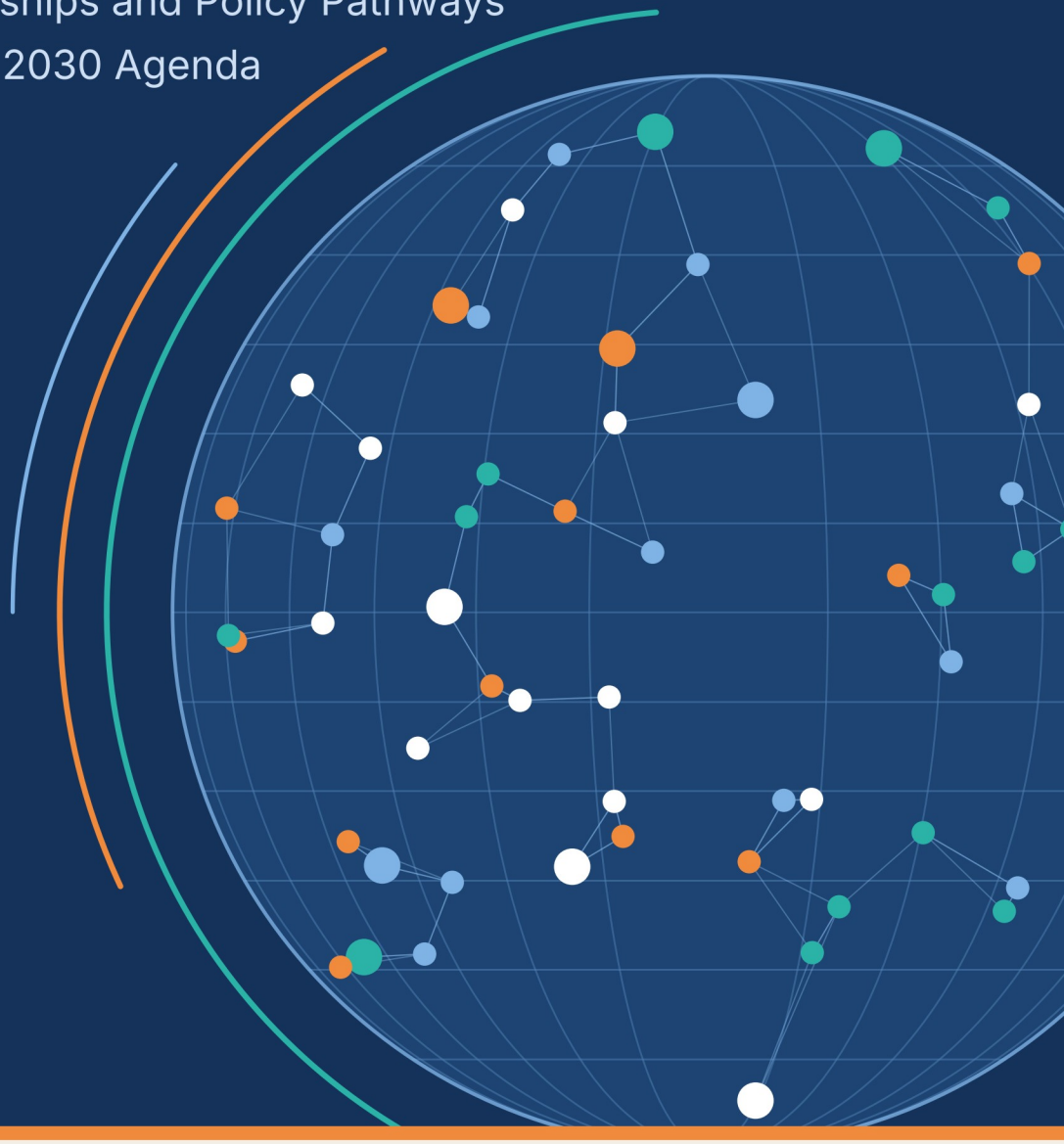
A COMMONWEALTH DISABILITY INCLUSION REPORT

Disability Inclusion and the Sustainable Development Goals in the Commonwealth

Progress, Partnerships and Policy Pathways for Achieving the 2030 Agenda



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Commonwealth Disabled People's Forum

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Disability Inclusion and the Sustainable Development Goals in the Commonwealth

Progress, Partnerships and Policy Pathways for Achieving the 2030 Agenda

A Commonwealth Disability Inclusion Report

A comparative analysis of Australia, Bangladesh, Barbados, Fiji, India, Kenya, Uganda and the United Kingdom across SDG targets 3.7, 4.1, 5.c, 8.5, 10.3, 11.2, 13.1, 17.16 and 17.18

October 2026

Commonwealth Disabled People's Forum

Disability Inclusion and the Sustainable Development Goals in the Commonwealth: Progress, Partnerships and Policy Pathways for Achieving the 2030 Agenda

A Commonwealth Disability Inclusion Report

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Prelude

The world today is confronted by an unprecedented convergence of challenges that threaten human well-being, development and, increasingly, the security of future generations. Climate change, environmental degradation, widening economic inequalities, conflict, displacement, emerging pandemics, changing patterns of disease, declining development assistance and the rapid transformation brought about by artificial intelligence are no longer isolated concerns. They are interconnected crises that reinforce one another, placing growing pressure on governments, institutions and communities. Advances in healthcare have extended human life, yet the increasing burden of non-communicable diseases, mental health conditions and population ageing presents new challenges to health systems and social protection. Technological progress has opened extraordinary possibilities while simultaneously creating risks of digital exclusion, employment displacement and unequal access to opportunities. Much of the global response, however, continues to be organised around individual sectors and competing priorities. The reality demands a more integrated understanding of development, recognising that health, education, livelihoods, equality, environmental sustainability and human rights are inseparable. For persons with disabilities, who frequently experience multiple and intersecting disadvantages, these challenges are particularly acute. Development can no longer be judged solely by economic growth or aggregate national achievements, but by its capacity to protect human dignity, reduce inequalities and create opportunities for all.

The Commonwealth reflects these global challenges in a particularly compelling way. Its 56 member countries encompass advanced economies, developing nations, small states and island countries across Africa, Asia, the Caribbean, Europe and the Pacific. Climate-related disasters threaten livelihoods and infrastructure in vulnerable island and coastal communities; rapid urbanisation places pressure on housing, transport and essential services; economic inequalities restrict access to education, healthcare and decent employment; and emerging technologies risk widening the digital divide. These pressures disproportionately affect persons with disabilities, who may encounter additional barriers to accessing information, services, protection and opportunities. The interconnected nature of these challenges makes the Sustainable Development Goals (SDGs) especially relevant to the Commonwealth. Their inclusive achievement offers a comprehensive pathway for addressing development inequalities by bringing together economic progress, social justice, environmental sustainability and institutional accountability. When implemented through a disability-inclusive and rights-based approach, the SDGs can provide a transformative response to many of the structural conditions that perpetuate exclusion. The commitment to leave no one behind must therefore become the organising principle of development rather than an aspiration expressed in policy documents.

The Commonwealth Disabled People's Forum (CDPF), as a collective voice of persons with disabilities and their representative organisations across the Commonwealth, recognises that this transformation requires more than progressive legislation and policy commitments. The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the 2030 Agenda provide important foundations for equality and inclusion. Their effectiveness, however, depends on the extent to which governments translate these commitments into adequately resourced programmes, accessible institutions and measurable improvements in people's lives.

CDPF's initiative concerning the Commonwealth Disability Inclusion Action Plan (DIAP) reflects this commitment to strengthening collective action on disability rights. The proposed DIAP provides an important direction for advancing the implementation of the UNCRPD, promoting disability-inclusive

policies, strengthening participation and encouraging greater accountability across Commonwealth countries. Reliable evidence and systematic monitoring are essential to translating such a framework into practical action.

Against this background, CDPF took up the present research project to examine the progress of selected Commonwealth countries towards achieving the SDGs from a disability perspective. The study seeks to understand whether national development achievements adequately reflect the circumstances of persons with disabilities, whether existing policies and programmes produce measurable improvements, and whether national statistical systems provide the evidence necessary to assess inclusion.

A central concern is the continuing invisibility of persons with disabilities in development statistics. Differences in disability definitions, census questions, survey methodologies and reporting practices often result in incomplete or inconsistent information. National averages may demonstrate progress while concealing substantial inequalities. Without reliable disability-disaggregated data, governments cannot adequately determine who remains excluded, where interventions are required or whether public expenditure is producing equitable outcomes.

The research examines eight Commonwealth countries: Australia, Bangladesh, Barbados, Fiji, India, Kenya, Uganda and the United Kingdom. These countries represent diverse regional, economic, demographic and institutional contexts, providing opportunities to understand different approaches to disability identification, policy implementation and development monitoring. The study does not seek to rank countries but to identify achievements, persistent gaps and practices that may offer lessons for the wider Commonwealth.

The assessment focuses on selected targets under SDG 3 on health, SDG 4 on education, SDG 5 on gender equality, SDG 8 on decent work, SDG 10 on reduced inequalities, SDG 11 on sustainable cities and communities, SDG 13 on climate action and SDG 17 on partnerships. These areas are closely connected to the rights, opportunities, independence and participation of persons with disabilities. Their interdependence is particularly significant: exclusion from education affects employment and income; inadequate healthcare and social protection deepen poverty; inaccessible transport restricts participation; and climate-related emergencies can intensify existing vulnerabilities. Progress in one area cannot be sustained without corresponding advances in others.

An important objective of the project is to distinguish between policy commitments, implementation and expenditure, and actual development outcomes. The adoption of legislation, establishment of programmes or allocation of resources does not necessarily establish that inclusion has been achieved. The more meaningful measure is whether children with disabilities receive quality education, women with disabilities can exercise their rights, persons with disabilities obtain decent employment, public services become accessible and communities develop greater resilience to disasters and economic shocks.

The project also examines the limitations of existing disability data and the challenges of cross-country comparison. Differences in statistical systems, reporting periods and methodologies must be recognised when interpreting national achievements. These limitations are themselves important findings, highlighting the need for stronger statistical capacities, more consistent approaches to disability measurement and improved integration of disability indicators into national development monitoring.

From the CDPF perspective, the findings have direct relevance to the proposed DIAP. An effective action plan requires a sound evidence base, clearly identified priorities and mechanisms for measuring

progress. This research can contribute to strengthening disability-inclusive planning, informing policy dialogue, identifying areas for Commonwealth cooperation and supporting organisations of persons with disabilities in evidence-based advocacy.

Equally important is the participation of persons with disabilities in decisions affecting their lives. The principle of "Nothing About Us Without Us" must extend to development planning, budgeting, data collection, implementation and evaluation. Organisations of persons with disabilities possess knowledge of lived realities that is indispensable to understanding exclusion, particularly among women and girls, children and young people, persons with intellectual and psychosocial disabilities and communities experiencing multiple disadvantages. Their leadership is essential to making development processes genuinely inclusive and accountable.

As Vice Chair of the Commonwealth Disabled People's Forum, I undertook the research, review of national and international evidence, comparative assessment and preparation of this report as my contribution to the CDPF initiative. The work draws upon my longstanding engagement with disability rights, inclusive development and public policy, while remaining grounded in the wider priorities of the Commonwealth disability movement. My objective has been to bring together evidence from different countries, examine the distance between commitments and achievements, and identify findings that can support CDPF's engagement with Commonwealth institutions and member governments.

The significance of this study extends beyond the eight countries examined. Its findings reflect challenges encountered across the Commonwealth and can contribute to broader discussions on disability-disaggregated data, inclusive development financing, institutional accountability and cooperation among member countries. They can also support the strengthening of organisations of persons with disabilities as partners in national and Commonwealth-level SDG monitoring.

As the world approaches 2030, the remaining years demand renewed urgency. The growing pressures of climate change, technological disruption, demographic transitions, economic insecurity and unequal access to essential services make inclusive development more necessary than ever. For Commonwealth countries, achieving the SDGs through an integrated, disability-inclusive approach offers a practical means of strengthening social resilience, reducing inequalities and ensuring that development reaches those who have historically remained at its margins. Through this project, CDPF seeks to contribute to a Commonwealth where persons with disabilities are visible in statistics, represented in decision-making, included in public investment and recognised as equal contributors to development. The findings are intended to encourage constructive dialogue, shared learning and actions that move beyond declarations towards demonstrable results.

Ultimately, the success of sustainable development cannot be measured only through national averages, economic indicators or the number of programmes implemented. It must be reflected in the extent to which people experience dignity, equality, security, opportunity and meaningful participation. The Commonwealth has the diversity, institutional experience and collective potential to demonstrate that inclusive development is achievable. What is required is the commitment to place persons with disabilities at the centre of development planning and to make governments and institutions accountable for the results. The promise to leave no one behind must become a reality demonstrated through rights realised, barriers removed, opportunities created and lives improved.

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Acknowledgements

This report has been prepared as part of an initiative undertaken by the Commonwealth Disabled People's Forum (CDPF) to examine progress towards the Sustainable Development Goals (SDGs) from a disability perspective and strengthen evidence-based advocacy for disability inclusion across the Commonwealth.

I express my sincere gratitude to the Commonwealth Disabled People's Forum, its leadership, members and representative organisations of persons with disabilities for their continued commitment to advancing equality, human rights and inclusive development. The Forum's collective vision, particularly its efforts towards a Commonwealth Disability Inclusion Action Plan (DIAP), has provided an important context and purpose for this study.

I acknowledge the valuable contributions of organisations of persons with disabilities across Commonwealth countries whose advocacy, experiences and engagement with national development processes have helped shape the understanding of disability inclusion. Their work continues to demonstrate that meaningful progress requires the active participation and leadership of persons with disabilities in policy formulation, implementation and monitoring.

This study draws extensively upon publicly available national and international evidence, including population censuses, household surveys, government reports, SDG monitoring documents, policy assessments and research publications. I acknowledge the work of national statistical offices, government departments, United Nations agencies, Commonwealth institutions, academic researchers and civil society organisations whose publications and data have made this comparative assessment possible.

The research covers Australia, Bangladesh, Barbados, Fiji, India, Kenya, Uganda and the United Kingdom. I particularly appreciate the contributions of Richard Rieser, Sarah Muthoni Kamau, Kerryann Ifill, Scader Louis, Mohua Paul, Clare Gibellini and Kihembo Wilbert. Their work provides the foundation for identifying achievements, persistent inequalities and opportunities for shared learning. I also thank the persons with disabilities whose published testimonies give this report its human voice.

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As Vice Chair of CDPF, it has been my privilege to undertake the research, review available evidence, conduct the comparative analysis and prepare this report in support of the Forum's broader objectives. I hope the findings will contribute to strengthening the proposed DIAP, encourage more systematic collection and use of disability-disaggregated data, and support informed engagement between organisations of persons with disabilities, Commonwealth institutions and member governments.

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Abbreviations and acronyms

Table 1: Abbreviations and acronyms used in this report

Abbreviation	Meaning
ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
CDPF	Commonwealth Disabled People's Forum
CHOGM	Commonwealth Heads of Government Meeting
CRPD / UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
DIAP	Commonwealth Disability Inclusion Action Plan
DPO	Disabled People's Organisation (UK usage)
DRR	Disaster risk reduction
DWP	Department for Work and Pensions (UK)
EOC	Equal Opportunities Commission (Uganda)
FRS	Family Resources Survey (UK)
ICF	International Classification of Functioning, Disability and Health
ILO	International Labour Organization
LNOB	Leave no one behind
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
NCCD	Nationally Consistent Collection of Data on School Students with Disability (Australia)
NCPWD	National Council for Persons with Disabilities (Kenya)
NDIS	National Disability Insurance Scheme (Australia)
NSPD	National Survey on Persons with Disabilities (Bangladesh)
NUDIPU	National Union of Disabled Persons of Uganda
OPD	Organisation of Persons with Disabilities
RPwD Act	Rights of Persons with Disabilities Act 2016 (India)
SDAC	Survey of Disability, Ageing and Carers (Australia)
SDGs	Sustainable Development Goals
SEN	Special educational needs
SIDS	Small island developing states
UBOS	Uganda Bureau of Statistics
UDID	Unique Disability ID (India)
UNDIS	United Nations Disability Inclusion Strategy
UNDRR	United Nations Office for Disaster Risk Reduction
VLR	Voluntary local review

Preface

This preface sets out how the international development agenda arrived at the commitment to leave no one behind, and why that journey matters for persons with disabilities. It provides the historical background against which the scope, findings and recommendations of this report should be read.

Historical evolution of sustainable development

The Sustainable Development Goals (SDGs) represent the culmination of more than five decades of international efforts to reconcile economic development, social equity, environmental protection and human well-being. Their evolution reflects a growing recognition that poverty, inequality, discrimination, climate change and environmental degradation are interconnected challenges requiring coordinated international action.

The modern understanding of sustainable development emerged through international debates during the 1960s and 1970s. Growing concerns about environmental degradation, resource depletion and unsustainable economic growth contributed to the development of international environmental governance. The United Nations Conference on the Human Environment, held in Stockholm in 1972, helped establish the relationship between environmental protection and human development (SDG History).

By 1987, sustainable development had become widely understood as meeting present needs without compromising the ability of future generations to meet their own needs. This understanding connected poverty eradication, economic progress, environmental protection and intergenerational equity within a common development framework (Sustainable Development).

The 1992 United Nations Conference on Environment and Development, popularly known as the Earth Summit, further institutionalised sustainable development through Agenda 21 and the Rio Declaration. The 2002 World Summit on Sustainable Development in Johannesburg reaffirmed implementation commitments, while the 2012 United Nations Conference on Sustainable Development, Rio+20, initiated the process of developing a comprehensive set of global sustainable development goals (UNDP).

For persons with disabilities, this historical evolution is particularly significant. Earlier development approaches frequently regarded disability primarily as a welfare or medical concern rather than a central issue of equality and development. The contemporary sustainable development framework increasingly recognises persons with disabilities as rights holders and participants whose circumstances must be reflected in national development priorities.

This evolution is particularly relevant to the Commonwealth, whose member countries share commitments to human rights, equality of opportunity, democratic participation, development and the rule of law. The Commonwealth's diversity provides opportunities to translate international development principles into practical cooperation among countries with different economic resources, institutions and experiences (Commonwealth Charter).

From the Millennium Development Goals to the Sustainable Development Goals

The Millennium Development Goals (MDGs), adopted following the United Nations Millennium Summit in 2000, established eight goals to be achieved by 2015. They focused on extreme poverty and hunger, universal primary education, gender equality, child mortality, maternal health, communicable diseases, environmental sustainability and global partnerships.

The MDGs contributed to substantial development achievements. More than one billion people were lifted out of extreme poverty from the 1990 baseline, child mortality declined substantially, primary education expanded and progress was recorded in combating HIV/AIDS, malaria and other diseases (UNDP).

However, these achievements were unevenly distributed. The MDGs concentrated primarily on aggregate national and international indicators and did not explicitly incorporate disability within their goals, targets and measurement framework.

Consequently, development progress could be reported without establishing whether persons with disabilities had benefited. Improvements in national school enrolment, for example, did not necessarily establish that children with disabilities had entered or completed school. Similarly, reductions in national poverty could conceal persistent economic deprivation among persons with disabilities and their households.

The exclusion of disability from the MDG framework reflected broader shortcomings in recognising disability as a development and human rights issue. Disability-related inequalities were frequently inadequately represented in national development priorities, statistical systems and monitoring arrangements (Disability Inclusion).

The SDGs introduced three significant changes. First, unlike the MDGs, which primarily addressed development challenges in lower-income countries, the SDGs apply universally to all countries. Second, the framework expanded from eight goals to 17 goals and 169 targets, covering economic, social, environmental and institutional dimensions. Third, the SDGs explicitly recognised persons with disabilities, creating a stronger framework for monitoring their inclusion in national development processes.

The new framework also requires integrated action, strong local institutions, effective monitoring systems and adequate financial resources. Local governments have an important role in translating international commitments into practical development outcomes (ICLEI).

For disability inclusion, this transition represents a movement from statistical invisibility towards formal recognition. However, the existence of explicit references to disability does not automatically establish effective implementation.

The crucial distinction is between recognising persons with disabilities in development commitments and demonstrating measurable improvements in their lives.

For Commonwealth countries, this transition is especially important because the MDG achievements and continuing development challenges differ considerably across members. Countries have varying levels of public financing, statistical capacity, administrative coverage and accessibility infrastructure. The universality of the SDGs provides a common framework for assessing disability inclusion across these differences without assuming that countries begin from identical circumstances.

The 2030 Agenda and the promise to leave no one behind

On 25 September 2015, all 193 United Nations Member States adopted *Transforming Our World: The 2030 Agenda for Sustainable Development*. The 17 SDGs and 169 targets came into effect on 1 January 2016, establishing a universal framework for international development through 2030 (UN 2030 Agenda).

The Agenda is organised around five interconnected dimensions: people, planet, prosperity, peace and partnership. It seeks to balance economic development, social inclusion and environmental sustainability while strengthening institutions and international cooperation.

At the centre of the Agenda is the commitment to leave no one behind and to reach the furthest behind first. This principle recognises that development achievements cannot be considered inclusive when historically disadvantaged populations remain excluded from their benefits.

The chapters that follow test that promise against the evidence. The Scope describes what the report covers; the Executive Summary presents its main findings; and Chapters 1 to 4 set out the framework, the comparative evidence for eight Commonwealth countries, and the way forward to 2030.

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Scope

About the report

This report examines progress towards the Sustainable Development Goals (SDGs) from a disability inclusion perspective, with particular emphasis on disability-disaggregated data, policy commitments, implementation and measurable outcomes. It assesses how far the principle of "leave no one behind" has been translated into meaningful progress for persons with disabilities.

The report focuses on eight Commonwealth countries: Australia, Bangladesh, Barbados, Fiji, India, Kenya, Uganda and the United Kingdom. Drawing on national censuses, national SDG progress reviews, government statistics, United Nations publications, research studies and evidence from Organisations of Persons with Disabilities (OPDs), it presents a comparative assessment of achievements, inequalities and implementation gaps. Particular attention is given to developments and evidence published during 2024–2026, supplemented by earlier data where necessary.

The report aims to strengthen evidence-based policymaking, promote disability-inclusive SDG monitoring and identify practical opportunities for Commonwealth cooperation.

What the report covers

1. Selected SDG targets: Nine targets covering health (3.7), education (4.1), gender equality (5.c), employment (8.5), equal opportunity (10.3), accessible transport (11.2), climate resilience (13.1) and partnerships and disaggregated data (17.16 and 17.18).

2. Disability-disaggregated data: Availability, reliability, comparability and limitations of disability data in censuses, national surveys, administrative systems and SDG monitoring frameworks.

3. Country assessments: Policies, legislation, institutional mechanisms, budgetary commitments, implementation experiences and measurable outcomes across the eight countries.

4. Comparative analysis: Common achievements, persistent inequalities, data gaps and differences between policy commitments and actual outcomes for persons with disabilities.

5. Good practices and case studies: Successful initiatives, innovative approaches (including in accessibility and assistive technology) and possibilities for adaptation and replication across Commonwealth countries.

6. Participation and accountability: Engagement of OPDs in SDG planning, implementation, monitoring and review, including participation by underrepresented disability groups.

7. Recommendations: Priorities for improving disability-inclusive development, data systems, financing, accountability and Commonwealth cooperation.

8. Voices and emerging issues: Interviews with seven Commonwealth disability leaders, successes and key realities from twelve Commonwealth countries (presented after the Executive Summary), and the opportunities and risks of artificial intelligence for persons with disabilities (Section 4.3).

What the report does not cover

1. It does not assess all 17 SDGs or their 169 targets in equal detail.
2. It does not provide a complete evaluation of every disability-related policy or programme in the eight countries.
3. It does not generate new national prevalence estimates or replace official statistical publications.
4. It does not treat statistics based on different disability definitions, methodologies and reporting periods as directly comparable.
5. It does not rank countries solely on the basis of reported disability prevalence, expenditure or programme coverage.
6. It does not claim that legislative commitments, budget allocations or programme activities necessarily demonstrate improved outcomes without supporting evidence.

Who this report is for

1. Commonwealth institutions and member governments, to strengthen disability-inclusive development policies, cooperation and accountability.

2. Policymakers and government departments, to integrate disability inclusion into national SDG strategies, budgets and sectoral programmes.

3. National Statistical Offices and SDG monitoring agencies, to improve the collection, disaggregation, analysis and use of disability data.

4. Organisations of Persons with Disabilities and civil society, to support evidence-based advocacy, participation and independent monitoring.

5. Researchers, universities and development practitioners, to understand country experiences, data limitations and opportunities for further research.

6. United Nations agencies, development partners and donors, to guide technical cooperation, investment and programme design.

7. Parliamentarians, media and the general public, to improve understanding of disability inequalities and progress towards the 2030 Agenda.

Other relevant reports and resources

1. UN Flagship Report on Disability and Development 2024 provides global evidence on SDG progress and persistent inequalities affecting persons with disabilities.

2. UN Global SDG Indicators Database and Metadata provides official indicator definitions, methodologies, reporting requirements and available disaggregation frameworks.

3. WHO Global Report on Health Equity for Persons with Disabilities examines systemic health inequalities and strategies for advancing disability-inclusive health systems.

4. Commonwealth Secretariat: Realising Article 24 of the CRPD presents approaches to inclusive education across Commonwealth settings.

5. National SDG progress reviews, census publications, official disability surveys and government progress reports provide the country-specific evidence used throughout this assessment.

How to cite

The final published report should be cited using its confirmed authoring organisation, full title, publication year and publisher. Individual chapters contain abbreviated clickable source links alongside relevant findings and consolidated reference lists to facilitate verification and further research.

Executive Summary

Sustainable Development Goals and Disability Inclusion: Progress, Gaps and Priorities Across Eight Commonwealth Countries

The 2030 Agenda for Sustainable Development established a universal commitment to inclusive, equitable and sustainable development, guided by the principle of leaving no one behind. For persons with disabilities, this commitment represents an important shift from welfare-based approaches towards recognition of equal rights, opportunities, participation and development outcomes. However, more than a decade after the adoption of the Sustainable Development Goals (SDGs), significant disparities remain between policy commitments and the lived experiences of persons with disabilities.

This report examines disability inclusion and progress towards selected SDG targets in eight Commonwealth countries: Australia, Bangladesh, Barbados, Fiji, India, Kenya, Uganda and the United Kingdom. These countries represent diverse geographical regions, population sizes, economic conditions, institutional arrangements and approaches to disability rights. Together, they provide an opportunity to assess achievements, identify persistent challenges and examine practices that could be adapted across the wider Commonwealth.

The assessment focuses on eight interconnected SDG targets: sexual and reproductive healthcare (3.7), inclusive and equitable education (4.1), gender-responsive policies and legislation (5.c), productive employment and decent work (8.5), equal opportunity and non-discrimination (10.3), accessible public transport (11.2), climate and disaster resilience (13.1), and multi-stakeholder partnerships (17.16). Disability-disaggregated data under Target 17.18 is examined both as a cross-cutting requirement and as a target in its own right (Section 3.8).

The World Health Organization estimates that approximately 1.3 billion people, or 16% of the global population, experience significant disability. Despite growing recognition of their rights, persons with disabilities remain disproportionately affected by poverty, inadequate healthcare, educational exclusion, unemployment, inaccessible infrastructure, discrimination and limited participation in public decision-making. The United Nations Disability and Development Report 2024 examined 119 indicators across 63 disability-relevant SDG targets and found that only five indicators were progressing at a pace consistent with achieving their respective targets by 2030.

The central finding of this assessment is that progress in disability-related legislation, national policies and institutional mechanisms has been considerably stronger than demonstrated improvements in equality and participation. Across the eight countries, programmes and commitments are increasingly visible, but systematic evidence of their impact on the everyday lives of persons with disabilities remains insufficient.

1. Progress in disability rights and national commitments

All eight countries have established legislative or policy frameworks addressing disability rights, although their scope, enforcement arrangements and institutional capacities vary considerably. The Convention on the Rights of Persons with Disabilities (CRPD) has provided an important foundation for these developments, linking equality, accessibility, inclusive education, employment, health, independent living and participation to broader national development obligations.

Australia and the United Kingdom have relatively established equality legislation, disability support arrangements and statistical monitoring systems. Australia's Disability Strategy 2021–2031 and associated outcomes reporting provide opportunities for tracking changes across multiple sectors. The United Kingdom has extensive data on disability employment, income, health and discrimination. Nevertheless, both countries continue to experience substantial inequalities, demonstrating that advanced legislation and public institutions do not automatically eliminate exclusion.

India has developed an extensive statutory framework through the Rights of Persons with Disabilities Act 2016, supported by national accessibility initiatives, education programmes and disability identification systems. Bangladesh has expanded social protection and strengthened disability-related statistical collection. Kenya enacted new disability legislation in 2025, while Uganda continues to develop its rights framework and representative institutions.

Fiji's National Policy on the Rights of Persons with Disabilities 2025–2035 strengthens the rights-based approach and envisages an important implementation role for representative disability organisations. Barbados also advanced its legislative framework through the Rights of Persons with Disabilities Act, passed in January 2025 and brought into force in January 2026.

These developments represent significant institutional progress. However, enforcement remains uneven. Accessibility standards, reasonable accommodation, financial allocations, implementation capacity and independent monitoring frequently fall short of policy expectations. The assessment therefore distinguishes legal recognition from administrative implementation and, most importantly, measurable improvements in the lives of persons with disabilities.

2. Disability data: a fundamental gap in measuring progress

One of the most important findings concerns the inadequacy and limited comparability of disability-disaggregated data.

National census figures vary considerably across the eight countries, partly because different methods, definitions, age groups and severity thresholds are used. India's 2011 Census identified approximately 26.8 million persons with disabilities, representing 2.21% of the population. Bangladesh's 2022 Census reported 1.43%, while its dedicated disability survey produced a higher estimate of 2.8%. Fiji's 2017 Census identified 14.3% of persons aged five and above experiencing at least some functional difficulty, compared with 3.3% under a more restrictive threshold. Uganda's 2024 Census reported 13.2% among persons aged two and above using a broad functional-difficulty threshold.

Australia's 2022 Survey of Disability, Ageing and Carers estimated that 21.4% of its population had disabilities. In the United Kingdom, the 2024–25 Family Resources Survey estimated that approximately one-quarter of the population was disabled. These measures differ from the disability questions and populations covered by the respective national censuses.

Such figures cannot be interpreted as directly comparable national disability prevalence rates. Differences in identification methods may substantially influence the numbers reported. In Barbados, limitations in recent published and validated disability data further illustrate the importance of statistical quality and transparency.

The assessment identifies three major data deficiencies. First, persons with disabilities may be inadequately identified, particularly those with intellectual, psychosocial, developmental or less visible disabilities. Second, national surveys and administrative systems frequently lack sufficient disability-

disaggregated information on educational achievement, reproductive healthcare, employment, wages, discrimination, transport and disaster impacts. Third, available statistics are not consistently connected to budget allocations, programme delivery and measurable outcomes.

The use of internationally recognised functional-difficulty questions, age-appropriate child functioning modules, better administrative integration and accessible publication could substantially improve monitoring. However, measuring the number of persons with disabilities is only the first requirement. Governments must also measure the inequalities they experience and whether these inequalities are narrowing over time.

3. Findings across the selected Sustainable Development Goals

Health, Reproductive Rights and Gender Equality

Progress under SDG 3 has expanded healthcare infrastructure and services in several countries, but persons with disabilities continue to face substantial barriers to obtaining affordable, accessible and respectful healthcare.

The assessment of Target 3.7 identifies recurring difficulties in accessing sexual and reproductive health information, contraception, maternal healthcare, counselling and informed decision-making. These are particularly pronounced among women and girls with disabilities, who may experience discrimination, inaccessible examination facilities, communication barriers and restrictions on reproductive autonomy.

Evidence from Bangladesh illustrates the scale of these barriers. A 2024 study involving 4,293 persons with disabilities found that approximately one in four had been unable to obtain healthcare when needed. Among those reporting unmet needs, treatment costs and inadequate family support were major barriers.

Even countries with extensive healthcare systems, such as Australia and the United Kingdom, continue to experience inequalities in access, communication, service quality and reproductive autonomy.

Under Target 5.c, gender equality policies and gender-responsive budgeting have progressed, particularly in countries such as India and Bangladesh. However, the assessment finds limited evidence connecting gender-related budget allocations and expenditure to measurable improvements for women and girls with disabilities. Gender policies frequently insufficiently address disability, while disability programmes do not always adequately recognise gender-based discrimination and violence.

A central requirement is therefore to ensure that women and girls with disabilities are explicitly included in gender legislation, public expenditure tracking, accessible healthcare, protection services and decision-making mechanisms.

Inclusive Education and Learning Outcomes

SDG 4 has contributed to expanded educational opportunities, yet children with disabilities remain at greater risk of exclusion, irregular attendance, poor learning outcomes and failure to complete schooling.

All eight countries have introduced measures supporting inclusive education, but implementation differs significantly. Australia and the United Kingdom have established education support and adjustment systems, while India, Bangladesh, Kenya and Uganda face challenges relating to accessible infrastructure, trained teachers, learning materials and service delivery across large or underserved

populations. Fiji and Barbados experience additional challenges associated with smaller and geographically dispersed education systems.

The evidence demonstrates that enrolment alone is an inadequate measure of inclusion. Children may attend mainstream schools without appropriate support, accessible materials, individualised accommodations or meaningful learning opportunities.

Fiji's census analysis indicated that school attendance among children with disabilities aged 6–14 was approximately 70%, compared with more than 90% among children without disabilities. Kenya also reported lower pre-primary enrolment among children with disabilities.

The priority is to strengthen inclusive education through teacher preparation, accessibility, support services, early identification, family engagement and monitoring of attendance, completion and foundational learning. Disability inclusion must be assessed through educational achievement rather than physical presence in classrooms alone.

Employment, Economic Participation and Equal Opportunity

SDG Target 8.5 provides one of the clearest measures of whether persons with disabilities are benefiting from economic development.

Across all eight countries, employment remains substantially unequal. Persons with disabilities encounter discriminatory recruitment, inaccessible workplaces, inadequate reasonable accommodation, limited vocational opportunities, transport barriers and insufficient support for career advancement.

Australia's 2022 disability survey reported employment among approximately 56% of working-age persons with disabilities, compared with 82% among persons without disabilities. In the United Kingdom, employment rates during April–June 2025 were 52.8% and 82.5%, respectively, representing a gap of 29.7 percentage points. Fiji's available evidence indicated paid employment among approximately 15% of persons with disabilities, compared with 45% of persons without disabilities. These figures use different definitions and should not be treated as a standardised country ranking.

A particularly significant finding is that employment programmes frequently report the number of persons trained, grants distributed or beneficiaries supported without adequately documenting sustained employment, equal wages, job retention and career progression.

SDG Target 10.3 highlights the broader challenge of ensuring equal opportunity and reducing discrimination. Although anti-discrimination legislation exists across the countries, accessibility violations, discriminatory practices, limited enforcement and barriers to justice persist. Effective protection requires accessible complaint mechanisms, enforceable remedies, independent monitoring and measurable reductions in inequality.

Economic inclusion must therefore move beyond individual assistance towards accessible mainstream labour markets, fair remuneration, reasonable accommodation, social protection and sustained financial independence.

Accessible Transport, Climate Resilience and Safety

Accessible transport under Target 11.2 is essential for participation in education, employment, healthcare and community life. However, the country assessments identify continuing barriers involving

vehicles, roads, footpaths, stations, ticketing systems, information, affordability and last-mile connectivity.

The geographical availability of a transport service does not establish that persons with disabilities can use it safely and independently. Accessibility must be assessed across the entire journey, including boarding, transfers, communication, payment and arrival at the destination.

Climate change and disaster risks under Target 13.1 present another serious challenge. Persons with disabilities may be disproportionately affected by inaccessible early warnings, evacuation difficulties, unsuitable shelters, interruption of personal assistance and loss of essential medicines or assistive devices.

Fiji and Barbados demonstrate the particular vulnerabilities of small island states, while Bangladesh and India face major cyclone and flood risks. Kenya and Uganda experience climate-related pressures affecting livelihoods, infrastructure and community resilience. Australia and the United Kingdom also confront significant risks involving extreme weather and disruption of essential services.

Although disability-inclusive disaster policies and community initiatives are emerging, reliable data on accessible evacuation, preparedness, shelter utilisation and equitable recovery remain limited.

The central requirement is to incorporate universal design, accessible communication and participation by persons with disabilities into transport development, disaster preparedness, climate adaptation and recovery systems.

Table 2: Summary of findings across the selected SDG targets

SDG target	Headline evidence	Principal gap
3.7 Sexual and reproductive health	One in four persons with disabilities in a Bangladesh national sample could not obtain care when needed	Autonomy, informed consent and accessible information are rarely measured
4.1 Quality education	Bangladesh: 22% of lower-secondary-age children with disabilities out of school, against 12% of others (UN DESA 2024)	Disability-disaggregated learning and completion data are scarce
5.c Gender policy and budgets	Gender budgets are published (e.g. India 8.86% of the Union budget, FY 2025–26)	Spending that reaches women and girls with disabilities is not tracked
8.5 Decent work	Employment gaps of about 26–30 percentage points in Australia, the UK and Fiji	Retention, wages and accommodation are seldom reported
10.3 Equal opportunity	Australia: 9.9% of persons with disability reported discrimination in the past year (2022); Kenya: disability poverty 38% in 2023	Few repeated national surveys or accessible remedies
11.2 Accessible transport	India reports 88% of bus stations accessible; in Fiji only 23% of assessed transport facilities were accessible	Proximity does not show that journeys are usable
13.1 Climate resilience	60% of respondents with disabilities in the Pacific and 89% in Africa had no personal preparedness plan (UNDRR survey, 2023)	Disaggregated disaster losses and shelter access are unmeasured
17.16 / 17.18 Partnerships and data	Disability modules now appear in several censuses and surveys	Publication and use of disaggregated outcomes remain limited

4. Comparative lessons from the eight countries

The assessment reveals that different national experiences offer important opportunities for Commonwealth cooperation.

Australia demonstrates the value of multidimensional outcome monitoring, while the United Kingdom provides extensive statistical and parliamentary scrutiny of employment, income and equality. Bangladesh illustrates the importance of combining census information with specialised surveys and sectoral data. India provides experience in large-scale public programmes, legal protections and localisation of development monitoring.

