precisely the case for children and adults with disabilities.

This position is duly recognised by the Africa Union Commission (AUC), its Member States, civil society institutions (including DPOs) as well as bilateral and multilateral donor agencies. To some extent, this position is reflected in the document reviewed in this study. The mainstream education policies published by the Africa Union were:

1. The Second Decade of Education for Africa 2006 2006-2015: Plan of Action (published 2006).
2. The Africa Union Outlook Report on Education 2014: Continental Report (published September, 2014).

Both of these policies will be analysed in turn.

The Second Africa Decade for Education in Africa: Plan of Action

This publication follows and builds upon the First Africa Decade for Education 1997-2006, which was widely recognised as not achieving its fundamental strategic goals. This first paper is not reviewed in this study, because it falls outside the selection criteria that was developed, outlined in the methodology section above.

The Second Africa for Education in Africa: Plan of Action (POA) was published in September, 2006 by the Africa Union. The guiding principles of the POA include:-

a. Ensuring political support for education, particularly at national, regional and continental levels;
b. Focusing upon the strategic implementation of this strategy;
c. Establishment of strong monitoring and evaluation frameworks to monitor its implementation; and
d. Instituting collaboration between Member States in relation to education, thereby reducing duplication of effort and waste of scarce resources.

The document explicitly endorses a human rights approach to education and prioritises the needs of poor and marginalised groups. However, people with disabilities were not mentioned in this section of the document. However, later in the document, the right of children and adults with disabilities to education is explicitly recognised. The following priority areas were identified:

1. The promotion of a rights-based policy environment with reference to education in Africa.
2. Universal access to basic and secondary education that significantly increases the number of children and youth attending school. This particularly addresses the needs of marginalised groups including children with disabilities.
3. The promotion of cultural identities, encompassing increased literacy and the educational empowerment of men and women.
4. Increasing girls and women's participation in science and technology education at all levels.

The POA expects that the following outcomes will be achieved by 2015.

1. A fully functional education management information system, operating at the regional and continental level.
2. Educational policies being fully mainstreamed within the organised structure of the AUC, and the regional economic communities.
3. Significantly increased educational achievements, particularly in relation to access, quality, and relevance.
4. The full attainment of gender equality in primary and secondary education throughout Africa schools.

5. A fully developed mechanism so that education, in its broadest sense, contributes to continental economic growth and integration.
6. The POA anticipates that the responsibility for implementing this document will be with the Regional Economic Communities, with the AUC providing technical input.
7. However, as stated above, it is recognised that one of the principal challenges in implementing the POA is a lack of sufficient financial resources, together with the acquisition and retention of skilled, qualified teaching staff.
8. The document states that within three months of its publication, the African Union Commission should have a detailed plan of how the activities outlined in the POA will be implemented. This should include a portfolio of detailed deliverables, timeframes, as well has a clear set of indicators for how these will be monitored with the regard to their implementation. However, this proved to be idealistic.
9. It was also suggested that an Africa Education Development Fund should be established, with contributions from Africa Union Member States and donor agencies to ensure that its goals and activities are successfully achieved.

However, there are no budgetary forecasts in the POA for how planned activities are be implemented.

The Africa Union Outlook Report on Education 2014: Continental Report

This report provided a retrospective analysis of the achievements that have been made with respect to the identified priorities of the Plan of Action for the Second Decade of Education in Africa that was published in 2006 (reviewed above). The report concluded, at a very top line level, that the Plan of Action has directly resulted in enhanced educational outcomes for all people throughout Africa. This includes primary education, secondary education, tertiary education and vocational education training (TVET).

This Outcome Report identifies education as a fundamental human right that should be accessible to all, and therefore by extension, accessible to people with disabilities. Notwithstanding this, the Outlook Report concluded that in the absence of a robust monitoring and evaluation framework, it was impossible to

ascertain what sustainable impact the Plan of Action for the Second Decade of Education in Africa has realistically had on children and adults with disabilities.

Moreover, this document, notwithstanding its extremely high political profile, did not include any financial forecasts or the human resources required by which planned activities and overarching key objectives can be assessed or evaluated. Consequently, it is hard to foresee how the recommendations set forth in this report could effectively be included in the indicators of the SDGs, which may be perceived as a lost opportunity.

The Outlook Report explicitly acknowledges the importance of the UN Convention on the Rights of Child[8], (which came into force in September, 1990 and has a specific Article on children with disabilities), and the UNCRPD. Therefore, the right to education is expressly recognised within this document. Furthermore, it explicitly states that "people with disabilities are the least likely to be found in programmes or centres, they often struggle to access health and education services they need, and especially vulnerable to violence, abuse and exploitation".

This policy document also recognises that children and adults with disabilities have the same rights to access education as all other citizens, thereby acknowledging the "leave no one behind" agenda,[9] that were strongly argued for by the then Prime Minister of the UK, David Cameron during the negotiations of the SDGs. In addition, this latter point endorses and recognises the moral imperative of the global "education for all" initiative[10], wholeheartedly backed by the United Nations and civil society.

With respect to the context and process by which this document was developed, from the evidence available, the Outlook Report was primarily drafted by the AUC, with input from Member States civil society institutions, UN agencies and the private sector. However, there is no evidence to suggest that people with disabilities or DPOs were involved in this process. Moreover, there is no evidence that they were involved in its proposed monitoring and evaluation activities.

[8] http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx
[9] https://www.gov.uk/government/news/what-are-the-global-goals
[10] http://campaignforeducation.org/en/

Health

This review analysed three seminal policy documents in relation to health care policy and practice and disability in Africa. These were:-

1. The Africa Health Strategy 2007-2015, published by the Africa Union in 2006;
2. An Assessment of the Africa Health Strategy 2007-2015, published by the Africa Union in 2007; and
3. The Africa Health Strategy 2016-2030, published by the Africa Union in 2015.

These are analysed as follows.

The Africa Health Strategy 2007–2015

The objective of the Africa Health Strategy 2007-2015 was to provide a comprehensive and coordinated framework for health policy and practice throughout Africa, taking into account the health-related Millennium Development Goals. This strategy recognises that health is a basic human right for all people, and therefore, by implication, for people with disabilities. It states that "health is a basic human right that is increasingly recognised as enforceable. Governments have a responsibility for guaranteeing health care for all their citizens in an equitable manner and with efficient governance, while using resources accountably". By implication, this includes people with disabilities. A further positive attribute emanating from this Strategy is the recognition that there is a strong correlation between health status and monetary and non-monetary poverty, (thereby endorsing a multi-dimensional poverty approach). It was also duly recognised that increased health status will directly create stronger economic growth in the majority of African countries.

At the time of publication, the major challenge identified in this Strategy was implementing its overall goal, strategic objectives and planned activities, due to the lack of sufficient financial and human resources. This was indeed the case even though in September 2001, the Heads of State of Africa Union Member Countries agreed that at least 15% of GDP should be spent on public health. It was also noted that expenditure by bilateral and multilateral donor agencies was increasing the proportion of expenditure allocated to the health sector in low-income countries, including Africa, and advocating the adoption of Sector Wide

Approaches (SWAPS) as the most efficient modality for health sector implementation.

It was also stated in the Africa Health Strategy 2007-2015 that its "vision" was to provide "an integrated and prosperous Africa free of its heavy burden of disease, disability and premature death". Moreover its mission was to "build an effective, Africa driven response to reduce the burden of disease and disability, through strengthened health systems, scaled-up health interventions, inter-sectorial action and empowered communities".

The goal of the Africa Health Strategy is to contribute to Africa's socio-economic development by improving the health of its people and by ensuring access to essential health care for all Africans, especially the poorest and most marginalised, by 2015. Furthermore, the overall objective of the strategy is to strengthen health systems in order to reduce ill-health and accelerate progress towards the achieving the Millennium Development Goals in Africa. It was also was based on the following principles:-

1. Health is a fundamental right;
2. Health is a development issue requiring a multi-sectorial response;
3. The principle of equity is central to this strategy;
4. Efficiency and effectiveness is central to realising the maximum benefits from available resources;
5. There is a need for evidence-based policy-making in the health sector throughout Africa;
6. New initiatives that will set standards which go beyond those previously set;
7. Respect for culture in overcoming barriers for accessing healthcare;
8. Emphasis on prevention as a most cost-effective strategy for reducing the burden of disease throughout Africa; and
9. The belief that disease and the associated burden know no geographical barriers and therefore need an international/regional approach.

The Africa Health Strategy interestingly identified a number of structural factors that would undermine its effective implementation. These included, insufficient and inefficient allocation of financial resources; weak health systems in many African countries; shortage of trained medical personnel; lack of inter-sectorial

collaboration; inadequate ICT infrastructure at country, regional and continental level; lack of efficient social protection programmes; underutilised capacity of the private sector; restrictive global policies and infrastructure (e.g. structural adjustment programmes); and significant gaps in overall governance of the health sector.

Furthermore, the Strategy identified significant factors that, in the short and medium term, resulted in the continued deterioration of health status throughout Africa. These factors included 1) existing health systems in many African Union countries were weak, and were under-resourced to support targeted interventions to reduce the burden of disease and promote the universal access to healthcare; 2) the lack of health interventions and services that could be effectively scaled up at national level; 3) inequality in accessing services; 4) the negative impact of widespread poverty that impedes increasing health status; 5) lack of inter-sectorial collaboration between different institutional elements of the health sector; and 6) exogenous environmental factors that impact health status, both at an individual and national level.

The Strategy makes some very incisive comments regarding “inclusion”. It states that “community members are often perceived as consumers and yet they are a potential resource that could be tapped into strengthening health systems. Countries and regions need to have strategies of empowering and involving communities to ensure the ownership and the sustainability of programmes. Community participation should not be limited to cost sharing only but should also include other aspects like report problems in the health systems”. However, again there in no specific reference to the involvement of people with disabilities in this process.

With reference to the implementation of the Africa Health Strategy, the following points were made:-

1. It clearly states that this strategy is to be implemented as efficiently and effectively as possible.
2. Consequently, emphasis will be placed on ensuring proper planning; cost-effectiveness; an emphasis on evidence-based decision making; the prioritisation of a multi-sectorial approach to decision making and

implementation; priority given to the provision of primary care for all; and the provision of affordable health services.

3. Nevertheless, there is no statement regarding how people with disabilities will be included in this process.
4. There is no delineated infrastructure by which the implementation of this strategy will be implemented.

Notwithstanding this, it is envisaged that the Regional Economic Communities (RECs) in Africa will play a pivotal role in this process, by providing technical assistance to the Africa Union and its Member States. Again, there is no reference to people with disabilities in this process.

With regard to budgetary and financial management, the Africa Health Strategy encourages Member States to allocate 15% of GDP to health related public expenditure. Notwithstanding this, there is no comprehensive, disaggregated budget for the overall implementation of the Strategy. Moreover, Member States are encouraged to manage their public health expenditure in the most effective and efficient manner possible, and set up key strategic partnerships with the private sector in so doing.

A further important point to note is that the Strategy prioritises primary health care as the most important component of all health care systems, thereby endorsing the 1978 Alma Ata Declaration on Primary Health Care.[11]

With reference to Management Information Systems, the Strategy advocates that Member States update their own respective health information systems, to be in alignment with the Strategy. Again, there was no explicit reference to people with disabilities on this matter.

It is important to briefly analyse the context and processes within which this Strategy is placed. It was drafted and published during the implementation of the MDGs and therefore must be evaluated within this global context. It is therefore highly relevant to addressing the fundamental research questions that this programme seeks to address; the impact of "poverty" of people with disabilities in Africa, as defined in its broadest sense. Furthermore, it must be emphasised that

[11] http://www.who.int/publications/almaata_declaration_en.pdf

this policy was written when there was every indication that the vast majority of health-related MDGs targets would not be met in Africa. Therefore, the Strategy stated "the alarming rate of burden of death and disability from non-communicable diseases in Africa is ever more recognised, leading to demographic, behavioural and social changes and urbanisation". It must also be remembered that this document was published prior to the ratification of the UNCRPD, which enhanced the ability of Member States to promote and enforce disability rights.

It was principally drafted by the AUC, with involvement from Member States and national and continental civil society institutions. However, it is not possible to determine the extent to which civil society was influential in this process. Furthermore, there is no indication that DPOs or people with disabilities were involved in this process.

An Assessment of the Africa Health Strategy 2007–2015

The Assessment of the Africa Health Strategy 2007–2015 was published in 2007 by the African Union. The publication coincided with the final negotiations of the SDGs, which sets the international framework for overseas development assistance (ODA) until 2030. The purpose of this document was to provide a formal evaluation of the Africa Health Strategy 2007-2015. The objectives of this assessment were:

1. The identification and analysis of the gaps, challenges, and key lessons learned from this the implementation of the Africa Health Strategy, with a view to making strategic recommendations to the Africa Health Strategy 2016-2030 (reviewed below).
2. To undertake an assessment of the extent to which the Africa Union Member States utilised and implemented the Africa Health Strategy 2007-2015.

The overall conclusion was that the stated aims and objectives of this document were not achieved, for a multiplicity of reasons. With specific reference to health policy and practice, this document re-emphasises the need for all health policy and interventions to be based on principles of human rights. It explicitly references the UN Convention on the Rights of the Child and the UNCRPD. It also re-emphasises the strong correlation between health status and poverty, which can

be often attributed to structural causes, such as in inequitable access to health services, which is an issue of particular concern for people with disabilities.

Furthermore, in discussing equity issues, this document explicitly states that access to health care and services are a fundamental and inherent right of all people, and by implication, those with disabilities. Moreover, in making recommendations for the SDGs, it underlines the vital importance of universal health services and the adoption of a human rights approach in so doing. However, despite these laudable statements The Assessment does not make any reference to the rights of people with disabilities in relation to health.

With regard to accessibility to health services and taking into account the health policy governance infrastructure of Africa Union Member States, The Assessment states that "Universal access to health services seems a distant goal rather than a measurable, achievable and established element of most national health policies". It was further acknowledged that there was a distinct lack of affordable services in the area of HIV/AIDS, as well as in situations of conflict and humanitarian crisis. There is also an acknowledgement that neonatal mortality rates have not fallen sufficiently in order to achieve the then-current MDG health-related targets. A further issue was a lack of information on sexual and reproductive health. This is a common problem and has been well documented in the academic literature, (Groce et al, 2013). Notwithstanding, these observations made within the assessment, and the acknowledgement that there are severe challenges in achieving universal access to health services in many African countries, there is nevertheless no acknowledgement of the need for people with disabilities to access services and information in relation to HIV/AIDS.

Within this document, there is a general discussion regarding the relationship between the economic growth and the Social Determinants of Health (Marmot et al, 2008). The Assessment states that during the previous 15 years, throughout Africa, there had been insufficient economic growth to make a significant impact on health equity, and by implication, progress on poverty reduction. This implies that prior to the publication of this document, there had been no improvement in achieving health equity for the most marginalised and the poor. This would have

had a particularly detrimental impact on people with disabilities. Again, there is no mention of people with disabilities in this context whatsoever.

In making strategic recommendations for the SDGs, the Assessment recommended that Africa Union Member States "Strengthen national and regional monitoring, reporting and accountability systems at AUC, REC and Member States levels to ensure stronger accountability for the implementation of the Africa Health Strategy 2016-2030". Once more, there was no reference to the involvement of people with disabilities in either the implementation of the Africa Health Strategy 2007-2015 or the Africa Health Strategy 2016-2030. Neither was there any recommendation regarding the involvement of people with disabilities in the SDG process.

With regard to the enforcement of the then forthcoming Africa Health Strategy 2016-2030, there was no reference to the involvement of people with disabilities whatsoever. Furthermore, there was no discussion regarding the lack of budgetary and financial data in regard to the Africa Health Strategy 2007-2015.