Kenya offers opportunities for linking disability legislation to decentralised planning and county-level accountability. Uganda demonstrates the importance of representative structures and increasingly detailed census information. Fiji provides experience in integrating disability rights with climate resilience and representative participation, while Barbados highlights the need for coordinated implementation, reliable data and accessible services within small-island contexts.

Despite differing economic resources and administrative systems, five cross-cutting shortcomings are evident: insufficient disability-disaggregated outcomes, weak enforcement of accessibility and equality commitments, inadequate tracking of actual expenditure and results, fragmented coordination across ministries, and limited evidence that representative organisations can influence decisions.

These shared challenges indicate that disability inclusion cannot be achieved through isolated schemes or a single ministry. It requires coordinated government action, accountable public expenditure, reliable evidence and meaningful participation.

5. Partnerships and participation of persons with disabilities

SDG Target 17.16 offers an important framework for strengthening cooperation among governments, development partners, civil society, research institutions and organisations of persons with disabilities (OPDs).

Participation by persons with disabilities has increased in policy consultations and national development discussions. However, the assessment finds insufficient consistent evidence that such participation occurs early enough to influence priorities, that consultation processes are fully accessible, or that recommendations lead to changes in policy, budgets and implementation.

Women with disabilities, young people and persons with intellectual or psychosocial disabilities may remain inadequately represented. Representative organisations also face financial and institutional constraints that can limit their independence and effectiveness.

Meaningful participation requires more than representation in meetings. Persons with disabilities and their organisations must be involved in identifying priorities, designing programmes, determining resource allocations, monitoring implementation and evaluating outcomes.

Their involvement is equally essential in improving statistical systems, testing survey questions, conducting accessibility audits and documenting lived experiences of exclusion.

6. Priority recommendations for Commonwealth action

The findings support a coordinated Commonwealth approach during the remaining period to 2030.

1. **Establish a common disability data framework.** Improve compatibility of disability identification methods, expand age-appropriate and intersectional disaggregation, and publish regular outcome indicators across priority SDGs while respecting differences in national statistical systems.
2. **Strengthen the connection between legislation, expenditure and outcomes.** Governments should separately report approved budgets, funds released, expenditure incurred and measurable changes in participation, accessibility and equality. Public expenditure should be assessed by results rather than financial allocation or beneficiary counts alone.
3. **Prioritise accessible mainstream public services.** Health facilities, schools, workplaces, public transport, digital systems and emergency infrastructure should comply with enforceable accessibility standards, supported by independent audits and effective grievance mechanisms.
4. **Advance inclusive education and decent employment.** Measure educational completion and learning achievement alongside access, and assess employment programmes through equitable earnings, job retention, advancement and reasonable accommodation.
5. **Address multiple and intersecting discrimination.** Ensure that disability policies and mainstream programmes respond to the experiences of women and girls, children, older persons, rural communities and persons with intellectual, psychosocial and multiple disabilities.
6. **Institutionalise meaningful OPD participation.** Establish accessible and adequately supported participation in development planning, statistical systems, public budgeting, monitoring and evaluation. Governments should publish responses to representative organisations' recommendations.
7. **Promote regional technical cooperation and accountability.** Encourage exchanges of successful approaches in statistical measurement, accessible infrastructure, inclusive education, employment, gender equality and climate resilience, with particular assistance for countries facing resource and institutional constraints.

7. Conclusion

The assessment demonstrates that disability inclusion has gained stronger recognition in national legislation, policies and development frameworks across the eight Commonwealth countries. Significant initiatives have emerged in rights protection, education, healthcare, employment support, accessibility, disability statistics and participation.

Nevertheless, the evidence does not establish that persons with disabilities are benefiting equally from broader development progress. Persistent inequalities in health, education, employment, mobility, safety and access to justice indicate a continuing gap between commitments and implementation.

The most significant weakness is the limited availability of reliable, comparable and regularly updated disability-disaggregated outcome data. Without such evidence, it remains difficult to determine whether public investment and development programmes are reducing exclusion or merely expanding administrative coverage.

The Commonwealth has an opportunity to strengthen disability-inclusive development by connecting rights-based policies with transparent financing, accessible public services, meaningful participation and

measurable results. Regional cooperation can facilitate shared statistical standards, technical assistance, peer learning and independent accountability while respecting national circumstances.

With the 2030 deadline approaching, the central challenge is no longer simply to recognise disability inclusion as a development priority. It is to demonstrate, through reliable evidence and the experiences of persons with disabilities themselves, that national progress is producing greater equality, independence, dignity and participation.

Voices and stories: successes and key realities from 12 Commonwealth countries

Before the report turns to the evidence target by target, this section introduces the people behind it. It brings together, for twelve Commonwealth countries, an impact story, the voice of a disability advocate from the same country, four short entries (a success, a persistent challenge, a key reality and a data point) and a Commonwealth picture that sets one global figure from the United Nations Sustainable Development Goals Report 2026 beside a statistic from the country itself. Each entry and each voice is linked to the SDG target it concerns. The twelve pictures cover SDGs 1, 2, 3, 4, 5, 8, 10, 11 and 17, with no target repeated.

The twelve countries are the eight examined throughout this report, apart from Fiji, together with Guyana, Malawi, Samoa, South Africa and Zambia, whose organisations are represented on the CDPF executive committee. Advocates are named with their organisation and country; other entries are attributed by position, gender, disability or place, without personal names. The data entries come from national statistical offices, government surveys or national studies of each country. The pictures compare figures that use different definitions, years and populations: they show the distance still to travel, not a ranking.

Australia

Box 1: Impact story, Australia: Planning for emergencies, person by person

Person-Centred Emergency Preparedness was developed by university researchers, organisations of people with disability and emergency services working together. It helps people with disability identify their own support needs and plan with emergency services before a bushfire or flood, so that support is arranged in advance rather than improvised in a crisis. (SDG 13.1)

Voice 1: Clare Gibellini, Australian Federation of Disability Organisations (AFDO), Australia

"Rising costs and institutional convenience are creating a quiet push back towards segregation, in schools and in jobs."



Disability advocate's voice (SDG 4.5).

Success. Women With Disabilities Australia's Our Site gives women with disability Easy Read information on their rights, relationships, sexual health, pregnancy and safety. (SDG 3.7) — *Women's disability organisation, Australia*

Persistent challenge. Independent and religious schools may lawfully decline some students with disability, which increases the load on public schools. (SDG 4.1) — *National disability federation, Australia*

Key reality. The National Disability Insurance Scheme supports about 739,000 people, roughly one in eight of the 5.5 million Australians with disability. Most rely on mainstream health, education and transport services. (SDG 10.3) — *National disability federation, Australia*

Data. Employment rate, ages 15–64 (2022): 56% of persons with disability against 82% of persons without disability. (SDG 8.5) — *Australian Institute of Health and Welfare*

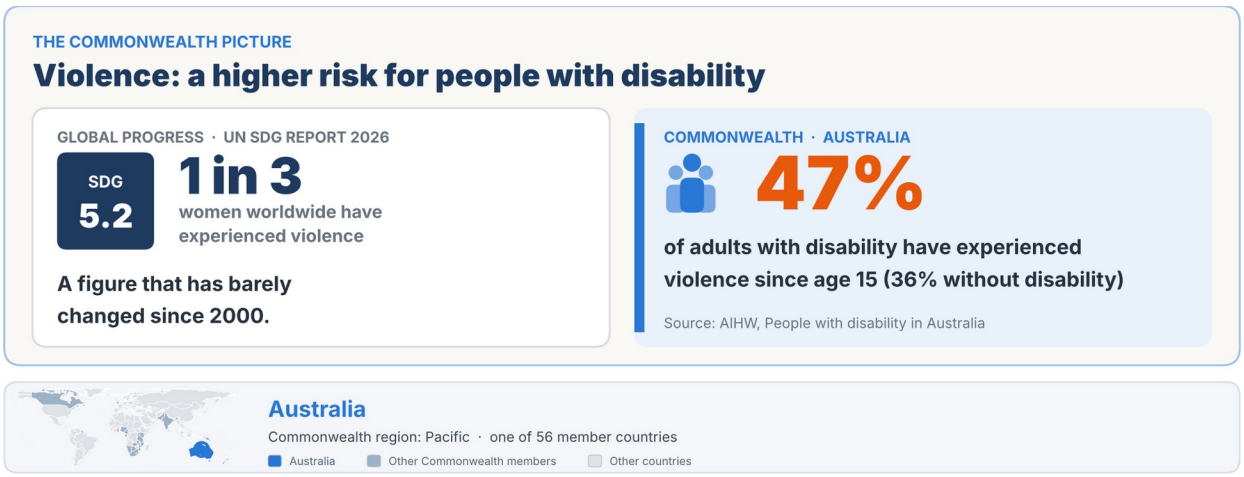


Figure 1: Commonwealth picture for Australia: Violence: a higher risk for people with disability

Bangladesh

Box 2: Impact story, Bangladesh: Habiba, Dhaka, Bangladesh

Habiba learned Braille at a specialised school and then moved to a mainstream girls' school with no Braille textbooks and no examination scribe. Her mother found scribes and tutored her every evening, and her class teacher kept encouraging her. In 2025 she achieved the highest grade, GPA-5, in every subject of the Secondary School Certificate. She now plans to become a teacher of students with disabilities. (SDG 4.1)

"I've learned to dream even without sight." — Habiba, Dhaka, Bangladesh

Voice 2: Mohua Paul, Access Bangladesh Foundation, Bangladesh

"For women with disabilities, inclusion is still on paper only. No gender budget report tells us how much reaches us."



Disability advocate's voice (SDG 5.c).

Success. Employers can now claim a tax rebate when more than 25 of their workers, rather than 100, are persons with disabilities or third-gender people, which opens the incentive to smaller firms. (SDG 8.5) — *Disability rights organisation, Bangladesh*

Persistent challenge. Thousands of university graduates with disabilities were shut out of public employment. (SDG 8.5) — *Graduate job-seeker, Bangladesh*

Key reality. Organisations led by women with disabilities have no formal seat on national gender-policy or budget committees. (SDG 5.c) — *Women's rights advocate, Bangladesh*

Data. Employed, ages 15–64 (2021): 33.8% of persons with disabilities; 47.6% of men but only 12.8% of women with disabilities. (SDG 8.5) — *Bangladesh Bureau of Statistics, National Survey on Persons with Disabilities 2021*

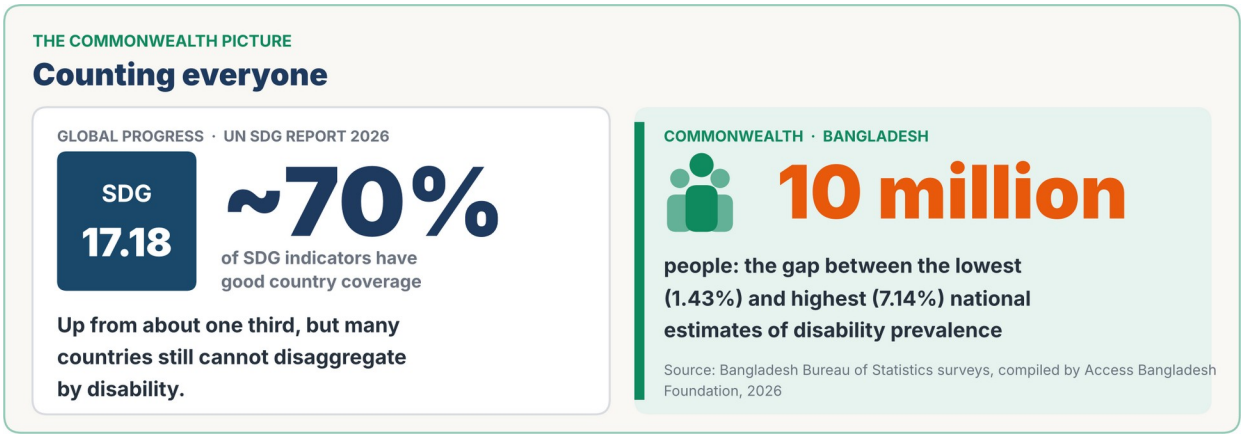


Figure 2: Commonwealth picture for Bangladesh: Counting everyone

Barbados

Box 3: Impact story, Barbados: Fully Accessible Barbados

Launched by the Barbados Council for the Disabled around 2005, the campaign argued that accessibility is good for a tourism economy as well as a matter of rights. Beach ramps and beach wheelchairs, more accessible businesses and new kneeling electric buses have followed, and the Government has announced an accessibility audit of its own buildings. (SDG 11.2)

Voice 3: Kerryann Ifill, Barbados Council of the Disabled, Barbados

"Accessibility is not only a social responsibility. In a tourism economy it is also good business."



Disability advocate's voice (SDG 11.2).

Success. Rotary clubs funded a BBD 94,000 retrofit of an assessment centre for children with disabilities and sensory playrooms in two schools. (SDG 4.a) — *Disability advocate, Barbados*

Persistent challenge. An accessible bus may take a wheelchair user into town, while the only bus home may not be accessible. (SDG 11.2) — *Disability advocate, Barbados*

Key reality. A woman with a disability may remain with an abusive partner because he is the breadwinner and there is no accessible shelter, housing or job to go to. (SDG 5.2) — *Disability advocate, Barbados*

Data. In 2021/22 about 710 students were enrolled in special needs schools, against about 15 students with disabilities reported in mainstream schools. (SDG 4.1) — *UN partnership situational analysis on the rights of persons with disabilities, 2025*

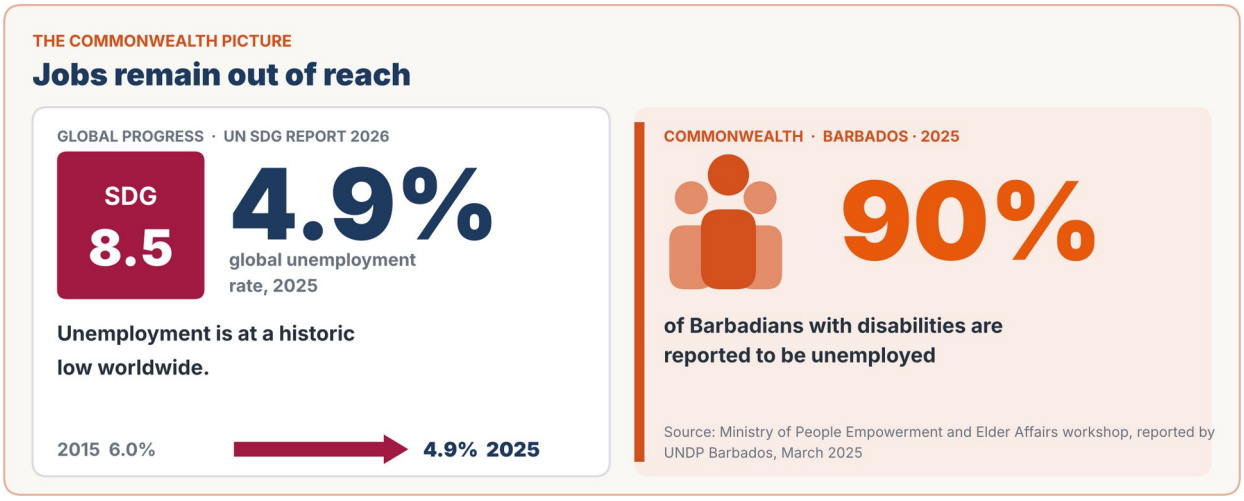


Figure 3: Commonwealth picture for Barbados: Jobs remain out of reach

Guyana

Box 4: Impact story, Guyana: Examinations that blind students can sit

A disability rights advocate who lost his sight as a teenager designed accessible digital textbooks and notes, which the Caribbean Examinations Council adopted, and campaigned for changes so that blind candidates can complete national examinations. About three-quarters of students at Guyana's two schools for the blind have now completed their examinations, and half of those graduates have gone on to higher education. (SDG 4.5)

Voice 4: Ganesh Singh, Guyana Council of Organisations for Persons with Disabilities, Guyana

"Guyana has a hybrid of special and inclusive schooling, and our 2010 inclusive education policy has still to be enacted."



Disability advocate's voice (SDG 4.c) (as reported in a 2024 inclusive education broadsheet).

Success. Laptops were provided to teachers with disabilities in 2024 to support inclusive teaching. (SDG 4.c) — *National council of disability organisations, Guyana*

Persistent challenge. Organisations serving persons with disabilities struggle to remain open without adequate public funding. (SDG 17.17) — *Disability advocate, Guyana*

Key reality. All teacher training in Guyana now includes inclusive education, so new teachers arrive with some preparation for mixed classrooms. (SDG 4.c) — *Disability advocate, Guyana*

Data. In Region 6, only 186 of the 3,262 persons with disabilities surveyed, about 6%, were in employment. (SDG 8.5) — *National Commission on Disability, National Household Survey for Persons with Disabilities*

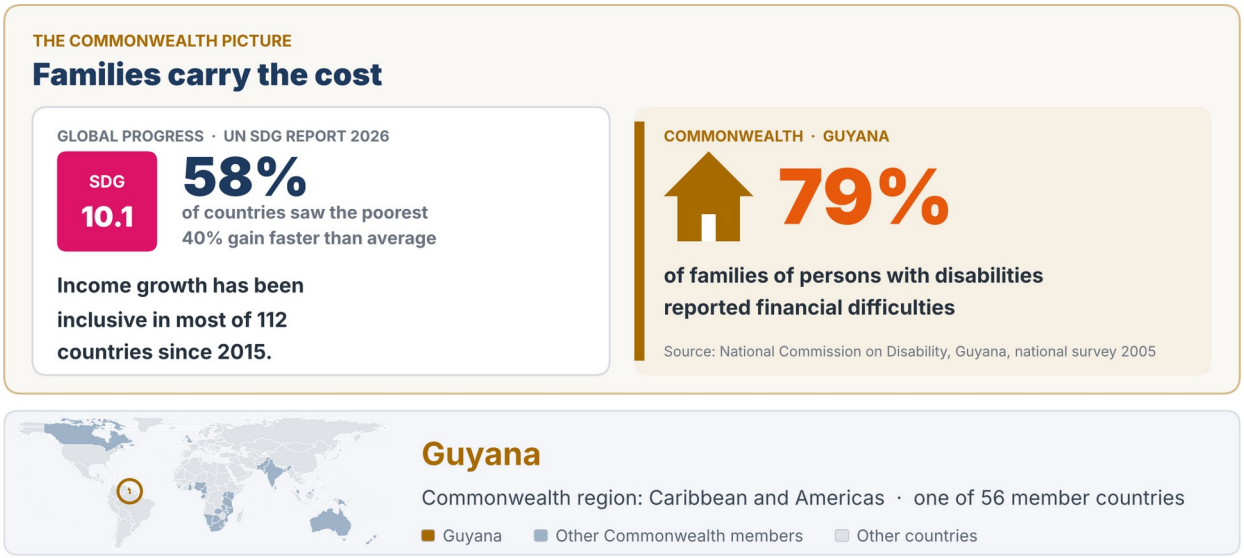


Figure 4: Commonwealth picture for Guyana: Families carry the cost

India

Box 5: Impact story, India: From eight schools to 314 blocks

In 2012 Inclusive Child Resource Centres, each staffed by a trained facilitator, were placed in eight schools in Odisha. Teachers, parents and head teachers were trained alongside. Dropout stopped, and children with disabilities progressed faster than expected. Recognising the results and the low cost, the State Government extended the model to all 314 blocks of Odisha in 2022. (SDG 4.1)

Voice 5: Sruti Mohapatra, Swabhiman, Odisha, Eastern India

"Violence is not only physical abuse. It is also when boys with disabilities get opportunities and girls with disabilities do not."



Disability advocate's voice (SDG 5.1).

Success. Through a government mobile app, citizens reported 2,705 accessibility barriers in public buildings, transport and digital services by June 2025; 1,897 had been resolved. (SDG 11.2) — *Ministry of Social Justice and Empowerment, India*

Persistent challenge. Criminal law amendments in 2012 and 2013 allow women and girls with disabilities to give evidence at a place of their choice with an interpreter or support person, but police and courts are not consistently trained to apply them. (SDG 16.3) — *Disability rights activist, India*

Key reality. India's 2016 disability law recognises 21 types of disability, up from seven under the 1995 law, and reserves 4% of government posts for persons with benchmark disabilities. (SDG 10.3) — *Rights of Persons with Disabilities Act 2016, India*

Data. Children with disabilities aged 5–19: 27% have never attended any educational institution, and only 61% are attending one. (SDG 4.5) — *UNESCO, N for Nose: State of the Education Report for India 2019 (Census 2011 data)*

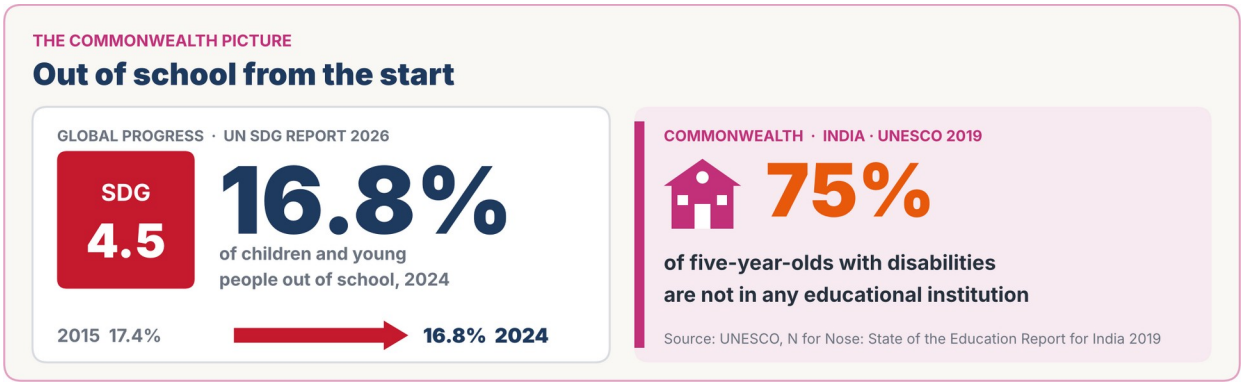


Figure 5: Commonwealth picture for India: Out of school from the start

Kenya

Box 6: Impact story, Kenya: Marydith, Migori, Kenya

At Nyasare Primary School, Marydith, aged ten, reads and writes Braille on an Orbit Reader, a low-cost device that also converts her notes into print for her teacher. Her teacher is one of 75 trained through online tutorials. Painted step edges, level pathways and an adapted timetable help her keep pace with her classmates, and bullying has fallen. (SDG 4.a)

Voice 6: Sarah Muthoni Kamau, United Disabled Persons Kenya

"Young people with disabilities are interviewed for baseline surveys, then left out of design and decisions. We must be co-creators, not research subjects."



Disability advocate's voice (SDG 16.7).

Success. Learners with disabilities in school grew from about 20,000 in 2010 to about 300,000, and special secondary schools from 4 to 36. (SDG 4.5) — *Disability rights leader, Kenya*

Persistent challenge. Some head teachers refuse learners with disabilities to protect their school's mean examination score. (SDG 4.5) — *Disability rights leader, Kenya*

Key reality. School fees and the cost of travel lead some families to keep children with disabilities at home. (SDG 4.1) — *Disability rights leader, Kenya*

Data. Among working adults with disabilities, 53.4% are self-employed, a sign of limited access to waged jobs. (SDG 8.5) — *Kenya National Bureau of Statistics, 2019 Census, analysed with Washington Group methods*

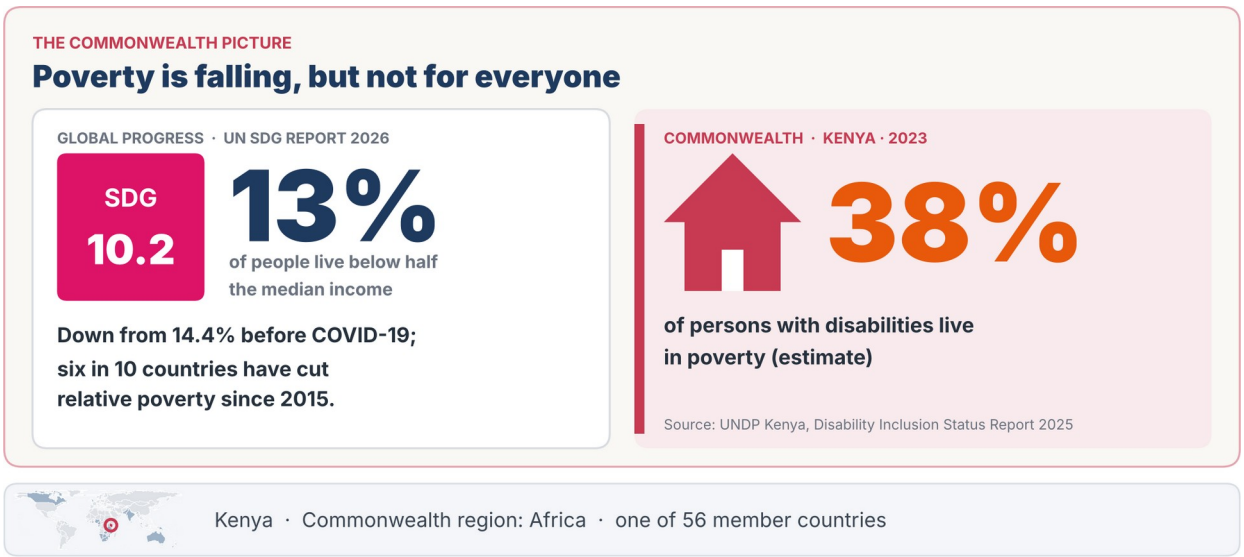


Figure 6: Commonwealth picture for Kenya: Poverty is falling, but not for everyone

Malawi

Box 7: Impact story, Malawi: Patuma, Malawi

Patuma, aged six, could not sit or stand without help, and her community had no support services. Through an early childhood project delivered with the Federation of Disability Organisations in Malawi, she received a wheelchair and joined a local early childhood centre, where caregivers trained in inclusive education provide basic physiotherapy. She now plays and learns alongside other children. (SDG 4.2)

Voice 7: Scader Louis, Federation of Disability Organisations in Malawi (FEDOMA), Malawi

"Care and support must be recognised as a right and a public good."



Disability advocate's voice (SDG 5.4).

Success. Malawi's first national caregivers' training, in 2025, led to a Caregivers Association now formally linked to the Department of Social Welfare. (SDG 5.4) — *Disability advocate, Malawi*

Persistent challenge. Many schools still have no ramps, so pupils who use wheelchairs depend on friends to lift them up the steps. (SDG 4.a) — *Woman, wheelchair user, Malawi*

Key reality. Unpaid care falls mainly on women in the family, who often give up income, schooling and their own health. (SDG 5.4) — *Disability advocate, Malawi*

Data. Adults aged 18 and over with a secondary school certificate or higher (2018): 8.5% of adults with disabilities against 12.7% of adults without disabilities. (SDG 4.3) — *National Statistical Office, 2018 Census, analysed with Washington Group methods*

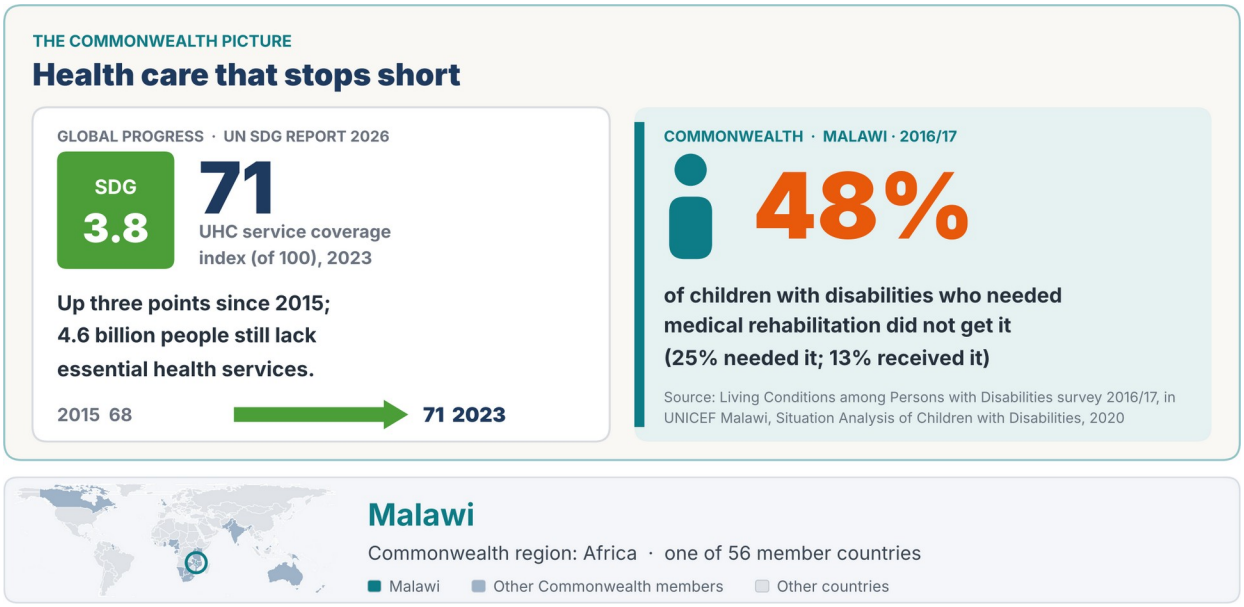


Figure 7: Commonwealth picture for Malawi: Health care that stops short

Samoa

Box 8: Impact story, Samoa: A small payment that sent children back to school

Working with the Government and the UN Joint SDG Fund, Samoa's national organisation of persons with disabilities helped pilot and then roll out basic social-protection payments for persons with disabilities. Families used the payments for essentials such as nappies and medicine, and some children returned to school. (SDG 1.3)

Voice 8: Faatino Utumapu, Nuanua O Le Alofa, Samoa

"Inclusion should not be a one-off project but part of everyday life."



Disability advocate's voice (SDG 10.2).

Success. In 2023 a young deaf woman became the first deaf contestant in the Miss Samoa pageant; she now works to bring women with disabilities into weaving and farming enterprises. (SDG 8.5) — *Woman, deaf, Samoa*

Persistent challenge. Violence against women and girls with disabilities is still rarely discussed openly within communities. (SDG 5.2) — *Woman, deaf, Samoa*

Key reality. The first leadership forum for women and girls with disabilities on Savai'i, Samoa's largest island, was held only in 2022. (SDG 5.5) — *Savai'i, Samoa*

Data. Adults aged 18–64 employed in the previous week (2021): 22.7% of adults with disabilities against 45.7% of adults without disabilities. (SDG 8.5) — *Samoa Bureau of Statistics, 2021 Census, analysed with Washington Group methods*

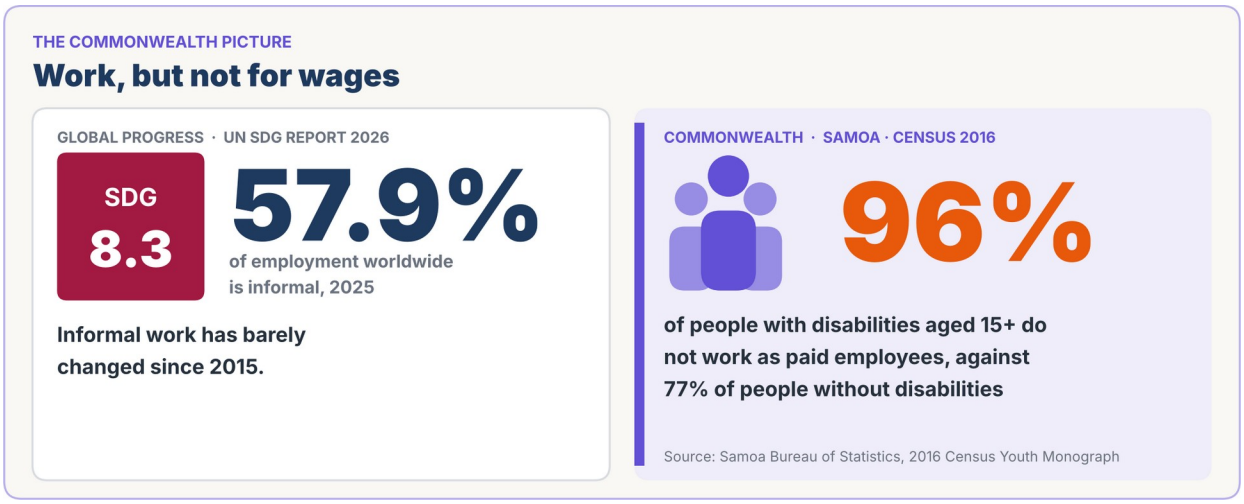


Figure 8: Commonwealth picture for Samoa: Work, but not for wages

South Africa

Box 9: Impact story, South Africa: Autism outreach in the rural Eastern Cape

Grassroots autism awareness drives in the rural Eastern Cape help parents and local educators understand autism as a neurological condition, replacing beliefs in witchcraft or ancestral curses. Families learn to make low-cost sensory kits from rice, coloured sand and clay to help children regulate their responses. (SDG 4.1)

Voice 9: Alina Thandiwe Mfulo, Disabled People South Africa (DPSA), South Africa

"If people in the house are not treating you correctly, the society won't treat you correctly. Charity begins at home."



Disability advocate's voice (SDG 10.2).

Success. Women with disabilities are organised in local branches of about 20, building leadership from ward to national level. (SDG 5.5) — *Women's movement leader, South Africa*

Persistent challenge. Many autistic learners in the Western Cape and Gauteng remain on long waiting lists or are placed in special schools and new autism units. (SDG 4.5) — *Education researcher, South Africa*

Key reality. Without training, teachers can mistake a child's sensory overload for defiance, leading to informal exclusion or suspension. (SDG 4.c) — *Education researcher, South Africa*

Data. Adults aged 18 and over with no schooling (2022): 14.0% of adults with disabilities against 7.2% of adults without disabilities. (SDG 4.6) — *Statistics South Africa, Census 2022, analysed with Washington Group methods*

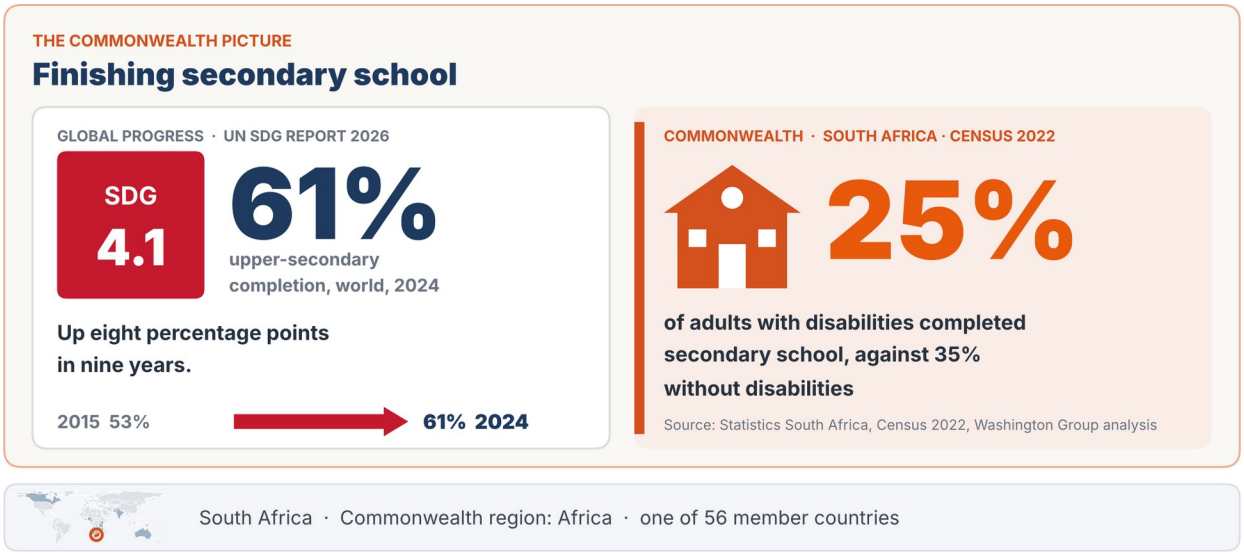


Figure 9: Commonwealth picture for South Africa: Finishing secondary school

Uganda

Box 10: Impact story, Uganda: Emmanuel, Amolatar, Uganda

Emmanuel, aged 14, twice had to leave school after the deaths of his father and then his guardian. When an inclusive education project reached Amolatar district, he enrolled at the local primary school with his fees and materials paid. His teachers now use sign language, describe him as one of the best in his class, and he hopes to become a teacher himself. (SDG 4.1)

"Emmanuel is now a happy boy with many friends and is very confident." — Mother, Amolatar, Uganda

Voice 10: Kihembo Wilbert, Voice of Youth Uganda

"Inclusion is not a favour. It is a responsibility we all share."



Disability advocate's voice (SDG 4.5).

Success. Professionals with disabilities led disability-awareness workshops in ten schools that also received e-learning laboratories. (SDG 4.a) — *Youth disability advocate, Uganda*

Persistent challenge. The digital divide is widest in rural areas, where learners with disabilities have the least access to devices and connectivity. (SDG 4.4) — *Youth disability advocate, Uganda*

Key reality. Learners with disabilities made up only about 2% of recorded primary enrolment in 2023. (SDG 4.5) — *Child-rights agency, Uganda*

Data. Out of school, ages 6–24 (2024): 51.3% of persons with disabilities, including 53.1% of girls and young women. (SDG 4.1) — *Uganda Bureau of Statistics, Census 2024*

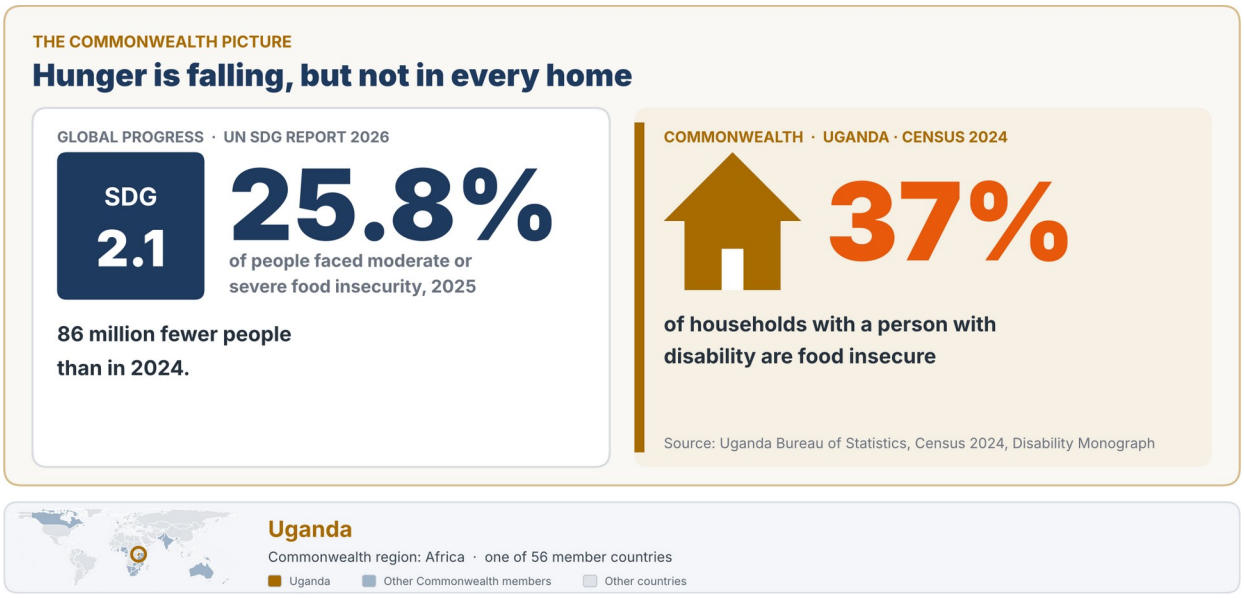


Figure 10: Commonwealth picture for Uganda: Hunger is falling, but not in every home

United Kingdom

Box 11: Impact story, United Kingdom: Making public websites work for everyone

Between 2022 and 2024 the Government Digital Service tested 1,203 public-sector websites and 21 mobile apps, identified 29,787 accessibility failures and saw 16,482 of them corrected during monitoring. Regular inspection with follow-up, not standards alone, produced the change. (SDG 16.6)

Voice 11: Richard Rieser, Reclaiming Our Futures Coalition, United Kingdom

"Ratification does not by itself guarantee implementation. We need benchmarks, reporting and consequences."



Disability advocate's voice (SDG 16.6).

Success. Access to Work pays for support such as sign-language interpreters, adapted equipment and travel, so that disabled people can start and stay in jobs. (SDG 8.5) — *Disability rights campaigner, United Kingdom*

Persistent challenge. New cycle lanes and street layouts can create hazards for blind and partially sighted pedestrians. (SDG 11.2) — *Disability rights campaigner, United Kingdom*

Key reality. Disabled people leave employment at more than twice the rate of non-disabled people: about 10.1% a year against 4.6%. (SDG 8.5) — *Parliamentary select committee, United Kingdom*

Data. Employment rate, ages 16–64, April–June 2025: 52.8% of disabled people against 82.5% of non-disabled people. (SDG 8.5) — *Department for Work and Pensions*

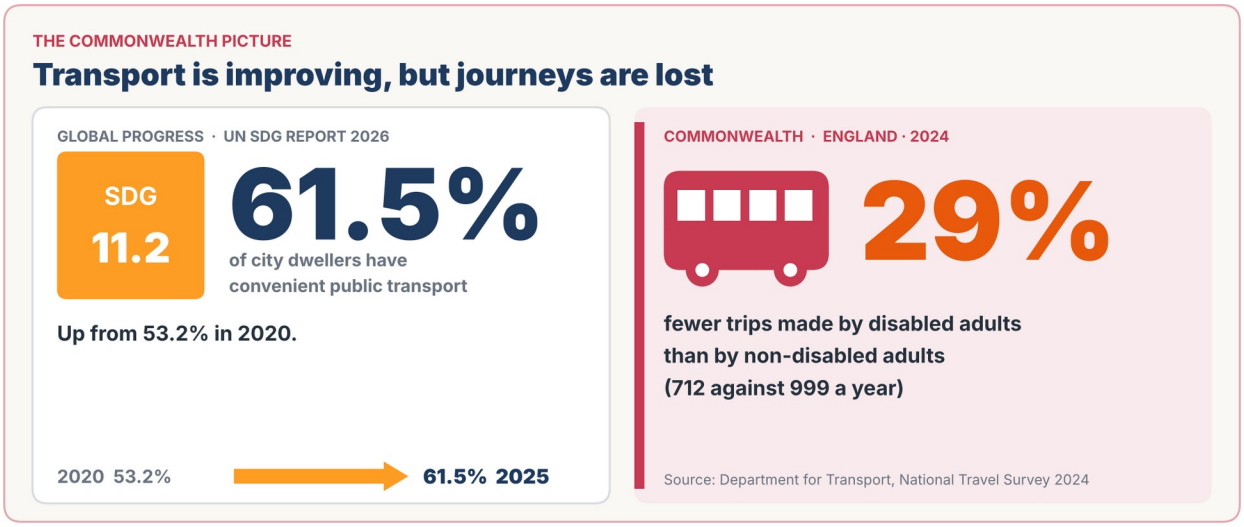


Figure 11: Commonwealth picture for United Kingdom: Transport is improving, but journeys are lost

Zambia

Box 12: Impact story, Zambia: Efita, Eastern Province, Zambia

Efita, aged ten, had never attended school. After training in inclusive teaching, his teacher arranged her class in groups, used coloured chalk and diagrams, and replaced lecturing with discussion. Efita now takes part, has made friends and is applauded by classmates when he answers correctly. In the project's first year, 421 children with disabilities enrolled. (SDG 4.1)

"I now know that children with impairments are like other children; they have the right to education and the ability to learn." — Primary school teacher, Zambia

Voice 12: Rachel Chomba, Zambia Federation of Disability Organisations (ZAFOD), Zambia

"If your knowledge is not backed by legal documentation, it is very, very difficult to argue an agenda. We need a sign language bill."



Disability advocate's voice (SDG 16.b).

Success. Research briefs prepared by a youth-led organisation helped secure a 10% national school-enrolment quota for learners with disabilities. (SDG 4.5) — *Youth disability organisation, Zambia*

Persistent challenge. Teachers with disabilities are promoted less often and usually retire as class teachers. (SDG 8.5) — *National disability federation, Zambia*

Key reality. Youth citizen reporters collect data and stories on their phones to fill gaps in official disability statistics. (SDG 17.18) — *Youth disability organisation, Zambia*

Data. Ever attended school: 80.8% of persons with disabilities against 89.9% of persons without disabilities. (SDG 4.1) — *Central Statistical Office, Zambia National Disability Survey 2015*

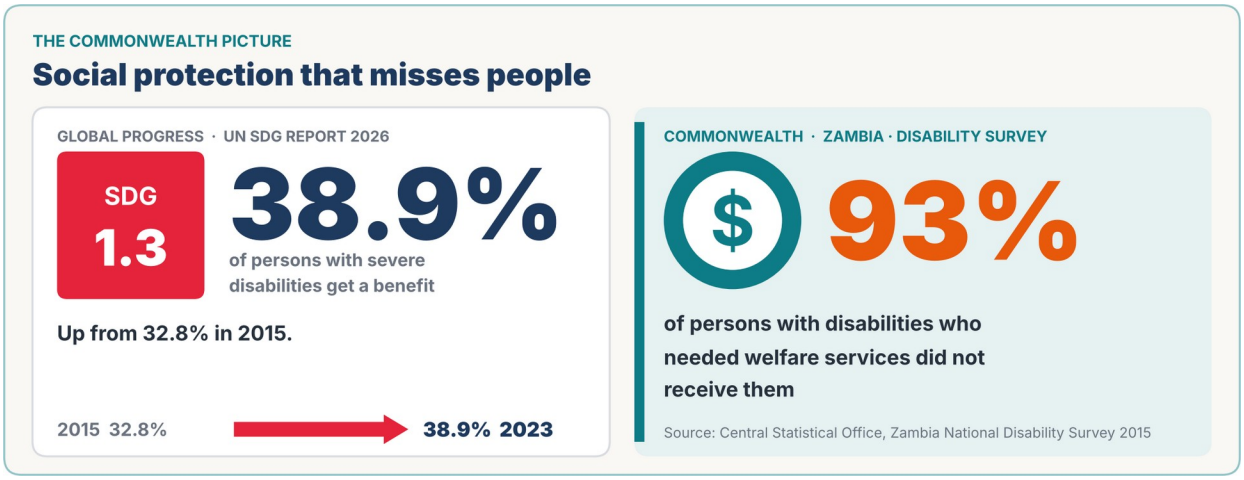


Figure 12: Commonwealth picture for Zambia: Social protection that misses people

1. Introduction

The Sustainable Development Goals (SDGs), adopted by the United Nations in 2015, represent a universal commitment to eradicate poverty, reduce inequalities, protect the environment and ensure sustainable development for all by 2030. Central to the 2030 Agenda is the principle of leaving no one behind, which requires governments to address the structural disadvantages experienced by individuals and communities who have historically been excluded from development processes. For persons with disabilities, this commitment is particularly significant because exclusion extends across multiple dimensions of life, including education, healthcare, employment, social protection, mobility, political participation and access to justice. The SDGs provide an important opportunity to move disability inclusion from a predominantly welfare-oriented approach towards one grounded in equality, human rights and equitable participation in development. (UN 2030 Agenda)

Globally, approximately 1.3 billion people, representing 16 per cent of the world's population, experience significant disability. Persons with disabilities constitute one of the largest population groups experiencing systematic inequalities, although their circumstances vary considerably according to gender, age, socioeconomic status, geographical location and the nature of the barriers they encounter. Disability also intersects with poverty, ageing, gender discrimination, environmental risks and unequal access to public services. Consequently, disability inclusion cannot be addressed through isolated programmes alone. It requires mainstreaming accessibility, reasonable accommodation, inclusive public services and equal opportunities across all development sectors. (WHO Disability and Health)

The relationship between disability and sustainable development is both direct and multidimensional. Poverty can increase exposure to factors associated with disability, including malnutrition, unsafe working conditions, inadequate healthcare and preventable illness. Conversely, persons with disabilities may experience higher living costs, reduced access to education and employment, and greater dependence on inadequately funded social protection systems. Inaccessible infrastructure and public transport can restrict economic participation, while insufficient access to information, communication and assistive technologies can reinforce exclusion. These disadvantages are often intensified during humanitarian emergencies, climate-related disasters and economic crises.

The United Nations Disability and Development Report 2024 demonstrates that progress towards the SDGs remains unequal for persons with disabilities. Although disability rights have received increasing recognition in international commitments, substantial gaps persist between persons with and without disabilities in areas such as poverty, health, employment, access to technology and essential services. The report reinforces the importance of examining not only whether policies and programmes exist, but also whether they produce measurable improvements in the lives of persons with disabilities.

The Commonwealth provides an important setting for assessing these questions. Its 56 member countries, with a combined population of approximately 2.7 billion, represent considerable diversity in economic development, demographic characteristics, political institutions, social structures and statistical capacities. These differences create opportunities to understand how countries at different stages of development are incorporating disability inclusion into national policies and SDG implementation. They also highlight the need for comparable, reliable and disability-disaggregated evidence to assess whether national progress benefits persons with disabilities equally. (Commonwealth Facts)

This study focuses on eight Commonwealth countries: Australia, Bangladesh, Barbados, Fiji, India, Kenya, Uganda and the United Kingdom. The countries represent diverse geographical regions, economic circumstances, population sizes, legal frameworks and approaches to disability identification and measurement. Their experiences provide a basis for examining the relationship between national commitments, statistical systems, implementation mechanisms and actual development outcomes.

The central concern of this study is that the existence of disability legislation, national strategies and government programmes does not necessarily demonstrate progress towards equality. A country may have comprehensive legal protections but inadequate implementation. Similarly, aggregate improvements in SDG indicators may conceal inequalities experienced by persons with disabilities. Disability-disaggregated data, meaningful participation of organisations of persons with disabilities (OPDs), adequate financing and transparent accountability mechanisms are therefore essential to understanding whether the commitment to leave no one behind is being realised.

1.1 Definition of disability

The understanding of disability has evolved significantly over the past several decades. Traditionally, disability was viewed primarily through medical and charity-based perspectives, which focused on individual impairments, treatment, rehabilitation and the provision of assistance. Such approaches often regarded persons with disabilities as recipients of care rather than individuals possessing equal rights, autonomy and the capacity to participate fully in society.

Contemporary international frameworks recognise disability as a multidimensional and evolving concept shaped by the interaction between an individual's impairment and the surrounding physical, social, institutional and attitudinal environment. This understanding acknowledges that the restrictions experienced by persons with disabilities are not determined solely by individual health conditions but also by barriers created through inaccessible infrastructure, discriminatory practices, inadequate policies and exclusionary social attitudes.

The United Nations Convention on the Rights of Persons with Disabilities (CRPD), adopted in 2006, established an internationally recognised rights-based framework. Article 1 states:

> *Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.*

This formulation is deliberately inclusive rather than an exhaustive medical classification. It recognises the diversity of disabilities and places particular emphasis on the barriers that prevent equal participation. The Convention also establishes principles of inherent dignity, individual autonomy, non-discrimination, accessibility, equality of opportunity and full participation in society. (CRPD, Article 1)

The World Health Organization's International Classification of Functioning, Disability and Health (ICF) provides a complementary framework for understanding disability. The ICF considers functioning in relation to body functions and structures, activities, participation and environmental factors. It recognises that the same impairment may result in different levels of participation depending on whether an individual encounters supportive or restrictive environments. Thus, a person with a mobility impairment may participate fully in education or employment when transport, buildings, communication systems and institutional practices are accessible, but may experience severe exclusion when such provisions are absent. (WHO ICF)

The rights-based and functioning-based approaches have important implications for collecting and interpreting disability statistics. National definitions frequently differ because of variations in legal provisions, administrative classifications, census questions and survey instruments. Some countries identify disability through specified impairment categories, while others assess difficulties in performing everyday activities. Administrative disability registration may use eligibility criteria that differ from population-based statistical definitions.

The Washington Group on Disability Statistics has developed internationally recognised tools for identifying functional difficulties in censuses and surveys. Its Short Set on Functioning covers six domains: seeing, hearing, walking, remembering or concentrating, self-care, and communication. Respondents identify the extent of difficulty experienced in each domain, from no difficulty to an inability to perform the activity. For internationally comparable statistical analysis, the recommended threshold generally identifies individuals reporting a lot of difficulty or cannot do at all in at least one domain. However, alternative thresholds can be used for particular analytical purposes, provided that their implications are clearly explained. (Washington Group Framework)

The Washington Group questions are particularly valuable because they move away from asking individuals whether they consider themselves disabled or possess a recognised medical condition. Instead, they identify difficulties in functioning that can be analysed alongside participation in education, employment, healthcare and other areas of development. Nevertheless, the six-question Short Set does not comprehensively capture every dimension of disability, including some psychosocial, developmental and fluctuating conditions. Additional instruments are therefore necessary for specific populations and research purposes.

For children, the Washington Group and UNICEF developed the Module on Child Functioning, designed for children aged 2–17 years. This instrument addresses age-appropriate domains, including learning, communication, mobility, emotions and behaviour, recognising that adult measures of functioning are not always appropriate for identifying disability among children and adolescents. (UNICEF Child Functioning)

Disability must also be understood in relation to intersectionality. Women and girls with disabilities may experience compounded discrimination arising from both gender and disability. Children with disabilities may encounter barriers to early identification, inclusive education and participation in community life. Older persons may acquire functional difficulties associated with ageing, while people living in rural, remote or disaster-prone regions may face additional barriers caused by inadequate infrastructure and limited public services. Persons with intellectual, psychosocial and multiple disabilities may experience particular disadvantages in decision-making, access to information and participation in public life.

For the purposes of this study, disability is understood primarily through the human rights and social participation framework established by the CRPD, supported by the functioning-based statistical approaches of the WHO and Washington Group. This approach recognises disability as a diverse and evolving experience while acknowledging the methodological differences between national definitions.

Importantly, three distinct dimensions are considered: the identification of persons with disabilities, the measurement of inequalities experienced by them, and the assessment of whether public policies and programmes are reducing these inequalities. A disability prevalence estimate provides information about the population identified under a particular definition. It does not, by itself, establish the extent

to which persons with disabilities enjoy equal access to education, healthcare, employment, transport, political participation or other opportunities.

1.2 Sources of evidence

Assessing progress towards disability-inclusive sustainable development requires a comprehensive and reliable evidence base. No single source can adequately capture the number of persons with disabilities, their diverse experiences, the barriers they encounter or the effectiveness of interventions designed to promote inclusion. A meaningful assessment must therefore combine quantitative and qualitative evidence drawn from official statistics, national policies, administrative records, international monitoring frameworks, independent research and the experiences of persons with disabilities.

The present study draws primarily upon published evidence available through October 2026, with particular emphasis on statistical releases, official reports and research published during 2024–2026. Earlier census and survey findings are retained where they remain the relevant nationally available reference points. Throughout the assessment, distinctions are maintained between the year in which data were collected, the year of publication and the period to which the findings apply.

National population and housing censuses constitute an important source of disability-related information. They provide population-wide coverage and can generate information disaggregated by sex, age, geographical location, household characteristics, education and other demographic variables. Where appropriate disability questions are included, censuses can support estimates at national and subnational levels and contribute to identifying underserved populations. However, their usefulness depends heavily on the questions used, age coverage, response categories, enumerator training and the treatment of functional difficulties.

The eight countries have used different census approaches and statistical instruments. Australia and the United Kingdom combine censuses with specialist disability surveys and household surveys; Bangladesh complements its 2022 census with a 2021 National Survey on Persons with Disabilities and a 2025 Multiple Indicator Cluster Survey; India continues to rely on its 2011 Census as the principal population benchmark; Kenya and Uganda have published disability analyses of their 2019 and 2024 censuses; Fiji has analysed functioning data from its 2017 census; and Barbados collected functional-difficulty information in its 2021 census. Because these instruments use different questions, age ranges and thresholds, they can produce very different national figures, as Section 2.3.1 shows in detail. (ABS Disability Survey; ONS Census 2021; Bangladesh Census 2022; Kenya Disability Landscape; Uganda Census 2024; Fiji Census; Barbados Census Tables)

Household surveys and specialised disability surveys complement census information by providing more detailed evidence on functional difficulties, household expenditure, health conditions, educational participation, employment, social protection and living standards. Labour-force surveys, demographic and health surveys, education surveys and household income and expenditure surveys are particularly relevant for the SDGs. When disability questions are incorporated into these instruments, researchers can examine differences in outcomes between persons with and without disabilities and identify variations by sex, age, income and geographical location.

Administrative data provide another important source of evidence. Disability certification systems, social protection registers, education management information systems, health information systems, employment services and transport authorities may collect information about persons with disabilities

who access particular programmes or services. Such records can support assessment of programme coverage, resource allocation and service delivery. However, administrative data usually capture only people who meet eligibility requirements, register successfully or have contact with public institutions. They should not be treated as complete estimates of the population of persons with disabilities.

International institutional sources are also central to the assessment. The United Nations Department of Economic and Social Affairs, World Health Organization, UNICEF, UNESCO, International Labour Organization, UN Women, United Nations Development Programme, World Bank and other relevant agencies provide statistical standards, global monitoring information, thematic research and assessments of national progress. In particular, the Disability and Development Report 2024 serves as an important global reference for examining disability-related inequalities and the extent to which available evidence demonstrates progress towards the SDGs.

National SDG progress reports, sectoral reviews, legislation, budget documents, parliamentary reports, policies and implementation plans are examined to assess the relationship between policy commitments and measurable results. Such documents help identify whether disability inclusion has been incorporated into national planning, whether specific responsibilities and resources have been assigned, and whether progress is monitored through appropriate indicators.

The experiences and perspectives of persons with disabilities constitute an equally important dimension of the evidence base. Reports prepared by organisations of persons with disabilities, national disability networks, civil society organisations, academic institutions and independent monitoring bodies can reveal barriers not adequately captured by administrative systems or household surveys. These include discrimination, inaccessible public services, communication barriers, limitations on personal autonomy, unequal treatment and insufficient participation in decision-making.

The CRPD recognises the importance of collecting appropriate statistical and research information to formulate and implement policies. Article 31 also requires the protection of privacy and confidentiality, appropriate disaggregation and the accessibility of information. Article 4(3) requires States Parties to closely consult and actively involve persons with disabilities, including children with disabilities, through their representative organisations in relevant decision-making processes. These provisions reinforce the principle that persons with disabilities should participate not merely as subjects of research but as contributors to the identification of priorities, design of data instruments, interpretation of findings and evaluation of outcomes. (CRPD Article 31; CRPD Convention Text)

The analysis recognises several methodological limitations. National data may differ in their definitions, coverage, reference periods, severity thresholds, sample sizes and methods of collection. Some sources measure functional difficulties, while others identify legally recognised disability categories or recipients of government assistance. In some countries, disability-disaggregated information is available for population characteristics but remains limited for SDG outcomes. Even where statistical information exists, it may not be routinely incorporated into public budgeting, programme evaluation or national development monitoring.

Consequently, the study does not treat national disability prevalence figures as directly comparable without methodological qualification. Greater emphasis is placed on the availability, quality and use of disability-disaggregated evidence, the identification of inequalities, and the extent to which governments can demonstrate measurable improvements in accessibility, participation and equal opportunities.

The distinction between evidence of policy commitments, evidence of implementation and evidence of actual outcomes is maintained throughout. The existence of legislation or expenditure is not treated as sufficient proof of inclusion. Wherever possible, these are considered alongside evidence of changes in participation, access, service quality and equality for persons with disabilities.

The published evidence is complemented by expert consultations and practitioner submissions gathered during August 2026. These include structured consultations with Sarah Muthoni Kamau (Kenya; Chair, CDPF) and Clare Gibellini (Australia; Australian Federation of Disability Organisations), an interview with Richard Rieser, General Secretary of the CDPF, on UNCRPD implementation and the Commonwealth Disability Inclusion Action Plan, written responses from Mohua Paul (Access Bangladesh Foundation) on SDG Targets 5.c and 8.5, a consultation with Kerryann Ifill and the Barbados Council of the Disabled, the published work of Kihembo Wilbert (Uganda), and a gap-mapping review of Bangladeshi programmes against the selected targets. These contributions reflect the views and experience of the contributors. They appear in the report as seven clearly labelled interviews, "Expert perspective" boxes and tables, and in the voices and stories from twelve countries that follow the Executive Summary. Statistics drawn from them are attributed to the contributor and, where possible, checked against official sources.

1.3 The Commonwealth, the SDGs and persons with disabilities

The Commonwealth is a voluntary association of 56 independent and equal countries spanning Africa, Asia, the Caribbean and Americas, Europe and the Pacific. With approximately 2.7 billion people, it represents more than one-third of the world's population. Its membership encompasses high-income economies, emerging economies, least developed countries and small island developing states. Thirty-three Commonwealth members are classified as small states, many of which face particular challenges associated with geographical isolation, limited institutional capacity, climate vulnerability and constrained public resources. This diversity makes the Commonwealth an important platform for examining different pathways towards sustainable and inclusive development. (Commonwealth Profile)

Persons with disabilities constitute a significant section of the Commonwealth population, although a single comparable estimate of disability prevalence across all member countries is not available. Differences in national definitions, data collection instruments and statistical methodologies make it difficult to calculate an accurate Commonwealth-wide figure. This lack of comparable information is itself an important development concern. Without reliable disability-disaggregated data, governments and regional institutions face limitations in identifying inequalities, estimating unmet needs, allocating resources and monitoring whether persons with disabilities are benefiting from development initiatives.

The Commonwealth's commitment to disability inclusion is grounded in its shared principles of human rights, equality, dignity, non-discrimination and sustainable development. These principles complement the CRPD and the 2030 Agenda. They recognise that persons with disabilities are entitled to participate equally in education, healthcare, employment, political processes, community life and decisions affecting their future.

At the Commonwealth Heads of Government Meeting in Samoa in October 2024, leaders reaffirmed their commitment to the full realisation of the rights and fundamental freedoms of persons with disabilities, implementation of the CRPD and achievement of the 2030 Agenda. The Samoa Communiqué also acknowledged ongoing work towards a Commonwealth Disability Inclusion Action Plan. These commitments provide an important foundation for regional cooperation, institutional

accountability and the exchange of successful approaches to disability-inclusive development. (Samoa Communiqué 2024)

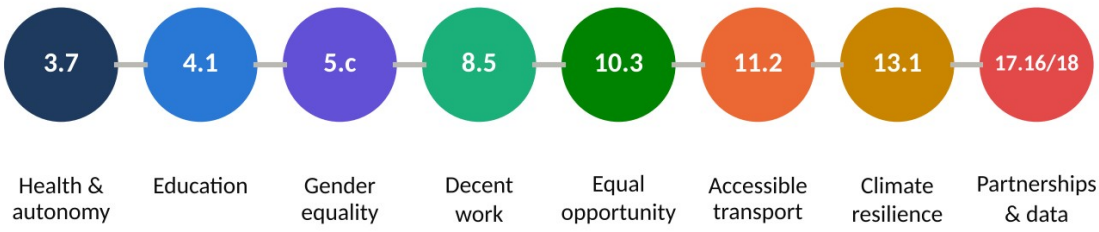
Commonwealth institutions and the Commonwealth Disabled People's Forum have since taken forward a Commonwealth Disability Inclusion Action Plan, a final draft of which was published in March 2026. Its development, status and potential are discussed in Section 2.1.3.

The SDGs provide a common development framework through which Commonwealth countries can assess progress, identify inequalities and develop coordinated responses. Unlike the Millennium Development Goals, which contained no explicit disability-specific targets, the 2030 Agenda incorporates disability within several goals, targets and commitments to data disaggregation. The recognition of disability in the SDGs represents an important shift towards treating inclusion as an integral component of national development rather than a separate social welfare concern.

Progress towards the SDGs nevertheless remains uneven, as Section 2.1 shows, and the scale of the challenge grows as the 2030 deadline approaches.

For persons with disabilities, progress must be assessed through more than aggregate national achievements. Improvements in school enrolment cannot establish educational equality unless children with disabilities are entering, remaining in and completing education with appropriate support. Expanding healthcare facilities does not necessarily improve access for women with disabilities if physical, communication and attitudinal barriers remain. Rising employment rates cannot demonstrate economic inclusion without evidence of access to decent work, equal remuneration and opportunities for career progression. Similarly, investments in transport infrastructure and disaster preparedness must be assessed in relation to accessibility, safety and independent participation.

This study examines eight selected SDG targets that have particular relevance to disability inclusion and the wider development agenda.



Each target depends on the others: training without transport, or a job without accommodation, does not add up to inclusion.

Figure 13: The eight SDG targets as a life-course chain

Target 3.7 addresses universal access to sexual and reproductive healthcare services, including family planning, information and education. From a disability perspective, it raises questions concerning accessible healthcare, informed consent, reproductive autonomy and the availability of appropriate services for women and girls with disabilities.

Target 4.1 concerns the completion of free, equitable and quality primary and secondary education. Its disability relevance extends beyond school enrolment to attendance, retention, completion, learning outcomes, accessible environments and appropriate educational support.

Target 5.c focuses on adopting and strengthening sound policies and enforceable legislation for gender equality and the empowerment of women and girls. Its assessment from a disability perspective requires consideration of whether policies, implementation arrangements and financing mechanisms adequately address the experiences of women and girls with disabilities.

Target 8.5 addresses full and productive employment and decent work for all, including persons with disabilities, together with equal pay for work of equal value. It provides an important basis for examining employment participation, unemployment, earnings, workplace accessibility and economic independence.

Target 10.3 concerns equal opportunity and the reduction of inequalities of outcome, including through the elimination of discriminatory laws, policies and practices. For persons with disabilities, it provides a framework for examining legal protections, institutional discrimination, access to remedies and equality in everyday life.

Target 11.2 addresses access to safe, affordable, accessible and sustainable transport systems, with particular attention to persons with disabilities and other populations experiencing disadvantage. It is especially relevant to physical accessibility, accessible information, affordability and the ability to travel safely and independently.

Target 13.1 focuses on strengthening resilience and adaptive capacity to climate-related hazards and natural disasters. Disability inclusion requires attention to accessible early warning systems, inclusive disaster risk reduction, evacuation, shelters, recovery planning and the participation of persons with disabilities in climate-related decision-making.

Target 17.16 concerns strengthening the Global Partnership for Sustainable Development through multi-stakeholder partnerships that mobilise knowledge, expertise, technology and financial resources. From a disability perspective, the analysis considers how governments, development partners, civil society institutions and organisations of persons with disabilities contribute to partnerships and accountability. The official global indicator measures countries reporting progress in multi-stakeholder development effectiveness monitoring frameworks; it does not, by itself, measure the quality of participation by organisations of persons with disabilities. (UN Target 17.16 Metadata)

Across these eight targets, disability-disaggregated data are an essential requirement for meaningful assessment. SDG Target 17.18 explicitly calls for increased availability of high-quality, timely and reliable data disaggregated by disability and other relevant population characteristics. This commitment is particularly important because national averages can conceal substantial inequalities, including those experienced by women, children, older persons and people living in geographically isolated communities. (UN Target 17.18)

The eight countries selected for this study reflect different approaches to disability legislation, national development planning, statistical measurement and institutional accountability. Australia and the United Kingdom provide examples of established statistical systems with multiple sources of disability-related information. Bangladesh and India represent large population settings in which disability inclusion must be addressed across extensive education, healthcare, social protection and administrative systems. Kenya and Uganda offer important African experiences in disability-related policy development, census measurement and the participation of representative organisations. Fiji and Barbados highlight the particular circumstances of small island states, including climate vulnerability, demographic changes and the challenges of maintaining comprehensive disability data systems.

These differences provide opportunities for mutual learning, but they also require methodological caution. The countries are not selected to create a definitive ranking of disability prevalence or national performance. Rather, they provide a comparative basis for examining how different institutional arrangements, legal frameworks, statistical systems and resource environments influence the recognition and inclusion of persons with disabilities.

The comparative analysis is concerned with three interconnected levels of development performance. The first is commitment, reflected in legislation, policies, national plans and international obligations. The second is implementation, including administrative arrangements, institutional responsibilities, financing and service delivery. The third is outcome, demonstrated through measurable improvements in accessibility, educational attainment, healthcare access, employment, equality and participation.

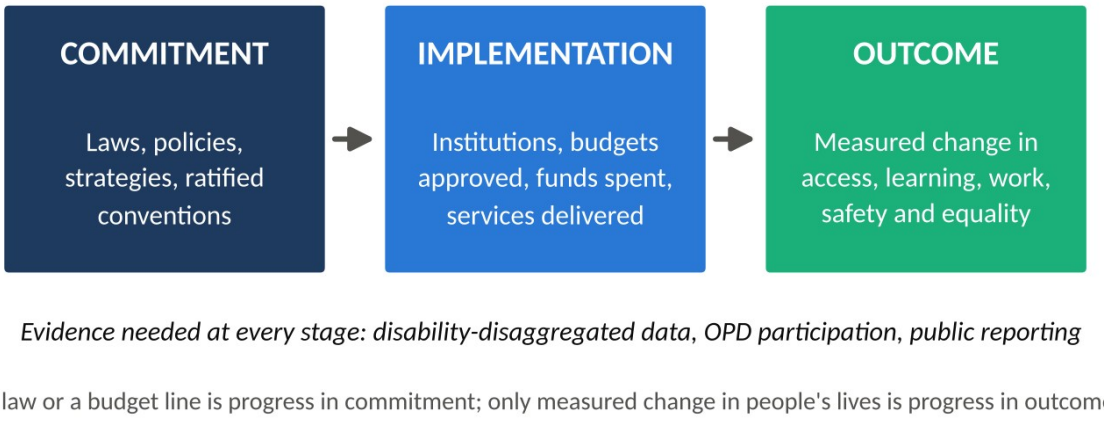


Figure 14: The rights-to-results chain used throughout this report

Distinguishing these levels is essential because policy adoption does not necessarily lead to effective implementation, while expenditure and programme activity do not automatically produce equitable outcomes. A government may allocate resources for disability programmes without adequate monitoring of their effectiveness. Similarly, disability statistics may be collected without being incorporated into planning, budgeting or institutional reform.

A further concern is the relationship between national institutions and organisations of persons with disabilities. Meaningful participation is fundamental to the rights-based approach established by the CRPD. Within Commonwealth countries, representative organisations have contributed to disability legislation, accessibility reforms, inclusive education, public awareness, litigation, monitoring and advocacy. Their involvement can help ensure that development priorities reflect the actual experiences and needs of persons with disabilities, particularly groups that remain underrepresented in conventional consultation processes.

Effective participation, however, requires more than occasional consultation. It depends on accessible information, adequate time and resources, opportunities to influence decisions, representation of diverse disability groups and transparent institutional responses. The involvement of women, young people and persons with intellectual, psychosocial and multiple disabilities is especially important for ensuring that representative processes do not reproduce existing inequalities.

The relationship between disability data, public expenditure and accountability is equally important. Governments require reliable evidence to identify population needs, develop appropriate policies and allocate budgets. They must also establish mechanisms to assess whether approved resources are actually spent and whether expenditure produces measurable improvements in the lives of persons with disabilities. This requires stronger connections between national statistical offices, planning departments, finance ministries, sectoral institutions, local administrations and organisations of persons with disabilities.

The Commonwealth is well positioned to facilitate cooperation in these areas through technical exchanges, statistical capacity development, policy dialogue and shared monitoring approaches. Countries with established disability data systems can provide experience in integrating functional-difficulty questions into national surveys, while countries developing new census or administrative systems can contribute innovative and context-specific practices. Regional cooperation can also support the development of accessible information systems, common analytical approaches and better integration of disability into national development reporting.

Ultimately, the achievement of the SDGs for persons with disabilities depends on translating international commitments into measurable changes in everyday life. Legal recognition, improved statistics and institutional cooperation are essential foundations, but their value must be assessed through actual improvements in equal opportunity, autonomy, accessibility and participation.

The Commonwealth's diverse membership offers an opportunity to demonstrate how disability inclusion can be incorporated into mainstream sustainable development across different national contexts. This study therefore examines not only the progress recorded by the eight selected countries, but also the gaps between policy commitments, implementation and outcomes, the strengths and limitations of disability-disaggregated data, and the possibilities for strengthening collective Commonwealth action towards 2030.

The underlying principle is that persons with disabilities must be recognised not merely as beneficiaries of sustainable development but as equal rights holders, active participants and contributors to its achievement. The success of the 2030 Agenda will ultimately depend on whether its promise of leaving no one behind becomes visible in the opportunities, choices and quality of life experienced by persons with disabilities.

The Commonwealth's membership is spread across five regions, with Africa the largest group and the Pacific and the Caribbean contributing many small island states whose circumstances recur throughout this report.

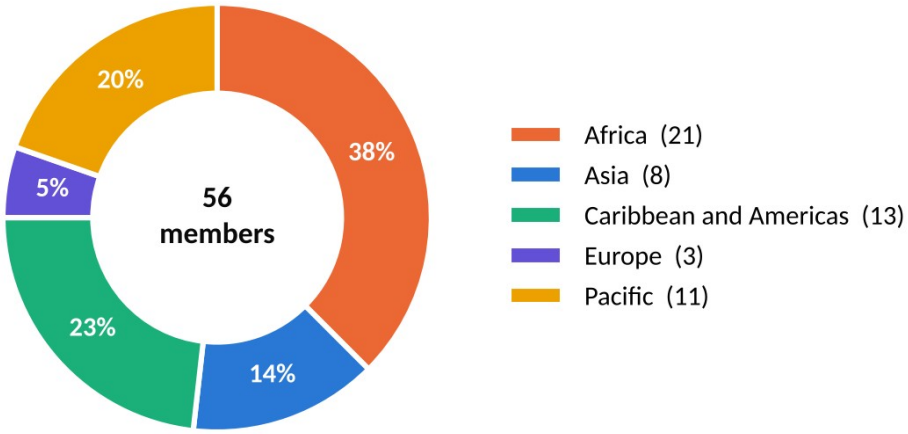


Figure 15: Commonwealth member countries by region, 2026

Source: Commonwealth Secretariat, member countries (56 members)

1.4 The Commonwealth Disabled People's Forum

The Commonwealth Disabled People's Forum (CDPF) is the Commonwealth-wide organisation of disabled people's organisations (DPOs) and organisations of persons with disabilities (OPDs). Its vision is "to develop a unified voice for the implementation of disability rights and equality" across the Commonwealth's 56 member countries, and it describes itself as "a unifying platform for disabled-led organisations and individuals across the Commonwealth". Its guiding principle is "Nothing About Us Without Us". (CDPF, About)

Origins and development. CDPF was founded at a conference in London in March 2008, attended by disabled people's organisations from 21 Commonwealth countries, which elected an executive, adopted a constitution and agreed a workplan. After a period of reduced activity from 2013, the Forum was relaunched in New York in June 2019 with representatives from 29 Commonwealth countries. A new constitution as a charitable incorporated organisation was adopted on 14 February 2025. (CDPF, About)

Membership and governance. CDPF reports more than 100 member organisations, including some 50 national umbrella organisations of persons with disabilities, together with associate members. Membership is open regardless of impairment, gender, age, race, sexuality, indigenous or geographical background, religion or political affiliation. The Forum is led by an elected executive: its Chair is Sarah Muthoni Kamau (Kenya), its Vice Chairs are Dr. Sruti Mohapatra (India) and Kerryann Ifill (Barbados), its Treasurer is Scader Louis (Malawi) and its General Secretary is Richard Rieser (United Kingdom), who also serves on the Steering Group of the Independent Forum of Commonwealth Organisations. (CDPF Newsletter, August 2026)

The executive committee draws its members from Africa, Asia, the Caribbean, the Pacific and the developed Commonwealth. Its other office holders include two Joint Assistant Secretaries for Equalities, Clare Gibellini (Australian Federation of Disability Organisations) and Patience Ogolo-Dickson (Advocacy for Women with Disabilities Initiative, Nigeria), and a Women's Representative, Gaudence Mushimiyimana (Rwanda). CDPF has also established a Commonwealth Disabled Women's Forum, with

members beyond the executive, to strengthen links with the Commonwealth Women's Forum and the wider women's movement. (CDPF, Executive Committee; CDPF Special Newsletter No. 13, October 2024)

What CDPF does. As an accredited Commonwealth organisation, CDPF supports the self-organisation of DPOs, builds their capacity through peer support, and advocates for the ratification and implementation of the UNCRPD and the SDGs in every Commonwealth country. (Commonwealth Secretariat) Its work includes:

- **The Commonwealth Disability Inclusion Action Plan (DIAP).** CDPF proposed the plan ahead of CHOGM 2024 and has worked on it with member governments, an expert working group and an advisory group led mainly by persons with disabilities (Section 2.1.3).
- **Youth and women's leadership.** The Commonwealth Disabled Youth Forum connects more than 160 young disabled people, and CDPF supports a Commonwealth Disabled Women's Forum, leadership courses and training of trainers.
- **Advocacy.** CDPF works on UNCRPD implementation, the SDGs, climate justice, disability financing, neurodiversity and inclusion in Commonwealth processes, including events linked to Commonwealth Heads of Government Meetings.
- **Evidence and research.** This report is part of CDPF's effort to build the evidence base for the DIAP and for national advocacy by its members.