With respect to Management Information Systems, this Assessment paper emphasised the need for more robust disaggregated health data, especially in respect to gender, ethnicity and socio- economic status. However, disability was distinctly absent from this list.

This paper makes a number of important recommendations for the future continental health strategy in the health sector. These included that the forthcoming Africa Health Strategy 2016-2030 should develop a robust monitoring and evaluation framework.

With respect to the context and processes in relation the document, the following observations are made. As stated above, the objective of this Assessment was to evaluate the impact of the Africa Health Strategy 2007-2015, as well as provide strategic recommendations for the then forthcoming Africa Health Strategy 2016-2030. It also provided an opportunity to provide timely strategic input into the SDG process, especially in relation to health issues from a continental Africa perspective. It also provided an opportunity to evaluate the key lessons learned from the Africa Health Strategy 2007-2015.

This document was published at a very important time, during the final stages of the implementation of the health-related MDGs, (particularly Goals 4 and 5), in tandem with the negotiation of the SDGs. Theoretically, this document could have made a significant contribution to the SDG negotiation process, particularly providing a unique African perspective for the future development of future health-related targets and indicators. It is too premature to assess whether this document will actually achieve this.

This document was principally written by the AUC, in collaboration with Africa Union Member States. It is unclear to what extent civil society institutions were involved, but it is clear that they made representations to the African Union during the drafting process. However, there is no evidence to suggest that DPOs had any direct input into this. Finally, it is important to note that this assessment was written before the ratification of the UNCRPD.

Africa Health Strategy 2016–2030

The Africa Health Strategy 2016-2030 was published by the African Union in 2015. Its overall objective was to provide a foundation upon which national, regional and continental health policy priorities can be assessed over the next 15 years. These are closely aligned with the health-related Goals and Targets of the SDGs. It is also in alignment with the overall objective of *Agenda 2063: The Africa We Want*, which provides the Africa Union's overall strategic vision for all social and economic policy for the next 50 years.

A close reading of this document shows that this Strategy is innovative in three ways:

1. It embraces a more holistic, broad conception of "health", including social protection and the principles and axioms of the Social Determinants of Health (Marmot et al, 2008);
2. In stark contrast the previous Africa Health Strategy, it strongly advocates for the development of a robust monitoring and evaluation framework with the view to ensuring that its strategic aims and objectives are achieved, measured against predetermined criteria and benchmarks: and

3. Most importantly, that this Africa Health Strategy explicitly endorses a participatory approach to policy-making, with specific reference to health. Therefore, in the ideal world, this will directly facilitate the active involvement of poor and marginalised groups, and by implication, people with disabilities.

However, it must be borne in mind that there is a strong and robust critique of "participatory development" and "participatory research" in the development studies literature (Alejandro Leal, 2007; Cooke and Kothari, 2001; Cornwall, 2011; Enns et al, 2014; Hickey and Mohan, 2004; Janes, 2016). Irrespective of these innovative attributes, in terms of raising the profile of disability issues, this Africa Health Strategy is somewhat retrograde when compared with the previous Africa Health Strategy 2007-2015. Indeed, there are far fewer references to disability in this later strategy document. This is somewhat surprising, given the ratification and the importance attributed to the UNCRPD, and the increasing importance ascribed to the SDGs.

One of the overarching objectives of the Strategy is to achieve long-term sustainability. To that end, the document states that "Cost-effectiveness will address disease, disability and death in Africa [that] will require a heavy investment to strengthen the health service components while taking into account important equity considerations to address the most marginalised and vulnerable in society".

With reference to health rights, this document states that its overarching objective is to guarantee that equitable health services are available to all, and therefore this implies access for people with disabilities. Moreover, the Strategy states that "Health is a human right for all". Therefore, it can be concluded that this Strategy implicitly promotes the rights of people with disabilities to equitable and affordable health care and health services, but fails to make specific recommendations on how this will be implemented for people with disabilities.

When discussing the inclusivity of health policy in Africa, this Strategy states that overarching objective is to produce "an integrated, inclusive and prosperous Africa free from its heavy burden of disease, disability and premature death". Therefore, given the Strategy's commitment to adopting the principles of the Social

Determinants of Health approach, it can be assumed that “participation” and “inclusion” will constitute an important feature of its design and implementation. Thus, it can be assumed that this will include the involvement of people with disabilities.

With regard to its implementation, the Strategy states its intention to create a robust monitoring and evaluation framework, spearheaded by the African Union Commission, but with strong inputs from Member States and the Regional Economic Communities. Moreover, it is intended to develop SMART targets and indicators that have been previously used by Member States, and the Regional Economic Communities. Ultimately, Member States will have overall executive authority for implementing this framework. However, it is also intended that civil society institutions will have a strong input into this process, working in close collaboration with Member States, the Regional Economic Communities and the African Union Commission. It is further duly recognised that civil society institutions must have a role in the implementation of this Strategy, stating that “As key stakeholders, they should be included and play an active role in the conceptualisation, advocacy, mobilisation, technical assistance, implementation and oversight of the Africa Health Strategy 2016-2030".

It is also duly recognised that, in order for this monitoring and evaluation framework to be effective, training is needed throughout the health sector, particularly in the area of generic skills training and job retention. However, there is no reference to the necessity for disability awareness training. Indeed, with regard to the implementation of this Africa Health Strategy 2016-2030, there is no reference for the need for disability awareness training.

A further significant oversight is that in the Africa Health Strategy 2016-2030, there is no implicit or explicit reference to how the aims, objectives, and goals delineated will be enforced, apart from the proposed monitoring and evaluation framework outlined above. Furthermore, nowhere within this Strategy is there any discussion regarding the financial and budgetary implications concerning its implementation.

It is important at this point to make some comments regarding the context and processes by which this document was produced. Firstly, the Africa Health Strategy

2016-2030 was drafted, taking into account the findings and recommendations of the Africa Health Strategy 2007-2015 (reviewed above). It was written during the interim period when the MDGs were coming to an end and the SDGs were in the process of being negotiated, when the goals, targets and subsequent necessary financing were being debated.

It can also be assumed that the aims, objectives and targets set forth in the Africa Health Strategy 2016-2030 will form the SMART targets and milestones by which the health-related SDGs, at African continental and national levels, will be assessed.

Responsibility for the drafting and publication of this Strategy was primarily with the African Union Commission, with input from the Regional Economic Communities and Member States. In addition, there is evidence to suggest that the private sector and civil society institutions had some input into the drafting of this document, although in not clear what impact these submissions has on the final publication. However, there is no evidence to suggest that DPOs or any other people with disabilities had any role or impact in the drafting of the Strategy.

By way of conclusion, it is undoubtedly the case that the Africa Health Strategy 2015-2030 has the potential to become a seminal document in framing the future trajectory of health services and health care provision, particularly in relation to the health-related SDGs. In addition, contingent upon future world events, it can provide an essential benchmark by which African Union Member State's health policy and practice will be evaluated. Notwithstanding these positive comments, in the light of the high profile of the UNCRPD and the increasing acceptance of a rights-based approach to policy-making and on "participatory development", the scant references to disability issues within this Strategy seems a retrograde development, particularly when compared with the prominence given to disability issues in the *Africa Health Strategy 2007-2015.*

Labour Markets

Draft Declaration on Employment, Poverty Eradication and Inclusive Development in Africa

The Draft Declaration on Employment, Poverty Eradication and Inclusive Development in Africa was published by the African Union in 2014. It arose from an extraordinary meeting of the Heads of State of African Union Countries had in Ouagadougou, Burkina Faso in 2014 which produced the Ouagadougou Declaration and Plan of Action on Employment and Poverty Alleviation. Despite this document having only draft status, it is nevertheless important to review as it addresses many on the substantive issues relevant for this study. The recommendations emanating from this study cold inform the process of finalisation of the Declaration before it is formally endorsed by the African Union.

Furthermore it makes reference to numerous African continental wide policy documents, including the Social Policy Framework (2008); the African Youth Decade Plan of Action 2009-2018; the African Charter on Statistics, the Productivity Agenda for Africa (2010); and the Malabo Declaration on Creating Employment for Youth Development and Empowerment (2011). However, no reference is made to other international human rights Conventions including the UNCRPD.

The Draft Declaration recognises the significant progress that has been made in policy development on labour markets, employment and poverty eradication. This is manifested by increased investment by Member States and the Regional Economic Communities in combating unemployment, underemployment and poverty, particularly since 2004. This has been supplemented by initiatives taken by the Regional Economic Communities and the private sector. It also endorses the assumption that the private sector is the main engine for economic growth and job creation. Moreover, small-, medium- and micro-enterprises, the rural sector and social enterprises are seen as the main sectors of economic growth in Africa. Nevertheless, the Declaration acknowledges that Africa has the lowest productivity performance, which in turn affects its ability to achieve genuine inclusive development. This is an especially precarious scenario for people with disabilities.

It is also noted that notwithstanding significant efforts, extremely high rates of unemployment, underemployment and poverty remain throughout Africa. These can be largely attributed to structural factors, including the lack of viable and affordable social protection policies.

The paper also highlights the fact that widespread labour migration from Africa has made a significant contribution to development and poverty eradication, mainly through skills enhancement and remittances. It also notes that there has been significant migration from Europe and other Asian countries. However, there is concern that this may all result in adverse ramifications, especially in terms of international developments occurring in the Middle East.

It also recognises that the phenomenon of globalisation presents both challenges and opportunities for Africa. However, the Draft Declaration states that, overall, globalisation has exacerbated unemployment and poverty, indebtedness, underemployment and vulnerability for many Africans, as well as a lack of competitiveness. Furthermore, the Draft Declaration notes with concern that, within the current economic climate, international aid, primarily provided by Western governments, will be insufficient to address the employment needs of the vast majority of African citizens.

Within this document, the African Union commits itself to reduce youth and women's unemployment by 2% annually for the next decade. It also commits to the promotion of decent work in the informal and rural economy. In addition, it commits itself to systematically address the links between poverty eradication, decent work, social protection and inclusive growth. However, "inclusive growth" is not defined in this document whatsoever. Furthermore, this Draft Declaration commits the African union to "place employment creation as an explicit and central objective of our economic and social policies at national, regional and continental levels, for sustainable poverty eradication and with a view to improving the living conditions of our people; explore the link between macroeconomic policy, fiscal, monetary and trade policies; in so doing, we understand our responsibility to engage in the social contract as inspiring principle for growth, employment, inclusion and social protection".

The following key priority areas highlighted in this Draft Declaration are:-

1. Political leadership, accountability and good governance;
2. Youth and women employment;
3. Social protection and productivity for sustainable and inclusive growth;
4. Well-functioning and inclusive labour market institutions;
5. Labour migration and regional economic integration; and
6. Partnership and resource mobilisation.

Importantly, a strategic goal for this Draft Declaration is to accelerate the empowerment of poor and vulnerable people, particularly in rural communities and in the informal economy. However, there is no reference to disability or people with disabilities in this context. Thus, the Document states that it will "Urge the UN, financial institutions, bilateral and multilateral institutions, regional and continental development banks to adopt greater policy coherence and increased support to the continental employment, poverty eradication and inclusive development agenda within the context of our national Poverty Reduction Strategy Papers (PRSPs) and other development strategies; this involves integrating the Declaration and its plan of action in the UNDAF [United Nations Development Assistance Framework] processes at country level".

With respect to employment rights, this Draft Declaration makes a commitment to ensuring that all workers and their family's rights are protected throughout Africa, and therefore by implication, this includes people with disabilities, with particular emphasis given to women and youth in this context.

In addition, reference is also made to African and international treaties and conventions that protect worker's rights, especially in order to "protect the vulnerable people in relation to the labour market, such as children, domestic workers, persons with disabilities, older persons, as well as the victims of forced labour and human trafficking". However, even though this document was published in 2014, no reference is made to the UNCRPD. In fact, the above quotation is the only mention of disability or people with disabilities in the entire Draft Declaration.

With regards to the implementation of the activities and recommendations made in the Draft Declaration, it is recognised that there is a need for robust and appropriate legal, policy and programmatic measures that will enforce and protect

workers and their family's rights in the realm of labour markets. Furthermore, it is recognised that there is a distinct lack of an appropriate infrastructure to improve and enforce worker's rights, both at a national and continental level.

In relation to enforcement on the activities and recommendations of the Draft Declaration, it is stated that African Union Member States will be encouraged to provide financial and human resources, in order that progress can be effectively monitored and evaluated.

The Draft Declaration does not discuss the budgetary and financial implications of implementing its activities and recommendations. Furthermore, there is no discussion regarding the establishment of an effective information management system for the Draft Declaration.

With respect to the context and processes leading to the publication of this Draft Declaration in 2014, the drafting was undertaken by the Heads of State of African Union member countries at a meeting in Ouagadougou, Burkina Faso, with technical support provided by the African Union Commission. Furthermore, it was drafted and published while SDGs were being negotiated in New York. Further details on the processes were not available.

Notwithstanding that "inclusive development" is frequently mentioned throughout this document, no definition of this term is given. This is a notable omission, especially given the prominence that this concept has gained in the context of international disability and development policy and practice since the enactment of the UNCRPD (Black and de Matos-Ata, 2016; Goujon et al, 2014). Furthermore, there is no indication that people with disabilities or DPOs were either directly or indirectly involved in the drafting and/or implementation of this Draft Declaration.

Social Protection

Report of the First Meeting of the Specialised Technical Committee on Development, Labour and Employment – Social Protection and Inclusive Development

Published by the African Union in June, 2015, this report provides a synopsis of the discussions and consequent recommendations of the Ministers of Social Development from African Union Member States, with the theme of "Social Protection and Inclusive Development". This meeting was held in Addis Ababa, Ethiopia, 20-24 April, 2015. Also attending were members of the African Union Commission and other delegates from UN agencies, such as the ILO and the Regional Economic Communities. In addition, the media attended and representatives from non-governmental organisations, as well as representatives from the governments of Mexico, Brazil, Palestine and India. However, there is no indication that there was any direct involvement or attendance of people with disabilities or DPOs.

Social protection has, within this document, explicitly been framed in terms of human rights and contextualised very holistically. Therefore, the report recognises that access to social protection programmes is an inherent human right for all people, and by implication, applicable to those with disabilities. It states that "The adoption of social protection should be grounded in human rights, making it accessible to all". In addition, it unambiguously recognises that recipients of social protection are rights holders, thereby implying that they have the entitlement to advocate for their own social and economic rights.

This document recommends a multi-sectorial approach encompassing a broad range of discrete components, including health, education, unemployment benefits and social insurance, as well as social transfers, cash transfers, food and health security. The social security mechanisms (insurance and social cash transfers) can be of a contributory and non-contributory nature. Furthermore, "Member States should design social protection systems with broader objectives of ensuring social, political and economic inclusion, especially among vulnerable groups, including women, children, persons with disabilities, older persons and people living with and are effective by HIV/AIDS".

It was highlighted by the representative from the Organisation of African Trade Union Unity that, generally, Africa lacks the infrastructure for the effective implementation of social and economic policy, including social protection. This has significant detrimental implications for perpetuating inequalities in the provision of publicly-funded education, health and employment services. Furthermore, in order to ensure effective provision of social protection programmes, it was noted that Member States need to expand the resources that are available for such initiatives, ensuring that they are affordable and of quality for all.

This report recognises the imperative that social protection policies throughout Africa need to be adequately funded primarily through the public sector. However, there is an important political role to be played by bilateral and multilateral donor agencies. But it is also mindful of pitfalls that can incur due to donor dependency. In order to address the challenge of long-term funding of social protection programmes in Africa, Member States were encouraged to include provision for such programmes in their Medium-Term Expenditure Frameworks. The social protection programmes should be perceived as investment (not expenditure), that has a multiplier effect in promoting social and sustainable development, inclusive economic growth, and job creation. However, in order to achieve this, the document acknowledges that it will be essential that such programmes are well planned, taking into needs of poor and marginalised groups, including people with disabilities. This further includes undertaking a thorough risk assessment across the continent, which will include an analysis of poverty, food security nutrition and climate change.