Why it matters for this report. CDPF brings the perspective of persons with disabilities themselves into Commonwealth decision-making. Its members are the organisations whose participation the CRPD requires and whose role in implementing, localising and monitoring the SDGs is examined in Section 4.1. The Forum's August 2026 newsletter noted that 55 of the 56 Commonwealth members had ratified the UNCRPD; Tonga's ratification on 4 September 2026 has since made it all 56 (Section 2.1.3). Implementation, however, remains uneven and several countries are overdue with their reports to the CRPD Committee. Closing that gap between ratification and results is the purpose of this assessment.

Box 13: CDPF at a glance

Founded: London, March 2008 (relaunched New York, June 2019)

Members: more than 100 DPOs and OPDs, including about 50 national umbrella organisations, across the Commonwealth's 56 countries

Office bearers (2026): Chair, Sarah Muthoni Kamau (Kenya); Vice Chairs, Dr. Sruti Mohapatra (India) and Kerryann Ifill (Barbados); General Secretary, Richard Rieser (United Kingdom); Treasurer, Scader Louis (Malawi); Elected Youth Representative, Kihembo Wilbert (Uganda)

Flagship initiative: Commonwealth Disability Inclusion Action Plan (DIAP)

Website: commonwealthdpf.org

Chapter 2 now turns from this framework to the evidence. It sets out the general scenario of SDG achievement in the Commonwealth, explains why the eight countries and targets were chosen, and identifies the gaps and risks that frame the target-by-target analysis in Chapter 3.

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2. Sustainable Development Goals for persons with disabilities

Chapter 1 established that the existence of laws and programmes does not by itself show that persons with disabilities are benefiting from development. This chapter applies that test to the Commonwealth. Its central finding is that the recognition of disability rights has advanced faster than demonstrable equality in daily life: across the eight countries, laws, national strategies, budget programmes and data systems are expanding, yet persons with disabilities still encounter systematic exclusion from education, sexual and reproductive health, decent work, accessible transport, public services and effective participation in governance.

The eight-country comparison points to several developments in 2024–2026: Kenya adopted a new Persons with Disabilities Act in 2025; Barbados passed landmark disability legislation in 2025; Fiji endorsed and launched a rights-based 2025–2035 disability policy; Bangladesh released its 2025 MICS in 2026, adding age-appropriate functional data on children; Uganda published a disability monograph from the 2024 census; Australia published a fourth annual outcomes report in 2026; and the United Kingdom released new household and employment statistics in 2026. These developments improve the evidence base but do not, by themselves, establish equal outcomes. (Kenya Law 2025; Barbados 2026; Fiji Policy 2025; Bangladesh MICS 2026; Uganda UBOS 2025; AIHW Outcomes 2026; UK FRS 2026).

The chapter therefore distinguishes three layers: normative progress (rights and commitments), administrative progress (institutions, finance and delivery machinery) and outcome progress (measured changes in people's opportunities and well-being). National SDG progress reviews provide important national narratives, but they are read alongside censuses, household and labour surveys, UN situation analyses, budget and outcome reports, and relevant legal or administrative records. No reported national percentage is treated as directly comparable with another unless the underlying instruments and populations are sufficiently aligned.

2.1 General scenario of status of SDG achievements in the Commonwealth

2.1.1 The global picture: uneven progress and persistent disability gaps

The United Nations' 2024 flagship assessment found persistent gaps on food security, health, energy, information and communication technologies, accessibility and participation. Five of 119 disability-relevant indicators were on a trend consistent with achieving 2030 objectives: selected measures concerning inclusive education laws, accessible early warnings, online public services, accessible ministries and disability markers in aid. These are mainly systemic measures; they are not evidence that most persons with disabilities already enjoy equal life outcomes. The distinction is vital when interpreting expanding rights laws and disability programmes across the Commonwealth. (UN DESA 2024).

The 2026 Sustainable Development Goals Report finds that progress achieved since 2015, such as expanded electricity, health access and digital connectivity, coexists with persistent inequalities, climate pressures, fiscal distress and weakening international development finance. In a disability-inclusive interpretation, each apparent improvement must be tested for equal reach: who can use a clinic, who

can access public transport independently, who can learn in an ordinary classroom and who obtains sustainable work rather than a one-off grant? Without disaggregation, an improving national average can obscure widening inequalities. (UN SDG 2026).

However, progress towards the SDGs remains uneven. According to the United Nations Sustainable Development Goals Report 2026, only 36 per cent of the 139 targets for which trend data were available were on track or making moderate progress. A further 49 per cent were advancing too slowly, while 15 per cent had regressed below their 2015 baseline levels. These figures describe overall global development progress and do not constitute a disability-specific assessment. Nevertheless, they demonstrate the scale of the challenge facing governments as the 2030 deadline approaches. (UN SDG Report 2026)

The United Nations' disability report also prints country-level results for a number of Commonwealth members. The figure below brings together the values it reports for Commonwealth countries: in every case shown, persons with disabilities are worse off than others.

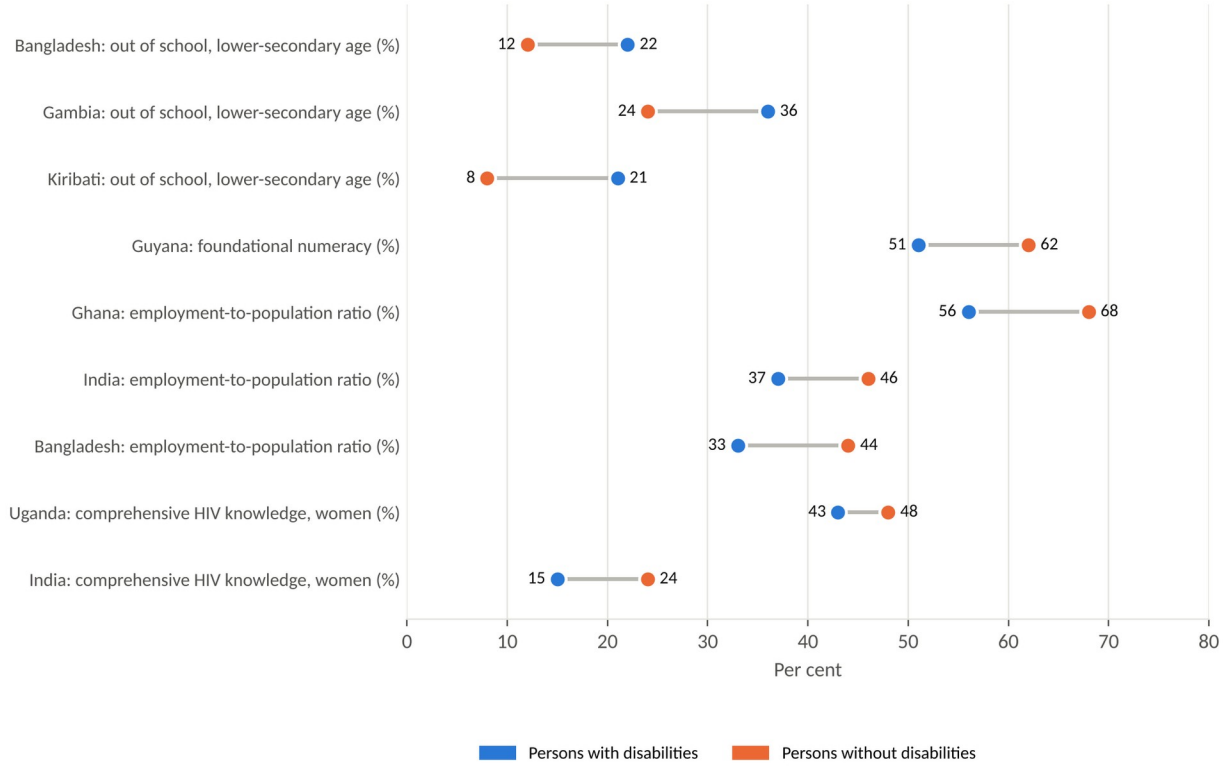

Figure 16: Gaps between persons with and without disabilities in Commonwealth countries with printed values

Source: UN DESA, Disability and Development Report 2024 (Figures 41, 52, 63 and 126; 2019–2021 or latest year); only Commonwealth member-country values extracted

A particularly important 2026 update is the UN Disability Inclusion Strategy 2.0 for 2026–2030. Its policy and accountability framework contains 19 indicators across five strategic priority areas, including more explicit attention to disability data, digital accessibility and resource tracking. Although designed for UN entities, the approach is relevant to national SDG administrations: ownership, budgets, evidence, accessible systems and outcomes must be reviewed together, not as isolated policy commitments. (UN 2026 Strategy).

Box 14: Global report in focus: Global Disability Inclusion Report 2025, a Commonwealth reading

Key message. The *Global Disability Inclusion Report 2025: Accelerating Disability Inclusion in a Changing and Diverse World* treats disability inclusion as a human right, an economic imperative and a condition for sustainable development. More than 16% of the world's population lives with disability, and exclusion and underemployment are estimated to cost low- and middle-income economies up to 7% of GDP, a figure consistent with the Kenyan estimate of up to 6.95% discussed in Section 3.5. (Global Disability Inclusion Report)

Commonwealth examples in the report. Kenya shows how hard it is to turn disability budget allocations into expenditure and results, especially at subnational level. India and Fiji show OPDs engaging in budget analysis and advocacy. The United Kingdom shows the potential of mandatory professional training to make health and care services more disability-responsive.

Implications. Disability inclusion is too often confined to social-welfare departments, and financing is fragmented and weakly tracked. For Commonwealth members the challenge is not only to allocate more, but to ensure that budgets are released, spent and translated into results, across climate, technology and humanitarian policy as well as social sectors.

2.1.2 SDG targets that explicitly address disability

The 2030 Agenda explicitly references disability or persons with disabilities 11 times, including references in the Declaration, targets and follow-up and review provisions. Seven targets across five SDGs explicitly mention disability or persons with disabilities: Targets 4.5, 4.a, 8.5, 10.2, 11.2, 11.7 and 17.18 (UN Disability Toolkit; UN Targets).

These seven targets belong to Goal 4 on quality education, Goal 8 on decent work and economic growth, Goal 10 on reduced inequalities, Goal 11 on sustainable cities and communities, and Goal 17 on partnerships and means of implementation.

However, disability inclusion extends beyond these explicitly identified targets. The universal nature of the 2030 Agenda requires disability-responsive action across all 17 goals, including those concerning health, poverty, gender equality, disaster resilience and institutional accountability.

The distinction between targets that explicitly mention disability and those relevant to disability inclusion is important for interpreting official SDG indicators and conducting comparative country assessments.

Seven SDG targets across five goals expressly address disability. Their corresponding global indicators measure selected dimensions of development progress. However, the scope of individual indicators is frequently narrower than the development commitments expressed in their targets.

This distinction is particularly important from a disability perspective. An indicator may demonstrate improvement in access, availability or participation without establishing that persons with disabilities experience equal opportunities, effective accessibility, reasonable accommodation or freedom from discrimination.

The following table identifies the official indicators and explains the principal limitations in interpreting disability-inclusive progress.

Table 3: SDG targets that explicitly mention disability, their global indicators and measurement limitations. Source: UN Indicator Framework

SDG target	Official global indicator	Disability-related measurement limitations
4.5: Equal access to education	4.5.1: Parity indices for education indicators, including disability status where data are available	Measures relative differences between groups. It does not independently establish educational quality, classroom inclusion, reasonable accommodation or accessibility.
4.a: Inclusive learning environments	4.a.1: Proportion of schools offering basic services, by type of service, including adapted infrastructure and materials for students with disabilities	Captures reported availability of facilities and materials but does not fully establish their usability, adequacy, maintenance or effectiveness for individual students.
8.5: Decent work and employment	8.5.1: Average hourly earnings of employees; 8.5.2: Unemployment rate, both with disability disaggregation	Does not comprehensively measure workplace accessibility, job security, underemployment, reasonable accommodation or career progression.
10.2: Social, economic and political inclusion	10.2.1: Proportion of people living below 50% of median income, by sex, age and persons with disabilities	Measures relative income disadvantage but does not directly establish social participation, political representation, autonomy or freedom from discrimination.
11.2: Accessible transport	11.2.1: Proportion of population with convenient access to public transport, by sex, age and persons with disabilities	Assesses convenient access using spatial and service-related criteria, including accessibility considerations, but does not fully establish independent, safe and reliable end-to-end travel.
11.7: Inclusive public spaces	11.7.1: Share of built-up urban area that is open space for public use; 11.7.2: Experiences of non-sexual or sexual harassment	Does not comprehensively measure universal design, physical usability, safety throughout a public space or the ability of persons with disabilities to participate independently.
17.18: Statistical capacity and disaggregated data	17.18.1: Statistical capacity indicators; 17.18.2: Statistical legislation; 17.18.3: Funded and implemented national statistical plans	Measures statistical capacity and institutional arrangements, but does not directly establish whether all relevant SDG indicators are available and published with disability disaggregation.

2.1.3 Commonwealth commitments and the Disability Inclusion Action Plan

The Commonwealth's shared principles of equality, inclusiveness, accountability, human rights and participation provide an important foundation for addressing these inequalities. These principles are reinforced by the near-universal acceptance of the CRPD among Commonwealth members. As recorded in 2024, 55 of the 56 member countries were parties to the Convention (Commonwealth Disability Rights).

Ratification has been steady rather than sudden. Six Commonwealth members, including Bangladesh and India, were parties by the end of 2007, and 40 by 2013. According to the UN Treaty Collection, Tonga's ratification on 4 September 2026 made all 56 members parties to the Convention.

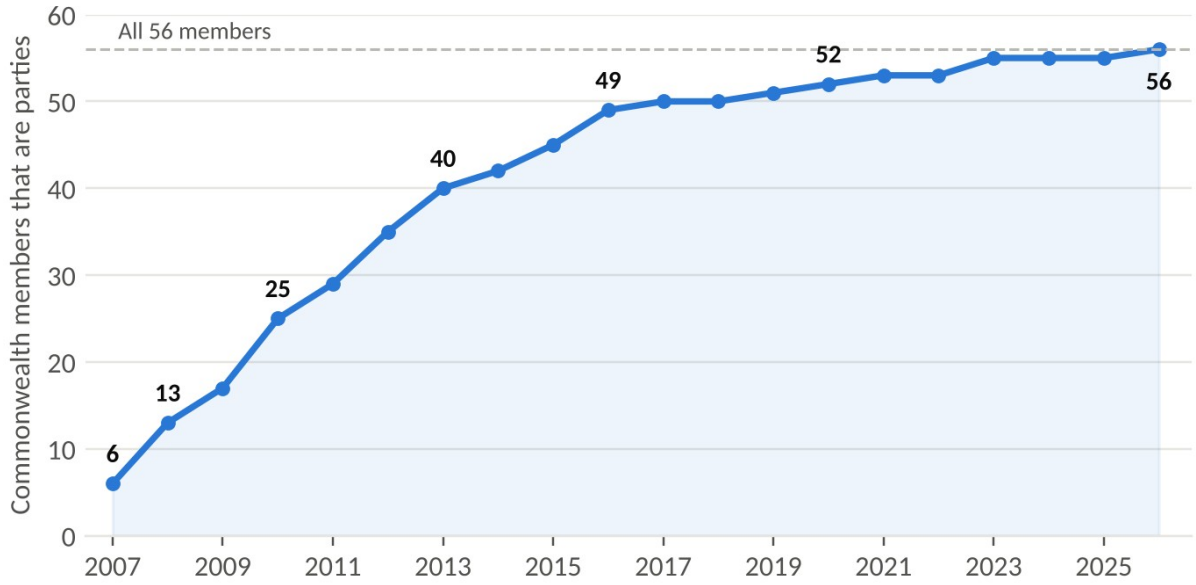

Figure 17: Cumulative number of Commonwealth members that are parties to the CRPD, 2007–2026

Source: UN Treaty Collection, status of the Convention on the Rights of Persons with Disabilities (Chapter IV-15); data extracted for the 56 Commonwealth members only

Disability inclusion within the Commonwealth must be understood through the relationship between common human rights commitments, diverse national circumstances and the institutional mechanisms needed to implement them.

The Commonwealth Charter recognises equality, inclusiveness, human rights, democratic participation, good governance and accountability as core principles. These commitments are consistent with the CRPD and the principle of leaving no one behind (Commonwealth Charter).

However, legal recognition and policy commitments do not necessarily produce equal access to services or measurable improvements in living conditions. Countries differ in the extent to which disability rights are incorporated into national legislation, public budgets, institutional systems, service delivery arrangements and statistical monitoring.

A Commonwealth disability perspective must therefore examine not only whether rights have been formally recognised but also whether governments have established mechanisms to implement them and can demonstrate practical results.

The Commonwealth Heads of Government Meeting in Samoa in October 2024 reaffirmed support for implementation of the CRPD and welcomed progress towards a Commonwealth Disability Inclusion Action Plan. The subsequent process involved member-government representatives, persons with disabilities, organisations of persons with disabilities and youth representatives (Samoa Communiqué; Commonwealth DIAP).

A member-country Expert Working Group and an Advisory Group of Persons with Disabilities were established to support the development and refinement of the proposed framework. Their involvement reflects the principle that persons with disabilities should participate actively in decisions affecting their rights and development (DIAP Information Note).

A final draft was published in March 2026. The Action Plan is intended to provide practical guidance and a framework for cooperation rather than constitute a legally binding international instrument (DIAP 2026).

Its value will depend on whether Commonwealth members translate the proposed actions into national commitments, institutional arrangements, accessible services and measurable outcomes.

Of particular importance is the need to strengthen disability-disaggregated statistics, the participation of organisations of persons with disabilities, capacity-building, knowledge exchange and monitoring of implementation.

A coordinated Commonwealth approach could help address differences in institutional capacity while supporting countries to identify gaps, exchange practices and evaluate progress.

Official Commonwealth communications in 2026 described the plan as under development, and the March 2026 text made available by the Forum should therefore be described as a draft rather than assumed to be adopted and implemented. (Commonwealth SG 2026; CDPF 2026; Commonwealth 2026)

The practical opportunity lies in translating that regional process into a common minimum evidence standard, regular peer review, inclusive public procurement, joint learning for small states, and independent involvement of Organisations of Persons with Disabilities (OPDs). Because national governments retain differing constitutional and administrative structures, the regional framework should facilitate accountability and technical exchange rather than prescribe identical schemes. A Commonwealth platform could compare fiscal commitments and outcomes even where a single population prevalence rate is scientifically indefensible. (Commonwealth 2026; UN DESA 2024).

2.2 Justification of countries and targets chosen

2.2.1 Purpose, coverage and analytical approach

This chapter offers a comparative foundation for examining how eight geographically, economically and politically diverse Commonwealth countries are integrating persons with disabilities into the 2030 Agenda. The selection spans Oceania, South Asia, the Caribbean, the Pacific Islands, East Africa and Europe. Three high-income contexts (Australia, Barbados and the United Kingdom) are considered alongside lower- and middle-income contexts and countries where administrative reach, geographic dispersion or fiscal constraints present different forms of exclusion. The aim is learning across jurisdictions, not the imposition of a single institutional model.

The UN Convention on the Rights of Persons with Disabilities (CRPD) provides the normative frame. Its provisions on equality, accessibility, legal capacity, inclusive education, health, employment, independent living, statistics and participation make clear that disability is not a separate welfare issue. It is a condition of whether mainstream services and development investments respect human rights. Article 4(3) additionally requires close consultation and active involvement of persons with disabilities through their representative organisations when developing and implementing legislation and policies affecting them. (UN DESA 2024; UN 2026 Strategy).

Evidence was prioritised by institutional authority and date: official government statistical releases and laws; national SDG reviews hosted by government or UN; official UN country-level and international-agency analyses; and material from representative organisations when it documents their own

consultation or policy process. A source published in 2026 may contain 2011 or 2017 data; the reference period is shown whenever an estimate is quoted. Programmes and budgets are not equated with independently verified improvements unless suitable outcome data exist.

2.2.2 Why these eight countries

Australia and the United Kingdom permit longitudinal analysis of outcome measurement and mature public finance systems, but they also demonstrate that sophisticated disability policy can coexist with substantial inequality. India illustrates the challenge of implementation across a vast federal system; Bangladesh shows how stronger survey systems can reveal inequity previously obscured by a narrow census count. Kenya and Uganda provide examples of constitutional and statutory reform, decentralised delivery and formal disability representation alongside financing constraints. Fiji and Barbados make the additional costs of maritime geography, small populations and climate vulnerability visible. (AIHW 2026; UK Employment 2026; Bangladesh MICS 2026; Kenya Law 2025; Barbados SitAn 2025).



Figure 18: The eight Commonwealth countries examined in this report

Income groups follow World Bank classifications; features are illustrative highlights

2.2.3 Why these targets

The eight targets introduced in Section 1.3 (3.7, 4.1, 5.c, 8.5, 10.3, 11.2, 13.1 and 17.16, together with the data commitment in 17.18) are analysed in connection with other disability-relevant commitments, particularly SDGs 1.3, 4.5, 4.a, 8.8, 10.2 and 11.7.

The targets form a lifecycle and systems chain: sexual and reproductive health and inclusive education shape opportunity early in life; anti-discrimination and gender-equality protections support autonomy; employment creates long-term financial security; accessible transport links people to education, health and work; disaster preparedness prevents predictable harm; and partnerships determine whether representative organisations can influence policies. Studying one target in isolation risks missing the

reasons programmes underperform elsewhere. For example, employment training may have little effect if a person cannot travel to a workplace or secure reasonable accommodation.

2.2.4 National reporting cycles and evidence sources

Country representation and reporting are not perfectly symmetric. Australia's most recent national SDG review located in the official government portal is from 2018, while the UK's is from 2019. Fiji and Barbados last submitted national SDG reviews in 2023; Kenya and Uganda in 2024; and Bangladesh and India in 2025. Fiji's Cabinet approved preparation of the next review for 2027. Accordingly, a 2024–2026 analysis necessarily supplements older national SDG reviews with more recent policy, legal, statistical and UN sources rather than presenting every country as having produced a new national SDG review during that period. (Australia national SDG review; UK national SDG review 2019; Fiji national SDG review 2027; Barbados national SDG review 2023; Kenya national SDG review 2024; Uganda national SDG review 2024; India national SDG review 2025; Bangladesh national SDG review 2025).

Interpretive rule: Year of national SDG review publication and year of statistical observation are not interchangeable. A current analysis is based on the latest verifiable source for each topic, not solely the most recent national SDG review.

Table 4: Latest national SDG progress review and additional 2024–2026 evidence, by country

Country	Latest national SDG review	2024–2026 additional source or development
Australia	2018	2026 AIHW outcomes and disability review
Bangladesh	2025	2025 MICS (published 2026); 2025 services mapping
Barbados	2023	2025 rights legislation; 2024–2025 UNDP situation analysis
Fiji	2023	2025–2035 disability policy; next national SDG review planned for 2027
India	2025	2024 SDG Index; 2024 accessibility judgment
Kenya	2024	2025 Persons with Disabilities Act
Uganda	2024	2024 census disability monograph, released 2025
United Kingdom	2019	2025 employment statistics and 2024–25 FRS, released/updated 2026

2.3 Disability inclusion and the SDGs: gaps and risk assessment

Having set out the global and Commonwealth context and the rationale for the selection, this section assesses where the gaps lie. It begins with the disability data on which every judgement depends, then profiles the eight countries, compares progress in law, delivery and outcomes, and closes with the cross-cutting risks for the remaining period to 2030.

2.3.1 Comparative disability data: what the figures do and do not mean

The availability of disability statistics has improved, but the greatest comparative limitation is definitional divergence. Different enumerations use different questions, age ranges, disability models and thresholds. A census asking whether people require help with core activities will not yield the same prevalence as a household survey identifying long-term restrictions or a Washington Group-based survey that counts people reporting some difficulty in one or more functioning domains. Higher

published prevalence may reflect a more inclusive instrument rather than higher underlying incidence. (UN DESA 2024; ABS 2024; UK Census QA).

Table 5: Disability-related figures in the eight countries: different measures, not a ranking

Country and reference year	Disability-related figure	Definition and caution
Australia, 2022 survey; 2021 census	21.4% (5.5 million); 5.8%	SDAC six-month activity restriction; census measures need for core-activity assistance
Bangladesh, 2022 census; 2021 survey; 2025 MICS	1.43% (2.36 million); 2.8%; 5.2% of children aged 2–17	Census count; National Survey on Persons with Disabilities; child-functioning module
Barbados	No robust harmonised recent rate	2021 census collected functional-difficulty items but disability tables are not comprehensively published
Fiji, 2017 census	14.3% (some difficulty); 3.3% (a lot of difficulty or more), age 5+	Washington Group functioning questions; threshold changes the figure fourfold
India, 2011 census	2.21% (26.8 million)	Historical official count using eight categories; cannot represent 2026 prevalence
Kenya, 2019 census	About 2.2%, age 5+	Census functional approach; under-identification is a recognised concern
Uganda, 2024 census	13.2% (some difficulty); about 3.4% (restrictive), age 2+	Broad and restrictive functional thresholds reported separately
United Kingdom, 2024–25 survey; 2021 census	25% (about 16.7 million); 17.7% England, 21.1% Wales	Equality Act-based FRS classification; census figures are age-standardised

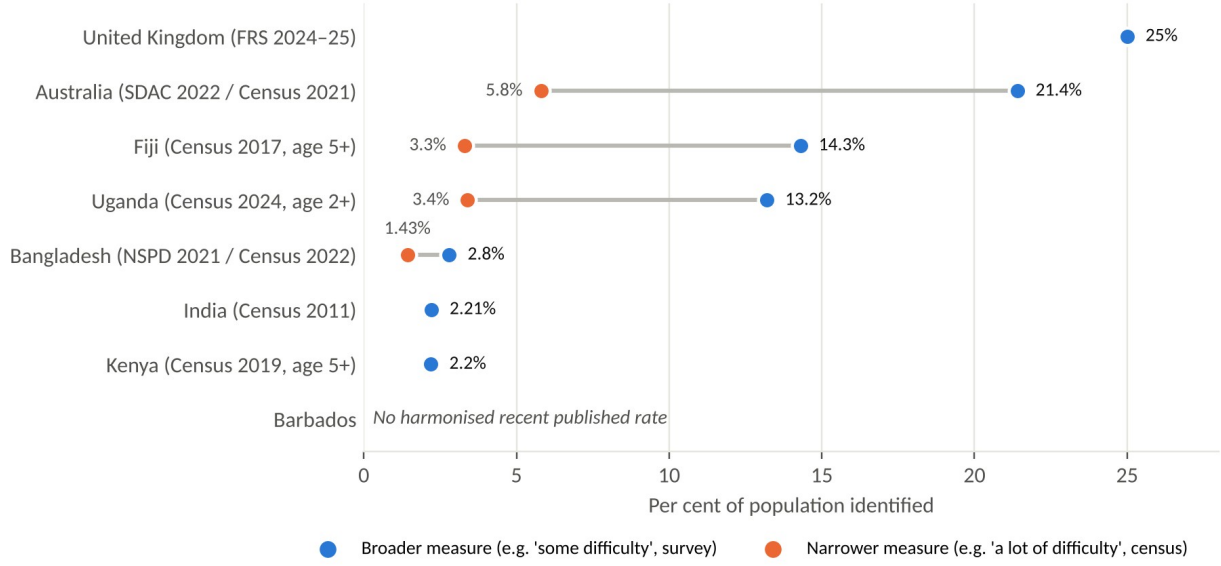

Figure 19: Reported disability figures depend on the measure used

Different instruments, ages, thresholds and years; read as different measures, not a ranking. Sources: national statistical offices

Table reads national statistics as different measures, not a ranking. Source links appear in the country sections and bibliography. Aged thresholds vary; Barbados is deliberately left unranked for insufficient comparable published data.

The comparison is especially revealing in Bangladesh. The 2022 census reported 2,361,604 people with disabilities, or 1.43% of the population. A separate 2025 Multiple Indicator Cluster Survey, conducted by the Bureau of Statistics with UNICEF and published in June 2026, reported functional difficulty in at least one domain among 5.2% of children aged two to 17. The figures describe different populations

and use different screening models; they cannot be substituted for each other or read as a rise in disability over three years. They do indicate the importance of age-sensitive questions and specialised modules. (Bangladesh Census 2022; Bangladesh UNICEF Data; Bangladesh MICS 2026).

In the United Kingdom, the 2024–25 Family Resources Survey estimated that 25% of residents, around 16.7 million people, were disabled on a specified Equality Act measure. Census 2021 for England and Wales reported age-standardised figures of 17.7% for England and 21.1% for Wales; Scotland's separate 2022 census used an independently administered question, and its quality assessment cautions that the results are not strictly comparable to the England and Wales census measure. The nationwide FRS percentage must not be labelled a UK census result. (UK FRS 2026; UK Census E&W; UK Census Scotland; UK Census QA).

For India, the government continues to cite the 2011 census count of 26.8 million, or 2.21%. That baseline is important for assessing historical administrative decisions, but it is not a reliable estimate of the population living with disability in 2026. Uganda's 2024 census, by contrast, expands contemporary national statistical visibility: the disability monograph uses functional difficulty data from respondents aged two or older and reports a much broader proportion than many earlier disability classifications. Its reported 13.2% should always be accompanied by its age and threshold definition. (India DEPwD 2026; Uganda UBOS 2025; Uganda UBOS Portal).

For a future Commonwealth evidence standard, comparability should begin with transparent metadata: question wording; age eligibility; reporting threshold; proxy respondent use; persons in institutions; geographic coverage; household weights; and limitations. A common functional-difficulty core is valuable, but age-appropriate child-functioning measures, psychosocial domains, severity thresholds and separate indicators of barriers or accommodation are also required. A person can report functional difficulty yet participate fully in an inclusive environment, or report a less severe difficulty but face severe discrimination.

CDPF's own survey of persons with disabilities across the Commonwealth, carried out for the 2024 Commonwealth Heads of Government Meeting, adds a perspective from persons with disabilities themselves. Of 132 respondents, 119 were women; 59% lived in Africa and 27% in Asia. Most reported exclusion in the four priority areas of the Commonwealth Women's Forum: 85% said disabled women face discrimination in hiring and promotion, 73% that they are paid less for the same work, and 79% of those in leadership roles that they were treated differently from colleagues. The survey is small and self-selected and is not a representative estimate, but its findings are consistent with the national evidence reviewed in Chapter 3. (CDPF Special Newsletter No. 13, October 2024)

2.3.2 Country profiles: 2024–2026 evidence and implementation issues

Australia

Australia combines a long-established Disability Discrimination Act, the National Disability Insurance Scheme (NDIS) and Australia's Disability Strategy 2021–2031 with increasingly explicit outcome measurement. The Australian Bureau of Statistics estimated 5.5 million persons with disabilities in its 2022 Survey of Disability, Ageing and Carers, published in July 2024: 21.4% of the population, compared with 17.7% in 2018. The ABS identifies possible contributions from population ageing, health conditions, awareness and data-collection changes; these figures do not establish a similarly sized growth in newly acquired impairments. (ABS 2024).

The 2026 edition of People with Disability in Australia draws together disability demographics, mainstream service access, education, employment, housing, income and safety. In December 2025, the NDIS had over 761,000 active participants. This substantial administrative reach is meaningful but does not represent the whole population with disability; programmes must also reach people not eligible for individualised NDIS support and ensure that universal education, health and transport systems remain accessible. Differences affecting First Nations communities, rural and remote residents, and persons with psychosocial or intellectual disabilities call for specific monitoring. (AIHW 2026).

Australia provides a useful example of outcome, rather than activity, reporting. The fourth annual outcomes report released in January 2026 described 64 dashboard measures with data; 32 received updated progress status in 2025 and 12 further measures had data for the first time. Among the improvements, the share of NDIS participants aged 15–64 in the labour force who held open employment at full award wages rose from 20% in the second quarter of 2021–22 to 24% in the third quarter of 2024–25. The share of persons with disability feeling represented in leadership roles rose from 19% in 2022 to 23% in 2024. Other indicators stagnated or moved adversely, including a decline in participants reporting the support they needed to do their jobs. (AIHW Outcomes 2026).

Box 15: Country highlight: Australia, measuring results rather than activity

What it is. Australia's Disability Strategy 2021–2031 is tracked through an outcomes framework with a public dashboard. The fourth annual report (January 2026) covered 64 measures with data, 32 of which received an updated progress status in 2025.

What it shows. Some measures improved (for example, open employment at full award wages among NDIS participants rose from 20% to 24%), while others stagnated or worsened, such as the share of participants reporting the support they needed at work.

Lesson for the Commonwealth. A strategy is credible when it publishes results that can go down as well as up. A short, stable set of outcome measures, reported annually and independent of any single programme, is transferable to countries with fewer statistical resources.

The strongest lesson is that a national disability strategy needs an outcomes architecture operating independently of any one programme. Even where service spending is extensive, better employment, safety and autonomy cannot be assumed without repeated measurement, complaint data, transparent evaluations and review of exclusion within mainstream systems. The strategy and AIHW series show a model for measuring SDGs 4, 8, 10 and 11 that could inform Commonwealth peer learning, provided concerns about quality and differences in disability experiences are retained. Australia's publicly identified first national SDG review remains the 2018 review and must be supplemented by these newer sources. (AIHW Outcomes 2026; Australia national SDG review).

Bangladesh

Bangladesh demonstrates how disability inclusion can move forward through statistical reform while major service gaps persist. The Rights and Protection of Persons with Disabilities Act 2013 established a statutory framework, and disability allowances, community services and disaster-response initiatives have a significant role in national social protection. The country's 2025 national SDG review, presented during a period of governance reforms, documents an effort to connect national priorities with inclusion and stronger public participation. During the presentation, government representatives stated that over 4,000 people contributed to consultations, including persons with disabilities. Their inclusion in a process is encouraging, but the test of influence requires a public account of the recommendations

accepted and incorporated into budgets. (Bangladesh national SDG review 2025; Bangladesh UN national SDG review 2025).

The official 2022 census estimate of 1.43% contrasts sharply with the results of age-appropriate child-functioning questions in the 2025 MICS. The June 2026 final MICS covered all 64 districts and nearly 63,000 households, offering national and subnational evidence of inequalities affecting children and women. It reports that 5.2% of children aged two to 17 experienced a functional difficulty in at least one domain. These figures should guide disability-disaggregated schooling and child-protection planning, rather than being treated as confirmation of a single universal disability prevalence rate. (Bangladesh Census 2022; Bangladesh MICS 2026; Bangladesh UNICEF Data).

UNICEF's 2025 mapping of services for children with disabilities (discussed in Section 3.2) found that only around a third of 211 facilities were fully functional. Bangladesh's Labour Force Survey 2022, developed with disability questions based on Washington Group practice and technical support from the ILO, is another important improvement in the national evidence system. However, improved identification will matter only if employment, education and health programmes publish who receives services, their quality, and whether participation gaps narrow. (Bangladesh UNICEF Services; Bangladesh ILO).

Bangladesh also makes clear why SDG 13 cannot be isolated from social protection and education. Floods, cyclones, displacement and transport disruption expose weaknesses in accessible early warning, shelter design, personal assistance and continuity of medication or rehabilitation. A rights-based response should assess whether disabled children remain in education after disasters, whether women with disabilities access sexual and reproductive health support, and whether cash-transfer systems are accessible and adequate. Bangladesh's policy experience is especially valuable for testing how development and disaster ministries coordinate at local level. (Bangladesh national SDG review 2025; UNDRR 2025).

Box 16: Country highlight: Bangladesh, seeing the children official counts missed

What stands out. Bangladesh's 2025 Multiple Indicator Cluster Survey covered all 64 districts and nearly 63,000 households, using age-appropriate child-functioning questions. It found functional difficulty among 5.2% of children aged 2–17, against a census figure of 1.43% for the whole population. The 2022 Labour Force Survey added Washington Group questions for the first time.

Why it matters. Better instruments are making excluded children and workers visible. The next test is whether schools, health services and employment programmes publish who they reach and whether gaps narrow.

Barbados

Barbados provides a distinctive Caribbean Small Island Developing State perspective. Its 2023 national SDG review describes the interaction between climate vulnerability, indebtedness, resilient infrastructure, fiscal space and social protection. It reports that alignment between existing national policies and SDG targets was strong, but expressly recognises the difficulty of producing adequate disaggregated data. High average income and a long history of public services should not obscure the additional costs of specialised provision in a small population or the exposure of persons with disabilities during emergencies. (Barbados national SDG review 2023).

An important legal development is the Rights of Persons with Disabilities Act 2025. Parliamentary records show passage in both Houses in January 2025, while the Barbados Government publicly referred to its enactment in June 2026. The legislation advances protections from discrimination and provisions for accessibility and national rights institutions. These new statutory mechanisms should not be described as fully operational without separate records documenting their appointments, complaint handling, budgets and outcomes. The distinction between enactment and enforcement is central to the chapter's framework. (Barbados Act 2025; Barbados 2026).