The document further states that all social protection policies "ensure that growth benefits the poor and the marginalised, which mostly include women, older persons, people with disabilities and people from socially excluded groups". This implies a participatory approach to the development and implementation of social protection programmes, based on the principles of human rights.

This report also recommended that "The AUC engage in the development of an additional Protocol to the African Charter on Human and People's Rights, Social Security and Social Protection".

By way of conclusion, as with the Draft Declaration on Employment, Poverty Eradication and Inclusive Development in Africa, (reviewed above), there is surprisingly no formal definition of what constitutes "inclusive development", which is of vital importance within current disability policy, programming and research. Therefore, notwithstanding the very positive statements on rights for social protection, there is no direct or indirect linkage to the relationship made between social protection and disability issues. Neither was there any discussion on specifically targeted and mainstream social protection programmes for people with disabilities.

In the light of the above analysis, the outcomes of the meeting of April 2015 made the following recommendations:

1. Member States and the AUC should prioritise the implementation of the provisions regarding social protection, social security and employment of Agenda 2063 and to this effect, the AUC should develop the social agenda of the AU Agenda 2063.
2. The African Union Commission (AUC) should engage in the development of the additional Protocol of the African Charter on Human and People's Rights, Social Security and Social Protection.
3. No one should be left behind in development processes, in particular women and youth.
4. Member States should review criteria on educational institutions for young people to develop employable skills.
5. Member States should embrace comprehensive systems of social protection that are both contributory and provide for safety nets (non-contributory).
6. Member states should include the informal sector economy in Labour Market Services.
7. The AUC should promote South-South International cooperation on social protection, in particular with Brazil in collaboration with international partners (UNDP, ILO, UNICEF, AfDB and Rio+ World Centre).
8. With regard to inclusion issues, this document defines "social protection" in very broad terms that encompasses education and health care, as well as social and unemployment allowances.

9. It also recognised the necessity for social protection to be provided within the informal sector throughout Africa.

With regard to rights, this document stated that social protection is fundamentally a human rights issue and that all future social protection initiatives should be based on the principles of human rights so that "no one is left behind". The international development studies literature recognises that people with disabilities are often excluded from accessing social protection programmes, including cash transfers, and are subjected to systemic discrimination in this regard (Gooding and Marriot, 2009; Mitra, 2005; UNICEF, 2013).

It further advocated that appropriate legal and policy framework should be developed and implemented progressively to supplement the African Union's Charter on Human and People's Rights[12]. While recognising that progressive implementation may be necessary and indeed appropriate in many African countries, there is nevertheless the danger that this will lead to governments procrastinating on implementing this and other policies/strategies in relation to disability issues

With regard to implementation issues, it was recommended that Member States and the African Union Commission should prioritise implementation issues that are in line with the *Agenda 2063: The Africa We Wa*nt policy document. Therefore, there needs to be a unified approach in ensuring that social protection, Social Security and employment issues are dealt with in a joined-up manner. Furthermore, as previously stated, it was considered imperative that the poorest and most marginalised groups within society, (and by implication, including people with disabilities), should be manifestly included in the design, implementation and evaluation of all policies and programmes.

In alignment with current thinking regarding social safety nets in developing countries, "social protection" is defined very broadly, encompassing health, education and labour markets - i.e. in the other three substantive policy domains analysed in this research programme (Barrientos and Hulme, 2016; Devereux, 2016).

[12] http://www.humanrights.se/wp-content/uploads/2012/01/African-Charter-on-Human-and-Peoples-Rights.pdf

Disability-Specific Policies

General Introduction

The African Union has taken several initiatives in the realm of disability policy and programming over the past 20-25 years. Many of these developments have occurred in tandem with other global UN initiatives. The African Union has produced two disability-specific policies and strategies, both of which will be reviewed here. These are the Comprehensive Plan of Action for the Decade of Persons with Disabilities 1999-2009 (CPA1) and the Comprehensive Plan of Action for the African Decade of Persons with Disabilities 2010-2019 (CPA2). The first on these documents is reviewed primarily for historical reasons, demonstrating that Africa has played a key role in the development of disability policy and practice, both at a global and regional level. Nevertheless, it was decided not to formally score this document, as the criterion for evaluation was not considered sufficiently consistent with the other documents that have been rated within this review, and given that the UNCRPD had not even began to be negotiated at that time.

The CPA1 was written and produced before the ratification of the UNCRPD, and is therefore a precursor to the full adoption of a human rights-based approach to disability. It was nevertheless part of a portfolio of activities undertaken by the UN in the field of disability: for example, the UN Decade of Disabled Persons (1982-1993). At that time, the United Nations had published its *UN Standard Rules on the Equalisation of Opportunities for Persons with Disabilities*[13] published in 1993. This seminal document, despite not having any legally-binding status, proved to be very influential in the early 1990s and 2000s, for it legitimately and successfully applied moral pressure for governments and international organisations to take significant initiatives in relation to disability rights. The Standard Rules defined disability in the following way:

> *"The term 'disability' summarises a great deal of different functional limitations occurring in any population in any country in the world. People may be disabled by physical, intellectual or sensory impairments, medical*

[13] https://www.un.org/development/desa/disabilities/standard-rules-on-the-equalization-of-opportunities-for-persons-with-disabilities.html

conditions or mental illnesses. Such impairments, conditions or illnesses may be permanent or transitory in nature"[14].

There are a number of important points to emphasise in relation to CPA1. First, as already stated, it had no legally-binding status, and therefore countries had no legal or constitutional imperative to implement its goal and objectives, although it did have a very strong moral raison d'être for its implementation. Secondly, many of the disability rights included in the UNCRPD were in fact included in the CPA1. Indeed, some disability scholars debate whether the UNCRPD actually create any new disability rights, but rather codify already existing disability rights (Hendricks, 2007; Magret, 2008; Gartrell et al, 2016; Schneider et al, 2013)

Thirdly, although there are only two references to poverty in CPA1, it does to some extent reflect the emphasis that the UN and its constituent Member States gave to prioritising poverty encountered by people with disabilities, especially in developing countries, at the time when this document was published.

The term "people with disabilities", "people with disabilities" and "disabled people" are used interchangeably throughout the CPA1. It should also be remembered that when the CPA1 was being written, the social model of disability was still in its infancy, (Charlton, 1998; Driedger, 1989). Therefore, disability rights and the social model of disability are inexorably linked, both from an historical perspective and from a political perspective (Albert, 2006; Charlton, 1998; Lang, 2009a)

The Continental Plan of Action for the African Decade of Persons within Disabilities 1999 – 2009 (CPA1)

The overall strategic objective of CPA1 is "the full participation, equality and empower on people with disabilities in Africa". Furthermore, the CPA1 has the following objectives:-

1. Formulate and reformulate policies and national programmes that encourage the full participation of persons with disabilities in the social and economic development.
2. Create and reinforce national disability coordination committee, and ensure representation of disabled persons and their organisations.

[14] http://www.independentliving.org/standardrules/StandardRules.pdf

3. Support community-based service delivery, in collaboration with international development agencies and organisations.
4. Promote more efforts that encourage positive attitudes towards children, youth, women and adults with disabilities, and the implementation of measures to ensure that access to rehabilitation, education, training and employment, as well as to cultural and social activities and access to the physical environment.
5. Develop programmes that alleviate poverty amongst people with disabilities and their families.
6. Put in place programmes that create greater awareness and conscientiousness of communities and governments relating to disability.
7. Prevent disability by promoting peace and paying attention to other causes of disability.
8. Mainstreaming disability on social and economic agendas of African governments.
9. Apply AU and UN human rights instruments to promote and monitor the rights of persons with disabilities.

For each of these objectives, the CPA1 set detailed activities, which were to be undertaken by AU Members States, in collaboration with other key national and international stakeholders. However, as with the majority of policies reviewed in this paper, that were no SMART indicators that would evaluate how effective the implementation of these objectives and activities would be over time. Furthermore, the CPA1 had no financial or budgetary projections regarding how much resources would be required for these to be accomplished.

It is further insightful to note that the CPA1 makes no reference to health, labour markets and social protection, with only education being dealt with in-depth, as discussed above. Therefore, it is only within the last decade that three out of the four policy domains with which this research programme is concerned have come to the fore in Africa. This is despite the fact that CPA1 was published during the MDGs implementation period, which stressed the importance of addressing poverty alleviation/eradication through a multi-dimensional approach to poverty, and that

embraced employment, health and social protection (Fukuda-Parr, 2016; Fukuda-Parr and Hulme, 2011; Groce et al, 2011).

With hindsight, it is possible to underrate the importance of CPA1 as a credible forward-looking policy document, but it must also be remembered that this policy paper was published at the very infancy of disability rights and the infancy of the social model of disability. Consequently, it was the precursor to the ultimate ratification on the UNCRPD in May, 2008.

Furthermore, it is important to remember that the CPA1 was published at a very important time in regard to international development. The MDGs were beginning to be implemented, but it was too premature to determine what impact they would have, globally, regionally or nationally. Furthermore, this was also a period when "poverty" was beginning to be redefined, moving away from being based exclusively based on monetary/financial criteria, to one that embraced a multidimensional approach (Alkire et al, 2015; Alkire and Foster, 2011; Thorbecke, 2008).

Continental Plan of Action for the African Decade of Persons with Disabilities 2010 – 2019

Overview

The analysis of the Continental Plan of Action for the African Decade of Persons with Disabilities 2010-2019 (CPA2) was published by the African Union in 2010. Given the importance of this seminal document, this overview provides an overarching, in-depth analysis of the context, priorities, and substantive issues that this policy document addresses. The second section provides an analysis of each of the four policy domains of education, health, labour markets and social protection. For each policy domain, an individual scorecard was completed, in order that more detailed analysis could be undertaken. The results on the scorecards will be analysed in the second section.

The CPA2 was drafted and implemented two years after the official ratification of the UNCRPD in 2008. It is being implemented by AUC, in collaboration with AU Member States and, importantly, in collaboration with the disability movement, both at national and continental levels.

The CPA2 explicitly defines disability as in Article 1 of the UNCRPD, with disability defined as "those with long-term physical, mental, intellectual or sensory impairment which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others". The CPA2 also quotes the purpose of the UNCRPD as to "promote, protect and ensure the full and effective enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and promote respect for their inherent dignity" as again set forth in Article 1.

The CPA2 has eight strategic priorities, which are:-

1. The establishment of coordination and mainstreaming of a focal point in all Government Ministries in African Union Member States.
2. The collation, analysis and utilisation of disability statistics in all Member States.
3. Ensuring that anti-discrimination legislation, (including equality before the law) and freedom from exploitation is enacted in all Member States and at a continental level.
4. Health and rehabilitation.
5. Ensuring an adequate standard of living for all persons with disabilities, including social protection programmes.
6. The explicit promotion of inclusion of persons with disabilities in all areas of society, including health, self-representation, education, lab our markets and social protection.
7. The establishment of a sustainable institutional framework in all African Union Member States, including Disability Desks in all Government Ministries and the active involvement of DPOs in implementing disability policy and programming, both at the national and continental level.
8. The establishment of a robust monitoring and evaluation framework to ensure the effective implementation of the CPA2.

The CPA2 is based on the fundamental principles of the UNCRPD, including a human rights approach to disability policy and programming. By implication, it also adopts the axioms and principles of the social model of disability that underpins the UNCRPD. The social model maintains that disability arises from institutional,

environmental and attitudinal barriers that inhibit people with disabilities from participating in society on an equal basis with all others. These barriers include inadequate policies and standards, pejorative attitudes towards disability and people with disabilities, inadequate funding and infrastructure for effective service delivery, or accessibility, combined with lack of data and evidence.

It is important to emphasise that at no point in the CPA2 is there any discussion of the budgetary/financial implications of implementing any of the strategic goals or planned activities.

References to the UN Convention on the Rights on Persons with Disabilities

Throughout the CPA2, reference is made to virtually every Article within the UNCRPD, although space here precludes describing these in their entirety. Nevertheless, analysis of the most important Articles is provided below, particularly in relation to the four policy domains delineated.

> **Article 1 (Purpose)**: Regarding the foundation principles of dignity, non-discrimination and equal opportunities, the CPA2 explicitly states that these are of pivotal importance to its implementation. Furthermore and most importantly, the CPA2 makes direct reference to all four policy domains of education, health, labour markets and social protection, which forms the policy bases of this research programme, particularly in the context of poverty alleviation and eradication.
>
> **Articles 3 and 9 (General Principles and Accessibility)**: The CPA2 recognises that it is the lack of accessibility through the primary barriers that preclude people with disabilities from participating in everyday life. Furthermore, Member States are encouraged to "protect and safeguard person with disabilities in situations of conflict and reconstruction, as well as in disaster and emergency situations".
>
> **Article 5 (Equality and Non-Discrimination)**: The CPA2 duly recognises that people with disabilities have equality before the law in every aspect of their lives, manifestly endorsing the UNCRPD. It therefore states that one of the

strategic goals of the CPA2 is to ensure the "the full participation, inclusion and empowerment of people with disability in Africa".

Article 6 (Women with Disabilities): It is duly recognised that women and girls encounter "double discrimination", in as much that they are both have a disability and because of their gender. Consequently, the CPA2 has prioritised additional emphasis to be given to addressing this crosscutting issue. This applies in the areas of health, education, training and labour markets. It is also duly recognised that women and girls in Africa are subjected to high level of sexual violence and abuse, and this is well documented in the academic literature (De Beaudrap et al, 2014; Majiet and Africa, 2015; Meer and Combrinck, 2015)

Article 7 (Children with Disabilities): The CPA2 acknowledges that children with disabilities have particular needs that warrant specific attention. This includes the right to equal access to education, early child development, health, cultural and sports activities on an equal basis with all others. This is in agreement with the analysis and finding of UNICEF's *State of the World's Children Report 2013* which focus on the needs of children with disabilities (UNICEF, 2013)

Article 10 (Right to Life): Disturbingly, the CPA2 makes no reference to the right to life for people with disabilities.

Article 11 (Situations of Risk and Humanitarian Emergencies): The CPA2 recognises the imperative "to protect and safeguard persons with disabilities in situations of post-conflict reconstruction, as well as in disaster and emergency situations". Member States are encouraged to, among other activities, to evacuate people with disabilities from such situations, actively protect people with disabilities from be exploited in such precarious and dangerous contexts, and to engage with DPOs in insuring the impact of humanitarian intervention during and in the aftermath of such events. This is in close alignment with the internationally acclaimed Sphere Charter and

Minimum Standards in Humanitarian Response, which in its 2011 edition for the first time included an entire section on disability[15].

Article 16 (Freedom from Torture, Cruel, Inhuman and Degrading Treatment or Punishment): The CPA2 has an entire section devoted to these issues. As a result, Member States are required to "enact and enforce laws that protect people with disabilities from torture, cruel, inhuman and degrading treatment". In addition, Member States are mandated to develop monitoring and evaluation frameworks to enforce such measures. Furthermore, in the context of post-conflict situations, Member States are specifically instructed to "protect persons with disabilities from all forms of exploitation and violence during situations of conflict, including Gender-Based Violence".

Article 18 (Liberty of Movement and Nationality): Within the context of peace and security, Member States are encouraged to "combat discrimination against people with disabilities with regards to freedom of movement.

Article 20 (Personal Mobility): In order to increase personal mobility, Member States are required to "increase access to appropriate, suitable and affordable assistive devices". They are further mandated to facilitate and support the local production of such assistive devices, thereby adapting them to appropriate local conditions.

Article 21 (Freedom of Expression, and Opinion, and Access): One of the strategic goals of the CPA2 is to promote freedom of expression and associated concepts. The document therefore strongly encourages Member States to facilitate "persons with disabilities [exercising] their right to freedom of expression, opinion, and access to information in appropriate formats". This includes the provision of information in formats such as Braille, and where necessary, the provision and availability of sign language

[15] http://spherehandbook.org/en/the-humanitarian-charter/

translation. It further states that Member States are required to "provide information intended for the general public to persons with disabilities in accessible formats and technologies appropriate to different kind of disabilities and at no extra cost".

Article 28 (Adequate Standard of Living and Social Protection): Within the specific policy arena of poverty alleviation and/or eradication, the CPA2 strongly encourages Member States "to ensure the inclusion of disability as a criterion in national Poverty Reduction Strategy Programmes and other development programmes for configuration by international partners. In addition, in relation to equality before the law, Member States are encouraged to "ensure that laws are enacted and implemented to stop discrimination of persons with disabilities, with active involvement of DPOs".

Article 29 (Participation in Political and Public Life): The very concept of "participation" is one of the key foundational principles underpinned in the CPA2, and is interwoven throughout every aspect of this document. It is therefore very much a cross-cutting issue. For example, when addressing equal access before the law and access to justice it encourages, if not mandates, Members States must require political parties to have disability inclusive policies and manifestos with a view to enhance political representation of people with disabilities. Moreover, within the context of self-representation the CPA2 encourages Member States "to engage in advocacy, training and awareness raising that helps youth with disabilities to participate in the political process and share their experiences with other members of the community". It should also be noted that many African countries, including Uganda and Kenya, have designated Members of Parliament with disabilities and these arrangements are instituted in their respective Constitutions. Nevertheless, there is a great deal of debate regarding how effective political representation of people with disabilities is in many African countries, including whether they really have meaningful engagement with DPOs in their respective countries (Lang, 2009).

Furthermore, since the ratification of the UNCRPD, various initiatives have been undertaken in many countries, including those in Africa, to ensure that people with disabilities' right to vote is upheld (Lord et al, 2014).

Article 30 (Participation in Cultural Life, Recreation and Sports): The CPA2 endorses the active participation of people with disabilities in such activities. This is especially applicable to children with disabilities. Thus, the CPA2 encourages Member States to "maintain the interests and needs of children with disabilities in cultural, sports, recreation and other social programmes".

Article 31 (Statistics and Data Collection): The CPA2 addresses the need for robust data and statistics with regard to disability. These are perceived as being necessary for achieving its strategic goals and planned activities. Moreover, Member States are encouraged to "establish an inter-ministerial epidemiological surveillance system on disabilities by National Disability Councils, policy bodies and Government Ministries". In addition, Member States are requested to "collate disability data from health, education, tertiary and labour statistics regularly". Member States are also encouraged to incorporate questions on disability in the national censuses.

Article 32 (International Cooperation): The role of bilateral and multilateral donor agencies within the CPA2 is very strongly recognised. Member States are encouraged to "ensure the inclusion of disability as a criterion in national Poverty Reduction Strategy Papers and other development programmes for consideration by international partners". Moreover, the CPA2 requests donor agencies to provide technical and financial support to implement the CPA2, the UNCRPD and other national disability policies of Member States. In recent years, various approaches have been made to enhance the quality of disaggregated disability data throughout the world. One of the major challenges has been to make sure that censuses, household surveys and other research studies are utilising comparable statistical methodologies, with the vision of ultimately

providing datasets that can be comparable, both between and within countries. To that end, the most commonly accepted methodology has been the questions that have been developed by the Washington Group on Disability Statistics (Weeks, 2016).

Article 33 (National Implementation and Monitoring): It is anticipated that the African Union Commission will have overall strategic responsibility for the implementation of the CPA2, in collaboration with Member States and DPOs. In addition, Member States are requested to develop and establish mechanisms for implementing and monitoring the CPA2, as well as the UNCRPD.

With regard to the context and processes associated with the drafting, publication and implementation of this Plan of Action, the following general observations can be made. First, CPA2 was the natural extension of the first African Decade of Persons with Disabilities 1999-2009. It was agreed at a meeting of the African Union Conference of Ministers of Social Development, held in Windhoek, Namibia in October 2012 that the Second Decade should indeed follow on from the first African Decade of Persons with Disabilities 1999-2009, in the belief that it would result in greater inclusion and enhancement of disability rights.

Consequently, the CPA2 was written in the belief that it could build upon the key lessons learned from the strategic goals and activities of the first decade. However, notwithstanding these laudable ambitions, there is little evidence to suggest that the key lessons learned from the first decade informed the CPA2. Furthermore, as previously noted, the CPA2 does not contain any budgetary/financial projections for its strategic goals and planned activities, and neither does it contribute any SMART indicators by which the expected achievement of the CPA2 can be monitored and evaluated by.

It should also be remembered that the drafting and publication of the CPA2 during the time when the MDGs were drawing to a close, and the negotiation process for the SGDs was commencing. Therefore, given this particular window of time when the CPA2 was being drafted, it had the potential to make a significant contribution to the SDG negotiating process, particularly in providing a pan-African perspective

that would ultimately result in a higher political profile for disability issues in the SDGs. Therefore, the extent to which the CPA2 will have a long-term impact on raising the political profile of disability, together with enhancing the effective implementation of disability rights throughout Africa is yet to be determined and it is not clear how what ultimate influence it will have. However, from a global perspective, it is evident that the international disability movement, together with other civil society institutions, played a significant role during the SDG negotiation progress (Lockwood and Tardi. 2014).

Given the nature of the CPA2, it is obvious that DPOs have been working with the African Union Commission in the drafting and publication of this document. Nevertheless, it is not clear to what extent they will be involved in monitoring and evaluating of this ambitious strategy.

Further In-Depth Analysis of the Four Policy Domains

The following sub sections provide further analysis of the CPA2 with respect to the four policy domains of health, education, labour markets and social protection. For each of these domains, a separate scorecard was completed to rate the extent of disability inclusion reflected in each of these domains, thereby giving a more nuanced analysis. The rationale for the scorecards was discussed extensively in the methodology section of this report.

The analysis of the scorings is presented at the end of this section. It is also important to note that many of the comments in the ratings on the four separate scorecards are, for all intents and purposes the same. Therefore, they will be comprehensively addressed in the analysis of the health scorecard, but where the same points are made, these will not be repeated in the other three scorecards.

Health

With specific reference to health issues, the CPA2's strategic goal is that "persons with disabilities have access to mainstream medical and specialises rehabilitation services".

Furthermore, the following key priorities were determined:

1. To ensure primary health care, early identification and early intervention for persons with disabilities.
2. To ensure that persons of disabilities have equal access to medical services and care within the same system as other members of society.
3. To introduce a system of early intervention or referral, or strengthen existing systems, to minimise the occurrence of secondary disability.
4. To ensure that Down's syndrome or any other disability diagnosed in the uterus is not a reason for termination, and that health care providers should do their utmost to provide the necessary information about the diagnosis, thereby allowing the parents to make an informed decision.
5. To institute disability modules in the curriculum of all health professionals training.
6. To carry out regular health sector reviews of policies affecting people with disabilities, in partnership with DPOs.
7. To incorporate the provision of the African Health Strategy into national policies, laws and action plans.
8. To develop disability sensitive family planning and reproductive health services.
9. To ensure access on people with disability to HIV/AIDS and other communicable diseases interventions, in all accessible formats.
10. To supplement "mother and child" programmes to ensure inclusion of mothers with children with disabilities and ongoing programmes of scientific and medical research.
11. To ensure the inclusion of disability in the design of awareness raising campaigns related to the abuse of drugs and alcohol.
12. To train health care providers to be able to participate in areas such as early detection of disabilities, the promotion of primary assistance and referral to appropriate services.

As stated above, the CPA2 categorically acknowledges the fundamental centrality of human and disability rights, which is interwoven throughout the entire document, including in the field of health. Moreover, the CPA2 explicitly cites the UNCRPD in relation to health issues. In addition, access to affordable health and

rehabilitation services, including sexual and reproductive health, for people with disabilities is addressed in this document.

With regard to inclusivity of health policy and services, the CPA2 acknowledges the following. Deficiencies in health status, combined with the lack of access to health service provision, can be a major contributory factor that leads to increased levels of poverty encountered by people with disabilities, and these urgently need to be addressed in order to alleviate or eradicate poverty, both nationally and globally. This has indeed been an important issue that scholars have recognised needs to be addressed if the SDGs are to be achieved (Stein et al, 2009).

Furthermore, as well those stated above, "inclusion" is a fundamental principle that underpins the CPA2. For example, with reference to access to mainstream public services, the CPA2 encourages Member States to "ensure access for children with disabilities to mainstream health care services and specialised facilities". With regard to women with disabilities, the CPA2 stipulates that Member States should "ensure access to sexual and reproductive health services for women with disabilities".

There is no discussion whatsoever in the CPA2 regarding how the health-related activities will be implemented. Neither is there any discussion regarding any SMART indicators by which the health-related activities will be monitored and evaluated. Finally, there is no reference or discussion regarding the design and implementation of a management information system to monitor the progress of the CPA2.

Education

Education is not a key strategic priority within the CPA2, but is incorporated into sections dealing with the inclusion of people with disabilities in all sectors of society. However, the document does state that "persons with disabilities [should] enjoy universally inclusive and accessible quality education for all". Therefore, within the general context of inclusion, the CPA2 outlines the following activities with the regard to education:

1. To ensure that all public and private primary and secondary school buildings, colleges and universities and teacher training institutions are physically accessible to all persons with disabilities.

2. To ensure that all teacher education curriculum mainstreams all categories of disabilities.
3. To develop teacher and personnel skills and learning materials to teach children with disabilities.
4. To ensure access to information for all persons with disabilities, including access to real time translation, subtitles, and affordable information and communication technologies.
5. To develop teaching and learning materials appropriate for persons with disabilities.
6. To ensure persons with disabilities benefit from programmes of the Decade of Education for Africa 2006-2015, in particular the quota system for the award of AUC scholarships.
7. To establish policies to ensure that girls and boys with disabilities have access to relevant education in integrated settings at all levels, paying particular attention to the requirements in rural areas.
8. To encourage institutions of education to develop curricula on disability studies at tertiary level education.
9. To ensure students with disabilities are afforded equal access to teacher training programmes.
10. To ensure effective participation of students with disabilities in the field of sciences and mathematics at all levels of education.
11. To allocate specific budgets for the education of children with disabilities.
12. To foster partnerships between schools, families and other members of education teams.
13. To enact, implement and enforce policies and programmes that promote inclusion and promotion of persons with disabilities in education, taking into consideration gender and rural areas.
14. To ensure that persons with disabilities are enabled to access general/tertiary and lifelong education without discrimination and on an equal basis with others
15. To ensure that educational data collection is inclusive of all persons with disabilities.

16. To ensure that there is effective individualised support measures that are provided in environments that maximise academic and social development with the goal of full inclusion.

With regard to implementation of education issues, the CPA2 recognises that the educational deficits of children with disabilities will ultimately result in increased poverty levels, which will further compound their social exclusion and marginalisation throughout their life-course, particularly when attaining long-term sustainable employment opportunities. Therefore, the CPA2 advocates that Member States "adopt full, inclusive and accessible education policies and school systems to promote this needed education of children with disabilities, including early child development and education". Moreover, with specific reference to youth with disabilities, the CPA2 advocates that Member States "eradicate vulnerability through empowerment, education and awareness". This sentiment is also applicable to women with disabilities. It is also stated that Member States should be encouraged to "develop and implement education programmes against domestic violence".

With respect to education, it is expected that national governments and donor agencies will provide the necessary financial and human resources to implement the goals and planned activities as set forth in the CPA2. However, there is no detailed budgetary/financial information provided on this particular point.

Labour Markets

Labour market and employment issues are a key priority within the CPA2. Therefore, the overall goal in this domain is that "Persons with disabilities enjoy non-discrimination with regard to all forms of employment and self-employment, including conditions to recruitment and hiring, career advancement, safe and healthy working conditions, as well as skills training and access to credit facilities".

The specific priority areas in relation to labour markets are as follows:-

1. To enact and enforce an employment equity policy and legislation for persons with disabilities.

2. To ensure that the employment of at least 5% of the workforce within the private and public sectors in Member States should be composed of people with disabilities.
3. To educate and motivate employers in the public and the private sector with regard to disability issues.
4. To create awareness with regard to the capabilities of people with disabilities.
5. To create diversified employment opportunities in the public sector and promote such opportunities in the private sector in a conducive and enabling environment which is barrier free and accessible to people with disabilities.
6. To ensure affirmative action in the public and private sectors by introducing incentives for employers who offer employment opportunities to people with disability (tax rebates).
7. To offer learnerships to people with disabilities in the labour market, which are new para-professional and vocational education and training programmes that combine theory and practice and culminate in a recognised qualification.
8. To encourage and protect entrepreneurial and intellectual properties/works for people with disabilities with a view to enhance their possibilities to create job opportunities and self-employment.
9. To encourage investors with disabilities and support employers with disabilities in order to create employment opportunities for persons with disabilities and fill the gaps of the private sector.
10. To develop strategies of affirmative action for the effective employment opportunities of people with disabilities living with HIV/AIDS.
11. To develop and implement a strategy to promote the recruitment of women and men with disabilities in mainstream training programmes.
12. To develop the economic empowerment of people with disabilities in both urban and rural areas.
13. To develop and promote preferential procurement strategies in favour of people with disabilities and their organisations.

14. To train youth, women and men with disabilities, in relevant marketable skills, where possible in mainstream settings.
15. To promote vocational rehabilitation and, where necessary, retraining opportunities for people who acquire a disability in the course of their working lives.
16. To introduce and enforce occupational safety and health standards and strengthen existing enforcement mechanisms.
17. To ratify and implement the ILO Convention No 159 concerning Vocational Rehabilitation and Employment, (Persons with Disabilities) to ensure entry into the labour market by people with disabilities.

Given that employment and labour market issues are central to the strategic priorities of the CPA2, it is unsurprising that so much emphasis is placed on this policy domain. Therefore, the CPA2 calls on Member States to collate and analyse disaggregated disability data in relation to employment issues, by gender and by geographical area. As noted above, this document places a great deal of emphasis on achieving the equality of opportunity, in relation to employment and access to labour markets for people with disabilities, including training and TVET.

There is an expectation in the CPA2 that national governments, as well as bilateral and multilateral donor agencies will provide financial and human resources to effectively implement the strategic goals and planned activities regarding employment and labour markets. To what extent this will be achieved will have to be seen. Nevertheless, there are no detailed budgetary/financial projections regarding how this will be achieved. Once again, this is a significant omission and weakness of the CPA2.

Social Protection

The overall strategic goal of the CPA2 in relation to social protection is that "Persons with disabilities are cushioned from falling into or remaining in poverty and empowered to participate in and benefit from community and national development strategies targeting poverty eradication". Consequently, the following set of objectives and activities have been included in the CPA2, specifically in relation to social protection:

1. To ensure access to affordable services, devices, and other assistive or disability-related needs.
2. To ensure access for people with disabilities to public housing programmes.
3. To ensure access for people with disabilities to security, retirement, insurance and other social benefits programmes.
4. To allocate resources for provision of comprehensive social protection programmes targeting people with disabilities and to ensure the inclusion of disability issues in social protection policies, laws and development.
5. To increase the participation of people with disabilities and their families in designing and reviewing existing national poverty reduction plans, social protection policies and strategies.
6. To increase disability awareness of people with disabilities and their families to available financial and other social assistance.
7. To increase disability awareness and programming capacities within the public and private sectors, development partners for people with disabilities for the national development plans and social protection programmes.
8. To establish coordinating mechanisms for disability within line ministries in charge of social protection programmes.
9. To develop the capacities of people with disabilities and their organisations in lobbying and advocating for social protection programmes.
10. To introduce a disability module in the curriculum of all social development professionals.
11. To extend favourable social protection programmes for people with disabilities living with HIV/AIDS and individuals disabled as a result of HIV/AIDS.
12. To ensure the inclusion of disability as a criterion for poverty reduction and other development programmes submitted for consideration by international partners.