The UNDP-supported Situational Analysis on the Rights of Persons with Disabilities, conducted between July 2024 and February 2025, provides a more detailed picture than older census totals. It reviews rights, services, government arrangements and the role of OPDs, and identifies challenges with data, institutional coordination, accessible systems and sustainable participation. An older census count should not be promoted into a fresh 2026 national rate. In the absence of a robust recent harmonised prevalence statistic with adequately described methods, the defensible conclusion is a data gap, not a new percentage assembled from unsupported extrapolations. (Barbados SitAn 2025).

For SDGs 3.7, 4.1, 8.5 and 13.1, Barbados illustrates the need to join disability inclusion with universal social services, accessible tourism and employment, contingency planning and rights enforcement. More than building specialised services, a small-island strategy should require accessibility standards in healthcare, transport, digital public administration and disaster shelters. Regional cooperation in sign-language services, assistive technology procurement and professional training can lower unit costs. The Commonwealth could use Barbados and Fiji to test a shared SIDS implementation instrument linking climate grants to disability-inclusive design and OPD oversight. (Barbados national SDG review 2023; Barbados SitAn 2025).

Box 17: Country highlight: Barbados, from enactment to enforcement

What stands out. Parliament passed the Rights of Persons with Disabilities Act in January 2025, and it came into force on 2 January 2026, providing for a Disability Rights Tribunal and a National Commission. A UNDP-supported situational analysis (July 2024 to February 2025) had found fragmented ministerial responsibilities, non-binding accessibility standards and data gaps.

Why it matters. Barbados now has one of the newest rights laws in the Commonwealth. Its value will be shown by appointments, budgets, complaints resolved and accessible services, which small-island statistical cooperation can help measure.

Fiji

Fiji is a pivotal Pacific example because disability rights, island geography and climate adaptation intersect directly. The 2017 population and housing census, interpreted in subsequent Fiji government materials, found that 14.3% of persons aged five and above had at least some functional difficulty. The figure uses a broad functioning threshold and should not be compared directly with India's narrow 2011 census estimate or with a disability benefit register. Fiji's 2025–2029 National Development Plan and Vision 2050 align national priorities with the SDGs and themselves acknowledge mixed progress and substantial missing indicator data. (Fiji NDP 2024).

In June 2025, Fiji's Cabinet endorsed the revised National Policy on the Rights of Persons with Disabilities 2025–2035 and an implementation plan; the policy was publicly launched in October 2025. It recognises persons with disabilities as rights holders and covers policy coordination, advocacy,

research, health, education, employment, accessibility, social protection, assistive technology, justice and disaster risk. At the launch, the minister said the Fiji Disabled Peoples Federation would lead implementation in more than 60% of the policy's 13 strategic areas. This is a notable design commitment to representative participation, but committee membership, allocations and publicly verified outputs are needed to show delivery. (Fiji Policy 2025).

Fiji's employment policy exposes a sharper outcome gap. A December 2025 ILO review reported that a 2024 UN situation analysis found just 15% of persons with disabilities engaged in paid work. The ILO noted that the employment target under the Employment Relations Act had not been met. This supports the finding that formal protections and policy targets are insufficient without accessible skills development, employer compliance, workplace adjustments and actual wage and retention outcomes. Employment status is also an important proxy for whether transport, communication and education systems are genuinely inclusive. (Fiji ILO 2025).

Fiji reported national SDG reviews in 2019 and 2023; in April 2026, Cabinet authorised preparation of its third review for presentation in 2027. This future review is an opportunity to document implementation of the disability policy, link climate investments to accessible evacuation and community resilience, and publish disability-disaggregated indicators for education, work and accessible transportation. National SDG review consultation should include OPDs across outer islands, not only national capital organisations. (Fiji national SDG review 2027; Fiji Policy 2025).

Box 18: Country highlight: Fiji, a policy implemented with the disability movement

What stands out. Fiji's National Policy on the Rights of Persons with Disabilities 2025–2035 was endorsed by Cabinet in June 2025 and launched in October 2025. The Fiji Disabled Peoples Federation is to lead implementation in more than 60% of the policy's 13 strategic areas, an unusually strong commitment to OPD leadership.

Why it matters. Paid work among persons with disabilities stands at about 15%, against 45% for others. Fiji's next national SDG review, planned for 2027, is an opportunity to show whether OPD-led delivery changes that outcome.

India

India shows how a comprehensive statute operates in a vast and unequal administrative landscape. The Rights of Persons with Disabilities Act 2016 expanded the statutory list of specified disabilities to 21 and introduced duties relating to equality, reasonable accommodation, accessibility, education and employment. National initiatives include the Accessible India Campaign, Unique Disability ID system, education support and sectoral accessibility rules. The Department of Empowerment of Persons with Disabilities continues to reference the 2011 census figure of 26.8 million persons with disabilities (2.21%); that historical rate cannot be assumed to be the current population share. (India DEPwD 2026).

India's 2025 national SDG review and the SDG India Index 2023–24 describe progress in SDG localisation, public-service delivery and state-level monitoring. The composite Index score rose from 66 in 2020–21 to 71 in 2023–24, with state scores ranging from 57 to 79. These scores are national and subnational SDG aggregates, not a measurement of disability inclusion; a rise in the overall index does not prove that students with disabilities are completing secondary school, that women with disabilities can access reproductive healthcare, or that accessible travel is available across districts. (India national SDG review 2025; India SDG 2024).

A legally significant corrective was issued by the Supreme Court in Rajive Raturi v. Union of India on 8 November 2024. The Court found that recommendatory accessibility guidelines could not substitute for the mandatory standards required under the 2016 Act and directed revision of the regulatory framework. This judicial finding is an example of the gap between normative entitlement and enforceable administrative standards. Monitoring requires more than orders or buildings declared accessible: it requires independent audits of compliance, accessible grievance systems, timelines, retrofitting budgets and evidence that services can be used independently by persons with varied disabilities. (India Judgment 2024).

Box 19: Country highlight: India, the Supreme Court and enforceable accessibility (Rajive Raturi v. Union of India, 2024)

What happened. On 8 November 2024 the Supreme Court found that recommendatory accessibility guidelines could not substitute for the mandatory standards required under the Rights of Persons with Disabilities Act 2016, and directed revision of the regulatory framework.

Why it matters. The judgment turned a guideline into a duty. It illustrates the gap between a legal entitlement on paper and an enforceable administrative standard.

Lesson for the Commonwealth. Accessibility standards need binding force, timelines, retrofitting budgets, independent audits and accessible grievance routes; litigation can expose the gap, but administrations must close it.

India's particular contribution to Commonwealth learning lies in SDG localisation across states and districts, linked with accessible public digital infrastructure, community-level identification and audit processes. Risks arise when disability certification or beneficiary counts stand in for nationally representative statistics, when school enrolment stands in for learning outcomes, or when infrastructure expenditure is recorded without compliance checks. Next-step evidence should combine census and survey functional modules with education management data, disability employment and wages, accessible transport and healthcare indicators, and public spending tied to measurable outcomes. (India national SDG review 2025; India DEPwD 2026).

Kenya

Kenya's constitutional protection of equality and disability rights is complemented by a major legislative update. The Persons with Disabilities Act No. 4 of 2025 was assented to on 8 May 2025 and commenced on 27 May 2025, replacing the earlier 2003 law. It gives effect to Article 54 of the Constitution and restructures the National Council for Persons with Disabilities, addressing rights, accessibility and institutional accountability. Its effect in practice must be assessed through accessible services, county-level enforcement, budget execution, complaints resolution and outcome trends rather than legal enactment alone. (Kenya Law 2025; Kenya Council 2026).

Kenya's 2024 national SDG review reflects wider government efforts to localise SDGs in devolved institutions and improve national progress reporting. The UN in Kenya reported that 17 of 47 counties participated by preparing Voluntary Local Reviews, enabling more localised understanding of inequalities and implementation barriers. The UN's 2024 annual results account, published in 2025, indicated that SDG indicator availability for the national SDG review reached 67.7%, up from 51.6% in 2020. This represents better reporting coverage, not necessarily a reduction in disability-related disadvantage. (Kenya national SDG review 2024; Kenya UN 2025).

Kenya's 2019 census reported approximately 2.2% of persons aged five and older as having disabilities under its census methodology. The low published rate compared with broader functional-difficulty tools demands caution. Kenya faces persistent policy challenges concerning inclusive schooling, employment, information access, poverty, accessible transportation and geographic disparity. County implementation makes budget tagging, procurement rules and local OPD participation particularly important: national statutory reform will be uneven if county governments lack specialist staff, accessible consultations and disaggregated administrative systems. (Kenya national SDG review 2024; Kenya Law 2025).

A practical Kenyan model for SDG accountability would connect the updated 2025 law to county scorecards with outcome measures: accessible educational facilities and completion; decent employment and wage equity; accessible road and public-transport networks; health service availability; and local disaster preparedness. The new Council's statutory monitoring functions could support cross-sector records and referral pathways, while county VLRs can make inequalities visible at a manageable scale. This would move the national SDG review process beyond policies and institutional descriptions toward an independently reviewable implementation chain. (Kenya Council 2026; Kenya UN 2025).

Box 20: Country highlight: Kenya, a new law with county-level delivery

What stands out. The Persons with Disabilities Act No. 4 of 2025 received assent on 8 May 2025 and commenced on 27 May 2025, replacing the 2003 law. Seventeen of Kenya's 47 counties have prepared voluntary local reviews, and SDG indicator availability rose from 51.6% in 2020 to 67.7%.

Why it matters. A National Council assessment found that only 4% of assessed public institutions met the 5% disability employment requirement. County budgets, procurement and local OPD participation will decide whether the new law changes daily life.

Uganda

Uganda combines a long-standing constitutional and statutory commitment to disability participation with severe implementation challenges associated with poverty, geographic disparities, health and rehabilitation capacity, and constrained fiscal space. Its Persons with Disabilities Act 2020 and distinctive representation arrangements provide a basis for rights-based participation and scrutiny. The Office of the Prime Minister's 2024 third national SDG review describes SDG mainstreaming into development planning, localisation and consultation with civil society and marginalised constituencies, including persons with disabilities. (Uganda national SDG review 2024).

A major statistical development is the 2024 National Population and Housing Census, followed by a disability monograph published by the Uganda Bureau of Statistics in September 2025. The publication reports a 13.2% share of persons aged two years and older experiencing at least some functional difficulty. This broad threshold is not equivalent to a narrow severe-disability category and should not be taken as a comparable trend from earlier census figures without review of changed instruments. The associated census portal makes subnational data and methodological examination more feasible. (Uganda UBOS 2025; Uganda UBOS Portal).

Uganda's special grants and Parish Development Model add an instructive budget-to-reach case. Official guidelines released in June 2026 set out an additional grant for eligible people with disabilities receiving Parish Development Model loans. The FY2025–26 allocation was UGX 4.654 billion; the

guidelines described transfers planned for thousands of potential beneficiaries. This is valuable evidence of programme design and funding, but not of grants actually reaching each person or creating durable, fairly paid work. Independent follow-up should document payments, market access, enterprise survival, earnings and the accessibility of application processes. (Uganda Grant 2026).

The Uganda profile underscores why participation and outcomes must be examined together. Reserved representation and statutory consultation may give disability issues political visibility but cannot compensate automatically for inaccessible schools, long journeys to health services or insufficient reasonable accommodation at work. The 2024 national SDG review offers a platform; a stronger next reporting cycle should document precisely what OPDs requested, which recommendations were accepted, what was financed, and which inequalities narrowed across districts and disability types. (Uganda national SDG review 2024; Uganda UBOS 2025).

Box 21: Country highlight: Uganda, detailed census data and budget scrutiny

What stands out. Uganda's 2024 census disability monograph reports 13.2% of people aged two and over with at least some functional difficulty (about 3.4% on a restrictive threshold), with breakdowns by sex, age and district. The Equal Opportunities Commission scores budgets for gender and equity compliance (70% for FY 2026–27), and an additional Parish Development Model grant for persons with disabilities was allocated UGX 4.654 billion for FY 2025–26.

Why it matters. Few countries combine detailed census evidence with formal budget scrutiny. Linking the two would show whether money reaches the people the census identifies.

United Kingdom

The United Kingdom has a mature anti-discrimination framework under the Equality Act 2010, public programmes supporting employment and extensive official statistics on poverty, work and participation. Yet these advantages do not mean the country has eliminated disability-related disadvantage. The UK's first national SDG review, in 2019, remains the relevant national review in the public government portal, making recent statistical series indispensable for a 2026 assessment. In the 2024–25 Family Resources Survey, released in March 2026, one in four residents—about 16.7 million people—were classified as disabled. (UK national SDG review 2019; UK FRS 2026).

UK census evidence should be named precisely. England and Wales's 2021 census reported age-standardised disability proportions of 17.7% and 21.1%, respectively; Scotland's 2022 census results were released in 2024; and Northern Ireland follows its own 2021 census. The Scottish quality-assurance documentation explains why the disability questions and comparisons differ across the four nations. The 25% national Family Resources Survey rate is neither a common four-nation census measurement nor directly interchangeable with the census age-standardised percentages. (UK Census E&W; UK Census Scotland; UK Census QA; UK FRS 2026).

Labour-market evidence makes a continuing inequality measurable. The DWP's employment statistics, published in November 2025 and updated in March 2026, reported that 52.8% of disabled working-age people were employed in April–June 2025, compared with 82.5% of non-disabled people—a 29.7 percentage-point gap. Disabled workers were more likely to experience underemployment, low pay, insecure contracts and weaker career opportunities. The department cautioned that the year-on-year employment-rate change and widening in the gap were not statistically significant, an important reminder not to turn routine variation into exaggerated progress or decline. (UK Employment 2026).

Programme-level expenditure can also be tracked. Access to Work recorded £320.7 million in provision expenditure in the financial year ending March 2025 and payments to 74,190 customers, according to revised official statistics. These measures help distinguish financing from service delivery, but they should not be used to claim that the programme independently caused any particular change in the national employment gap. The UK experience offers useful techniques for parliamentary scrutiny, wage and retention measurement, complaints tracking and equality assessment, alongside the caution that stronger data often reveal longstanding gaps rather than simply better outcomes. (UK AccessWork 2026; UK Employment 2026).

Box 22: Country highlight: United Kingdom, strong data that reveals a persistent gap

What stands out. Official statistics show 52.8% of disabled people of working age in employment in April–June 2025, against 82.5% of non-disabled people, a gap of 29.7 percentage points. Access to Work spent £320.7 million supporting 74,190 people in 2024–25, and the Family Resources Survey classifies about one in four residents (16.7 million) as disabled.

Why it matters. Mature legislation and data have not closed the employment gap. The UK's national SDG data platform has not been updated since September 2023, which limits the use of its rich statistics for SDG accountability.

2.3.3 Comparative assessment: law, delivery and outcomes

The eight country profiles suggest a common sequencing problem. Countries often establish legal entitlement and public institutions, then record service inputs or numbers served. Far fewer systems consistently evaluate whether persons with disabilities participate on an equal basis and whether the gap is narrowing. A disability law is normative progress; a functioning disability commission with an approved budget is administrative progress; reduced exclusion from schools, accessible transport, decent work or justice is outcome progress. The latter must be supported by comparable data over time, not inferred from the former.

Table 6: Normative and administrative advance compared with outcome evidence, by country

Country	Normative and administrative advance	Outcome evidence and unresolved challenge
Australia	National strategy; NDIS; 2026 outcome reporting	Some improved measures; persistent work, service and safety gaps
Bangladesh	Rights Act 2013; MICS and labour survey disability modules	Stronger data; limited proof that service and employment gaps have narrowed
Barbados	Rights of Persons with Disabilities Act 2025; UNDP situation analysis	Implementation bodies and harmonised outcome baselines require verification
Fiji	Rights Act 2018; 2025–35 policy with OPD implementation role	Low paid-work participation and difficult outer-island access
India	RPwD Act; SDG localisation; accessibility campaign	Old census baseline; uneven enforcement documented by Supreme Court
Kenya	Persons with Disabilities Act 2025; county SDG reviews	Need county-level outcomes and enforcement evidence
Uganda	2020 Act; political representation; 2024 census data	Grants and programmes need independent earnings/participation evaluation

Country	Normative and administrative advance	Outcome evidence and unresolved challenge
United Kingdom	Equality Act; Access to Work; strong statistical series	Large, persistent disability employment and earnings inequalities

This matrix is an illustrative evidence summary, not a country ranking. National systems differ in constitutional design, population size, resource envelope and public data quality. The correct comparison is often between how a country measures its own stated rights and how it follows through on results, rather than whether country A reports a larger disability prevalence percentage than country B. Data absence should be labelled an evidence deficit, not presumed policy failure; conversely, unverified policy claims should not be credited as completed results. (UN DESA 2024; UN national SDG review 2026).

2.3.4 Cross-cutting gaps and risks for 2026–2030

Inadequate disability-disaggregated data

The most pervasive technical risk is that governments cannot consistently establish who is being left behind. Census enumeration identifies some population characteristics, but long census cycles do not measure current functioning, access or discrimination. Programme registers usually cover only eligible or certified beneficiaries. Household surveys may omit institutional populations, people without stable housing or those unable to respond without appropriate communication support. National averages conceal differences associated with sex, age, geography, income, disability type and severity. A robust evidence system therefore triangulates censuses, MICS and household surveys, labour force statistics, administrative data and qualitative evidence collected with OPDs. (Bangladesh MICS 2026; UK FRS 2026; Uganda UBOS 2025; UN DESA 2024).

Data improvements are meaningful only when they influence decisions. Ministries should publish an annual disability inclusion annex in their SDG monitoring reports with comparable indicators, denominators, disaggregation rules, confidence or quality limitations and baseline years. Local governments should report both coverage and gaps. The collection of sensitive information must protect privacy and self-determination and must not create administrative obstacles to accessing services. The best statistical question is not simply how many persons with disabilities live in an area but whether services and environments deliver equal participation. (UN 2026 Strategy; UN national SDG review 2026).

Financing without transparent links to results

Across the eight countries, a growing share of public evidence concerns programmes and approved allocations rather than attributable reductions in inequality. A defensible budget assessment separates three stages: the budget approved, the actual expenditure and the measurable outcome. Uganda's Parish Development Model grant guidance and the UK's detailed Access to Work expenditure statistics illustrate how programme financing can be documented. Australia's outcomes dashboard provides a separate measure of participation, but its employment changes should not automatically be attributed to a particular budget line. In Fiji, limited paid-work participation raises a clear question about the effectiveness of employment supports even where policies exist. (Uganda Grant 2026; UK AccessWork 2026; AIHW Outcomes 2026; Fiji ILO 2025).

The Commonwealth could recommend disability budget tagging across central and local government, reporting both allocations and disbursements, and a requirement to associate significant programmes with outcomes. For employment, evaluation should include job duration, pay, occupational progression

and reasonable accommodation. For accessibility, it should include verified compliance and independent usability tests. For gender and sexual and reproductive health, it should include service quality and accessible complaint pathways. Administrative reach is necessary evidence, but it is not a substitute for impact.

Participation, gender and intersectional exclusion

OPD participation is often reported without sufficient detail to establish independence, influence or inclusion of under-represented constituencies. The most marginalised may include disabled women, children and youth, rural residents, persons with intellectual disabilities, persons with psychosocial disabilities and those using alternative communication. Engagement can be undermined by inaccessible meeting materials, inadequate interpretation, lack of travel assistance and dependence on service-provider organisations that cannot speak for representative OPDs. The UN Disability Inclusion Strategy 2.0 emphasises an enabling, accessible institution; national practice should similarly include accessibility, financing and response-to-consultation standards. (UN 2026 Strategy; Commonwealth 2026).

Barbados's situation analysis and Fiji's policy participation commitments demonstrate different stages of the governance challenge: one identifies coordination and resource constraints, while the other proposes implementation roles for OPDs. For both, substantive influence must be verified through committee minutes, published responses, changes to draft policies and resulting budget decisions. Disability inclusion should be co-owned by finance, planning, transport, health, education, employment and disaster-management ministries—not relegated to one social-welfare department. (Barbados SitAn 2025; Fiji Policy 2025).

The delivery gap in accessible environments and public systems

Physical, digital, communication and attitudinal accessibility are inseparable from the selected SDG targets. Digital enrolment, benefit applications or transport ticketing may exclude persons who cannot access websites or authentication. A building may contain a ramp while offering no accessible signage, hearing communication, usable toilets or evacuation procedures. Universal-design standards need a binding regulatory basis, procurement clauses, independent audits, maintenance budgets, complaints processes and consequences for non-compliance. India's accessibility litigation illustrates the cost of treating guidelines as voluntary rather than enforceable minimum duties. (India Judgment 2024; UN 2026 Strategy).

Such barriers also operate cumulatively. A rural young woman with a disability may be formally eligible for a scholarship, but lack affordable transport, accessible accommodation, a secure communications channel and accessible healthcare. A livelihood grant may provide equipment but fail if markets remain inaccessible. National SDG reports should therefore cross-reference outcomes across targets and identify the institutional combinations that allow people to participate. This is also why all eight countries must be evaluated through several measures rather than a single disability-related expenditure total or national prevalence rate.

These cross-cutting risks take a specific form in each area of development. Chapter 3 therefore examines the eight targets one by one, applying the same questions to each: what rights and commitments exist, how they are being implemented and financed, and what evidence shows that the lives of persons with disabilities are changing.

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3. Realizing the SDGs for persons with disabilities across the Commonwealth

Chapter 2 showed that, across the eight countries, rights and institutions have advanced faster than measurable equality. This chapter examines how that gap plays out target by target. Each section follows a common pattern: the scope of the target and its official indicators; the global context; the situation and experience of each of the eight countries; a comparative assessment; good practices that could be replicated; and priority recommendations for Commonwealth action. Each section closes with its own references. Methodological qualifications for all sections are consolidated in the Explanatory notes at the end of the report.

The sections move along the life course described in Section 1.3: from health and bodily autonomy (3.1), through education (3.2), gender equality (3.3), work (3.4) and equal opportunity (3.5), to the accessible transport that connects them (3.6), resilience to climate-related hazards (3.7), and the data and partnerships on which accountability for all of them depends (3.8). The voices, stories and data of persons with disabilities and their organisations in twelve Commonwealth countries, presented after the Executive Summary, illustrate these themes.

3.1 SDG 3: Sexual and reproductive healthcare and rights for persons with disabilities (Targets 3.7 and 5.6)

Good health and the ability to make decisions about one's own body are the foundation on which every other development outcome rests. This section therefore begins the target-by-target analysis with sexual and reproductive health and rights, where the gap between formal service availability and the lived experience of women and girls with disabilities is particularly stark.

3.1.1 Scope and methodological approach

This section examines SDG Target 3.7 (universal access to sexual and reproductive health-care services), supported by the maternal-health context of Target 3.1 and the universal-health-coverage context of Target 3.8. SDG Target 3.7 seeks to ensure universal access to sexual and reproductive health-care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes by 2030. Its selection is justified by the close relationship between reproductive health, bodily autonomy, gender equality, non-discrimination and the right of persons with disabilities to make decisions about their own lives. Ghana is considered separately as a supplementary Commonwealth case study because recent research provides direct evidence of the experiences of persons with disabilities and health-care providers.

Although SDG 3.7 specifically concerns sexual and reproductive health, broader evidence about universal health coverage, rehabilitation, assistive technology and general SDG 3 performance is relevant because it reveals systemic barriers, but it cannot automatically be treated as evidence of achievement under Target 3.7. The analysis is anchored in the 2030 Agenda and the CRPD, particularly Articles 6, 9, 12, 16, 23 and 25.

3.1.2 Disability, general health inequalities and universal health coverage

Sustainable Development Goal 3 seeks to ensure healthy lives and promote well-being for all at all ages. For persons with disabilities, it demands equitable access to the full spectrum of healthcare, including disease prevention, primary healthcare, maternal and reproductive health, mental health, treatment of communicable and non-communicable diseases, rehabilitation and emergency services. SDG Target 3.8, which commits countries to universal health coverage (UHC), is particularly significant because it combines access to essential health services with protection against financial hardship. UN SDG 3

According to the World Health Organization's Global Report on Health Equity for Persons with Disabilities (2022), persons with disabilities experience substantial and often avoidable health inequalities. Some die up to 20 years earlier than persons without disabilities and face approximately twice the risk of developing conditions such as depression, diabetes, asthma, stroke and obesity. These inequalities cannot be attributed solely to underlying impairments. They frequently result from poverty, discrimination, inaccessible health facilities, inadequate transportation, communication barriers and exclusion from preventive healthcare. WHO health equity, 2022

Despite global improvements in health coverage, universal health coverage remains an unfinished commitment. The WHO–World Bank 2025 Global Monitoring Report indicates that the global health service coverage index increased from 54 in 2000 to 71 in 2023, while the proportion experiencing financial hardship from out-of-pocket health expenditure declined from 34% in 2000 to 26% in 2022. Nevertheless, progress has slowed, and billions remain without adequate access to essential services or financial protection. These aggregate improvements do not establish whether persons with disabilities have benefited equally. WHO–World Bank, 2025

Health inequalities are particularly pronounced among women and girls with disabilities, persons with intellectual and psychosocial disabilities, older persons and those living in rural or economically disadvantaged communities. Women with disabilities may encounter inaccessible reproductive healthcare, inadequate information, discriminatory attitudes and violations of autonomy and informed consent. Persons with intellectual or psychosocial disabilities may experience exclusion from decision-making regarding their treatment. Children with disabilities may lack timely access to early identification, intervention and rehabilitation. Such barriers intersect with SDG Targets 3.4, 3.7 and 3.8, demonstrating that disability inclusion must be embedded across the health agenda rather than confined to specialised programmes. WHO disability factsheet

A fundamental weakness in assessing progress is the inadequate availability and use of disability-disaggregated health data. National health indicators generally measure overall service coverage, expenditure and outcomes, but may not adequately reveal differences in affordability, quality, accessibility and treatment experienced by persons with disabilities. Consequently, expansion of health insurance, hospitals or service coverage cannot automatically be interpreted as improved health equity. Meaningful assessment requires evidence of actual service utilisation, continuity of care, financial protection, informed consent, patient experience and health outcomes.

3.1.2.1 India: General health inequalities

India has expanded its public health programmes, but disability inclusion remains inadequate. Reports (Rising Flame, 2025) identify continuing exclusion of persons with disabilities from mainstream health programmes, inadequate rehabilitation services, inaccessible hospitals, shortages of trained professionals and discriminatory treatment. Under the Deendayal Disabled Rehabilitation Scheme, annual expenditure increased from ₹77.42 crore in 2020–21 to ₹129.97 crore in 2023–24, but annual

beneficiary numbers remained approximately 30,000–35,000. Access to healthcare is further restricted by expensive medicines, inaccessible transport and limited services in rural areas. Women with disabilities encounter additional barriers to sexual and reproductive healthcare, including stigma and inaccessible information. Mental healthcare remains particularly inadequate. Health insurance is another major concern: a 2025 survey of 5,000 persons with disabilities found that over 80% lacked health insurance, while 42% were unaware of Ayushman Bharat PM-JAY.

3.1.2.2 Australia: General health inequalities

Australia has an established universal healthcare system and disability-specific support mechanisms, including the National Disability Insurance Scheme. Nevertheless, substantial health inequalities persist. According to the Australian Institute of Health and Welfare (AIHW health data), in 2020–21 only 31% of adults with disabilities rated their health as excellent or very good, compared with 68% of adults without disabilities. High or very high psychological distress affected 33% of adults with disabilities, compared with 12% without disabilities. The fourth annual report of Australia's Disability Strategy (AIHW strategy outcomes) recorded 238 potentially avoidable deaths during hospital admission or emergency presentation per 100,000 people identified with disabilities in 2021–22, compared with 33 among people without identified disabilities, although the underlying administrative data do not capture all persons with disabilities. Some improvements were recorded in emergency presentations and involuntary mental health admissions, but substantial health inequalities remain.

Box 23: Global report in focus: World Health Statistics 2026, a Commonwealth reading

Key data (all populations). Progress towards universal health coverage has slowed: the service coverage index rose only from 68 in 2015 to 71 in 2023, and around 1.6 billion people were living in poverty or were pushed into it by health spending in 2022. The share of women whose family-planning needs are met with modern methods rose only from 76.4% in 2015 to 77.2% in 2025. Official development assistance for health in 2025 was an estimated 30–40% lower than in 2023, and at the end of 2025 only 18% of countries reported mortality data within a year. (WHO, World Health Statistics 2026)

Commonwealth implications. Members in Africa and South Asia face a combined burden of infectious disease, maternal and child health needs and rising non-communicable disease, while small island states face climate risk and limited specialist care. None of the report's indicators is disaggregated by disability, so it cannot show whether persons with disabilities share in health progress.

Priorities. Integrate disability into universal health coverage policy and monitoring; make facilities, equipment and information accessible; strengthen disability-inclusive sexual and reproductive health care; expand rehabilitation and assistive technology; and improve disability-disaggregated health and civil-registration statistics, with OPD participation.

3.1.3 Sexual and reproductive health: the disability inclusion challenge

Persons with disabilities encounter barriers to sexual and reproductive health at several interconnected levels: limited access to accurate information, inaccessible facilities and transport, financial constraints, discriminatory attitudes, inadequate communication support, and interference with personal decision-making (Bolarinwa et al., 2024). This is significant for Kenya and Uganda, the two African countries in the eight-country assessment.

3.1.3.1 Australia

Australia has a well-established healthcare system, and its National Women's Health Strategy 2020–2030 explicitly recognises women with disabilities as a priority group for family planning and reproductive healthcare. (Australian Government, 2019) However, significant inequalities persist. A 2026 systematic review found that women with disabilities continue to experience inaccessible reproductive health information, inadequate provider training, discriminatory attitudes, fragmented healthcare pathways and limited services in rural areas. (Azhdari & Haintz, 2026) These barriers affect access to contraception, sexual health counselling and other reproductive healthcare services. Concerns also remain regarding reproductive autonomy and informed consent, particularly for women with intellectual disabilities. Australia's Disability Royal Commission (2023) highlighted the continued need to address non-consensual sterilisation and protect reproductive decision-making. (Disability Royal Commission, 2023) Thus, despite established health services and policy recognition, equal access to sexual and reproductive healthcare has not been fully achieved.

Accessible information is one practical response. Women With Disabilities Australia's *Our Site* offers Easy Read and Easy English information on rights, relationships, consent, contraception, pregnancy and safety, written on the principle that women with disability have the right to have relationships and children and to make decisions about their sexual health. Such resources depend largely on project funding rather than recurrent core funding, which leaves them vulnerable. (WWDA, Our Site)

3.1.3.2 Bangladesh

Bangladesh has made progress in maternal and child healthcare and expanded primary health services, but access remains unequal for persons with disabilities. (WHO Bangladesh, 2023) A 2024 study analysing 4,293 persons with disabilities from the 2021 National Survey found that approximately one in four could not obtain healthcare when needed. Among those reporting unmet healthcare needs, 52.1% identified treatment costs, 27% lack of family support and 10.1% absence of nearby facilities as barriers. (Rahman et al., 2024)

A study by Haque and colleagues, conducted during 2021 among 83 conveniently selected women with physical disabilities of reproductive age (18–49 years), found that every participant had experienced some barrier to reproductive healthcare. Traditional hurdles prevented 57% from accessing care, 32.5% lacked family support and 78.3% said care was expensive. More than half found no wheelchair ramp or transfer aid, and no service provider had educated 69.9% about reproductive healthcare services and rights. Participants also reported fear of poor care (75.9%), negative provider attitudes (68.7%) and communication difficulties (67.5%). Improving access requires addressing these barriers together. (Haque et al., 2023)

3.1.3.3 Barbados

In Barbados, women and girls with disabilities continue to experience barriers to sexual and reproductive healthcare, particularly stigma, discriminatory attitudes, inaccessible information and inadequate communication support. In 2023, Kerryann Ifill, President of the Barbados Council for the Disabled, highlighted persistent misconceptions about the sexuality and reproductive rights of women with disabilities, including beliefs that they should not become mothers (CBC Barbados, 2023).

Physical accessibility, accessible transportation and communication with healthcare professionals remain concerns. The Barbados Council for the Disabled's 2026 policy brief specifically identifies inaccessible healthcare facilities and communication barriers affecting Deaf persons. A UNFPA

Caribbean assessment also identifies inadequate examination equipment and inaccessible reproductive health information as regional barriers (CBC Barbados, 2023) and (UNFPA Caribbean, 2023).

The Barbados Council for the Disabled has collaborated with UNFPA on sexual and reproductive health education for persons with disabilities. However, inadequate disability-disaggregated information limits assessment of actual access, informed reproductive choice and service outcomes.

Barbados has also adapted services directly. Under the *We Decide* framework, which links the prevention of gender-based violence with sexual and reproductive health and rights for young persons with disabilities, clinical settings and consultation methods were adapted for people with physical, sensory and intellectual impairments, health workers were trained, and organisations of persons with disabilities were involved throughout. Sustaining such partnerships is a recurring challenge when the individuals who first championed them move on. (Consultation with the Barbados Council of the Disabled, 26 August 2026)

Box 24: Expert perspective: Kerryann Ifill on sexual and reproductive rights in Barbados

Kerryann Ifill, President of the Barbados Council for the Disabled, has highlighted how stigma shapes access to sexual and reproductive health. She lost her sight in childhood and was the first person with a disability to serve as President of the Senate of Barbados (2012–2018). Reporting on her remarks in 2023, CBC Barbados noted her concern that "too many women and girls with disabilities are still being denied access to information about their bodies and their rights," and that many disabled women believe they do not have the right to bear children. (CBC Barbados, 2023)

Her emphasis. The Council welcomed the 2025 disability rights legislation while stressing that implementation is what matters, and has worked with UNFPA on sexual and reproductive health education for persons with disabilities.

Drawn from published statements and reporting; the quotation is as reported by CBC Barbados.

3.1.3.4 Fiji

Women and girls with disabilities in Fiji face significant barriers to sexual and reproductive healthcare, including stigma, discriminatory attitudes, inaccessible health facilities, inadequate communication support and limited access to reproductive health information. A 2022 needs assessment by UNFPA, Women Enabled International and the Pacific Disability Forum found that women and young people with disabilities frequently lacked comprehensive information about contraception, pregnancy, sexual health and their reproductive rights. Physical and geographical barriers particularly affect women living in rural communities and remote islands (Fiji needs assessment, 2022).

Reproductive autonomy and informed consent remain serious concerns. The assessment documented experiences of healthcare professionals making contraceptive decisions without respecting women's preferences, particularly among Deaf women. Limited sign-language interpretation, insufficient disability-sensitive training among healthcare workers and dependence on family members further restrict privacy and independent decision-making. Women with disabilities also face barriers to reporting gender-based violence and accessing confidential support services (UNFPA Pacific, 2022).

Since 2022, Fiji's Ministry of Health and Medical Services, disability organisations and UNFPA have implemented a community-based sexual and reproductive health outreach programme. By November 2024, it had reached 339 persons with disabilities and caregivers (Fiji inclusive outreach). Nevertheless,

the documented barriers demonstrate continuing inequalities in access to information, services and reproductive choice.

3.1.3.5 India

India illustrates why national progress in health indicators must be examined alongside inequalities associated with disability, geography, socioeconomic status and gender. Women and girls with disabilities in India face significant barriers to sexual and reproductive healthcare, including social stigma, discriminatory attitudes, inaccessible hospitals, inadequate reproductive health information and limited autonomy in decisions concerning contraception, pregnancy and childbirth. Healthcare professionals often lack disability-sensitive training, while accessible examination tables, toilets, transportation and communication support remain inadequate. A study published in 2023 (Sharma et al., 2023.), involving 270 women with disabilities across five government hospitals in North India, found that 46.36% reported accessibility-related barriers to sexual and reproductive healthcare. All five hospitals received low accessibility scores.

A qualitative study in Gujarat (Gujarat study, 2017) documented discrimination, restricted reproductive autonomy and negative attitudes towards the sexuality and motherhood of women with disabilities. Women with intellectual and psychosocial disabilities face particular concerns regarding informed consent and reproductive decision-making.

A 2025 SDG assessment (Rising Flame, 2025) further identifies inaccessible sexual health information, insufficient disability-sensitive healthcare and persistent stigma as barriers. Despite the Rights of Persons with Disabilities Act, 2016, equal access to contraception, maternal healthcare, reproductive counselling and independent reproductive choices remains uneven.

A tribal area study found that only 65.4% exclusively used hygienic menstrual methods. Education, household wealth and access to improved toilets were positively associated with hygienic practices, while rural residence and increasing age were associated with lower likelihood of such practices. These findings strengthen the assessment in three ways. First, they demonstrate that reproductive health is shaped by determinants extending beyond the health-care system, including education, sanitation, affordability and geographical isolation. Second, they show why national averages can conceal significant differences between districts. Third, they support the need for locally targeted interventions rather than uniform national programmes. However, the study is not disability-disaggregated. Its 65.4% figure concerns young tribal women, not women with disabilities. It should therefore be used as evidence of intersecting reproductive health disadvantage and the need for further disability-disaggregated analysis, not as a disability-specific outcome estimate (Kumar et al., 2026).

3.1.3.6 Kenya

Women and girls with disabilities in Kenya continue to experience significant barriers to sexual and reproductive healthcare, including discrimination, stigma, inaccessible health facilities, inadequate communication support and limited reproductive health information. According to UNFPA Kenya, (UNFPA Kenya) many public health facilities lack accessible examination couches, delivery beds, ramps and assistive technologies. Health information is frequently unavailable in accessible formats, restricting informed reproductive choices.

A 2021 study (Makau et al., 2021) involving 316 women with disabilities in Kajiado County found that only 32% utilised family planning services, while 61.2% reported negative attitudes towards family planning.

A more recent study published in 2026 (Irungu et al., 2026), involving 325 women with disabilities in Murang'a South, found that 32.31% had not accessed sexual and reproductive health services during the preceding year. Stigma, restrictive cultural norms, inadequate privacy, communication difficulties and distance from healthcare facilities were associated with reduced access. Women with intellectual disabilities faced particularly significant disadvantages.

Despite Kenya's commitments to disability inclusion, these findings demonstrate continuing inequalities in access to contraception, maternal healthcare, reproductive health information and autonomous decision-making.

The barriers extend beyond the clinic. Schools that admit learners with disabilities are few and far apart, and buses and matatus are rarely accessible, so girls with disabilities often make long journeys on foot, during which they face heightened risk of sexual violence; Deaf girls are particularly targeted because abusers assume they cannot report. School sanitation without water, adapted latrines or privacy leads many to miss school during menstruation. (Consultation with United Disabled Persons Kenya, August 2026)

Box 25: Interview: Sarah Muthoni Kamau, United Disabled Persons Kenya, Kenya



Sexual and reproductive health and the safety of girls (Targets 3.7 and 5.6)

How accessible are sexual and reproductive health services in Kenya?

Progress is mixed and far from universal. There are legal and health-sector commitments, but a deep gap remains between policy and what happens in a clinic. Public facilities and maternity wings are not equipped for us: standard beds and delivery tables cannot be used by wheelchair users or persons of short stature.

What happens to Deaf women in a clinic or labour ward?

Kenyan Sign Language interpretation is almost absent in public hospitals. A Deaf woman seeking a consultation, or a Deaf mother in labour, is left extremely vulnerable to miscommunication. Disability rights are not part of medical and nursing training, so inclusive care depends on the goodwill of individual staff.

Are reproductive rights respected?

Not for everyone. Women with intellectual and psychosocial disabilities are still denied the right to have children, decisions are made without their informed consent, and there are reports of forced or coerced sterilisation by families and institutions. In rural areas, women and young people with disabilities have almost no choice beyond a poorly funded local dispensary.

You link health to girls' schooling. Why?

Because the risks are connected. Schools that admit learners with disabilities are few and far apart, and matatus and buses are not accessible, so girls make long journeys on foot. On those journeys girls with disabilities face a high risk of sexual violence, and Deaf girls are targeted because abusers think they cannot report. School toilets often lack water, adapted latrines and privacy, so girls miss school during their periods or drop out.

What needs to change?

Young people with disabilities are interviewed for baseline surveys but left out of design and decisions. That must stop: we should be co-creators, not research subjects. Women with disabilities must also take

> leadership, in our own organisations and in the mainstream women's movement, so that our issues sit on the same table as every other women's issue.

3.1.3.7 Uganda

Women and girls with disabilities in Uganda face significant barriers to sexual and reproductive healthcare, including stigma, discriminatory attitudes, inaccessible health facilities, inadequate communication support and limited access to contraception and maternal healthcare. A study by Ayiga and Kigozi (2016), analysing 1,128 sexually experienced women with disabilities using the 2011 Uganda Demographic and Health Survey, found that only 26.1% had ever used contraception. Access to health facilities, education, household wealth and family planning information significantly influenced contraceptive uptake (Ayiga and Kigozi, 2016).

A 2025 study in Kyotera District (Odo et al., 2025) identified negative healthcare provider attitudes, absence of sign-language interpreters, shortages of contraceptives, high transportation costs and misconceptions that persons with disabilities are not sexually active. Family restrictions and fear of discrimination further limited access to sexual health information.

Reproductive autonomy and informed consent remain important concerns, particularly for women with intellectual and psychosocial disabilities. UNFPA Uganda (2023) documented how stigma and exclusion prevented a young woman with an intellectual disability from obtaining essential reproductive health information and support (UNFPA Uganda, 2023). A separate 2025 analysis of the 2016 Uganda Demographic and Health Survey (Casebolt et al., 2025) found no statistically significant difference in modern contraceptive use by disability severity, highlighting that contraceptive uptake alone does not capture the accessibility, quality or autonomy of reproductive healthcare.

3.1.3.8 United Kingdom

Despite the National Health Service (NHS) providing universal healthcare, women and girls with disabilities in the United Kingdom continue to face barriers to sexual and reproductive health services, including inaccessible information, inadequate communication support, discriminatory attitudes and insufficient disability-sensitive maternity care. Women with intellectual disabilities face additional challenges concerning contraception, informed consent and reproductive autonomy. Research in Scotland (Scottish rights study) documented limited access to sexuality education, menstrual health information, family planning and pregnancy-related support.

A landmark 2025 report by the London School of Hygiene & Tropical Medicine and the Missing Billion Initiative (UK maternity report, 2025) found substantial inequalities in maternity healthcare for women with disabilities, who constitute approximately 20% of women of reproductive age in the UK. The report identified 44% higher odds of stillbirth or neonatal mortality, 30–69% higher odds of caesarean delivery and 35–70% lower odds of breastfeeding among women with disabilities. Inaccessible facilities, negative healthcare provider attitudes, inadequate continuity of care and limited disability-specific maternity guidance contribute to these inequalities.

A national study published in 2017 (Malouf et al., 2017) also found that women with physical, mental health or learning disabilities were less likely to receive contraceptive advice and frequently experienced difficulties with communication, involvement in decision-making and postnatal support. These findings demonstrate that universal healthcare coverage does not automatically ensure equal reproductive healthcare access, autonomy or outcomes.

3.1.3.9 Ghana: supplementary Commonwealth case study

Box 26: Case study: Ghana's THRIVE model for inclusive sexual and reproductive health

What it is. Seidu and colleagues (2024) interviewed 62 participants (37 persons with disabilities and 25 health-care providers) in the Kumasi Metropolis and Offinso North District. (Seidu et al., 2024)

The model. They proposed six interconnected improvements: **T**raining health professionals in disability-sensitive care; ensuring meaningful participation of persons with disabilities in service planning (**H**ave a say); **R**aising awareness of accessibility, equity and reproductive rights; continuous monitoring and evaluation (**I**nspect); **V**alidating the independence of persons with disabilities; and **E**nforcing physical accessibility.

Context and caution. Ghana's Persons with Disability Act 2006 (Act 715) provides the legal frame, but the study shows that legal recognition must be matched by accessible services and professional capacity. The research is qualitative and geographically limited and is not a national evaluation of SDG 3.7.

Lesson for the Commonwealth. THRIVE moves beyond listing barriers to a practical checklist that health systems in any of the eight countries could use for assessment and programme design.

A gap-mapping review of Bangladesh's sexual and reproductive health programmes, prepared for this report, illustrates how mainstream delivery channels can exclude persons with disabilities even where coverage is wide:

Table 7: Bangladesh: mapping disability gaps in sexual and reproductive health interventions (expert gap-mapping review, August 2026)

Existing intervention	Disability-specific gap	SDG 3.7 element affected
Door-to-door counselling by Family Welfare Assistants	Staff are rarely trained in sign language, safe transfers or positioning	Integration of reproductive health into national strategies
More than 13,000 community clinics	Few ramps, accessible toilets or adjustable examination tables	Access to safe, affordable clinical care
National media campaigns	No sign language, captioning, audio description or Easy Read formats	Universal information and education
Adolescent-friendly health corners	Counsellors lack skills for neurodivergent youth and youth with intellectual disabilities	Youth access without discrimination
Partnerships (ministry, NGOs, UN agencies)	OPDs absent from service-delivery and supply-chain planning	National capacity for equitable delivery

Voices of persons with disabilities

Voice 13: Grandmother of a young woman with an intellectual disability, Uganda

"I never knew this was a medical condition, because no one has ever talked to me about it."

Spoken after a UNFPA-supported outreach session helped the family understand that their 17-year-old granddaughter's disability was not a curse. Source: UNFPA Uganda, 2023.

Voice 14: Person with a disability, Nasinu, Fiji

> *"This is the first time I've had a one-on-one session with health professionals who answered all my questions."*

Said during a disability-inclusive community outreach on sexual and reproductive health. Source: UNFPA Pacific.

Commonwealth data from the United Nations Disability and Development Report 2024

Only the values printed for Commonwealth member countries have been extracted from the United Nations report and are used here; regional and global averages and data for non-Commonwealth countries have been omitted. The report prints sexual and reproductive health values for only a few Commonwealth members, and none of the eight focus countries other than India and Uganda.

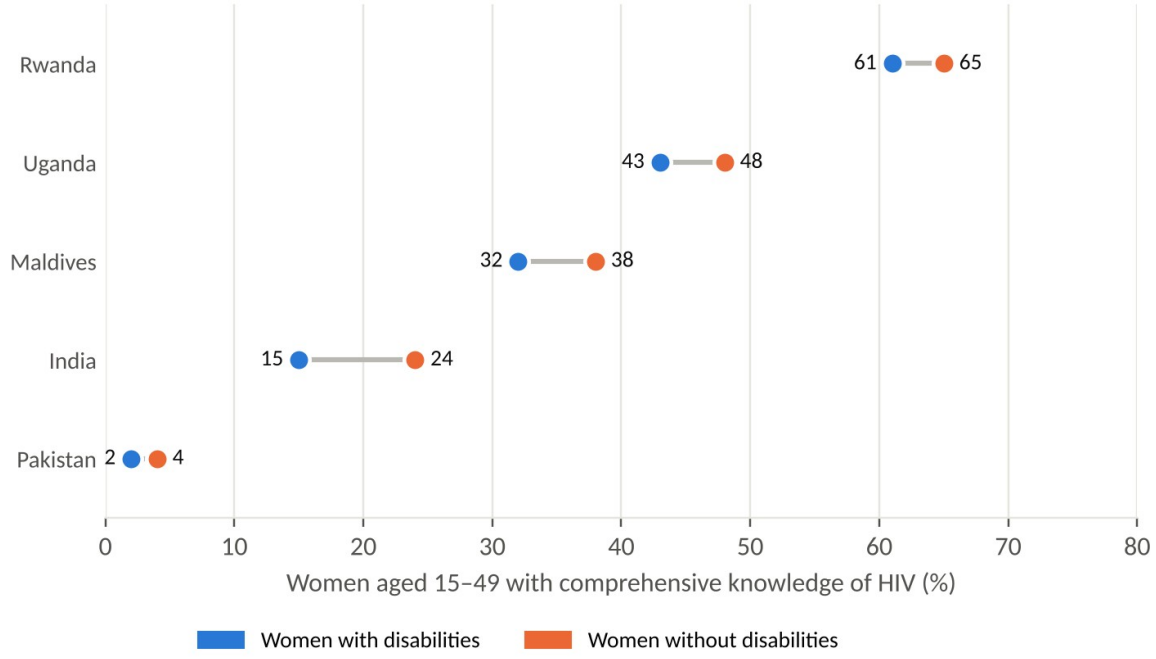

Figure 20: Women with and without disabilities with comprehensive knowledge of HIV, Commonwealth countries with printed values

Source: UN DESA, Disability and Development Report 2024, Figure 41 (2021 or latest year). Commonwealth countries only.

Table 8: Sexual and reproductive health indicators for Commonwealth countries, extracted from the UN Disability and Development Report 2024

Commonwealth country	Indicator	With disabilities	Without disabilities
India	Women with comprehensive HIV knowledge (%)	15	24
Uganda	Women with comprehensive HIV knowledge (%)	43	48
Rwanda	Women with comprehensive HIV knowledge (%)	61	65
Maldives	Women with comprehensive HIV knowledge (%)	32	38

Commonwealth country	Indicator	With disabilities	Without disabilities
Pakistan	Women with comprehensive HIV knowledge (%)	2	4
Maldives	Births attended by skilled personnel, mothers with disabilities (%)	100	not printed
Nigeria, Pakistan, Uganda	Skilled birth attendance	Gap of 8 points or more	–

3.1.4 Comparative assessment of eight Commonwealth countries

The eight-country review reveals a common pattern: although sexual and reproductive health services are formally available through different national health systems, women and girls with disabilities continue to encounter substantial barriers to accessing services, exercising reproductive autonomy and receiving respectful healthcare. The nature and severity of these barriers differ across countries.

3.1.4.1 Major barriers to sexual and reproductive health

Table 9: Major barriers to sexual and reproductive health

Country	Major barriers
Australia	Fragmented healthcare and NDIS support arrangements; insufficient provider training; rural service inequalities; discriminatory attitudes; challenges to reproductive autonomy and informed consent.
Bangladesh	High treatment costs; poor physical accessibility; lack of family support; communication barriers; discriminatory healthcare attitudes; inadequate reproductive health education.
Barbados	Stigma surrounding sexuality and motherhood; inadequate accessible information; communication barriers; misconceptions concerning reproductive rights; limited disability-disaggregated evidence.
Fiji	Inaccessible reproductive health information; inadequate sign-language support; geographically dispersed services; restricted informed consent; limited disability-sensitive healthcare.
India	Inaccessible hospitals and examination equipment; lack of trained personnel; stigma surrounding disabled motherhood; poor reproductive health information; inadequate communication and transport.
Kenya	Limited family planning knowledge; misconceptions and negative attitudes; inadequate menstrual health education; inaccessible facilities; restricted reproductive decision-making.
Uganda	Limited contraceptive information; geographical and financial inequalities; inaccessible facilities; stigma; dependence on family support and healthcare providers.
United Kingdom	Inaccessible maternity services and information; negative provider attitudes; inadequate continuity of care; limited disability-specific maternity guidance; communication barriers.

These are distinctive findings within the available country evidence, not problems exclusive to each country. The percentages come from different populations, places and years and should not be interpreted as directly comparable national prevalence rates.

3.1.4.2 Common barriers across the eight countries

Stigma and denial of sexuality: Women with disabilities are frequently perceived as asexual, incapable of parenting or unable to make reproductive decisions. This appears particularly strongly in evidence from Kenya, Barbados, India and Fiji.

Inaccessible information and communication: Reproductive health education, contraception counselling and maternity information are often unavailable in sign language, Braille, Easy Read or other accessible formats. This is a recurring concern across the country reports.

Physical and geographical inaccessibility: Inaccessible examination tables, toilets, transport and health facilities restrict access. Distance and service distribution are particularly significant in rural Bangladesh, India, Kenya and Uganda, and in Fiji's geographically dispersed islands.

Limited reproductive autonomy and informed consent: Decisions concerning contraception, pregnancy, sterilisation and motherhood may be influenced or controlled by relatives, caregivers or healthcare professionals. Particularly explicit evidence appears in Australia and Fiji.

Inadequate disability-sensitive healthcare: Insufficient training of reproductive healthcare professionals, negative attitudes and lack of appropriate communication support contribute to poor-quality consultations and treatment.

Insufficient disability-disaggregated data: National reporting on family planning, maternal health and reproductive choice rarely provides comparable outcomes across physical, sensory, intellectual and psychosocial disabilities. This is a cross-country assessment gap rather than a uniformly measured indicator.

3.1.4.3 Differences among the countries

The comparison reveals three broad patterns.

India, Bangladesh, Kenya and Uganda: The strongest documented barriers concern practical access to services, affordability, family planning information, geographical inequality and reproductive health education. Social attitudes reinforce these barriers.

Australia and the United Kingdom: Despite more established health systems and explicit accessibility obligations, the evidence demonstrates continuing concerns about quality of maternity care, informed consent, reproductive autonomy and disability-specific health outcomes. The UK provides particularly important quantitative evidence of unequal maternity outcomes; Australia provides strong evidence on autonomy and systemic fragmentation.

Fiji and Barbados: Both illustrate the importance of addressing cultural stigma and accessible information in small island settings. Fiji has detailed qualitative evidence on informed consent and geographical access, whereas Barbados has documented advocacy and communication initiatives but relatively little comparable disability-specific reproductive health outcome data.

3.1.4.4 Overall Commonwealth finding

The most significant common feature is the gap between formal healthcare availability and the actual exercise of sexual and reproductive rights by persons with disabilities. Access to a health facility or coverage through a national health system does not establish that a woman with a disability can understand her options, communicate privately, make an informed decision, obtain respectful treatment or exercise reproductive autonomy.

A second finding is the absence of sufficiently comparable disability-disaggregated SDG 3.7 data. Most official indicators measure contraception coverage and adolescent births without adequately capturing the additional barriers of disability, informed consent, discrimination and accessibility. Consequently,

the available evidence supports identifying specific inequalities but does not support ranking these eight countries by achievement of disability-inclusive SDG 3.7.

3.1.5 Priority recommendations for Commonwealth action

The combined evidence supports seven priorities.

1. Strengthen disability-disaggregated data collection. National reproductive health surveys and administrative systems should collect comparable information on disability, with appropriate safeguards for privacy and confidentiality.

2. Measure autonomy alongside service use. Contraceptive uptake and family planning attendance should be accompanied by indicators of informed consent, reproductive decision-making and freedom from coercion.

3. Improve physical, communication and digital accessibility. Health facilities and reproductive health information should be accessible to persons with diverse disabilities.

4. Invest in disability-sensitive professional training. Training should address respectful care, informed consent, accessible communication and discriminatory assumptions about sexuality and disability.

5. Address intersecting inequalities. National programmes should consider disability alongside gender, poverty, age, geographical isolation and other relevant circumstances. The Indian menstrual health study demonstrates the importance of local and socioeconomic variation.

6. Institutionalise participation by organisations of persons with disabilities. OPDs should participate in policy development, service design, monitoring and evaluation, with particular attention to representative organisations of women with disabilities.

7. Link budgets and programmes to measurable outcomes. Commonwealth reporting should distinguish between approved funding, actual expenditure, services delivered and improvements experienced by persons with disabilities.

3.1.6 Conclusion

The evidence demonstrates that SDG Target 3.7 is a necessary component of this Commonwealth assessment because sexual and reproductive health is inseparable from equality, personal autonomy, dignity and the right to health.

The country evidence reinforces this. Research from India shows how poverty, education, sanitation and geography shape reproductive health; Bangladesh demonstrates the importance of asking who benefits from improvements in national health indicators; the UK evidence shows unequal maternity outcomes even within a universal health system; Kenyan and Ugandan studies document low and constrained access; and Ghana offers a practical model for improving inclusive services through training, accessibility, monitoring and participation.

Together, these sources reinforce a central conclusion: national health progress cannot be regarded as disability-inclusive progress unless persons with disabilities experience equitable access, independent decision-making and measurable improvements in health and well-being.

For the Commonwealth, the priority is to move beyond recognition of rights and the establishment of programmes towards evidence of implementation and outcomes. Target 3.7 provides an important means of assessing whether this transition is taking place.

Where sexual and reproductive health shapes autonomy and well-being, education shapes opportunity. Section 3.2 turns to Target 4.1 and asks whether children with disabilities are not only enrolled but learning and completing school.

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3.2 SDG 4.1: Inclusive and equitable quality primary and secondary education for children with disabilities

Education converts rights into lifelong capability: it shapes employment, health literacy and independence. Building on the health analysis in Section 3.1, this section asks whether children with disabilities are entering school, learning and completing primary and secondary education on an equal basis.

3.2.1 Scope and methodological approach

Target 4.1 requires free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes. (SDG 4.1 indicators) The emphasis on learning and completion marks an important shift from treating enrolment as a sufficient measure of success. A child may attend school without accessible books, communication support or appropriately adapted assessments, and may progress through grades without acquiring foundational skills. Target 4.1 is interpreted alongside SDG 4.5 on equal educational access and 4.a on safe, inclusive and disability-sensitive facilities. Article 24 of the Convention on the Rights of Persons with Disabilities recognises the right to an inclusive education

system without discrimination, including free primary and secondary education, reasonable accommodation and individualised support. (CRPD Article 24)

The Committee on the Rights of Persons with Disabilities distinguishes inclusion from integration. Inclusion entails systemic reform of curriculum, teaching methods, structures and school culture; integration may simply place a child within an unchanged mainstream environment. (CRPD General Comment 4) That distinction should guide the assessment of all eight Commonwealth countries.

3.2.1.1 Education as an enabling right

Education influences employment, health literacy, communication, independent living and participation in public life. Childhood educational exclusion can therefore create a cycle of disadvantage extending into adulthood. Barriers are compounded for girls with disabilities, children in rural areas and poverty, and children with intellectual, developmental, sensory or multiple disabilities. Effective inclusion requires cooperation across education, social protection, health, transport and disability services.

3.2.1.2 Countries, sources and approach to evidence

The report reviews eight Commonwealth countries selected to represent different regions, institutional systems and resources. It draws on national education statistics, government publications, United Nations reports, academic studies and disability-led advocacy. Figures are identified by their reporting year, population and geographic coverage. Data on special educational needs, functional disability and receipt of adjustments are not automatically comparable; where a source does not establish a national result, findings are described as programme-specific or study-specific.

The analysis therefore treats a policy announcement as evidence of political intent, a budgeted and delivered programme as administrative evidence, and a measured improvement in enrolment, participation, proficiency or completion as outcome evidence. None is a substitute for another. A school may receive assistive devices without children learning to use them; an accessibility audit may identify barriers without repairs being made; and an increase in the recorded number of students receiving adjustments may reflect stronger identification rather than a rise in underlying disability prevalence. (OECD 2019; CRPD General Comment 4).

3.2.2 Disability, general education inequalities and the quality education challenge

3.2.2.1 Global education performance and persistent exclusion

The proportion completing primary education worldwide increased from 85% in 2015 to 88% in 2024; lower-secondary completion reached 78%, and upper-secondary completion 61%. Nevertheless, 273 million children and young people remained outside education. In sub-Saharan Africa, the corresponding completion proportions were approximately 68% at primary level, 47% at lower-secondary level and 28% at upper-secondary level. (UN SDG 2026)

General education inequalities intersect with impairment-related barriers. UNICEF's global data indicate that children with disabilities are more likely to have never attended school and less likely to acquire foundational reading and numeracy skills. (UNICEF 2021) Inclusive education cannot be measured through school access alone.

Across the countries and areas covered by the UN Disability and Development Report 2024, the proportion of children with disabilities who were out of school increased from about 11% at primary-school age to 32% at upper-secondary-school age. The estimates are based on available country data

and must not be presented as worldwide population rates. In comparable datasets, about 30% of children with disabilities achieved foundational reading skills, compared with 37% of children without disabilities; the corresponding figures for numeracy were 23% and 27%. This makes learning achievement and secondary-stage access central, rather than supplementary, measures of inclusion. (DESA 2024)

Box 27: Global report in focus: UNESCO Global Education Monitoring Report 2026, a Commonwealth reading

Key data. *Access and Equity: Countdown to 2030* finds that primary and secondary enrolment grew by about 327 million learners since 2000, to around 1.4 billion in 2024, yet some 273 million children and young people remained out of school. Progress in reducing exclusion has slowed since 2015. The share of countries whose legislation supports placing learners with disabilities in mainstream schools rose from 17% to 29%, and fewer than one in ten countries have a strong equity focus in education financing. (UNESCO GEM Report 2026)

Commonwealth case studies. Bangladesh raised primary completion from 34% in 1990 to 90% in 2024, but upper-secondary completion was about 38%. Uganda's Universal Primary Education (1997) expanded enrolment rapidly, but completion later stalled. Fiji's tertiary gross enrolment ratio reached 75% in 2024. (Bangladesh; Uganda; Fiji)

Disability gap. The report notes that disability-disaggregated education data remain too weak to establish long-term trends. It also questions whether parity indices capture the true size of inequalities, and calls for administrative records to be combined with household surveys and censuses.

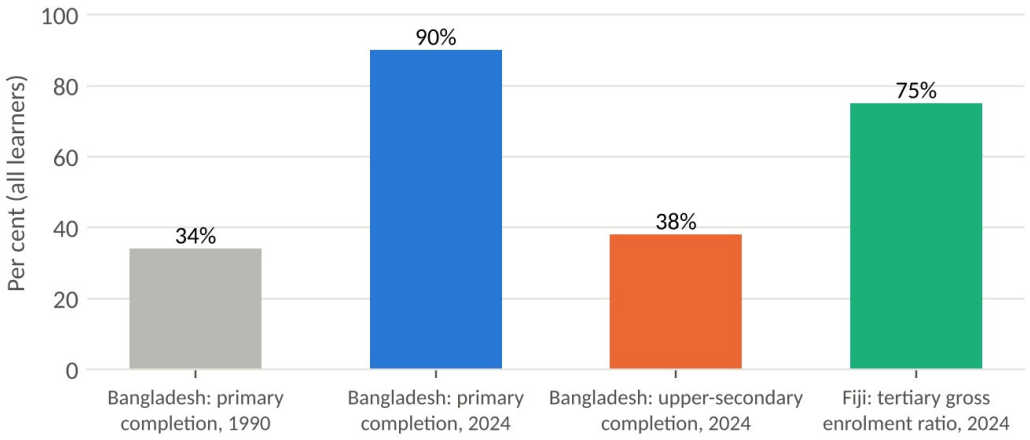

Figure 21: Commonwealth education indicators from the GEM Report 2026 country case studies

All-learner figures (not disaggregated by disability). Source: UNESCO, Global Education Monitoring Report 2026, country case studies for Bangladesh and Fiji; only Commonwealth country data extracted. Bangladesh's 2025 MICS reports different completion rates (Section 3.2.3.2) because it uses a different source and method.

3.2.2.2 From enrolment to participation, learning and completion

A learner may be formally enrolled but be excluded by inaccessible classrooms, unavailable transport, inadequate communication support, standardised assessment without adjustments or discriminatory attitudes. Deaf learners may require sign-language or other accessible communication, children with visual impairments may require Braille or compatible digital materials, and children with learning or developmental disabilities may benefit from differentiated teaching and flexible assessments. (UNESCO GEM 2020)

Educational assessment must also account for children who are exempted from or excluded from standardised tests. An absence of disability-disaggregated results should not be interpreted as absence of disadvantage. Outcome indicators should combine measures of participation, completion and learning with qualitative evidence about classroom experiences.

For disability-inclusive reporting, the denominator is crucial. The proportion of children with disabilities enrolled in a school differs from the proportion of all children with disabilities in the community who attend education. Equally, a survey using functional difficulty questions can identify some children who are not recorded as disabled in administrative systems. Countries should report the data source, ages, population and disability definition for each estimate instead of presenting superficially comparable percentages. (UNICEF education).

3.2.2.3 School accessibility, teacher preparation and compounded disadvantage

Fewer than half of primary schools worldwide had disability-adapted infrastructure in 2024, and the proportion was lower still in least developed countries. (UN SDG 2026) Comprehensive school access includes classrooms, toilets, laboratories, playgrounds, signage, digital platforms, transport and emergency arrangements. The existence of a ramp alone cannot establish school accessibility.

In a sample of more than 100 countries with relevant information, the 2024 UN assessment reported that 87% had laws or policies protecting the education rights of persons with disabilities. Yet only 47% reported appropriate educational materials, 38% reported accessible physical school environments, and 17% legally guaranteed inclusive education in shared classrooms. These percentages concern countries covered by the assessment, not the proportion of schools or pupils worldwide; they show why legal recognition must be assessed separately from operational provision. (DESA 2024)

Teacher competence is equally important. Inclusive pedagogy requires practical knowledge of differentiated instruction, communication, accessible materials, learner assessment and collaboration with families and specialists. Women and girls with disabilities and children living far from secondary schools face additional difficulties associated with stigma, safety, household poverty and unavailable support services. (UNESCO GEM 2020)

The COVID-19 disruption exposed the fragility of learning continuity for children with disabilities. The UN assessment reports that approximately one in five students with disabilities dropped out during the pandemic, while nine in ten did not have an accessible and useful computer at home for learning in the underlying study populations. Such figures are not universal country estimates, but they substantiate the need to integrate disability accessibility into remote education, household support and emergency preparedness. (DESA 2024)

UNICEF's multi-country analysis of nearly 240 million children with disabilities found that children with disabilities were 49% more likely never to have attended school and 42% less likely to demonstrate foundational reading and numeracy skills than peers without disabilities. These are relative disadvantages derived from the countries and datasets examined, rather than independent estimates of school non-attendance in every Commonwealth country. They underline why both participation and learning matter. (UNICEF 2021).

3.2.2.4 Commonwealth context: from laws to services and results

The eight education systems differ substantially in their institutional capacity, population, scale and approach to disability inclusion. Australia and the United Kingdom possess established disability discrimination frameworks and administrative support systems. India combines national legal

guarantees with large-scale school programmes. Bangladesh, Kenya and Uganda have expanded general education access while confronting resource constraints. Fiji and Barbados face particular challenges associated with service concentration, specialist provision and smaller-scale education systems.

Across the countries, placement arrangements range from mainstream classrooms to special schools and specialised units. Placement alone does not demonstrate inclusion: the relevant question is whether a child receives the support and educational opportunities necessary to participate on an equal basis. (CRPD General Comment 4) Fragmented responsibilities between education, disability services, health, social protection and transport can leave families navigating multiple institutions for essential support.

Policy evaluation should trace legal commitment through budget approval, expenditure, delivery and measurable results. Recorded outputs such as numbers of teachers trained or devices distributed must be linked with educational improvements rather than treated as outcomes. (OECD 2019)

SDG 4.1 is also dependent on other education targets: 4.2 supports early learning and school readiness; 4.5 requires equitable access, including by disability; 4.a addresses inclusive school facilities; and 4.c addresses teacher preparation. These linkages are relevant to primary and secondary completion, but outcomes under other targets should not be misreported as achievement of Indicators 4.1.1 or 4.1.2. (DESA 2024)

National education policies also need a clear bridge between early childhood development and secondary completion. Accessible preschool and early support help establish learning readiness, but SDG 4.1 ultimately requires progression through primary, lower-secondary and upper-secondary education. The Commonwealth assessment accordingly uses SDG 4.2, 4.5, 4.a and 4.c as supporting conditions while keeping the achievement of Target 4.1 as the principal outcome under investigation. (CRPD Article 24).

3.2.2.5 Measuring SDG 4.1: Indicators and missing disability data

Official Indicator 4.1.1 measures minimum proficiency in reading and mathematics at specified stages of education. Indicator 4.1.2 measures primary, lower-secondary and upper-secondary completion. (SDG 4.1 indicators) Both should be disaggregated by disability status wherever feasible and statistically valid.

Supplementary indicators should cover entry, enrolment, attendance, out-of-school status, dropout, retention, grade progression, secondary transition, reasonable accommodation and accessibility. Education systems must determine whether learners with disabilities are included in examinations and national learning assessments, not merely whether they are registered in school.

Comparative assessment requires methodological caution. Disability certification, functional difficulty questionnaires and special educational needs records identify different populations. Some school data exclude children outside education or omit private and specialised establishments. A missing national statistic should be identified as a data gap, not estimated from programme figures.

Table 10: Framework for measuring SDG 4.1 disability inclusion

Dimension	Core measures	Assessment question
Access	Enrolment, out-of-school rate, age at school entry	Are children with disabilities entering school on equal terms?

Dimension	Core measures	Assessment question
Participation	Attendance, classroom engagement, accommodations	Can enrolled children participate effectively?
Retention	Dropout, repetition, grade progression	Are children continuing through school?
Completion	Primary, lower-secondary and upper-secondary completion	Are completion gaps narrowing?
Learning	Reading and mathematics proficiency	Are learners achieving meaningful outcomes?
Accessibility	Physical, communication and digital access	Are educational environments inclusive?
System capacity	Teachers, funding, support services	Does the system respond to diverse learners?
Accountability	Disaggregated data, monitoring and participation	Can progress and gaps be independently assessed?

3.2.3 Disability-inclusive education: country situations and experiences

3.2.3.1 Australia

3.2.3.1.1 National SDG progress review: national SDG 4 findings

Australia's 2018 national SDG progress review identifies access to quality education as a long-standing national commitment but acknowledges marked inequalities between urban and remote communities and among Aboriginal and Torres Strait Islander learners. Its Goal 4 discussion emphasises infrastructure, literacy, student participation and the need for locally appropriate education support. The national SDG review is a 2018 self-assessment; it should not be treated as a measurement of Australia's education situation in 2026. (Australia national SDG review 2018).

The national SDG review includes the Australian Indigenous Mentoring Experience (AIME) as a programme example. It reports high-school completion of 94% among AIME participants in 2017, compared with a quoted Aboriginal and Torres Strait Islander rate of 59%. These figures are programme-specific and population-specific; neither figure measures achievement by children with disabilities. Treating the example as disability inclusion evidence would overstate the national SDG review. (Australia national SDG review 2018).

The national SDG review also describes Australian aid support for education in the Indo-Pacific, including an explicit focus on children with disabilities and girls. It reports education as approximately 18% of Australian development assistance in 2016–17. This is a national international-development financing statement, not evidence that Australian disabled students achieved the SDG 4.1 learning and completion targets. (Australia national SDG review 2018).

3.2.3.1.2 Legal and administrative framework

Australia has an extensive disability education framework, including the Disability Discrimination Act 1992 and Disability Standards for Education 2005. Its Nationally Consistent Collection of Data on School Students with Disability (NCCD) records disability-related educational adjustments and informs school planning. (Australian NCCD)

3.2.3.1.3 National disability-adjustment data

The 2025 Australian NCCD recorded 1,125,502 students receiving educational adjustments, equal to 27.0% of school enrolments. Among students receiving adjustments, 53.0% were classified in the broad cognitive category, 36.3% in social-emotional, 8.3% in physical and 2.4% in sensory. The distribution describes categories used for adjustments, not a survey of impairment prevalence. The same report records levels of adjustments ranging from support through differentiated teaching to extensive adjustments, showing the variation in educational needs that school planning must accommodate. (ACARA 2025)

3.2.3.1.4 Barriers, participation and attainment

A 2025 academic assessment identified continued fragmentation across jurisdictions, uneven support in mainstream schools, rural and regional inequities, insufficient teacher preparedness and lower educational success and completion for students with disabilities. (Hay & Beamish 2025) Advocacy organisations have also highlighted concerns about segregation and the need to secure genuinely inclusive education throughout schooling. (All Means All 2025)

Australia therefore demonstrates advanced identification and reporting capacity, but success must ultimately be measured through comparable attendance, learning, completion, well-being and school participation outcomes rather than records of support alone.

Hay and Beamish also emphasise the differing responsibilities of federal, state and territory governments and the limited consistency of inclusive education strategies. Their assessment calls attention to rural and remote disparities, underinvestment in mainstream teaching and insufficient teacher preparation. A stronger Australian SDG 4.1 approach would trace whether financing and school-level adjustments reduce attainment and completion differences, while using student and family testimony to assess the quality and acceptability of support. (Hay & Beamish 2025).

3.2.3.1.5 Evidence gaps and SDG 4.1 implications

An important tension in Australia is that the NCCD measures the adjustments schools report making, not whether students themselves judge those adjustments effective. In 2025, ACARA reported extensive adjustments for 2.8% of all school students, substantial adjustments for 5.2%, supplementary support for 11.7% and differentiated teaching practices for another 7.4%. These categories are useful for planning and resourcing, but should be analysed alongside school attendance, exclusion, achievement and transitions to further education. The existence of adjustment categories does not prove that pupils experience the same quality of schooling. (ACARA 2025).

Box 28: Expert perspective: segregation and gatekeeping in Australian schools

Clare Gibellini of the Australian Federation of Disability Organisations (AFDO), pointed to the UN CRPD Committee's 2019 concern about rising educational segregation in Australia, and noted that the National Inclusive Education Action Plan it recommended has not been implemented. Funding and adjustments still lean heavily on formal diagnoses. Independent and religious schools may lawfully decline some students, which places more pressure on public schools. Some students with disabilities are discouraged from sitting national assessments so that school rankings are protected.

Illustration. Under Western Australia's *Keys 4 Life* course, Year 10 mainstream students can obtain a learner driver's permit at school, while students in segregated classes are excluded, limiting later independence and job mobility.

Views of the contributor. Figures are as reported in the consultation and have not been independently verified unless stated.

3.2.3.2 Bangladesh

3.2.3.2.1 National SDG progress review: national SDG 4 findings

Bangladesh's 2025 national SDG review provides unusually detailed figures for SDG Indicators 4.1.1 and 4.1.2. In 2023 it reports minimum reading proficiency of 61.9% at Grade 3 and 94% at the end of primary school; minimum mathematics proficiency was 61% and 95.87%, respectively. The national SDG review also reports 98.52% reading proficiency at lower-secondary stage but only 23.63% mathematics proficiency at the end of secondary education. These education-system measures are not disaggregated by disability in the reported figures. (Bangladesh national SDG review 2025).

For completion, the detailed SDG 4 section gives 67.54% at primary level, 59.95% at lower-secondary level and 47.4% at upper-secondary level in 2023. The primary figure conflicts with the national SDG review's shorter main message of approximately 87% primary completion. Moreover, the detailed report describes lower-secondary completion as having "increased" from 64.7% in 2019 to 59.95% in 2023, although those numbers imply a decrease. These discrepancies are flagged rather than silently reconciled, pending clarification of the respective datasets and definitions. (Bangladesh national SDG review 2025).

The national SDG review offers direct evidence on school accessibility: the reported share of primary schools with disability-friendly infrastructure and materials rose from 34% to 47.1%, against an 80% target for 2025. Only 18% of secondary schools had disability-friendly facilities in 2023, also far below the 80% target. These differences are highly relevant to retention and progression; a child who can attend an accessible primary school may be unable to move into an accessible secondary institution. (Bangladesh national SDG review 2025).

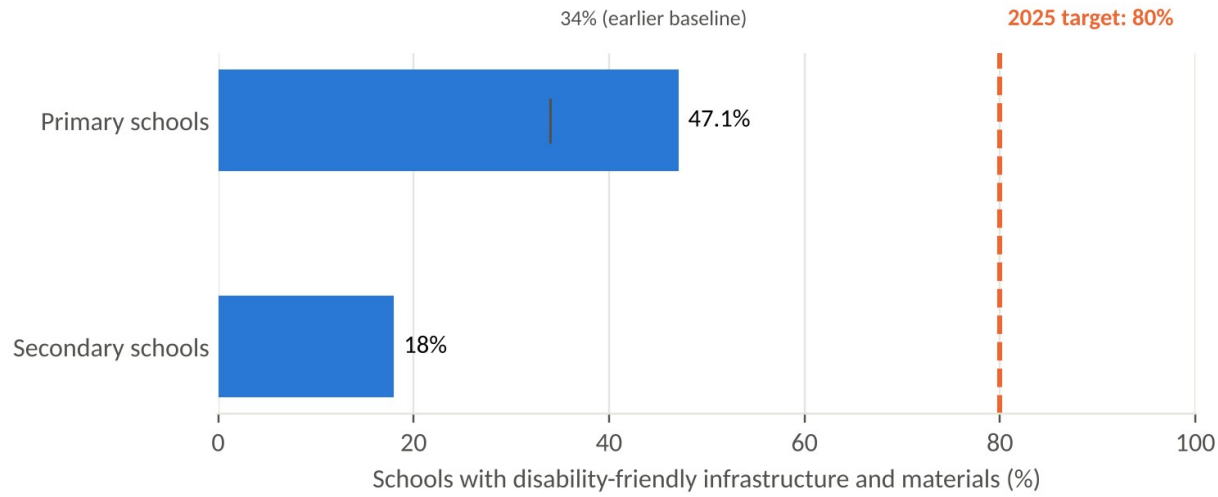

Figure 22: Bangladesh: schools with disability-friendly infrastructure and materials, 2023, against the 2025 target of 80%

Source: Government of Bangladesh national SDG review 2025

A reported gender parity index of 1.39 among students identified with disabilities describes the female-to-male distribution of participation and does not establish equality between children with and without disabilities. National survey data showing that many children with disabilities remain out of school must

therefore be read alongside—not replaced by—the national SDG review's school-based indicators. The national SDG review itself recognises the inadequate inclusion of children with disabilities and Indigenous children in underserved areas. (Bangladesh national SDG review 2025).