It is important to note that within the CPA2, that “social protection” is defined very broadly, encompassing several security, retirement insurance, and other social benefits programmes. It also includes access to public housing and the development of social protection programmes targeted at those with HIV/AIDS. This is far broader than is common in most Western countries.

Again, there is the assumption that national governments and donor agencies will provide the necessary financial and human resources, but there is no detailed discussion or analysis of how much is needed or how be allocated.

Overall Comments regarding the CPA 2

The CPA2 identifies many of the difficulties and challenges encountered by people with disabilities throughout Africa, and outlines a set of goals and activities by which these can be addressed. Notwithstanding this, it is somewhat disappointing that the UNCRPD did not feature as prominently at it could have, given that it was ratified and implemented two years prior to its publication. Consequently, although many of the stated themes and objectives of the CPA2 and the UNCRPD are the same, there is a lack of symmetry between the goals and activities outlined in the CPA2 and the specific Articles of the UNCRPD.

It is also important to note that none of the goals or set of activities delineated in the CPA2 are SMART. Thus, it is not possible, with any degree of clarity, to objectively assess the extent to which any of the goals or targets of the CPA2 have been met.

Throughout the document, it is generally assumed that the strategic goals and the planned activities delineated in the CPA2 will be funded by AU Member States, combined with contributions from bilateral and multilateral donor agencies. However, nowhere in the CPA2 is there any analysis of the amount of human and financial resources that will be needed to effectively execute and implement these.

In conclusion, in the absence of SMART indicators, combined with the absence of budgetary/financial projections, the CPA2 comes across as a “wish list” rather than as a coherent strategic policy document.

General Development Policies

The Common African Position (CAP) to the Post-2015 Development Agenda

The Common African Position (CAP) to the Post-2015 Development Agenda was published by the African Union in January, 2014. The purpose of this policy document is to outline a common viewpoint, from a continental African perspective, with contributions from all 52 countries, to the post-2015 development agenda, with a view to implement the then ongoing negotiation process of the SDGs. As with the *Africa Health Strategy 2016-2030*, it was published during the conclusion of the MDGs, and the drafting of the SDGs. It therefore is a very important document that demonstrates the line of the thinking the African Union regarding the future of all international aid, both from a continental, national and global perspective. This is a very forward-looking document, and is very comprehensive in its nature, covering all four policy domains, but primarily focusing upon employment issues.

With respect to disability and human rights, this paper makes direct reference to disability issues. In addition, it makes explicit reference to the 1986 UN Declaration on the Right to Development[16] and the 1986 African Charter on Human and People's Rights[17]. However, surprisingly there is no mention of the UNCRPD. Furthermore, the right to development is fundamentally linked to debate regarding equity, which in turn is directly related to the conceptual issues of mutual accountability and responsibility.

This policy paper also states, in the context of poverty eradication that "this will require the empowerment of all people, including those living in vulnerable situations, (including women, children, the elderly, youth, persons with disabilities, rural populations, displaced persons and migrants)". Moreover, within the context of non-tokenistic involvement of poor and most marginalised people, the paper states that it will "protect human rights for all citizens in order to ensure their meaningful participation in society; fight against all forms of discrimination; and promote the constructive management of diversity through democratic processes and mechanisms at the local, regional and continental

[16] http://www.un.org/documents/ga/res/41/a41r128.htm
[17] http://www.achpr.org/instruments/achpr/

levels". It further states that "we can meet to ensure that no person - regardless of gender, ethnicity geography, disability, race or other status – should be denied universal human rights and basic economic opportunities". These commitments also categorically apply to education and human capital development.

With regard to equity issues, the paper states that it is a necessity to "ensure equity and access to justice and information for all through the pre-eminence of justice and the rule of law, and guarantee the protection of the right of minorities, including children, women, people with disabilities, rural populations, displaced persons and migrants in order to achieve social sustainability".

The CPA with regards to the Post-2015 Development Agenda makes numerous references to "inclusion" and "inclusive development", notwithstanding the fact that these two terms are not defined. Nevertheless, despite the lack of definitional clarity, by implication, they are directly applicable to people with disabilities. Therefore, this policy paper reflects on "the importance of prioritising the social transformation for inclusive and people-centred development in Africa."

With specific reference to addressing poverty, within the global and African context, the paper states that the SDG process must "reiterate that the post-2015 agenda should galvanise political will and international commitment for a universal development agenda, focus on the eradication of poverty and exclusion as well as the pursuit of inclusive development". Therefore, this commitment necessitates that the principles of "participation" are inherently adhered to in all aspects of the negotiation process, so that the finalised SDGs are truly owned by the Member States, the United Nations, including those in Africa. Importantly, this CPA paper makes explicit reference to people with disabilities when addressing poverty alleviation and poverty eradication. As a consequence, the paper states that "the empowerment of all, including those living in vulnerable conditions, (including women, children, the elderly, youth, people with disabilities, rural populations and migrants)" is paramount.

In conclusion, overall, this CPA paper is progressive with respect to disability and human rights and that it will be interesting to observe how it will be implemented. However, as the global governance and international public administration literature frequently highlight, particularly in developing countries, there is a

chasm between “policy formulation” and “implementation” (Forster and Stokke, 2013; Grindle, 2017; Smith, 2007; Weiss, 2013).

In regard to establishing effective monitoring and evaluation frameworks, this policy paper does not substantially address this issue. It is duly recognised that experience can be gained from the lessons learned from implementing the health-related MDGs, although no details are given of how this can be achieved. Despite this, there is recognition of the imperative to establish a robust monitoring and evaluation framework that will promote good governance and participatory democracy, both at national and continental levels. This may be based on existing monitoring and evaluation frameworks, such as the African Peer Review Mechanism and the African Governance Framework[18]. By so doing, it is anticipated that such endeavours will promote transparency and accountability (Booth and Cammack, 2013).

The CPA on the Post-2015 Agenda does provide a somewhat detailed blueprint for management information system. It therefore states that that it will “ensure a viable and credible participatory process that respects the diversity and encourages input from all stakeholders from priority setting to planning, implementation and monitoring of development policy”. Furthermore, it also states that “it will invest and strengthen national statistical capacities and geospatial production and dissemination of disaggregated data to measure and evaluate policy effectiveness, and promote a culture of evidence-based decision-making”. However, notwithstanding these positive comments, there is no reference to disability issues or people with disabilities in this process.

With regard to the context and processes by which this paper was produced, the following observations are made. The CPA on the Post-2015 Agenda is a forward-looking policy document that provides a continental wide analysis of the key lessons learned from implementing the MDGs. It therefore provides a strong analytical basis for making strategic input and recommendations into the negotiation process of the SDGs, which was in process when this paper was published.

[18] https://www.afdb.org/en/topics-and-sectors/initiatives-partnerships/african-peer-review-mechanism/

Although this document primarily addresses employment and poverty reduction issues, it nevertheless makes important comments regarding the other three policy domains with which our own Bridging the Gap research programme is concerned (i.e. education, health and social protection).

This policy document was primarily written by the AUC, with strong input from Member States, supported by additional inputs from the private sector and civil society. In addition, input was provided by inter-governmental organisations, such as the UN Commission for Africa. Nevertheless, it is not possible to determine how influential the input from civil society, including DPOs, was in the drafting of this document.

In overall conclusion, this document is very progressive in its perspective, recognising that there needs to be non-tokenistic, genuine involvement of poor and marginalised groups, (and thereby by extension, people with disabilities), on all processes regarding its implementation. Notwithstanding the omission of any direct reference to the UNCRPD, it gives the impression that people with disabilities will be included and explicitly consulted/involved with the respect to its implementation. It is one of the best policy documents that have been reviewed in this research paper.

Agenda 2063: the Africa We Want

Agenda 2063: the Africa We Want[19] was the final outcome of the meeting of the Heads of State and Government of the African Union, which assembled at Addis Ababa, Ethiopia in January, 2015. This document was published by the AUC. This is, for all intents and purposes, the strategic plan for the African Union until 2063, and overlaps with the implementation of the SDGs[20], (whose overall strategic objective is to eradicate poverty by 2030). It outlines the approach that will be adopted by the African Union with the regard to social and economic policy, from a continental perspective. Although it does not explicitly address disability issues, it is nevertheless very important to review this document, as it addresses many of the key concepts and issues which pertain to disability policy and practice and the implementation of social and economic policy in Africa generally. These include,

[19] http://www.un.org/en/africa/osaa/pdf/au/agenda2063.pdf
[20] http://www.un.org/sustainabledevelopment/sustainable-development-goals/

for example, concepts such as human rights, participation, ownership, inclusion, equality, good governance and accountability. It is important to analyse this document, because some of the policies and strategies reviewed above make reference to Agenda 2063. One of the limitations in reviewing this is that, because it does not address disability issues per se, it has not been possible to apply the scoring criteria as with the other documents included in this review.

Agenda 2063 is very progressive, (and indeed, some may conclude somewhat utopian), in the aspirations it wishes to achieve by 2063 which include:

1. A prosperous Africa based on inclusive growth and sustainable development.
2. An integrated continent, politically united and based on the ideals of Pan-Africanism and the vision of Africa's Renaissance.
3. An Africa of good governance, democracy, respect for human rights, justice and the rule of law.
4. A peaceful and secure Africa.
5. An Africa with a strong cultural identity, common heritage, shared values and ethics.
6. An Africa whose development is people-driven, relying on the potential of African people, especially its women and youth, and caring for children.
7. Africa as a strong, united and influential global player and partner.

Hence, notwithstanding the absence of references to disability per se, the strategic aspirations that Agenda 2063 aspires to have significant resonance with the human rights approach which is also at the heart of disability policy and programming. For example, "an Africa who is people-driven, relying on the potential of all African people" is an extremely inclusive and progressive statement, and would strongly imply the active involvement of people with disabilities.

First and foremost, and primary importance, respect for the institution of good governance, respect for human rights, democracy and justice, and the rule of law is pivotal to the effective and efficient implementation of social and economic policy, including disability issues (Apthorpe and Gasper, 2014; Bana and Basheka, 2017; Tomuschat, 2014). Hence, according to Agenda 2063, Africa will be "a continent where democratic values, culture, practices, universal principles of

human rights gender equality, justice and the rule of law are entrenched" and "have capable institutions and transformative leadership in place at all levels". This will further result in all African people participating in the development and execution of social and economic policies across the continent, and where the policy-making process will become more democratic and accountable. Within the context of creating a peaceful and secure Africa, Agenda 2063 recognises the need to create a "prosperous, integrated and united Africa, based on good governance, democracy, social inclusion and respect for human rights, justice and the rule of law are the necessary pre-conditions for a peaceful and conflict-free continent".

With reference to sustainable and inclusive economic growth, Agenda 2063 aspires to eradicate poverty within a generation. This is in alignment with the overall strategic objectives of the SDGs (Doyle and Stiglitz, 2014). Therefore, "African people will have a high standard of living, sound health and well-being". Furthermore, economies will be "structurally transformed to create shared growth, decent jobs and economic opportunities for all", which by implication, must include people with disabilities.

With regard to education, Agenda 2063 will attempt to channel significant investment into early childhood development, primary schools, as well as at every level of education, including higher education and the tertiary sector. This will in turn, lead to substantial reductions in gender disparities in the education sector, and the growth of research and development throughout Africa. It is further anticipated that this will need to sustained economic growth throughout the continent. Again, this is very much in alignment with a human rights-based approach to education, and Article 24 (Education) of the UNCRPD (Chataika et al, 2012). A further important point to raise here is that Agenda 2063 states that it will ensure that the African Charter on the Rights and Welfare of the Child[21] will be fully implemented. This Charter was formally adopted by the Organisation of African Unity, (which subsequently became the African Union) in July, 1990.

Interestingly, this Charter does make an explicit reference to disability when it states that "every child who is mentally and physically disabled has the right to special protection to ensure his or her dignity, promote his self-reliance and active

[21] https://www.unicef.org/esaro/African_Charter_articles_in_full.pdf

participation in the community". Therefore, Agenda 2063 is mandated to address the needs of children with disabilities, through its commitment to implementing this Charter.

Similarly, Agenda 2063 is committed to fully implementing the Africa Youth Charter[22], which was adopted by the African Union in July 2006. This also makes explicit reference to disability, particularly in relation to employment and health rights. Article 4 (a) of the Africa Youth Charter, which deals with employment issues, states that it will ensure that States Parties "Ensure equal access to employment and equal pay for equal work and offer protection against discrimination regardless of ethnicity, race, gender, disability, religion, political, social, cultural or economic background". Similarly, in relation to health the Charter, in Article 16 (n), states that State Parties will "Provide technical and financial support to build the institutional capacity of youth organisations to address public health concerns including issues concerning youth with disabilities and young people married at an early age".

On commenting on the need to create a "people-driven" environment for policy-making, Agenda 2063 states that "all citizens of Africa will be actively involved in decision-making in all aspects. Africa shall be an inclusive continent where no child, woman or man will be left behind or excluded, on the basis of gender, political affiliation, religion, ethnic affiliation, localities, age or other factors. All the citizens of Africa will be involved in decision-making in all aspects of development, including social, economic, political and environmental". Despite the lack of an explicit reference to disability issues, the sentiments expressed in the above quotation implies that people with disabilities must be included in the decision making process, in some way. Given that this document has been relatively recently published, it is unsurprising that this has not yet been fully developed.

The African Union, when it published Agenda 2063 in 2015, recognised that Africa was at a critical turning point in relation to its social and economic development. This necessitated a radical approach and set of proposals that would indicate the Renaissance of the continent as a whole. It was also recognised that this was the

[22] http://www.unesco.org/new/fileadmin/MULTIMEDIA/FIELD/Dakar/pdf/AfricanYouthCharter.PDF

beginning of an ongoing process - not an end in itself and that will require further radical measures to be taken in future years. One area for further development to explicitly incorporate the needs and aspirations of people with disabilities into the forthcoming mainstream activities of implementing Agenda 2063 as it progresses. The African Union and its constituent Member States aspires to become a global player in international affairs and world politics, and thereby become a significant entity which the rest of the world, especially global institutions such as the United Nations, cannot ignore. While recognising that significant advances have been made in reducing poverty in the last decade in many African countries, there needs to be further advancement of social and economic policy, (and by implication, disability policy and practice), which in turn will require further radical action. As is increasingly recognised, unless disability issues are proactively and explicitly addressed in eradicating poverty, then the overall ambition of total eradication of poverty by 2030 cannot be achieved. Consequently, Agenda 2063 advocates that "Africa must therefore, consolidate the positive turn around, using the opportunities of demographics natural resources, urbanisation, technology and trade as springboard to ensure its transformation and renaissance to meet the people's aspirations".

Agenda 2063 does set forth some commitments that are directly applicable and related to the effective future development and implementation of disability policy and practice. This list is not exhaustive. The commitments that have been made include:-

1. Eradicate poverty in the coming generations.
2. Provide opportunities for all Africans to have decent and affordable housing in clean, secure and well planned environments.
3. Catalyse education and skills revolution and actively promote science, technology, research and innovation, to build knowledge, human capital, capabilities and skills to drive innovations and for the African century.
4. Consolidate the modernisation of African agriculture and agro-business.
5. Support young people as Africa's renaissance.
6. Consolidate a democratic and people-centred Africa.
7. Enhance Africa united voice in global negotiations.

8. Strengthen domestic resource mobilisation.
9. Establish and implement an effective monitoring and evaluation system that will track the progress of implementing Agenda 2063.

In summary, the raison d'être of Agenda 2063 is to "harness the continent's comparative advantages such as its people, history and cultures, its natural resources, its position and repositioning in the world to effect equitable and people-centred social, economic and technological transformation and the eradication of poverty".