3.2.3.2.2 Legal commitments and school exclusion

Bangladesh has strengthened its education and disability policy framework through the National Education Policy 2010, disability rights legislation and international commitments. Nevertheless, the National Survey on Persons with Disabilities 2021 found that approximately six in ten children with disabilities aged 5–17 were not receiving formal education; educational exclusion was especially marked at secondary level. (UNICEF Bangladesh 2023)

3.2.3.2.3 Access, transition and learning disadvantage

The 2021 survey also found that only 65% of children with disabilities in the relevant primary-school group and 35% at secondary level were enrolled, while children with disabilities who received formal education were academically more than two years behind the expected level for their age on average. These stage-specific figures complement, rather than replace, the overall finding that 60% of children aged 5–17 with disabilities were not in education; they should not be added together or used as a cohort-transition rate. (UNICEF Bangladesh 2023)

3.2.3.2.4 Barriers, services and implementation

A 2026 narrative review identified inaccessible infrastructure, insufficient teacher preparation, social stigma, economic hardship and weak enforcement as continuing constraints. (Bangladesh review 2026) Costs such as transport, learning materials and assistance can undermine access even when schooling is formally free. Rural households may face additional barriers related to school distance and limited services.

Bangladesh has improved household data collection, including child-functioning measures, providing an opportunity to strengthen monitoring. (Bangladesh MICS 2025) The policy priority is to connect identification and enrolment measures with support in classrooms, secondary-school retention and evidence on learning achievement.

A UNICEF facility mapping published in July 2025 assessed 211 service facilities across 25 districts, including institutions offering education, rehabilitation and social support to children with disabilities. Only about one-third were assessed as fully functional. This was a self-reported facility assessment, not a representative survey of every Bangladeshi school, but it identifies important gaps in service accessibility, capacity and cross-sector coordination that can limit educational participation. (UNICEF services 2025)

3.2.3.2.5 Completion figures and disability data limitations

In the 2025 Multiple Indicator Cluster Survey, Bangladesh's overall national completion rates were 83.7% for primary, 69.3% for lower secondary and 43.9% for upper secondary education. The corresponding foundational skill estimates for children aged 7–14 were 50.2% in reading and 39.2% in numeracy. These are figures for the general child population and cannot be used as disability-specific achievements. Their analytical value is as a national benchmark against which future disability-disaggregated results can be examined. (Bangladesh MICS 2025).

Bangladesh also illustrates how definitions alter the population being counted. The National Survey on Persons with Disabilities reported that 1.7% of children were identified under the categories in the 2013

disability rights legislation, while 3.6% experienced at least one functional difficulty using a different functional framework. These should not be presented as conflicting versions of a single statistic: they measure different constructs. Education policy will miss children if school support depends exclusively on formal disability registration or if survey and administrative data cannot be linked appropriately. (UNICEF Bangladesh 2023).

3.2.3.3 Barbados

3.2.3.3.1 National SDG progress review: national SDG 4 findings

The Barbados 2023 national SDG review reports a national youth literacy rate of approximately 99.9% (the figure refers to an earlier measurement), a 2021 primary gross enrolment ratio of 98.33% and a secondary gross enrolment ratio of 105.48%. Gross ratios can exceed 100% because they include learners outside the official age range. These indicators demonstrate high general access but do not measure disability-specific completion, literacy or proficiency. (Barbados national SDG review 2023).

The national SDG review states that the effective transition rate from primary to lower-secondary general education reached 99.7% in 2020 and reports education expenditure of 6.5% of GDP in 2021. Its package of universal access measures includes free schooling, school meals, a textbook loan scheme, transport support and uniform grants. These provisions may reduce barriers for families, but their reach and adequacy for children requiring costly accessibility and communication support are not demonstrated by the aggregate data. (Barbados national SDG review 2023).

The same national SDG review identifies an Education Reform Agenda ("Reimagining Education") and the My Inclusive School project, then operating in five schools. The project includes disability-awareness activities and student ambassadors; intended future reach is not a verified measure of achieved learning outcomes. The national SDG review also identifies the availability of special schools, but it does not supply an adequate disability-disaggregated series for SDG Indicators 4.1.1 and 4.1.2. (Barbados national SDG review 2023).

The contrast with the later disability situational analysis is material: students with disabilities remained concentrated in specialist rather than mainstream provision. Hence national enrolment and transition figures should not be equated with equal opportunities for children with disabilities. A future national SDG review should report disability-specific placement, reasonable accommodation, participation and completion. (Barbados national SDG review 2023).

3.2.3.3.2 Disability rights and proposed education reforms

Barbados ratified the CRPD in 2013 and adopted the National Policy for Improving the Lives of Persons with Disabilities 2023–2030. Its policy environment increasingly recognises accessibility, education, equality and participation. Nevertheless, specialised educational provision remains dominant. (Barbados analysis 2025)

Barbados published an Inclusive Education Policy Final Draft through its government education resource platform in 2025. The draft proposes stronger school accessibility, individual support, curriculum and assessment adaptations, specialist preparation, assistive technology, family engagement and grievance arrangements. Because the text is labelled a final draft, its publication does not by itself demonstrate formal adoption, budget approval or school-level implementation. Its proposals are useful evidence of policy direction, not proof of achieved outcomes. (Barbados draft policy)

3.2.3.3.3 Mainstream and specialised school provision

The country analysis reported around 710 students in special needs schools during 2021/22, compared with about 15 students with disabilities reported in mainstream schools. (Barbados brief 2025) These institution-specific figures are not a national disability enrolment or completion rate, but they raise important questions about mainstream educational inclusion.

Where students with disabilities are in mainstream schools, the quality of inclusion varies. There are no standardised individual education plans, support differs from school to school, and teacher capacity, particularly to support autistic students, remains uneven. Families also face costs for transport, adaptive equipment and extracurricular programmes, for which there is no single funding mechanism. (Consultation with the Barbados Council of the Disabled, 26 August 2026)

3.2.3.3.4 Implementation barriers and outcome evidence

Barriers include limited inclusive infrastructure, trained teachers and assistive technology, along with stigma, discriminatory admissions practices and bullying. Initiatives such as My Inclusive School aim to improve support, but national disability-disaggregated completion and learning measures remain limited. (Barbados analysis 2025)

3.2.3.4 Fiji

3.2.3.4.1 National SDG progress review: national SDG 4 findings

Fiji's 2023 national SDG review presents a target-by-target SDG 4 dashboard. It calls for accelerated progress under Target 4.1, describes Target 4.2 as one for maintaining progress, and indicates regression under Targets 4.5 (equal educational access), 4.b (scholarships) and 4.c (qualified teachers). Targets 4.3, 4.4, 4.6, 4.7 and 4.a were not assessed in that dashboard. These are Fiji's national self-reported classifications, not independent disability outcomes. (Fiji national SDG review 2023).

Fiji reports a primary net enrolment ratio close to 99.8% in recent years through 2022. That is an overall participation measure and cannot establish that children with disabilities, including children living on outer islands or requiring specialist support, can enrol and learn on equal terms. The national SDG review's inability to assess Target 4.a is especially important because that target covers disability-sensitive infrastructure and effective learning environments. (Fiji national SDG review 2023).

Fiji's experience illustrates why monitoring arrangements must distinguish high general enrolment from equity. The national SDG review's stated concern regarding Target 4.5 should be considered together with participatory research on the needs of Fijian learners with disabilities and the programme-specific outcomes reported for the Access to Quality Education Programme. (Fiji national SDG review 2023).

The subsequent Yavutu Programme targets foundational learning, teacher capability and inclusive early education; it must be assessed through results rather than declared activities. The immediate Commonwealth lesson is that near-universal general primary enrolment is compatible with serious inequality and inadequate monitoring of disability-sensitive school environments. (Fiji national SDG review 2023).

3.2.3.4.2 Policy context and geographical access

Fiji has sought to strengthen inclusive education through policy reforms, teacher training and cooperation with disability organisations. Geographic separation, limited transport, rural school access and concentration of specialists complicate provision.

A regional mapping of inclusive education in Fiji, conducted in 2020–2021, described individual education planning, reasonable accommodations, disability information systems, teacher support and school-to-school transition arrangements. It also identified implementation weaknesses, including the need for stronger support to out-of-school learners and the continuation of assistance when children move between educational stages. Its findings describe the situation during the mapping period and should not be interpreted as a current national learning-outcome survey. (Fiji education profile)

3.2.3.4.3 Access to Quality Education Programme

The Access to Quality Education Programme (2011–17) supported teacher capacity, accessibility and community engagement. Within its programme areas, reported results included a 43% reduction in out-of-school children with disabilities in surrounding communities, increased examination participation and improvements to accessibility at 49 schools. (DFAT 2019) These are intervention results, not national outcome estimates.

Box 29: Case study: Fiji's Access to Quality Education Programme (2011–2017)

What it did. The programme linked school accessibility, teacher development, community engagement and the participation of disability organisations, rather than treating ramps or specialist assistance as isolated measures.

Reported results. Within its programme areas, out-of-school children with disabilities in surrounding communities fell by 43%, examination participation increased and accessibility was improved at 49 schools.

Caution. These are intervention results, not national outcome estimates.

Lesson for the Commonwealth. Whole-community approaches that combine physical access, teaching capacity and family engagement can shift participation quickly; scale-up requires mainstream budgets and disaggregated follow-up.

Fiji has also tied funding to individual need. Its education management information system records each student's functioning, learning-support needs and assistive technology through a Student Learning Profile. Because functioning data alone were not accurate enough to determine eligibility, the system combines them with learning-support data. The resulting identification determines which schools receive the Special and Inclusive Education Grant, which funds equipment, support staff, accessible transport, building adaptations and referral services, and it forms the basis of each child's individual education plan. The method was tested with 472 children and 98 teachers before adoption. (Sprunt and Marella, 2021)

3.2.3.4.4 Yavutu programme and early learning

In October 2025, Fiji launched the four-year, US$5 million Yavutu Programme, financed by the Global Partnership for Education and supported by UNICEF and Australia. It focuses on inclusive early learning, teacher preparation, school leadership and foundational literacy and numeracy from pre-primary through Year 3, with particular attention to girls, children with disabilities and remote communities. Its expected results extend to 2029; it is therefore evidence of a funded programme and planned implementation, not yet of improved national SDG 4.1 learning or completion outcomes. (Fiji Yavutu 2025)

Fiji illustrates the value of coordinated school-community approaches, while demonstrating the need for sustained nationwide measurement of learning, retention and completion.

3.2.3.4.5 Lessons and evidence requirements

A Fijian qualitative study with 28 participants identified a sequence of necessary reforms: explicit financing and implementation plans, more supportive public attitudes, competent and confident teachers, accessible buildings and transport, and individual learning support. This is strong evidence about stakeholder priorities, but not an estimate of national enrolment or learning performance. The involvement of disability representatives is an important feature because it helps direct attention to barriers not captured by conventional administrative indicators. (Fiji research 2017).

3.2.3.5 India

3.2.3.5.1 National SDG progress review: national SDG 4 findings

India's third national SDG review (2025) sets out progress under National Education Policy 2020, Samagra Shiksha, foundational literacy initiatives, assessment reforms and programmes intended to support children with special needs. It describes financial assistance to states and union territories for identification, assessment, aids and appliances, along with efforts to improve access across pre-primary to Class 12. These are descriptions of provision and public administration, not independent measurements of whether learners with disabilities meet SDG 4.1 proficiency levels. (India national SDG review 2025).

The 2025 national SDG review also records concerns raised through disability stakeholder consultations: inaccessible public and educational infrastructure, shortages of trained special educators, uneven access to support, and the absence of disability-disaggregated data even where general statistics exist. This evidence strengthens the rights-based interpretation of the policy-to-implementation gap because these problems appear within the national SDG review itself. (India national SDG review 2025).

A subsequent government analysis based on UDISE+ 2024–25 reports around 14.71 lakh schools educating approximately 24.69 crore students, with higher-secondary gross enrolment of 58.4%. It also reports school-level dropout rates of approximately 0.3% at primary, 3.5% at upper primary and 11.5% at secondary level. These are population-wide figures and do not establish disability-specific dropout or completion. The greater vulnerability at secondary level reinforces the need for a disability-disaggregated transition series. (NITI Aayog 2026).

India therefore needs to report separately the population of children with disabilities outside school, students receiving supports, transition from upper-primary to secondary, national assessment participation, minimum reading/mathematics proficiency and upper-secondary completion. Numbers of beneficiaries under Samagra Shiksha cannot substitute for these measures. (India national SDG review 2025).

3.2.3.5.2 Legal rights and inclusive education programmes

India combines Article 21A of the Constitution, the Right to Education Act 2009, the Rights of Persons with Disabilities Act 2016, the National Education Policy 2020 and the national Samagra Shiksha programme. The inclusive education component provides mechanisms for assessment, special educators, aids and appliances, learning materials and other support. (Samagra Shiksha)

State-level innovation shows how such frameworks can be put into practice. In Odisha, Inclusive Child Resource Centres staffed by trained facilitators were piloted in eight schools in 2012, with training for teachers, parents and head teachers. Dropout stopped and children with disabilities progressed faster than expected, and in 2022 the State Government extended the model to all 314 blocks of the state. (CDPF, Inclusive Education Broadsheet, 2024)

Box 30: Interview: Sruti Mohapatra, Swabhiman, Odisha, Eastern India, India



Inclusive education: from eight schools to a whole state (Target 4.1)

Where does India stand on inclusive education?

India is one of only a few developing countries with a national, mandatory framework for inclusive education. It has been widened and tightened step by step: the right to education law in 2009, its amendment in 2012, the Rights of Persons with Disabilities Act in 2016 and the National Education Policy in 2020. On paper the direction is clear. In classrooms the barriers are still familiar: the attitudes of teachers and parents, steps and toilets children cannot use, bullying, and a curriculum, assessments and learning materials that were not designed for every child. Home-based education and special schools are still used far more than they should be.

What did you learn from your own work in Odisha?

In 2012 we placed Inclusive Child Resource Centres, each with a trained facilitator, in eight government schools. We trained teachers, parents and head teachers, and gave children support and interesting things to do. Dropout stopped, and children with disabilities progressed faster than anyone expected. Because the cost was low and the results were visible, the State Government adopted the model and, in 2022, extended it to all 314 blocks of Odisha. That is the lesson I carry everywhere: a small, well-documented pilot run with the community can become public policy.

Why do girls with disabilities need particular attention?

Because they face discrimination twice, as girls and as disabled people. Violence is not only physical or sexual abuse. It is also when a family sends the disabled son to school and keeps the disabled daughter at home, or when land and property never reach her. Article 6 of the CRPD asks governments to do two things at once: recognise this multiple discrimination, and take active measures for the full development and empowerment of women and girls. During COVID-19 we saw safety nets fail women and girls with disabilities first.

You have moved from the classroom into national policy. What made that possible?

Opportunity. Our 2024 survey of disabled women across the Commonwealth found them barely represented in government bodies, but when they are given a seat they excel and create their own space. In 2012 I was nominated to the State Commission for the Protection of Child Rights and later became its Chairperson. Today I serve on the National Focus Group on Inclusive Education and on national teacher-education and mentoring bodies. Each role was a chance to put inclusive practice into rules that reach every school.

What should Commonwealth governments do next?

Three things. Spend at least 5% of education budgets on disability-inclusive education. Count every child, using the Washington Group questions and the Child Functioning Module in school information systems, and plan for at least 10% of learners having a disability. And train every teacher, including teachers with disabilities, in inclusive pedagogy, while phasing out segregated schooling. In India, Kenya and Australia alike I see well-written laws and fragmented practice, and a quiet pull back towards segregation because it looks cheaper. We have to resist that.

3.2.3.5.3 Accessibility of the school environment

School accessibility remains uneven. UDISE+ 2024–25 reported ramps in approximately 79.1% of schools and functional toilets suitable for children with special needs in around 33.4%. (UDISE+ 2024–25) Individual accessibility features do not establish comprehensive usability or instructional inclusion.

3.2.3.5.4 Enrolment and support provision

UDISE+ 2024–25 recorded 2,149,258 children with special needs enrolled from pre-primary to higher secondary education in India, including 921,306 girls and 1,227,952 boys. These are counts of enrolled children identified by the education system; they do not estimate the total population of children with disabilities, the number who are out of school, or the disability-disaggregated share achieving reading and mathematics proficiency. The gender difference warrants analysis but cannot be interpreted as a sex-specific attendance gap without the relevant population denominators. (UDISE+ existing structure)

3.2.3.5.5 Teacher preparation, retention and learning outcomes

A 2025 analysis highlighted gaps in physical accessibility, differentiated pedagogy, teacher training, technology and compliance monitoring. (Das & Sarkar 2025) Transition beyond elementary schooling is especially important because SDG 4.1 covers completion of secondary education, not only the age range of the constitutional 6–14 guarantee.

India has substantial school-management statistics but still needs more consistent disability-disaggregated reporting on learning proficiency and completion. Linking identification and support data to longitudinal attendance, progression and achievement is a central priority.

3.2.3.5.6 Secondary education and data accountability

The legislative distinction between elementary and secondary education is also material. Article 21A and the Right to Education Act focus on ages 6–14, while the RPwD Act provides a separate entitlement concerning free education for children with benchmark disabilities between ages six and eighteen. SDG 4.1 expects completion of quality primary and secondary schooling. Implementation should therefore be assessed for continuity of support through adolescence, accessibility of secondary schools and examinations, and the experiences of students with intellectual or multiple disabilities. A school system cannot claim SDG 4.1 success on the basis of elementary enrolment alone. (Samagra Shiksha; Das & Sarkar 2025).

3.2.3.6 Kenya

3.2.3.6.1 National SDG progress review: national SDG 4 findings

Kenya's 2024 national SDG review presents different trajectories within SDG Indicator 4.1.1. Grade 2/3 reading proficiency increased from 52.7% in 2018 to 78.4% in 2023, but the proportion meeting reading proficiency at the end of primary school fell from 52.8% in 2020 to 25.5% in 2023. This divergence makes it unsafe to describe learning progress through a single national success narrative. (Kenya national SDG review 2024).

The national SDG review reports Grade 2/3 mathematics proficiency increasing from 76.1% in 2019 to 88.6% in 2023, while end-of-primary mathematics proficiency decreased from 54.9% in 2020 to 36.9% in 2023. Different assessment grades and study years must not be compared as if they track the same cohort. Nevertheless, the pattern calls for sustained attention to learning quality and progression beyond foundational grades. (Kenya national SDG review 2024).

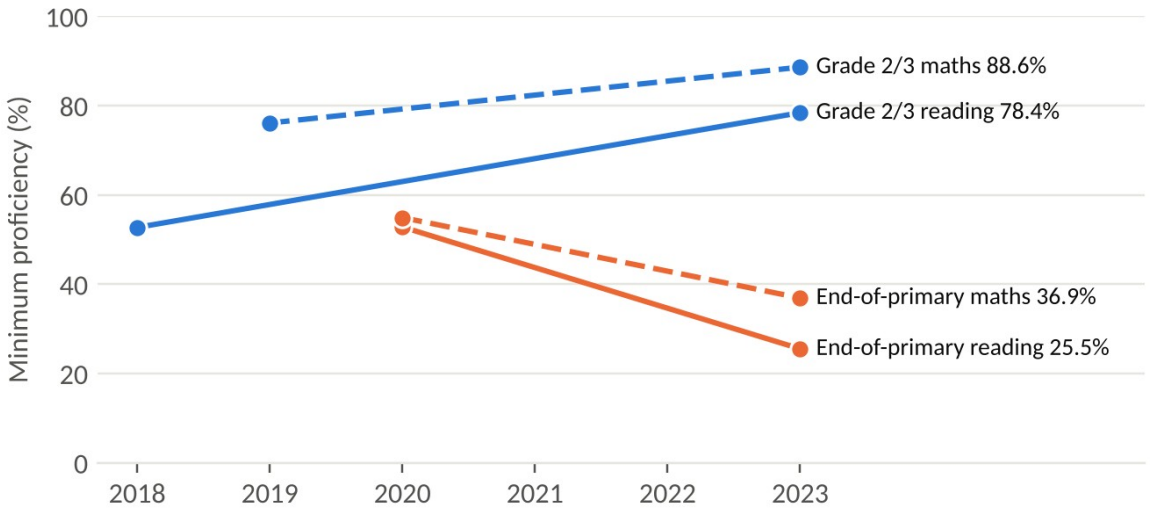

Figure 23: Kenya: minimum proficiency in reading and mathematics, early grades and end of primary (all learners; different grades and assessments, not one cohort)

Source: Kenya national SDG review 2024

For SDG Indicator 4.a.1, the national SDG review reports electricity access in 87.4% of primary schools in 2023 and internet access for pedagogical purposes rising from 39.1% in 2020 to 42.9% in 2022. A connected or electrified school is not necessarily physically, digitally or pedagogically accessible to a learner with a disability. Accessibility should therefore be monitored as a separate indicator. (Kenya national SDG review 2024).

The national SDG review describes school meals reaching 2.5 million learners in 2023 and a public-secondary-school health insurance programme as measures supporting participation. It does not demonstrate the percentage of children with disabilities benefiting from these interventions or their subsequent learning and completion outcomes. Kenya's disability-specific evidence must therefore be incorporated alongside the national SDG review instead of inferred from its aggregate totals. (Kenya national SDG review 2024).

3.2.3.6.2 Legal provisions and system readiness

Kenya recognises the right to education and has introduced policies supporting special needs and inclusive education, alongside curriculum reforms. Yet accessible infrastructure, support personnel, appropriate learning materials and affordability continue to limit the participation of children with disabilities.

3.2.3.6.3 School accessibility and learning support

Research examining schools in Busia County shows how inaccessible buildings, circulation areas and sanitation facilities can prevent effective participation despite national policy commitments. (Ressa 2021) These are findings from a defined research setting and should not be interpreted as a nationally representative estimate.

3.2.3.6.4 Education data and inclusive digital investment

Kenya has general education indicators through UNESCO's SDG 4 monitoring, including participation and completion data, but general statistics do not automatically reveal disability-specific educational outcomes. (UNESCO Kenya profile) Improved school data, including the experiences of children who never enrol, are essential to national accountability.

Kenya offers an example of inclusive digital provision through the EU-supported Last Mile Connectivity of Schools initiative. By December 2025 it had connected 363 public primary schools and was benefiting more than 277,000 learners, including about 2,800 children with disabilities accessing inclusive digital resources. This is verified programme-reach evidence; it does not establish learning gains, equitable access across all schools or disability-disaggregated completion rates. (Kenya connectivity 2026)

3.2.3.6.5 Out-of-school children and implementation priorities

UNICEF reported in May 2026 that Kenya's 2023 Support Needs Assessment found 55% of children with disabilities were not attending school. This is direct evidence of unmet access and an important counterpoint to school-based totals, which by definition omit those never enrolled. The assessment was conducted in ten counties and its geographic and survey definitions should be examined before presenting it as a full national census measure. The policy response needs to combine household identification, school accessibility, transport, family support and appropriately resourced teaching. (UNICEF Kenya 2026; Kenya Support Needs 2023).

Enrolment has grown substantially: according to United Disabled Persons Kenya, learners with disabilities in school rose from about 20,000 in 2010 to about 300,000, and special secondary schools from 4 to 36, alongside some 78 integrated secondary and 3,000 integrated primary schools. Growth in numbers has not, however, meant inclusion. Most learners remain in special schools or units, placement into secondary school often disregards individual attainment, school fees lead poor families to prioritise children without disabilities, and some head teachers turn away learners with disabilities to protect their mean examination scores. Assistive technology shows what is possible: in Migori County, teachers trained through online tutorials now support blind pupils to read and write Braille on low-cost electronic devices. (Consultation with United Disabled Persons Kenya, August 2026; UNESCO, Inclusive education stories from the field)

Box 31: Expert perspective: Kenya's growth in enrolment and the quality of inclusion

Sarah Muthoni Kamau reported that the number of learners with disabilities in Kenya has grown from about 20,000 in 2010 to around 300,000. Over the same period, special secondary schools increased from 4 to 36, alongside about 78 integrated secondary and 3,000 integrated primary schools. Most learners, however, remain in special schools or separate units rather than mainstream classrooms.

Placement and cost. Placement often ignores individual assessment: learners with very different scores were placed in the same special school in the 2026 Grade 9–10 transition. Government funding covers tuition in public primary and day-secondary schools, but levies, uniforms, boarding and transport costs remain a heavy burden, and poor families may prioritise non-disabled siblings.

Safety and dignity. Long journeys on inaccessible public transport expose girls with disabilities, particularly Deaf girls, to sexual violence. Inaccessible sanitation leads girls to miss school during menstruation. Some head teachers turn away learners with disabilities to protect their examination rankings.

Views of the contributor. Enrolment figures are as reported in the consultation; the statement on fees has been qualified to reflect Kenya's tuition-free policy for public primary and day-secondary schools.

3.2.3.7 Uganda

3.2.3.7.1 National SDG progress review: national SDG 4 findings

Uganda's third national SDG review in 2024 links SDG implementation to Vision 2040 and the Third National Development Plan, as well as to localisation, SDG coordination, participatory consultations and

data systems. The government reports mechanisms intended to include civil society, local authorities, young people and persons with disabilities in the national SDG review process. Such participation is administratively significant but is not itself proof that recommendations were funded or implemented in schools. (Uganda national SDG review 2024).

The national education context includes Universal Primary Education and Universal Secondary Education, continuing challenges of education quality and retention, resource constraints and differences in service delivery. The government's broader SDG reporting recognises financing, implementation and data limitations. The 2024 national SDG review is best read with education-sector measures and school-level disability records rather than treated as a substitute for them. (Uganda national SDG review 2024).

A 2024 UNICEF Uganda statement, citing the Office of the Auditor General, reported that learners with disabilities constituted only about 1.97% of recorded primary enrolment in 2023. This is a share of enrolled pupils, not the proportion of children with disabilities who attended school. It nevertheless raises concerns about identification, exclusion and continued participation and contrasts with the larger estimated share of children experiencing disability. (UNICEF Uganda 2024).

The UNICEF-supported policy evaluation reporting growth in enrolment in supported inclusive schools should be retained as intervention evidence, separate from national SDG 4 figures. A credible next national SDG review would measure disability-disaggregated enrolment and out-of-school rates, standardised achievement, upper-primary transition, secondary completion, accessibility and the actual budget released for adjustments and specialist support. (Uganda national SDG review 2024).

3.2.3.7.2 National education access and secondary transition

Uganda has expanded primary and secondary education through universal education programmes, but many children with disabilities continue to encounter physical, financial and social barriers. Earlier government data summarised by the World Bank recorded 172,864 learners with special needs in primary schools in 2017 (2.0% of enrolled pupils) and 8,945 in secondary schools (0.6%). (World Bank Uganda 2020) These percentages represent shares of enrolment, not cohort transition or completion rates.

3.2.3.7.3 Programme enrolment and support provision

A UNICEF-supported evaluation reported increased enrolment in supported inclusive schools from 1,451 children with disabilities in 2020 to 4,733 in 2023. This is evidence of programme growth, but not of national inclusion or educational achievement. The next priority is to follow learners over time: whether they attend regularly, receive accessible materials, learn alongside their peers, progress in literacy and mathematics, and complete successive grades. Community-level family engagement is especially valuable where school attendance is shaped by stigma and indirect schooling costs.

3.2.3.7.4 Community engagement and assistive learning

Community-based interventions in Uganda have combined accessible facilities, learning aids, family engagement, inclusive sport and teacher support. (International Needs Uganda) The next assessment challenge is to determine whether improved participation is sustained and results in educational achievement and secondary-school completion.

Uganda has also supported accessible digital learning materials for students with visual and hearing impairments. UNICEF documented accessible readers, assistive devices and adapted primary-school materials in 20 model schools, alongside teacher training. Specific cases reported improved confidence,

school participation and examination performance, but they are school and project observations rather than nationally representative impacts. The model highlights the need to fund teachers, maintenance and accessible content together with technology. (UNICEF Uganda 2022)

Box 32: Interview: Kihembo Wilbert, Voice of Youth Uganda, Uganda



Inclusive classrooms: a shared responsibility, not a favour (Target 4.1)

What was school like for you?

Uganda's education system was underfunded and rigid, and it was not designed for someone with my needs. I faced challenges other students did not: inadequate facilities and a lack of understanding about how to teach learners with disabilities. There were times when the lack of accessible learning tools or flexible teaching made it nearly impossible to keep up.

What made the difference?

Teachers who believed in me. They did not just let me attend; they created an environment where I could thrive. I could not use a pen, so they helped me use technology, and that transformed my learning. Their support also showed my classmates that I was like them, even though I did things differently. They learned to work with me out of respect and curiosity, not pity. Access to digital tools, introduced later in my schooling, is what truly empowered me.

What still holds Ugandan learners back?

Limited accessibility, inadequate resources and a lack of inclusive teaching methods. Funding is scarce, and wheelchairs, hearing aids and Braille materials are hard to get. Stigma from teachers, peers and communities is still real, and the digital gap is widest in rural areas.

What are you doing about it?

I coordinate a project that installed e-learning labs in schools and, in October 2024, brought professionals with disabilities into ten schools to run workshops on disability awareness and inclusive classrooms. The goal is that teachers and learners treat colleagues and students with disabilities equitably, not just equally. It is about more than equipment: it is about changing mindsets and respecting difference.

What should governments prioritise?

Curricula that reflect what disabled learners need, teacher training in inclusive pedagogy, action against stigma, closing the rural digital divide, disability-equality training for professionals, and real investment in inclusive education. Inclusion is not a favour. It is a responsibility we all share, and it benefits every learner in the room.

Practical responses are emerging at school level. In 2024 an initiative led by young people with disabilities equipped schools with e-learning laboratories and brought professionals with disabilities into ten schools to lead disability-awareness and inclusive-classroom workshops. In Amolatar district, an inclusive education project combined community awareness with fees and materials, enabling Deaf children who had dropped out to return to mainstream primary schools with teachers who use sign language. (Kihembo Wilbert, 2024; UNESCO, Inclusive education stories from the field)

3.2.3.8 United Kingdom

3.2.3.8.1 National SDG progress review: national SDG 4 findings

The United Kingdom's 2019 national SDG review has a substantial dedicated Goal 4 chapter and explicitly describes education as a devolved matter. It acknowledges continuing attainment gaps and provides separate perspectives from England, Scotland, Wales and Northern Ireland. It describes England's Children and Families Act 2014 and mainstream education presumption for students with special educational needs and disabilities, Wales's reform of additional learning needs, Scotland's attainment work and provisions in Northern Ireland. (UK national SDG review 2019).

The national SDG review recognises that access, educational inclusion and equitable learning cannot be measured solely through headline national attainment. It discusses accessible learning environments, reasonable adjustments, disadvantaged learners and targeted support. Its 2019 time horizon limits what it can say about subsequent policy implementation and educational achievement; contemporary statistics and lived-experience research are therefore needed to update, not retrospectively modify, the 2019 self-assessment. (UK national SDG review 2019).

For SDG Indicator 4.1.2, the UK national indicator portal uses country-specific completion proxies, including GCSE attainment in England for an upper-secondary measure, and has paused updates since September 2023. This reveals a comparability issue even in a comparatively mature statistics system. England's special educational needs records also use categories that should not be mistaken for disability prevalence. (UK national SDG review 2019).

The reporting lesson is to provide comparable, explicitly labelled statistics for the four constituent nations, accompanied by indicators of participation, exclusions, reasonable adjustments, completion and learning for pupils with disabilities. The UK national SDG review's inclusive-policy commitments should be assessed against later outcome evidence, not accepted as proof of educational equality. (UK national SDG review 2019).

3.2.3.8.2 Statutory frameworks and additional needs provision

The United Kingdom has established equality frameworks and arrangements for additional educational support, although legislation and systems differ across England, Scotland, Wales and Northern Ireland. Adjustments, individual educational planning and specialised services aim to support participation, but inequalities remain in educational experience and achievement.

3.2.3.8.3 Special educational needs and attainment indicators

In England, 2025–26 statistics identified approximately 1.86 million pupils with special educational needs, including 538,547 pupils with Education, Health and Care plans (6.0% of pupils) and 1,319,780 receiving SEN support without such plans (14.8%). At Key Stage 4, 19.7% of pupils in state-funded schools were identified with SEN; the difference in achieving grade 5 or above in English and mathematics between those receiving an EHC plan and those receiving SEN support was 15.9 percentage points, compared with 14.9 percentage points in 2024–25. The 2025–26 examination release is provisional. (England SEN 2025–26) (England KS4 2025–26) These are England-only measures of different educational-support categories, not a UK-wide disability prevalence figure or a direct comparison between all pupils with and without disabilities.

3.2.3.8.4 Lived educational experience and adjustments

The UK illustrates the value of combining detailed administrative attainment data with lived-experience evidence, while maintaining clear boundaries between different nations, learner categories and indicators.

A government evidence synthesis released in January 2026 reviewed 113 qualitative resources concerning the lived educational experiences of disabled people, principally published between 2010 and 2021. The study helps explain why legal access does not necessarily secure participation: teachers may lack disability understanding, adjustments may be inconsistent, and school transitions can disrupt support. Because the evidence concerns earlier lived experiences and spans several educational sectors, it should complement, rather than replace, contemporary attainment and completion statistics and country-specific analysis across the four UK nations. (UK evidence review 2026).

Voices of persons with disabilities

Voice 15: Girl, visually impaired, Dhaka, Bangladesh

> *"I want no one to give up on education just because of their disability."*

A student who learned through Braille in a specialised and then a mainstream school, and achieved top grades in the 2025 Secondary School Certificate examinations. Source: Dhaka Tribune, July 2025.

Voice 16: Boy, 13, deaf, Turkana County, Kenya

> *"I want to stay at school until I've finished my education."*

A pupil supported to return to a school for deaf learners. Source: UNICEF Kenya.

Commonwealth data from the United Nations Disability and Development Report 2024

Only the values printed for Commonwealth member countries have been extracted from the United Nations report and are used here; regional and global averages and data for non-Commonwealth countries have been omitted.

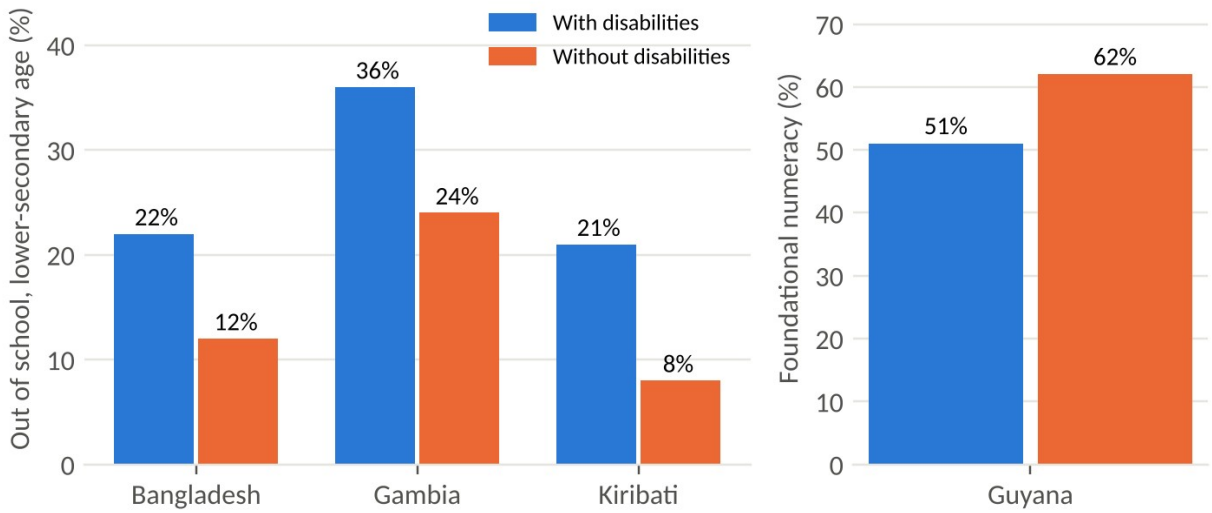

Figure 24: Out-of-school rates and foundational numeracy, Commonwealth countries with printed values

Source: UN DESA, Disability and Development Report 2024, Figures 52 and 63 (2020 or latest year). Commonwealth countries only.

Table 11: Education indicators for Commonwealth countries, extracted from the UN Disability and Development Report 2024

Commonwealth country	Indicator	Value
Bangladesh	Out of school, lower-secondary age: with / without disabilities	22% / 12%
Gambia	Out of school, lower-secondary age: with / without disabilities	36% / 24%
Kiribati	Out of school, lower-secondary age: with / without disabilities	21% / 8%
Guyana	Foundational numeracy: with / without disabilities	51% / 62%
Pakistan (Sindh)	Out of school, primary age, children with disabilities: girls / boys	51% / 39%
Ghana	Foundational numeracy, children with disabilities: girls / boys	14% / 7%
Gambia	Foundational reading, children with disabilities: girls / boys	13% / 2%
Sri Lanka	Children with disabilities who never attended school for economic reasons	55%
Zambia	Students with disabilities finding school not accessible or hindering	35%

3.2.4 Comparative assessment of eight Commonwealth countries

3.2.4.1 What the eight national SDG reviews establish, and what they do not

The eight national SDG reviews illuminate differences between the strength of national education systems and the strength of disability-inclusion evidence. A national SDG review can present high enrolment, school infrastructure investment or strong literacy results while remaining unable to show that children with disabilities access school on equal terms, receive reasonable accommodation or

complete secondary education. Such gaps must be classified as missing outcome evidence—not presumed success or failure.