Finally, it should be noted that, as with all other documents reviewed in this paper, that there are no budgetary or financial targets that have been set for the implementation of Agenda 2063.

Discussion and Key Recommendations

Introduction

Drawing upon the analysis presented above, it is necessary to distil and critically evaluate the key issues that this paper raises. From this, it is hoped that some recommendations which will enhance the quality of disability policy-making (primarily targeted at the African Union and its constituent Member States) can be made, but will also be relevant to civil society institutions (including DPOs), and bilateral and multilateral donor agencies.

First and foremost, it is necessary to state that, applying the selection criteria for the inclusion developed by the authors objectively, only 11 documents met these criteria and were therefore selected for review: (two for education, three for health, one for labour markets, one for social protection, two disability-specific strategies and finally two policy documents concerned with general development). Therefore, it can be stated that while disability is recognised as an issue by the African Union and its constituent Member States, in comparison with other social and economic policy domains, it does not have the status or high political profile. Of particular concern *Agenda 2063: the Africa We Want*, published in 2015 by the African Union does not make any direct or explicit reference to disability whatsoever, despite being the strategic plan for the continent for the next 50

years and the high profile that this document gives to all other marginalised groups, such as women and children.

On a positive note, it is noteworthy that many of these policies and strategies mentioned many of the key ideas and concepts that are fundamental to international disability rights and international development. For example, there are many references to human rights, but they are not necessarily related to disability issues explicitly. Indeed, more prominence is given to women and children in this respect. Nevertheless, it is encouraging that such references are made. Furthermore, "inclusion" and perhaps more importantly, "inclusive development" are often mentioned. However, from a careful reading of the documents, it is far from clear whether these ideas of inclusion and inclusive development are understood in the manner in which those engaged in international disability policy and practice necessarily understand them. "Inclusion" is often associated with other poor and marginalised groups, such as women, children and refugees. "Disability" and "people with disabilities" may indeed be perceived by policy-makers and development practitioners as an afterthought. This perhaps reflects the fact that many policy-makers and development practitioners have not, until recently been aware of disability as a legitimate area of international development (Albert, 2006; Yeo and Moore, 2003). Furthermore, even within international development policy, practice and research, the concept of "inclusive development" and "inclusive aid" is ill-defined and poorly understood (Groves and Hinton ed., 2013; Hickey et al, 2015). A further explanation is that there is a dissonance between what is meant by "inclusive development" by mainstream development policy-makers and practitioners, on the one hand, and disability practitioners on the other (Grech, 2009; Soldatic and Grech, 2014).

A further area of concern and common weakness found in all of the documents reviewed was that there were no financial or budgetary projections regarding the human and monetary costs that were needed to implement the stated aims and objectives and anticipated activities outlined in each of these policies/strategies. A very good example of this is the *Continental Plan of Action for the African Decade of Persons with Disabilities 2010 – 2019*, published by the African Union, but written in close collaboration with the African disability movement. In fact,

this particular document, while well-intended, reads as if it were a "wish list" of aspirations, rather than a coherent forward-looking strategic plan for disability policy and programming. There are fundamental challenges in ensuring that public sector budgeting and management is effectively instituted in many developing countries, not least in Africa (Booth and Cammack, 2013; Hickey et al, 2015).

Furthermore, none on the 11 documents reviewed had any SMART indicators by which to assess to what extent each of these policies and strategies were implemented effectively and to what extent. This latter omission will have significant detrimental impacts for the future progression of disability policy and practice if this is not addressed, especially in the global context of the SDGs and the ongoing implementation of the UNCRPD. In the absence of SMART indicators, civil society institutions, including DPOs, will not have the necessary tools and benchmarks to hold their respective governments in Africa to account with regard to their disability rights and commitments. Neither will it be possible to assess to what extent the UNCRPD has been implemented, notwithstanding the provision for the "progressive implementation" as set forth in Article 33 (National Implementation and Monitoring) of the Convention. It can therefore be argued that, without these indicators, a "democratic deficit" is created, which compromises the principles of democracy, transparency, accountability and the rule of law (Gaventa and McGee, 2013; Lang, 2009; Lang and Murangria, 2009; Zyl, 2014).

A further interesting finding from this study relates to health policy in Africa. It was found when reviewing documents that far more references to disability were made in the *Africa Health Strategy 2007-2015* than in the later *Africa Health Strategy 2016-2030*. Irrespective of these innovative attributes, in terms of raising the profile of disability issues, this latter Africa Health Strategy is somewhat retrograde when compared with the previous Africa Health Strategy 2007-2015. Indeed, there are far fewer references to disability in this later strategy document. This is somewhat surprising, given the ratification and high profile attributed to the UNCRPD and the increasing importance ascribed to disability within the SDGs (Madans et al, 2011; Olsen et al, 2014; Tangcharoensathien et al, 2015; Waage et al, 2015).

Analysis of Ratings and Scores for the Four Policy Domains

It is also important at this point, to analyse the data that was collected when scoring the policies and strategies reviewed. Eight of the 11 documents reviewed were scored with a methodological tool using the criteria developed for this research programme: seven of these documents were related to the policy domains of education, health, labour markets and social protection, and as well as the CPA2.

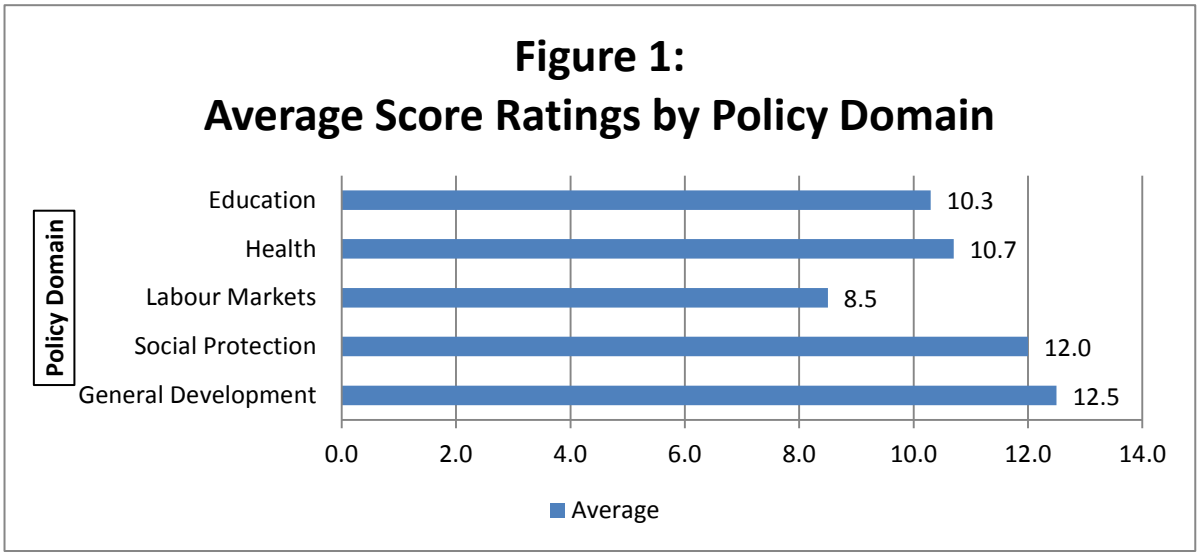
It will be recalled from the methodology section that each policy was rated according to 7 distinct criteria: rights, accessibility, inclusion, implementation, enforcement, budget and finance, and management information systems. It will also be recalled that scoring scale was between 1 and 4, with 1 indicating a total lack of understanding/commitment towards disability inclusion in the policy and 4 indicating a total understanding/commitment to disability inclusion. However, it is important to remember that the sample size is very small (i.e. 11 policies in total) and any conclusions are susceptible to over-simplification.

Nevertheless, from the analysis presented in Table 1 and Figure 1 for the 7 policies and strategies, a number of conclusions can be made. First, only one policy or strategy could be identified for both labour markets/employment and social protection when applying the date limitation decided for the study. As shown above, these two domains included policies that were in preparation (Draft Declaration for employment and Report of a meeting on Social Protection and Inclusive Development). The analysis presented here can provide some useful recommendations for ensuring disability inclusion in the finalisation of the policies and strategies related to these draft declaration and reports.

Education has the highest average score in all of the four policy domains and also had the highest individual score (3) with the respect the range on scores that could have been awarded. Table 1 presents the total scores and ranges for each of the seven policies, disaggregated by domain and Figure 1 presents the average scores for each of these domains. In the light of this analysis, it is possible to tentatively conclude that education accords a higher priority to disability inclusion than do the other policy domains. Although, as noted at the outset of this paper, this data set included all relevant documents we were able to identify. Globally, education for

children with disabilities has received relatively greater attention by bilateral and multilateral donor agencies and other international organisations, spearheaded by the Global Partnership on Education and the publication of the 2013 State of the World's Children Report by UNICEF, which focused on children with disabilities (UNICEF, 2013).

TABLE 1: ANALYSIS OF RATINGS OF ALL SCORE CARDS BY POLICY DOMAIN		
Policy Domains, Policies and Strategies	Total Score (max = 28)	Range 1 – 4
Education		
Second Decade of Education for Africa 2006 – 2015 Plan of Action	9.5	1-3
Africa Union Outlook Report on Education 2014: Continental Report	11	1-2.5
Average Education Scores	**10.3**	**1-3**
Health		
The Africa Health Strategy 2007–2015	10	1-2
An Assessment of the Africa Health Strategy 2007–2015	10.5	1-2
Africa Health Strategy 2016–2030	11.5	1-2
Average Health Scores	**10,7**	**1-2**
Labour Markets		
Draft Declaration on Employment, Poverty Eradication and Inclusive Development in Africa	8.5	1-2.5
Social Protection		
Report of the First Meeting of the Specialised Technical Committee on Social Development, Labour and Employment	12.0	1-3
General Development		
Common African Position (CAP) the Post-2015 Development Agenda	12.5	1-3
OVERALL AVERAGE	**11.2**	**1-3**

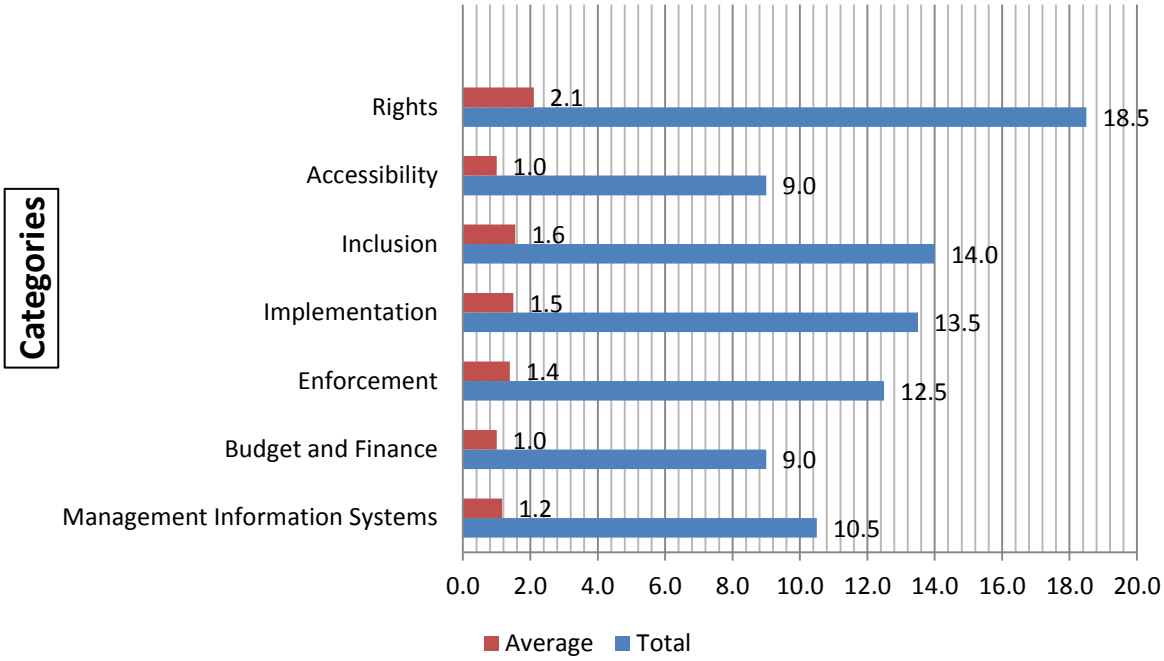


The total score possible for a fully inclusive policy document is 28. Table 1 and Figure 1 show clearly that none of the documents analysed even reached 50% of the maximum score. These policies and strategies are not disability-inclusive.

Also noteworthy is the fact that the two policy papers related to general development issues, *The CAP to the Post-2015 Development Agenda* and *Agenda 2063: The Africa We Want* that these policies scored better than the other policies reviewed. Despite neither paper explicitly mentioning disability, both had frequent and detailed mentions of the importance of human rights.

Figure 2 presents the average scores for the individual components rated for each policy. Each component had a maximum rating of 4 and 7 policies were rated for each component. Thus the totals are out of a maximum of 28. The average was calculated by dividing the achieved total by 7.

Figure 2: Analysis of Score Ratings by Categories



With respect of the seven category ratings, it is clear that rights have the highest average score for the seven policies and strategies that were reviewed. Indeed, many but not all of these documents explicitly mentioned disability in relation to rights, but by no means all. This is to be expected, given the increasing political profile that is gaining momentum because of the UNCRPD. However, there are some important issues that are very concerning. None of the seven documents had any budgetary/financial information and very few had very robust management information systems that could monitor how effectively these were being implemented. However, *Agenda 2063; the African We Wan*t was very strong on its commitment to develop a robust monitoring and evaluation framework to monitor its future effectiveness. This last point is linked to the low average score of implementation. In the absence of robust management information systems, it is very difficult indeed to implement social and economic policy, not least in the field of disability. The low score for the inclusion of accessibility factors reflects lack of awareness of the importance of this component for effective inclusion of people with disabilities. This is congruent with the lack of explicit mention of disability and the needs of people with disabilities in most of these documents.

Analysis of Ratings and Scores for the Disability Specific Policies

The Comprehensive Plan of Action for the African Decade of Persons with Disabilities 2010 – 2019 (CPA2)

Table 2 presents the individual domain analyses for the CPA2. Of the 4 domains, Social Protection has the highest average score and Health the lowest. Nevertheless, all 4 domains were rated low. Efforts are required in all these domains to realise disability inclusive policies.

TABLE 2: ANALYSIS OF THE RESULTS BY POLICY DOMAIN OF THE SCORECARDS OF THE COMPREHENSIVE PLAN OF ACTION FOR THE AFRICAN DECADE OF PERSONS WITH DISABILITIES 2010-2019

Domain	Health	Education	Labour Markets	Social Protection
Average	1.4	1.6	1.6	1.7
Range	1.5 – 2	1 – 2.5	1 – 2.5	1 – 2.5

Table 3 presents the average scores and ranges for individual components rated for each domain within the CPA2. The category of rights of people with disabilities again scores the highest rating. The reference to the rights of people with disabilities to education, health services, employment and social protection was the component most effectively addressed. This reflects the inclusion of the African disability movement in the process of developing the plan of action.

TABLE 3: ANALYSIS OF THE RESULTS BY CATEGORY OF RATING OF THE SCORECARDS OF THE COMPREHENSIVE PLAN OF ACTION FOR THE AFRICAN DECADE OF PERSONS WITH DISABILITIES 2010-2019

Category of Rating	Average	Range
Rights	2.4	2 - 2.5
Accessibility	1.8	1.5 - 2
Inclusion	1.8	1 – 2

Implementation	1.8	1 - 1.5
Enforcement	1.1	1 - 1.5
Budgets and Finance	1.4	1
Management Information Systems	1	1 - 1.5

Recommendations

In the light of the all the analysis that has been presented in this paper, it is possible to make some final observations and subsequent recommendations for the future development of disability policy and practice in Africa, and the sustained reduction of poverty, defined in its broadest sense, for people with disabilities on the continent.

Firstly, it is important to emphasise that some progress has been made with respect to disability inclusion, at the policy level, but much remains to be done for full inclsuion to be achieved. This remains the case despite the ratification of the UNCRPD in May, 2008. Policy-makers and development practitioners apparently do not as yet fully comprehend the importance of addressing disability issues as an inherent component of social and economic policy at the national level, and also, at a continental and international level, particularly as an integral component of international development. However, it is anticipated that this will change with the progressive implementation of the SDGs over the next 15 years, which gives greater prominence to disability issues than did the MDGs.

A serious concern is that none of the documents reviewed have any budgetary or financial data with regard to how each policy or strategy will be implemented. In the absence of forward-looking and planned budgets, it is very difficult to foresee how any of these policies will be implemented.

It was also observed that while some of the documents that were reviewed for this paper made reference to disability and the important of addressing disability issues, many did not. Again, this is despite the fact that all countries included in this study have ratified the UNCRPD, and therefore are de facto required to

protect and promote disability rights, in alignment with the Articles of the Convention. This was very clear when reviewing the health policies. It will be recalled that the *Africa Health Strategy 2007-2015* made more progressive references to disability than did The Africa Health Strategy 2016-2030. This is a regressive and disappointing development, and every effort should be made to rectify this. A more consistent, ongoing engagement by the AU and its member states with continental and national DPOs would significantly address this gap.

Given the limited explicit mention of disability and needs of people with disabilities in many of the documents analysed, the lack of budgetary and human resource provision, limited plans for monitoring and evaluation and almost no mention inclusion of disability disaggregated data collection in management information systems much work is required to raise awareness and develop disability inclusive policies and strategies.

As a direct result of the analysis and findings presented within this report, the following recommendations are made for policy makers and implementers, DPOs and other development organisations:

4. For policy makers and implementers:

- All policies and strategies must be disability-inclusive and reflect clear indicators of how to realise this inclusion.

  In order to achieve this, the following actions are required by the African Union (AU) and it's Member States:

  a) Engage in dialogue with DPOs in formulating and implementing all policies relating to disability, thereby ensuring that they genuinely address the needs of people with disabilities;
  b) Allocate dedicated budgets to meet the specific requirements for disability-inclusion;
  c) Develop monitoring and evaluation frameworks for each of the policies/strategies reviewed in this paper and any future development policies;
  d) Develop relevant SMART indicators within the monitoring and evaluation strategies;

e) Collect data from the SMART indicators that can be disaggregated by disability status within the sector specific management information systems.

5. For Disabled People's Organisations (DPOs):

- DPOs must become active role players in policy development and implementation at government level within the AU and at individual country level.

In order to achieve this, the following actions are required by the DPOs:

a) Become familiar with the policy-making process in their respective countries;
b) Receive targeted and appropriate training in
    - Strategic planning and advocating for inclusive policies and implementation strategies;
    - SMART indicator development and measurement for disability inclusion;
    - Monitoring and evaluation of disability-inclusive policies and strategies;
    - Appropriate and relevant budgeting for disability-inclusive policies;
    - Information management systems and relevant disability measures to be included.

6. For general development organisations:

Local and international development and non-governmental organisations must ensure that all their policies and development plans are disability-inclusive.

In order to achieve this, the following actions are required by these organisations:

a) Engage in dialogue with DPOs in formulating and implementing all devlopment projects and service provision to ensure visibility and inclusion of people with disabilities;
b) Include disability-sensitive monitoring and evaluation (M&E) plans;
c) Collect data that can be disaggregated by disability status within their M&E plans;
d) Include people with disabilities within their structures and service provisions to reflect an inclusive organisation.

Appendices

Appendix I: Copies of Scorecards for the Four Policy Domains of Education, Health, Labour Markets and Social Protection, and the Disability-Specific Scorecard

Education Policy Analysis Scorecard Template

Name and date of policy:

Sector: Education Health Employment Social protection (Circle relevant one)

Definition of disability used in the policy:

Content analysis of the policy documents (from policy documents)

Area of rating	Rating	Reason for rating
Right to Education for people with disabilities		
Accessibility of education for people with disabilities		
Inclusivity of education for people with disabilities		
National Education implementation plan for people with disabilities		
Enforcement mechanism for education aspects relating to people with		

disabilities		
Budgetary concerns for education aspects relating to people with disabilities		
Education Information management system for aspects relating to learners with disabilities		
Additional Comments		

Context, Actors and Process analysis of policy (from policy itself and other documents, key informant interviews)

Component	Brief description	How influenced development of the policy
Context Describe the context factors that could have had or have an impact on how the policy was developed, e.g. economic (Cost containment and austerity measures or growth), power relations between government and people, private-public relations, culture, public		

information on disability		
Actors Describe the actors who were involved in the development of the policy, e.g. local, regional & international groups and individuals, people with disabilities and DPOs, government (parliamentarians and bureaucrats) and civil society, international organisations and donors, religious and traditional leaders, etc.		
Process Describe the process of how the policy was developed, e.g. inclusive or exclusive processes, which groups included, what evidence used (CRPD, Review of best practices), public consultation, etc.		

Source documents for information:

- The written policy documents and related Acts that have been passed
- Working documents in developing policy
- Government and shadow reports on CRPD compliance
- Key informant interviews

Health Policy Analysis Scorecard Template

Name and date of policy:

Sector: Education [Health] Employment Social protection (Circle relevant one)

Definition of disability used in the policy:

Content analysis of the policy documents (from policy documents)

Area of rating	Rating	Reason for rating
Right to health for children and adults with disabilities		
Accessibility of health facilities and information for children and adults with disabilities		
Inclusivity of health policy, systems and services for children and adults with disabilities		
National health implementation plan for children and adults with disabilities		

Enforcement mechanism for aspects relating to health of children and adults with disabilities		
Budgetary concerns for aspects relating to health of children and adults with disabilities		
Information management system for aspects relating to health of children and adults with disabilities		
Additional Comments		

Context, Actors and Process analysis of policy (from policy itself and other documents, key informant interviews)

Component	Brief description	How influenced development of the policy
Context Describe the context factors that could have had or have an impact on how the policy was developed, e.g. economic (Cost containment and austerity measures or		

growth), power relations between government and people, private-public relations, culture, public information on disability		
Actors Describe the actors who were involved in the development of the policy, e.g. local, regional & international groups and individuals, people with disabilities and DPOs, government (parliamentarians and bureaucrats) and civil society, international organisations and donors, religious and traditional leaders, etc.		
Process Describe the process of how the policy was developed, e.g. inclusive or exclusive processes, which groups included, what evidence used (CRPD, Review of best practices), public consultation, etc.		

Source documents for information:

- The written policy documents and related Acts that have been passed
- Working documents in developing policy
- Government and shadow reports on CRPD compliance
- Key informant interviews

Labour Markets Policy Analysis Scorecard Template

Name and date of policy:

Sector: Education Health Employment Social protection (Circle relevant one)

(The policy may refer to livelihoods rather than just employment. Make a comment if that is the case.)

Definition of disability used in the policy:

Content analysis of the policy documents (from policy documents)

Area of rating	Rating	Reason for rating
Right to livelihood/ employment for people with disabilities		
Accessibility of workplaces and information for people with disabilities		
Inclusivity of employment/ labour policy, systems and services for people with disabilities		
National employment/ labour implementation		

plan for people with disabilities		
Enforcement mechanism for aspects relating to employment of people with disabilities		
Budgetary concerns for aspects relating to employment of people with disabilities		
Information management system for aspects relating to employment of people with disabilities		
Additional Comments		

Context, Actors and Process analysis of policy (from policy itself and other documents, key informant interviews)

Component	Brief description	How influenced development of the policy
Context Describe the context factors that could have had or have an impact on how the policy was developed, e.g. economic (Cost containment and austerity measures or growth), power relations between government and people, private-public relations, culture, public information on disability		
Actors Describe the actors who were involved in the development of the policy, e.g. local, regional & international groups and individuals, people with disabilities and DPOs, government (parliamentarians and bureaucrats) and civil society, international organisations and donors, religious and traditional leaders, etc.		

Process Describe the process of how the policy was developed, e.g. inclusive or exclusive processes, which groups included, what evidence used (CRPD, Review of best practices), public consultation, etc.		

Source documents for information:

- The written policy documents and related Acts that have been passed
- Working documents in developing policy
- Government and shadow reports on CRPD compliance
- Key informant interviews

Social Protection Policy Analysis Template

Name and date of policy:

Sector: Education Health Employment Social protection (Circle relevant one)

Definition of disability used in the policy:

Content analysis of the policy documents (from policy documents)

Area of rating	Rating	Reason for rating
Right to comprehensive social protection for children and adults with disabilities		
Accessibility of social protection programmes and information on		

these for children and adults with disabilities		
Inclusivity of social protection programmes for children and adults with disabilities		
National social protection programme implementation plans for children and adults with disabilities		
Enforcement mechanism for aspects relating to social protection of children and adults with disabilities		
Budgetary concerns for aspects relating to social protection of children and adults with disabilities		
Information management system for aspects relating to social protection of children and adults with		

disabilities		
Additional Comments		

Context, Actors and Process analysis of policy (from policy itself and other documents, key informant interviews)

Component	Brief description	How influenced development of the policy
Context Describe the context factors that could have had or have an impact on how the policy was developed, e.g. economic (Cost containment and austerity measures or growth), power relations between government and people, private-public relations, culture, public information on disability		
Actors Describe the actors who were involved in the development of the policy, e.g. local, regional & international groups and individuals, people with disabilities and DPOs, government		

(parliamentarians and bureaucrats) and civil society, international organisations and donors, religious and traditional leaders, etc.		
Process Describe the process of how the policy was developed, e.g. inclusive or exclusive processes, which groups included, what evidence used (CRPD, Review of best practices), public consultation, etc.		

Source documents for information:

- The written policy documents and related Acts that have been passed
- Working documents in developing policy
- Government and shadow reports on CRPD compliance
- Key informant interviews

Disability Specific Policy Analysis Template

1. Art 1: Purpose of the disability specific policy: (Write a brief set of notes on what your policy says)

2. Art 2: Definition of disability used in the policy: (Write a brief set of notes on what your policy says)

The following articles set out what should be done to ensure inclusion of people with disabilities and realisation of their human rights. The disability specific policy should refer to all these articles and provide some detail on the measures that will be taken to implement these. Your comment for each article should include mention of 1) inclusion of this article in the policy ; 2) reference to how the article will be implemented.

Compliance can be rated as follows:

- **Yes** = both mention of article and implementation strategy ;
- **To some extent** = mention of article but limited or no mention of implementation strategy
- **No** = article not mentioned and no indication of implementation strategy

CRPD Article	Briefly describe policy statement - 1) inclusion of article; 2) implementation strategy	Complies with CRPD content? Yes/no/to some extent	Do the relevant sector-specific policies align with this article? Yes/no/to some extent
3. Underlying principles mentioned? E.g. dignity, non-discrimination, equal opportunities, etc			Education: Health: Employment: Social Protection:
4. General obligations –legislation and other measures to ensure realisation of the rights			Education: Health: Employment: Social Protection:
5. Equality before the law and non-discrimination recognised			Education: Health: Employment: Social Protection:
6. Specific mention of addressing			Education:

CRPD Article	Briefly describe policy statement - 1) inclusion of article; 2) implementation strategy	Complies with CRPD content? Yes/no/to some extent	Do the relevant sector-specific policies align with this article? Yes/no/to some extent
women and girls with disabilities			Health: Employment: Social Protection:
7. Specific mention of children with disabilities and listening to their voices			Education: Health: Employment: Social Protection:
8. Awareness-raising – in all areas to reduce stigma and discrimination;			Education: Health: Employment: Social Protection:
9. Accessibility – Buildings, roads, transport, (e.g. schools, health			Education: Health:

CRPD Article	Briefly describe policy statement – 1) inclusion of article; 2) implementation strategy	Complies with CRPD content? Yes/no/to some extent	Do the relevant sector-specific policies align with this article? Yes/no/to some extent
facilities and workplace); set minimum standards for compliance			Employment: Social Protection:
10. Right to life			Education: Health: Employment: Social Protection:
11. Situations of risk and humanitarian emergencies – safety and protection in situations of risk (e.g. armed conflict, humanitarian emergencies and natural disasters)			Education: Health: Employment: Social Protection:
12. Equal recognition before the law – equal as persons before the			Education: Health:

CRPD Article	Briefly describe policy statement - 1) inclusion of article; 2) implementation strategy	Complies with CRPD content? Yes/no/to some extent	Do the relevant sector-specific policies align with this article? Yes/no/to some extent
law and enjoy legal capacity, required support to exercise their legal capacity; measures to prevent abuse etc. Right to own or inherit property, control own financial affairs			Employment: Social Protection:
13. Access to justice –access on equal basis to others; includes appropriate training for people in justice administration including police and prison staff			Education: Health: Employment: Social Protection:
14. Liberty and security of person Not deprived of their liberty unlawfully			Education: Health: Employment: Social Protection:

CRPD Article	Briefly describe policy statement - 1) inclusion of article; 2) implementation strategy	Complies with CRPD content? Yes/no/to some extent	Do the relevant sector-specific policies align with this article? Yes/no/to some extent
15. Freedom from torture or cruel, inhuman or degrading treatment or punishment			Education: Health: Employment: Social Protection:
16. Freedom from exploitation, violence and abuse			Education: Health: Employment: Social Protection:
17. Protecting the integrity of the person - Every person with disabilities has a right to respect for his or her physical and mental integrity on an equal basis with others.			Education: Health: Employment: Social Protection:

CRPD Article	Briefly describe policy statement – 1) inclusion of article; 2) implementation strategy	Complies with CRPD content? Yes/no/to some extent	Do the relevant sector-specific policies align with this article? Yes/no/to some extent
18. Liberty of movement and nationality - e.g. acquiring and changing nationality; acquiring documentation as required; children with disabilities registered at birth			Education: Health: Employment: Social Protection:
19. Living independently and being included in the community – choose place of residence and who they live with; access to in-home, residential and other community support services including personal assistance			Education: Health: Employment: Social Protection:
20. Personal mobility –time and manner of their choice and affordable; quality mobility aids; mobility skills			Education: Health: Employment:

CRPD Article	Briefly describe policy statement - 1) inclusion of article; 2) implementation strategy	Complies with CRPD content? Yes/no/to some extent	Do the relevant sector-specific policies align with this article? Yes/no/to some extent
			Social Protection:
21. Freedom of expression and opinion and access to information – e.g. accessible communication services; promoting use of sign language			Education: Health: Employment: Social Protection:
22. Respect for privacy –legislation to guarantee right to privacy			Education: Health: Employment: Social Protection:
23. Respect for home and family – efforts to eliminate discrimination with respect to marriage, family, parenthood and relationships. Also children			Education: Health: Employment: Social Protection:

CRPD Article	Briefly describe policy statement - 1) inclusion of article; 2) implementation strategy	Complies with CRPD content? Yes/no/to some extent	Do the relevant sector-specific policies align with this article? Yes/no/to some extent
not separated from their parents			
24. Education – right to education with equal opportunity; inclusive education system at all levels; reasonable accommodation, etc. training of teachers and medium of instruction in accessible format, e.g. sign language			Education:
25. Health – highest attainment of health without discrimination; same care as all; disability specific care and early detection and screening; prevent further disabilities; no discrimination by health care workers; no denial of care in			Health:

CRPD Article	Briefly describe policy statement - 1) inclusion of article; 2) implementation strategy	Complies with CRPD content? Yes/no/to some extent	Do the relevant sector-specific policies align with this article? Yes/no/to some extent
emergencies			
26. Habilitation and rehabilitation – quality, accessible and affordable habilitation and rehabilitation services and programmes			Education: Health: Employment: Social Protection:
27. Work and employment – right to work on equal basis to others; open, inclusive and accessible work environment; prohibit discrimination on basis of disability.			Employment:
28. Adequate standard of living and social protection –Adequate food, clothing and housing, clean water, social protection and poverty reduction			Social Protection:

CRPD Article	Briefly describe policy statement – 1) inclusion of article; 2) implementation strategy	Complies with CRPD content? Yes/no/to some extent	Do the relevant sector-specific policies align with this article? Yes/no/to some extent
programmes; access to public housing.			
29. Participation in political and public life – ensure full and effective participation in political and public life; accessible voting procedures and materials; vote by secret ballot;			
30. Participation in cultural life, recreation, leisure and sport			

The following articles set out how the implementation of the CRPD should be monitored and what reporting is required. The disability specific policy should mention these and indicate what plans are in place for monitoring and reporting:

Implementation and monitoring component	Briefly describe what the disability policy says for implementation and monitoring.	Complies with CRPD content? Yes/no/to some extent	Indicate if implementation and monitoring measures are specified in the sector

			specific policies (if relevant)
1. Statistics and data collection – Art 31: collect appropriate information to inform policies			Education: Health: Employment: Social Protection:
2. International cooperation – Art 32: link with other international efforts			Education: Health: Employment: Social Protection:
3. National implementation and monitoring – Art 33 1. Setting up committee on rights of persons with disabilities (Art 34) • 12 representative experts • Within 6 months of entry into force of CRPD • Cooperation between state			

parties and committee (Art 37) • Relationship of committee with other bodies (Art 38) 2. Reporting on progress on implementation of CRPD • 2 years post entry into force • then at least every 4 years 3. Report by state parties – Art 35: measures taken to give effect to the CRPD obligations and progress • Consideration of report by expert committee (Art 36) 4. Report by Committee every 2 years examining state Party's report (Art 39)			
4. Signed optional protocol or not			

<u>Summary points and Comments</u>: (e.g. overall impression, noting if statistics are collected, expert committee set up, and if the reporting has happened by state party, etc.)

Appendix II: List of policies and strategies reviewed

TABLE 4: LIST OF POLICIES AND STRATEGIES REVIEWED
Policies and Strategies by Domain
Education
• Second Decade of Education for Africa 2006 – 2015 Plan of Action (pdf) • Africa Union Outlook Report on Education 2014: Continental Report (pdf)
Health
• The Africa Health Strategy 2007–2015 • An Assessment of the Africa Health Strategy 2007–2015 • Africa Health Strategy 2016–2030
Labour Markets
• Draft Declaration on Employment, Poverty Eradication and Inclusive Development in Africa (pdf)
Social Protection
• Report of the First Meeting of the Specialised Technical Committee on Social Development, Labour and Employment(pdf)
General Development
• Common African Position (CAP) the Post-2015 Development Agenda (pdf) • Agenda 2063: the Africa We Want (pdf)
Disability-Specific Policies
• The Continental Plan of Action for the African Decade of Persons within Disabilities 1999 – 2009 (pdf) • The Continental Plan of Action for the African Decade of Persons with Disabilities 2010 – 2019 (pdf)

References

Albert, B. (ed.) (2006), *In or out of the Mainstream? Lessons from Research and Disability and Development Cooperation*. Leeds: The Disability Press.

Alejandro Leal, P. (2007), Participation: The Ascendancy of a Buzzword in the Neo-Liberal Era, *Development in Practice,* 17(4-5): 539-548.

Alkire, S. and Foster, J. (2011), Counting and Multidimensional Poverty Measurement, *Journal of Public Economics*, 95(7): 476-487.

Alkire S., Foster J., Seth S., Santos M. E., Roche J. M., and Ballon P. (2015), *Multidimensional Poverty Measurement and Analysis,* New York: Oxford University Press.

Apthorpe R. and Gasper D. (2014), *Arguing Development Policy: Frames and Discourses,* Abingdon: Routledge.

Armstrong F., Armstrong D., and Spandagou I. (2010), *Inclusive Education: International Policy and Practice,* London: Sage Publications.

Bana, B. and Basheka, B. C. (2017), Governance and Democracy As Critical Pillars for Successful East African Regional Integration, *The African Review,* 39(1&2): 100-138.

Barrientos A. and Hulme D. (2016), *Social Protection for the Poor and Poorest: Concepts, Policies and Politics,* London: Springer.

Beisland, L. A. and Mersland, R. (2012), The Use of Microfinance Services among Economically Active People with disabilities: Evidence from Uganda, *Journal of International Development* 24(S1): S84-S99/

Black, D. R. and de Matos-Ala, J. (2016), Building a More Inclusive South Africa: Progress and Pitfalls in Disability Rights and Inclusion, *Third World Thematics: A TWQ Journal,* 1(3): 335-352.

Booth D. and Cammack D. (2013), *Governance for Development in Africa: Solving Collective Action Problems,* London: Zed Books.

Charlton J. I. (1998), *Nothing About Us Without Us: Disability Oppression and Empowerment,* Berkely: University of California Press.

Chataika, T., Mckenzie, J. A., Swart, E., and Lyner-Cleophas, M. (2012), Access to education in Africa: Responding to the United Nations Convention on the Rights of Persons with Disabilities, *Disability & Society,* 27(3): 385-398.

Cooke B. and Kothari U. (2001), *Participation: the New Tyranny?,* London: Zed Books.

Cornwall, A. (ed.) (2011), *The Participation Reader*. London: Zed Books.

Croft, A. (2013), Promoting Access to Education for Children with Disabilities in Low-Income Countries: Do We Need to Know How Many Children with Disabilities There Are?, *International Journal of Educational Development,* 33(3): 233-243.

De Beaudrap, P., Mac-Seing, M., and Pasquier, E. (2014), Disability and HIV: a Systematic Review and a Meta-Analysis of the Risk of HIV Infection among Adults with Disabilities in Sub-Saharan Africa, *AIDS care* 26(12): 1467-1476.

Devereux, S. (2016), Social Protection for Enhanced Food Security in Sub-Saharan Africa, *Food Policy,* 60(1): 52-62.

Doyle, M. W. and Stiglitz, J. E. (2014), Eliminating Extreme Inequality: a Sustainable Development Goal, 2015-2030, *Ethics & International Affairs*. 28(01): 5-13.

Driedger D. (1989), *The Last Civil Rights Movement: People with disabilitiess' International,* New York: Hurst & Co.

Enns, C., Bersaglio, B., and Kepe, T. (2014), Indigenous Voices and the Making of the Post-2015 Development Agenda: the Recurring Tyranny of Participation, *Third World Quarterly,* 35(3): 358-375.

Forster J. and Stokke O. S. (2013), *Policy Coherence in Development Co-Operation,* Abingdon: Routledge.

Fukuda-Parr, S. (2016), From the Millennium Development Goals to the SDGs: Shifts in Purpose, Concept, and Politics of Global Goal Setting for Development, *Gender & Development,* 24(1): 43-52.

Fukuda-Parr, S. and Hulme, D. (2011), International Norm Dynamics and the End of Poverty: Understanding the Millennium Development Goals, *Global Governance*, 17(1): 17-36.

Gartrell, A., Jennaway, M. G., Manderson, L., and Godden, N. (2016), Making the Invisible Visible: Disability Inclusive Development in Solomon Islands, *Journal of Development Studies*, 52(10): 1389-1400.

Gaventa, J. and McGee, R. (2013), The Impact of Transparency and Accountability Initiatives, *Development Policy Review*, 31(s1): S3-S28.

Gooding, K. and Marriot, A. (2009), Including Persons with Disabilities in Social Cash Transfer Programmes in Developing Countries, *Journal of International Development,* 21(5): 685-698.

Grech, S. (2009), Disability, Poverty and Development: Critical Reflections on the Majority World Debate, *Disability & Society,* 24(6): 771-784.

Grindle M. S. (2017), *Politics and Policy Implementation in the Third World,* Princeton, NJ: Princeton University Press.

Groce, N., Kett, M., Lang, R., and Trani, J. F. (2011), Disability and Poverty: the Need for a More Nuanced Understanding of Implications for Development Policy and Practice, *Third World Quarterly,* 32(8): 1493-1513.

Groce, N. E., Rohleder, P., Eide, A. H., MacLachlan, M., Mall, S., and Swartz, L. (2013), HIV Issues and People with Disabilities: A Review and Agenda for Research, *Social Science & Medicine,* 77(1); 31-40.

Groves, L. and Hinton, R. (eds.) (2013), *Inclusive Aid: Changing Power and Relationships in International Development*. London: Earthscan.

Goujon, N.,Devine, A., Baker, S., Sprunt, B., Edmonds, T., Booth, J. and Keeffe, J. (2016), A Comparative Review of Measurement Instruments to Inform and Evaluate Effectiveness of Disability Inclusive Development, *Disability and Rehabilitation*, 36(10): 804-812.

Hendriks, A. (2007), Selected Legislation and Jurisprudence: UN Convention of the Rights of Persons with Disabilities, *European Journal of Health Law*, 14, 281–298.

Hickey, S., Sen, K., and Bukenya, B. (eds.) (2015), *The Politics of Inclusive Development: Interrogating the Evidence*. Oxford and New York: Oxford University Press.

Hickey S. and Mohan G. (2004), *Participation – From Tyranny to Transformation?: Exploring New Approaches to Participation in Development,* London: Zed books.

Janes, J. E. (2016), Democratic Encounters? Epistemic Privilege, Power, and Community-Based Participatory Action Research, *Action Research* ,14(1): 72-87.

Lang, R. (2009), The United Nations Convention on the Right and Dignities for Persons with Disability: a Panacea for Ending Disability Discrimination?, *ALTER-European Journal of Disability Research,* 3(3): 266-285.

Lang, R. and Murangria,A. (2009), 'Barriers to Inclusion of People with disabilities in the Disability Policy-Making in Seven African Countries' in *The United Nations Convention on the Rights of Persons with Disabilities: Multidisciplinary Perspectives*. edited by Kumpuvuori, J. and Scheinin, M. Helsinki: The Centre for Human Rights of Persons with Disabilities, 138-158.

Lockwood, E. and Tardi, R. (2014), The Inclusion of Persons with Disabilities in the Implementation of the 2030 Agenda for Sustainable Development, *Development*, 57(3-4): 433-437.

Lord, J. E., Stein, M. A., and Fiala-Butora, J. (2014), Facilitating an Equal Right to Vote for Persons with Disabilities, *Journal of Human Rights Practice* 6(1): 115-139.

MacLachlan, M. and Swartz, L. (eds.) (2009), *Disability & International Development*. London: Springer.

Madans, J. H., Loeb, M. E., and Altman, B. M. (2011), Measuring disability and monitoring the UN Convention on the Rights of Persons with Disabilities: the work of the Washington Group on Disability Statistics, *BMC Public Health* 11(4): 1-4.

Majiet, S. and Africa, A. (2015), Women with Disabilities in Leadership: the Challenges of Patriarchy, *Agenda*, 29(2): 101-111.

Marmot, M., Friel, S., Bell, R., Houweling, T. A., Taylor, S., and Commission on Social Determinants of Health, (2008), Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health, *The Lancet*, 372(9650): 1661-1669.

Meer, T. and Combrinck, H. (2015), Invisible intersections: Understanding the complex stigmatisation of women with intellectual disabilities in their vulnerability to gender-based violence, *Agenda*, 29(2): 14-23.

Megret, F. (2008), The Disabilities Convention: Towards a Holistic Concept of Rights, *International Journal of Human Rights*, 12(2): 261-277.

Mitra S. (2005), *Disability and Social Safety Nets in Developing Countries: World Bank Social Protection Working Paper 3337,* Washington DC: World Bank.

Mitra, S. (2008), The Recent Decline in the Employment of Persons with Disabilities in South Africa, 1998-2006, *South African Journal of Economics,* 76(3): 480-492.

Murray R. and Long D. (2015), *The Implementation of the Findings of the African Commission on Human and Peoples' Rights,* Cambridge: Cambridge University Press.

Mwendwa, T. N., Murangira, A., and Lang, R. (2009), Mainstreaming the Rights of Persons with Disabilities in National Development Frameworks, *Journal of International Development,* 21(5): 662-672.

Olsen S. H., Zusman E., Miyazawa I., Cadman T., Yoshida T., and Bengtsson M. (2014), *Implementing the Sustainable Development Goals (SDGs): An Assessment of the Means of Implementation(MOI),* Kanagawa, Japan: Institute for Global Environmental Strategies.

Quinn G., Degener T., and Bruce A. (2002), *Human Rights and Disability: the Current Use and Future Potential of United Nations Human Rights Instruments in the Context of Disability,* New York: United Nations Publications.

Schneider, M., MacLachlan, M., Eide, A. H., Amin, M., and Mannan, H. (2013), Inclusion of Vulnerable Groups in Health Policies: Regional Policies on Health Priorities in Africa: Original Research, *African Journal of Disability,* 2(1): 1-9.

Singal, N. (2006), Inclusive Education in India: International Concept, National Interpretation, *International Journal of Disability, Development and Education,* 53(3): 351-369.

Singal N. (2017), *Education in Disability and Poverty Debates,* Chichester: John Wiley & Sons.

Smith B. C. (2007), *Good Governance and Development,* Basingstoke: Palgrave Macmillan.

Soldatic, K. and Grech, S. (2014), Transnationalising Disability Studies: Rights, Justice and Impairment, *Disability Studies Quarterly,* 34(2):

Stein, M. A., Stein, P. J., Weiss, D., and Lang, R. (2009), Health Care and the UN Disability Rights Convention, *The Lancet,* 374(9704): 1796-1798.

Tangcharoensathien, V., Mills, A., and Palu, T. (2015), Accelerating Health Equity: the Key Role of Universal Health Coverage in the Sustainable Development Goals, *BMC medicine* 13(1): 101-

Thorbecke, E. (2008), 'Multidimensional Poverty: Conceptual and Measurement Issues' in *The Remaining Dimensions of Poverty.* edited by Kakwani, N. and Silber, J. London: Springer.

Tomuschat C. (2014), *Human Rights: Between Idealism and Realism,* Oxford: Oxford University Press.

UNICEF (2013), *The State of the World's Children Report 2013: Children With Disabilities,* New York: United Nations Children's Fund.

Waage, J., Yap, C., Bell, S., Levy, C., Mace, G., Pegram, T., Unterhalter, E., Dasandi, N., Hudson, D., and Kock, R. (2015), Governing the UN Sustainable Development Goals: Interactions, Infrastructures, and Institutions, *The Lancet Global Health* 3(5): e251-e252.

Walt, G. and Gilson, L. (1994), Reforming the Health Sector in Developing Countries: the Central Role of Policy Analysis, *Health policy and planning* 9(4): 353-370.

Weeks, J. D. (2016), 'Background and Origin of the Washington Group: Improving the State of Disability Data' in *International Measurement of Disability: Purpose, Method and Application.* edited by Altman, B. M. Cham: Springer International Publishing.

Weiss T. (2013), *Global Governance: Why? What Whither?,* Cambridge: Polity.

Yeo, R. and Moore, K. (2003), Disability and Poverty: the Need for a More Nuanced Understanding of Implications for Development Policy and Practice, *World Development,* 31(3): 571-590.

Yousafzai, A. K., Dlamini, P. J., Groce, N., and Wirz, S. (2004), Knowledge, Personal Risk and Experiences of HIV/AIDS among People with Disabilities in Swaziland, *International Journal of Rehabilitation Research* 27(3): 247-251.

Zyl, A. (2014), How Civil Society Organisations Close the Gap between Transparency and Accountability, *Governance*. 27(2): 347-356.