National reporting also differs materially by year. Australia's 2018 and the United Kingdom's 2019 reviews predate COVID-19 and recent reforms. Barbados and Fiji report through 2023; Kenya and Uganda through 2024; India and Bangladesh through 2025. A direct cross-country ranking of numerical progress based on these self-reports would therefore be methodologically unsound. The meaningful comparison is whether each national SDG review documents the indicator, its population and trend, disability disaggregation, implementation mechanism and demonstrable outcome.

Kenya offers the clearest example of why stage-specific proficiency measures matter: substantial improvements at Grades 2/3 coincide with sharp declines in end-of-primary proficiency. Barbados illustrates why high gross enrolment is not proof of disability inclusion. Fiji demonstrates that a national SDG review can recognise regressions in equality and teaching while overall primary enrolment remains high. India's and Uganda's plans demonstrate administrative effort without complete disability-disaggregated outcome series.

Table 12: National SDG reviews: SDG 4 reporting and disability-inclusion interpretation

Country / national SDG review	SDG 4 information in national SDG review	Disability-specific evidence	Interpretation for SDG 4.1
Australia 2018	Education access and remote/Indigenous inequalities; examples from domestic and aid programmes	Policy and programme discussion; no comparable disability-specific 4.1 completion series	More recent outcomes needed
Bangladesh 2025	2023 proficiency, completion and school infrastructure indicators	47.1% primary; 18% secondary disability-friendly facilities; disability inclusion acknowledged	Strong access gap; internal completion inconsistencies
Barbados 2023	2021 primary GER 98.33%; secondary GER 105.48%; 2020 transition 99.7%	My Inclusive School in five schools, but no national disability completion series	High general access cannot establish inclusion
Fiji 2023	Primary NER near 99.8%; 4.1 requires acceleration	4.5, 4.b and 4.c marked regression; 4.a not assessed	General enrolment and equity diverge
India 2025	NEP 2020, Samagra Shiksha, assessment and school system reforms	Administrative support acknowledged; gaps in disability disaggregation and trained support	Need outcome-linked school data
Kenya 2024	Grade 2/3 reading 78.4%, primary-end reading 25.5%; primary-end maths 36.9% in 2023	No comparably complete disability-specific 4.1 outcomes in cited figures	Proficiency trajectories vary by stage
Uganda 2024	Vision 2040 / NDP III alignment, UPE/USE and SDG localisation	Participation mechanisms noted; disability-inclusive learning not established	Measure enrolment, support and achievement
United Kingdom 2019	Separate devolved education arrangements; attainment gaps and SEN provision	Inclusive policy coverage, but limited UK-wide disability-specific 4.1 series	Update through nation-specific recent outcomes

3.2.4.2 Normative, administrative and outcome progress

Normative progress is visible in every country through legal guarantees, equality protections or inclusive education strategies. Administrative progress varies substantially by country and sometimes

within countries. Evidence of outcome progress is generally less complete, particularly for children outside school and for disability-disaggregated learning proficiency and secondary completion.

Countries should not be ranked on the basis of incomplete data or unlike categories. Australia's numbers on educational adjustments, for example, are not directly comparable to Bangladesh's survey estimates of children with disabilities outside school or Uganda's programme-specific enrolment figures.

For the purposes of comparison, a country with detailed records of support may appear better documented than a country conducting a household survey that reveals widespread non-attendance. The difference is not necessarily a difference in educational inclusion; it may be a difference in what can be measured. Australia and England provide extensive administrative data on support arrangements, Bangladesh and Kenya provide evidence identifying children outside education, and Fiji and Uganda offer examples of programme-specific gains. These sources answer different questions and should not be combined in one unqualified numerical ranking. (ACARA 2025; UNICEF Bangladesh 2023; UNICEF Kenya 2026).

Table 13: Inclusive education: normative, administrative and outcome progress, by country

Country	Normative and administrative progress	Outcome evidence and main gap
Australia	Established standards; national adjustment records	Ongoing attainment and completion inequalities
Bangladesh	Legal commitments; improved household surveys	High non-participation and weak secondary retention 2021 survey: 60% of children aged 5–17 with disabilities not in education.
Barbados	Disability policy; new mainstream initiatives	Strong reliance on special schools; sparse outcome data
Fiji	Inclusive education policy and demonstration programmes	Positive local interventions; limited national outcomes
India	Legal guarantees and national programme infrastructure	Uneven access and limited learning/completion disaggregation
Kenya	Education rights and inclusion policies	Infrastructure barriers; outcome measurement gaps UNICEF cites 55% of children with disabilities out of school in a 2023 assessment; data definitions require attention.
Uganda	Universal schooling and targeted interventions	Programme gains; low recorded secondary representation
United Kingdom	Equality duties; support and attainment systems	Persistent attainment disparities and variable experiences England 2025–26 provisional data: 15.9 percentage-point attainment gap between EHC-plan and SEN-support pupils.

3.2.4.3 Major barriers to educational inclusion

The first challenge is exclusion from school, including children who have never enrolled or who leave education because of poverty, stigma, distance or unsuitable facilities. School-based administrative systems can underestimate this population. The second is attendance without participation, in which children are physically present but cannot access teaching, assessment or extracurricular life.

Longer-term evidence shows why disaggregation matters. A UN analysis using observations from five developing countries around 2011 found average primary completion of 56% among children with disabilities, compared with 73% among children without disabilities. These historical, small-sample

estimates must not be presented as a contemporary Commonwealth average, but they demonstrate that progression and completion gaps can remain concealed when reporting concentrates on enrolment. (DESA 2018)

The third is limited teacher preparation and classroom support. Reliance on a specialist teacher without equipping mainstream educators can weaken inclusion. Fourth, secondary transition creates new risks as students encounter more distant institutions, greater academic demands and discontinuity in individual support.

Fifth, financing is frequently difficult to track. Countries should distinguish funds approved, released and spent from observable changes in access and learning. Sixth, weak disability-disaggregated data prevent credible comparisons of proficiency and completion. Finally, consultation with disabled learners and representative organisations is not always accessible, timely or influential.

The systems-level challenge is to treat accessibility, teaching, individual support and accountability as mutually reinforcing parts of education reform rather than separate projects. (CRPD General Comment 4)

Physical, pedagogical and digital accessibility are interdependent. A wheelchair-accessible entrance is insufficient if toilets, laboratories or transport remain unusable. Braille books do not secure learning if teachers cannot teach or assess through Braille. A tablet does not provide access if textbooks or school portals are inaccessible. Equally, the presence of a special educator may not support learners who are isolated from mainstream teaching and peer activities. Policies should therefore assess the entire journey from home to classroom and examination, including communication, safety, school culture and independence. (UNICEF education; CRPD General Comment 4).

3.2.4.4 Country-specific barriers and support gaps

Table 14: Inclusive education: country-specific barriers and support gaps

Country	Principal barriers
Australia	Fragmented implementation; teacher preparation; rural support; exclusionary practices
Bangladesh	Poverty; inaccessible facilities; stigma; teachers; weak secondary transition
Barbados	Segregated provision; mainstream readiness; technology and specialist support
Fiji	Remote geography; transport; teacher capacity and specialist services
India	Uneven school accessibility; learning adaptations; teacher support and transitions
Kenya	Infrastructure; poverty; learning resources and specialist staff
Uganda	School facilities; financing; stigma; secondary transition
United Kingdom	Inconsistent adjustments; stigma; educational transitions and attainment gaps

3.2.4.5 Common barriers and shared opportunities

Whole-school approaches offer a route from policy compliance to classroom inclusion. These require supportive leadership, accessible physical and digital environments, differentiated instruction, flexible assessments, anti-bullying practices and participation beyond the classroom. Universal Design for Learning can help schools anticipate diversity rather than respond only after individual exclusion occurs.

Better data systems can link identification, adjustments and school records with longitudinal information on progression and achievement. Australia demonstrates a model of adjustment reporting; India has nationwide education information infrastructure; and Bangladesh's child-functioning surveys illuminate exclusion beyond enrolled pupils. (Australian NCCD) (UDISE+ 2024–25) (Bangladesh MICS 2025)

Assistive technology has potential when learning materials, maintenance, teacher preparation and affordable access accompany device distribution. Commonwealth cooperation could enable shared expertise on teacher education, accessible assessment, rural delivery models and evaluation. The objective should be adaptation to local contexts rather than uncritical transfer of programmes.

Accessible textbooks and digital content are becoming important tools for reducing barriers. UNICEF describes the potential of accessible digital textbooks that combine adaptable text, audio, images and other formats to meet diverse learning needs. Their value depends on compatibility with assistive technology, accessible platforms, teacher preparation and continued availability; producing or distributing a resource alone does not prove higher proficiency. (UNICEF accessible books 2026)

3.2.4.6 Overall Commonwealth finding and differences in evidence

Across the Commonwealth, the strongest defensible conclusion is that normative and administrative progress has outpaced evidence of equal learning and completion. Legal rights, teacher-training initiatives, education plans and resource allocations are necessary inputs, but not substitutes for observed results. The priority is to ask how many children were reached, which children were still excluded, what support was actually delivered, whether learning improved, and whether the result continued at secondary level. Governments should also publish the uncertainties and missing data that prevent stronger conclusions. (OECD 2019).

The countries differ in the type of evidence available. Australia documents educational adjustments at population scale; England publishes relatively granular attainment results for SEN categories; Bangladesh identifies substantial absence from formal education using a household survey; Barbados reveals the predominance of specialised placements in its reported data; Fiji and Uganda show programme-level improvements; India records a large cohort of enrolled children with special needs; and Kenya reveals a significant school-attendance gap in a support needs assessment. These differences call for a common logic of accountability, not identical policies or misleading league tables. (ACARA 2025; England KS4 2025–26; UNICEF Bangladesh 2023).

3.2.5 Good practices, implementation experience and possibilities for replication

3.2.5.1 Fiji: Access to Quality Education Programme

Fiji's programme linked accessibility, teacher development, community engagement and participation by disability organisations, rather than treating school infrastructure or specialised assistance as isolated measures. Reported improvements in surrounding-community access and target-school provision make it a valuable programme case, although its results require careful separation from nationwide outcomes. (DFAT 2019)

3.2.5.2 Australia: Identifying reasonable adjustments

Australia's NCCD offers an institutional approach to measuring the support that pupils receive and the adjustments schools make. It provides useful planning information, but achievement, retention and inclusive school experience still require separate indicators. (Australian NCCD)

3.2.5.3 India: Mainstream education and targeted support

Samagra Shiksha demonstrates how identification, resource provision, teaching support and accessible materials can be located within mainstream school systems. Its potential rests on administrative reach; evidence of learning and completion must remain the principal test of effectiveness. (Samagra Shiksha)

3.2.5.4 Uganda: Family, school and community action

Uganda's community-based initiatives seek to influence household attitudes while improving school accessibility, teaching and participation in sport and social activities. These approaches are especially relevant where stigma and poverty interact with impairment-related needs. (International Needs Uganda)

3.2.5.5 Fiji: Early-grade learning reform

Fiji's 2025 Yavutu initiative extends earlier accessibility efforts by supporting inclusive foundational learning and professional development during the early grades. The US$5 million commitment is a promising system-strengthening input, but the programme should be evaluated in 2029 against reading, mathematics, participation and disability-disaggregated transition measures. (Fiji Yavutu 2025)

3.2.5.6 Kenya: School connectivity and inclusive digital access

The Kenyan connectivity programme provides an example of mainstream digital infrastructure that explicitly counts some children with disabilities among its beneficiaries. Reported coverage of 363 schools and 2,800 children with disabilities establishes scale, while rigorous assessment still needs to test whether accessible resources increased participation and learning. (Kenya connectivity 2026)

3.2.5.7 United Kingdom: Reasonable adjustments and lived experience

Evidence from disabled learners demonstrates that responsive teachers, flexible assessments and meaningful consultation can improve educational experience. Policymakers should pair these qualitative findings with independent measurement of attainment and completion. (UK evidence review 2026)

The case studies collectively suggest four conditions for credible scale-up. First, interventions must be embedded in mainstream education budgets and institutional responsibilities rather than dependent indefinitely on demonstration funding. Second, children with disabilities and their organisations need to shape design and assessment. Third, access improvements must be paired with classroom teaching capacity and accessible assessment. Fourth, implementation should be evaluated using a baseline, explicit comparison or follow-up, and disaggregated results. Without these elements, promising projects remain examples of activity rather than evidence of system-level educational equity. (DFAT Fiji case; OECD 2019).

Table 15: Programme lessons and replication potential in education

Setting	Intervention	Evidence and lesson
Australia	NCCD adjustment records	Strong identification mechanism; link with outcomes
Fiji	Access to Quality Education Programme	Local access improvements; combine school and community action
India	Samagra Shiksha support	National delivery platform; need learning and completion monitoring

Setting	Intervention	Evidence and lesson
Uganda	Community and school inclusion activities	Addresses family, stigma, access and participation
United Kingdom	Adjustments informed by learner experience	Staff responsiveness and student voice matter
Fiji	Yavutu Programme (2025–29)	US$5 million commitment to early-grade literacy, numeracy and inclusive teaching; impact outcomes still to be evaluated.
Kenya	Last Mile Connectivity of Schools	363 schools connected by December 2025; about 2,800 learners with disabilities reached; learning impact not yet established.
Uganda	Accessible learning materials in model schools	20 schools supported with adapted materials and teacher preparation; documented local cases, not national impact estimates.

3.2.6 Priority recommendations for Commonwealth action

Future national SDG reviews should be expected to report both official SDG 4.1 indicators disaggregated by disability status wherever feasible. When administrative or assessment data cannot be disaggregated, countries should say exactly which children are excluded from the numerator and denominator and publish a timetable for closing the data gap.

A Commonwealth national SDG review reporting supplement could require a minimum disability education scorecard: out-of-school children with disabilities; regular attendance; primary, lower-secondary and upper-secondary completion; reading and mathematics proficiency; accessible school infrastructure; reasonable accommodation delivered; teacher capacity; education budget approved and spent; and the participation of organisations of persons with disabilities in verification and review.

3.2.6.1 National plans and measurable education outcomes

National inclusive education plans should set explicit, time-bound objectives for access, participation, minimum learning proficiency and completion. Responsibilities, funding and monitoring systems should be identified. Wherever feasible, primary, lower-secondary and upper-secondary completion should be disaggregated by disability and linked to evidence on learning achievement.

3.2.6.2 Identification of children and disability-disaggregated data

Governments should strengthen disability identification without making support conditional upon cumbersome certification. Education information systems must capture children outside school, distinguish relevant population definitions and safeguard privacy. Inclusive education should be integrated into pre-service teacher preparation and reinforced through coaching, specialist consultation and accessible classroom resources.

3.2.6.3 Accessibility, teaching and reasonable accommodation

Accessibility standards should apply across entire school environments, transport, communication, assessments and emergency planning. Audits should examine usability rather than the presence of selected facilities. Transition from primary to secondary school requires dedicated support, including transport, financial assistance, counselling and continuity of accommodations.

3.2.6.4 Financing, accountability and participation of OPDs

Inclusive education financing should be traceable from budget approval through actual expenditure to service delivery and educational outcomes. Governments should create accessible mechanisms through which disabled learners, families and organisations of persons with disabilities can influence plans and review progress. (OECD 2019) (CRPD Article 24)

3.2.6.5 Reaching out-of-school children and tracking progress

Monitoring systems should make educational invisibility a central concern. School registers alone cannot identify children who never enrolled, so household surveys, community mapping and school records should be brought into dialogue. Disability-related questions should use transparent definitions, and children with intellectual, developmental, psychosocial and multiple disabilities should not be systematically excluded. Assessment methods must remain accessible, with documented reasonable accommodations and transparent reporting of pupils omitted from national tests. (UNICEF education; CRPD General Comment 4).

3.2.6.6 Public expenditure, delivery and learning results

Commonwealth members should distinguish three financial stages in their national reporting: appropriation, actual release and expenditure, and learner-level outcomes. Ministries should identify expenditure on accessible facilities, specialist teachers, support personnel, assistive technology, transport and school-level accommodations. Outcome reporting should then test whether these resources reached the intended children and improved attendance, transition, learning or completion. The objective is neither to impose identical financing formulas nor to reward larger budgets in isolation, but to establish a credible connection between public commitments and educational opportunity. (OECD 2019).

Table 16: Proposed Commonwealth action framework for inclusive education

Priority	Action	Suggested indicator
Access	Identify children out of school and remove entry barriers	Disability-disaggregated enrolment and out-of-school rates
Participation	Provide required reasonable accommodations	Percentage receiving required classroom support
Learning	Use inclusive teaching and accessible assessments	Reading and mathematics proficiency by disability
Completion	Protect transition and retention through secondary school	Completion and dropout rates by disability
Accessibility	Audit buildings, WASH, transport and digital systems	Schools meeting comprehensive accessibility standards
Teacher capacity	Embed inclusive pedagogy in teacher development	Teachers trained and receiving ongoing support
Financing	Trace disability-inclusive budget and expenditure	Resources spent and linked educational outcomes
Accountability	Ensure accessible OPD and learner participation	Participation records and documented responses

3.2.6.7 Finance and count inclusion

The global call to action endorsed by CDPF sets three benchmarks that Commonwealth members could adopt: progressively allocate at least 5% of education budgets to disability-inclusive education; plan for at least 10% of learners in any system having a disability; and include the Washington Group questions and the Child Functioning Module in every education management information system, with the OECD-DAC disability policy marker applied to donor spending. (CDPF, Inclusive Education Broadsheet, 2024)

3.2.7 Conclusion

3.2.7.1 Progress achieved and remaining inequalities

The eight-country assessment shows that recognition of the right to inclusive education has advanced, but implementation and educational equality have not progressed at the same pace. Many governments can demonstrate policy commitments, numbers of programme beneficiaries or school support activities. Far fewer can show consistent, disability-disaggregated improvements in reading and mathematics proficiency and completion through upper-secondary education.

3.2.7.2 What constitutes evidence of educational equality

A credible SDG 4.1 assessment must therefore distinguish policy adoption, institutional delivery and measured results. The most important test is not whether a child with a disability is enrolled, but whether that child can attend, participate, learn and complete primary and secondary education with dignity and equality. A Commonwealth agenda focused on accessible schools, inclusive teaching, reliable data, transparent financing and meaningful participation can help narrow the gap between educational rights and lived experience by 2030.

3.2.7.3 The central test for SDG 4.1 by 2030

The ultimate Commonwealth test is whether a child with a disability can begin education on time, be welcomed in a safe and accessible local school, learn with suitable support, reach comparable competencies, and complete secondary schooling with a genuine choice of further education, work and community life. Rights must be converted into school-level capability, and school-level capability must be tested against that child's participation and learning. Only then can reported progress under SDG 4.1 be described as progress towards equality. (CRPD Article 24; UNICEF education).

Educational exclusion falls hardest on girls with disabilities, whose disadvantage compounds across gender and disability. Section 3.3 therefore examines whether gender-equality laws, policies and budgets under Target 5.c reach women and girls with disabilities.

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3.3 SDG 5: Gender equality and empowerment of women and girls with disabilities (Target 5.c)

Section 3.2 showed that girls with disabilities face compounded barriers in education. This section widens the lens to gender-equality policy, legislation and public finance under Target 5.c, asking whether the commitments and budgets that governments now publish reach women and girls with disabilities.

3.3.1 Scope and methodological approach

3.3.1.1 Target selection and interpretation

Target 5.c calls upon countries to adopt and strengthen sound policies and enforceable legislation for gender equality and women's empowerment at all levels. Its agreed indicator, 5.c.1, is the proportion of countries with systems to track and make public allocations for gender equality and women's empowerment. This is a financing and public-accountability indicator, not a direct measure of gender parity or protection from violence. It should be read alongside 5.1 on discrimination, 5.2 on violence, 5.4 on unpaid care, 5.5 on participation, 5.6 on sexual and reproductive decision-making, and 5.a and 5.b on economic resources and technology. (UN SDG 5) (UN SDG 5, 2025)

The Convention on the Rights of Persons with Disabilities (CRPD), particularly Articles 5, 6, 9, 12, 16, 23, 25, 27, 28 and 29, provides the disability-rights test for policies under SDG 5. Article 6 recognises multiple discrimination experienced by women and girls with disabilities. General Comment No. 3 clarifies that disability law must address gender, and gender-equality legislation and programmes must address disability; neither policy stream is adequate when operating in isolation. (CRPD General Comment 3) (OHCHR SDG–CRPD)

3.3.1.2 Countries, sources and evaluation framework

The eight countries are Australia, Bangladesh, Barbados, Fiji, India, Kenya, Uganda and the United Kingdom. The documentary baseline comprises the latest national SDG reviews identified for these countries: Australia (2018), Bangladesh (2025), Barbados (2023), Fiji (2023), India (2025), Kenya (2024), Uganda (2024) and United Kingdom (2019). These national reports are read against additional government and UN documents, academic studies and disability-led advocacy. A national SDG review reports a government's account at its publication date; it is not independent proof that policies have been implemented or that all groups benefit. (Australia national SDG review, 2018) (Bangladesh national SDG review, 2025) (Barbados national SDG review, 2023) (Fiji national SDG review, 2023) (India national SDG review, 2025) (Kenya national SDG review, 2024) (Uganda national SDG review, 2024) (United Kingdom national SDG review, 2019)

Normative progress means the existence of legal rights, commitments, policies and accountability mandates. Administrative progress means institutions, gender-impact procedures, budget submissions, released funds, public reporting, trained staff and accessible services. Outcome progress means independently observable changes in safety, autonomy, participation, incomes, service use and equality for women and girls with disabilities. The distinction prevents a budget announcement, an NGO case study or a broad gender index from being mistaken for demonstrated national disability-inclusive outcomes.

3.3.2 Disability, gender inequality and the financing challenge

3.3.2.1 Multiple and intersectional discrimination

Women and girls with disabilities are not a homogeneous category. Their experiences vary by age, type and degree of impairment, poverty, rural or urban residence, ethnic background, support requirements and other circumstances. Unequal access to education and income can deepen dependency and reduce options for leaving abusive relationships. Conversely, exclusion from violence-response mechanisms, accessible transport and information can prevent women from obtaining protection even where statutes appear gender-neutral. (UN Women, 2017) (CRPD General Comment 3) (CBM Australia, 2023)

A UN DESA disability and development brief identified stark global differences: in selected multi-country data, women with disabilities faced greater unmet healthcare needs, illiteracy and employment disadvantages than men without disabilities. Those comparisons are drawn from heterogeneous datasets and should be treated as historical, cross-country illustrations rather than universal prevalence estimates. Newer global evidence continues to highlight exclusion from work, services and representation. (UN DESA, Goal 5) (UN DESA, 2024) (Global Inclusion Report, 2025)

3.3.2.2 Why Target 5.c matters for disability inclusion

The budget is where commitments become choices. A government may enact a gender-equality law and adopt disability plans while financing only generic campaigns, leaving accessible shelters, sign-language interpretation, transportation, legal aid, personalised support or reproductive-health accommodation without funds. Gender-responsive budgeting should identify the people a programme reaches, the barriers it addresses, the cost of accommodation and whether spending changes results. OHCHR's SDG–CRPD guidance calls for gender-and-disability impact assessments, coordination, consultation with representative organisations, resource allocation and disaggregated monitoring. (OHCHR SDG–CRPD) (Global Inclusion Report, 2025)

The 2025 global SDG report found that 26% of 121 reporting countries and areas had comprehensive gender-budget tracking arrangements; the 2026 report similarly describes comprehensive systems in only about one in four of the 123 countries adopting some gender-budgeting elements. Changes in denominators and reporting periods mean these are not evidence of a substantial year-on-year shift. The implication for the Commonwealth is that a system to classify expenditure is only the beginning: published commitments require expenditure and results monitoring as well. (UN SDG 5, 2025) (UN SDG 5, 2026)

3.3.2.3 Rights, programmes and outcomes are different kinds of evidence

Legislation can define discrimination, create remedies and impose duties; administrative action can fund crisis services or support women's entrepreneurship; data can show whether services reach women with disabilities. These stages cannot substitute for each other. For example, the number of hotline calls, training participants or business grants is not the same as reduced violence, improved earnings or independent control over resources. The Global Disability Inclusion Report identifies inclusive public finance, disability-disaggregated statistics and genuine involvement of representative organisations as central conditions for translating obligations into change. (Global Inclusion Report, 2025) (CRPD General Comment 3)

Representation is a precondition for budgets that reach women and girls with disabilities. In CDPF's 2024 Commonwealth survey, 35% of respondents said women with disabilities were not represented in

national disability coordination bodies and a further 55% said they were under-represented; only 27% said women with disabilities lead organisations of persons with disabilities. Most respondents (88%) agreed that women and girls with disabilities experience two to three times more gender-based violence than other women, 75% said the justice system was not accessible to them, and 63% said the police kept no record of such cases. (CDPF Special Newsletter No. 13, October 2024)

3.3.3 Country assessment: policies, budgets and disability-inclusive outcomes

3.3.3.1 Australia

3.3.3.1.1 2018 national SDG review: national policy commitments

The 2018 national SDG review places women's equality within Australia's domestic human-rights institutions and its international development programme. It describes government, civil society and private-sector efforts across all 17 Goals and cites consultation with People with Disability Australia among stakeholders. The review should therefore be read as an early baseline for gender equality and disability inclusion, not as an appraisal of policies introduced after 2018. It does not establish the actual spending or outcomes of the gender-budgeting arrangements developed in subsequent years. (Australia national SDG review, 2018)

3.3.3.1.2 Implementation since the national SDG review

A review-to-2026 comparison demonstrates an important institutional development: Australia later strengthened gender-impact assessments, renewed the Women's Budget Statement and adopted Working for Women (2024–2034), while the 2024 International Disability Equity and Rights Strategy emphasises intersectional inclusion overseas. These post-national SDG review reforms should be assessed on their own evidence. The specific 5.c test remains whether published budgets identify the cost of accessible violence responses, care, healthcare, education and economic opportunities, and whether outcomes for women with disabilities are reported separately. (Australia national SDG review, 2018)

Australia's Working for Women: A Strategy for Gender Equality (2024–2034) creates a ten-year policy framework addressing gender-based violence, unpaid and paid care, economic equality, women's health, and leadership and decision-making. It explicitly recognises that women with disability may face compounding disadvantage. The Australian Government's 2025–26 Women's Budget Statement demonstrates a formal system of gender-responsive budget analysis, including criteria for detailed gender impact assessments and interdepartmental oversight through the Office for Women. These are substantial normative and administrative instruments, not yet proof of equal outcomes for women with disability. (Australia, Working for Women) (Australia Budget, 2025–26)

3.3.3.1.3 Intersectional evidence and development cooperation

Australian statistical reporting permits some intersectional assessment. Its 2024 Status of Women Report Card indicates that 17.8% of women in Australia are women with disability, based on the cited data definitions. CBM Australia cautions that gender programmes can overlook disability while disability programmes overlook gender. Budget evaluations should therefore identify whether appropriations for violence prevention, health, transport, care and employment actually reach women with disability, including First Nations women and those in remote settings. (Australia Status, 2024) (CBM Australia, 2023)

Violence by paid or unpaid support workers in a person's own home is often overlooked by standard domestic-violence frameworks. The Disability Royal Commission's final report made 222 recommendations; governments accepted many only in principle, without binding delivery timelines. A positive institutional step is the inclusion of Women With Disabilities Australia in consultation arrangements with the Office for Women. (Consultation with AFDO, August 2026; Australian Government response to the Disability Royal Commission)

Beyond domestic policy, Australia's development-cooperation approach has explicitly integrated gender equality, disability equity and social inclusion. OECD documentation describes DFAT's 2024 disability equity strategy, OPD consultation, disability-performance targets and support to the Pacific Disability Forum. These provide transferable institutional practices, but overseas programme targets should not be presented as domestic outcomes for women with disability. (OECD, Australia, 2025)

3.3.3.2 Bangladesh

3.3.3.2.1 2025 national SDG review: gender-budget allocations

The 2025 national SDG review reports a substantial gender-budgeting system: allocations identified for gender equality exceeded 30% of the national budget from FY 2015–16, reached 37.9% in FY 2020–21 and were 33.9% in FY 2022–23, with a 35% target for 2025. Elsewhere, its discussion of women's empowerment refers to a gender budget spanning 44 ministries and representing 34.11% of the FY 2024–25 budget. These percentages refer to different financial years and classifications and should not be presented as a disability-specific expenditure figure. The national SDG review also reports a score of 75 for gender-related legal frameworks in 2022 and a 45.5% decision-making measure for women's sexual and reproductive health in 2022. (Bangladesh national SDG review, 2025)

3.3.3.2.2 Implementation and expenditure accountability

This is evidence of gender-budget identification and official disclosure, but not confirmation that the tagged appropriations were disbursed, spent or experienced by women with disabilities. Neither the reported overall allocations nor the national gender outcome measures distinguish disability type, rural residence or accessible service provision. The disability-led alternative report submitted for the 2017 national SDG review documented concerns that women and girls with disabilities were excluded from mainstream services and gender policies. The 2025 national SDG review provides a stronger government-financing baseline against which these older disability-rights concerns can now be tested. (Bangladesh national SDG review, 2025)

Bangladesh has constitutional equality protections, sector-specific legislation and government programmes for women's empowerment. The General Economics Division's 2025 SDG Progress Report describes the national legal framework and identifies inadequate enforcement, gaps in legal and social protection, care burdens and unequal access to economic assets among continuing challenges. The Ministry of Finance also publicly lists gender-budget reports, including FY 2025–26. These documents establish formal mainstream gender planning and disclosure; they do not separately establish how much budgeted expenditure supports women and girls with disabilities. (Bangladesh SDG, 2025) (Bangladesh Gender Budget)

3.3.3.2.3 Disability-led scrutiny and unmet needs

A disability-led voluntary national report from 2017 described exclusion of women with disabilities from mainstream gender policies, decision-making and protection services, and urged explicit inclusion in violence legislation, education, support schemes and justice mechanisms. It remains valuable as

evidence of concerns raised by organisations of persons with disabilities (OPDs), not as a current statistical baseline. A strong 5.c review would compare recent gender-budget classifications with the inclusion provisions and funded delivery of these recommendations. (Bangladesh OPDs, 2017)

Bangladesh therefore illustrates both a policy opportunity and a measurement gap. To verify effective mainstreaming, ministries should publish expenditure by programme and beneficiary characteristics, including disability and sex, while ensuring safe collection and protection of sensitive data on violence and reproductive rights. The absence of this breakdown in the reviewed national documents means that stronger claims of outcome parity are not justified. (Bangladesh SDG, 2025) (OHCHR SDG–CRPD)

Box 33: Interview: Mohua Paul, Access Bangladesh Foundation, Bangladesh



Women with disabilities: from paper promises to work and leadership (Targets 5.c and 8.5)

What does inclusion mean to you?

I have been paraplegic since I was 12, and I have worked for inclusion for 38 years. The first thing I say to anyone who asks how to support people with disabilities is: talk to them. Too often people are not talking with us; others are talking for us. If society says we cannot do things but gives us no support, that is not fair. We can do things. We just need support.

Are women with disabilities included in Bangladesh's gender policies?

Partly, and on paper only. The National Women Development Policy 2011 mentions women with disabilities, but gender budget reports are not broken down by disability, so no one can tell how much public money reaches us. Disaggregated outcome reporting covers only 16 of our 62 ministries and divisions. Organisations of women with disabilities are consulted, but we have no formal seat on the committees that write gender policy or budgets. That is consultation, not decision-making power.

How safe are women with disabilities?

Not safe enough. Eighty-four per cent of women with disabilities have experienced at least one act of violence in their lifetime. Shelters, hotlines and referral services are mostly built without ramps, sign language, Braille or Easy Read, and staff are not trained to recognise abuse such as taking away a woman's wheelchair or hearing aid. We also cannot plan well while estimates of how many people have a disability still range from about 1.4 to 7.1 per cent.

What is the picture at work?

One in three working-age persons with disabilities is employed, but only about one woman in eight, against nearly half of men. Most of those who work are self-employed, in farming or in the informal sector, with no job security or social protection. Fewer than one in four hundred has ever had vocational training, and four in five do not meet the entry requirements of training institutes. There are incentives: a tax rebate for employers who hire persons with disabilities, and a civil service quota. But the quota is 1 per cent, shared with the third gender and applied only at the interview stage, and the Labour Act still allows a worker to be dismissed on grounds of disability.

What works, and what would you ask of governments?

Our graduation approach at Access Bangladesh Foundation starts with each person's needs and the local market, then provides training, assistive devices and coaching, and supports people into self-employment or a

> job over 18 to 36 months. We find people door to door, prepare them for interviews and offer internships, and employers are starting to listen. We also help women with disabilities lead their own organisations: in July 2026 we ran a strategic planning and leadership workshop for the National Council of Disabled Women, a network of 111 grassroots organisations. Governments should break down every gender budget by disability, give women-led organisations of persons with disabilities a real seat at the table, make transport and workplaces accessible, and bring labour law into line with disability rights law. When women with disabilities are educated and earning, they have dignity in their families and in society.

A gap-mapping review of the SWAPNO programme (Strengthening Women's Ability for Productive New Opportunities), which supports ultra-poor rural women, shows how a well-regarded gender programme can still miss women with disabilities:

Table 17: Bangladesh: disability gaps in the SWAPNO programme against Target 5.c (expert gap-mapping review, August 2026)

Programme element	Disability gap identified	Implication for Target 5.c
Wage employment in labour-intensive public works	Assumes an able-bodied workforce; no alternative roles	Women with physical or sensory impairments are excluded from the wage guarantee
Savings, financial literacy and digital wallets	Banking apps and branches lack accessibility features	Financial inclusion bypasses women with sensory or intellectual impairments
Life-skills and entrepreneurship training	No sign language, Braille or accessible venues	Training reach is unequal
Productive asset transfers (e.g. livestock)	Assets are not adapted to functional capacity	Transfers can add burden rather than income
Targeting and data	Targets households with "disabled husbands" but not women who themselves have disabilities; no cross-disaggregation	Results for women with disabilities stay invisible

3.3.3.3 Barbados

3.3.3.3.1 2023 national SDG review: gender policy and institutions

The 2023 national SDG review describes the Bureau of Gender Affairs as the coordinating institution for equality programmes, including work on domestic violence and civil-society partnerships. It reports a score of 83.3% for coverage of relevant legal-framework measures concerning violence against women, 20% of parliamentary seats held by women in 2020, and gaps in data on unpaid care and domestic work. The review says that a draft National Policy on Gender was being finalised in 2023; that statement is evidence of policy development at that time, not proof of subsequent enactment. (Barbados national SDG review, 2023)

3.3.3.3.2 Legal implementation and budget accountability

The national SDG review acknowledges the need to mainstream gender across ministries, departments and agencies and strengthen disaggregated information. It does not provide a documented gender-and-disability budget allocation, executed expenditure series or an outcome trajectory for women with disabilities under Target 5.c. Later disability-policy commitments and UN Women's work on measuring unpaid care can be considered promising complementary actions, but should not be attributed to the national SDG review or represented as completed spending and results without additional records. (Barbados national SDG review, 2023)

Barbados adopted a 2023–2030 National Policy for Improving the Lives of Persons with Disabilities, with explicit recognition of women and children with disabilities among its priority groups. Parliamentary records confirm passage of the Rights of Persons with Disabilities Bill in January 2025; a UNDP account in March 2025 described proclamation as pending at that time. The legislative passage and commencement of enforceable provisions must not be conflated. The Global Disability Fund's country brief notes incomplete mainstream legal alignment and pending or uncertain budget allocations for parts of the policy. (Barbados Policy, 2023–30) (Barbados Parliament, 2025) (Barbados Situation Brief)

Responses to violence must address dependency as well as protection. Women with disabilities may remain with an abusive partner who is also the household's main source of income, because accessible shelters, housing, sign-language support and employment are not available. Financial abuse, and the exclusion of persons with intellectual disabilities or autism from inheritance, are further concerns. (Consultation with the Barbados Council of the Disabled, 26 August 2026)

3.3.3.3.3 Unpaid care, inclusion and service gaps

Care policy provides an important cross-sectoral entry point. UN Women's 2024 Barbados study on unpaid care was informed by focus-group discussions that included persons living with disabilities, while the Barbados Statistical Service and UN Women began collecting new unpaid-care data through a regional pilot. This is an identifiable advance in evidence production under SDG 5.4. However, national expenditure and outcome series specifically for women with disabilities are not established by these documents. (UN Women Barbados, 2024) (Barbados care pilot)

Barbados's immediate 5.c priorities are to cost disability-policy commitments, publish programme budgets and expenditure, assess the effect of unpaid-care obligations on disabled women and family caregivers, and make organisations of women with disabilities partners in setting indicators. The country brief reports active women's leadership in OPDs but insufficient resourcing to convert legal advances into consistently accessible public services. (Barbados Situation Brief) (OHCHR SDG–CRPD)

3.3.3.4 Fiji

3.3.3.4.1 2023 national SDG review: SDG 5.c data limitations

Fiji's 2023 national SDG review contains an unusually explicit statistical qualification: of the nine SDG 5 targets, progress could be measured for only Targets 5.1 (discrimination) and 5.5 (women in leadership), both needing acceleration. Progress on seven targets—including 5.c on gender policies and legislation—could not be measured. This is not evidence that Fiji has no relevant laws or programmes; it means that the national SDG review could not provide the statistical basis to assess progress under this target. (Fiji national SDG review, 2023)

3.3.3.4.2 Gender budgeting, law and administrative action

The country review identifies a legal basis for protection against discrimination, but calls for better implementation, awareness and monitoring. More recent Fiji materials, especially the 2024 UNPRPD country assessment, the 2022 UNFPA needs assessment and the community-based SRHR initiative described in 2025, offer important disability-specific evidence of barriers and delivery models. None should be converted into a nationwide 5.c.1 certification without official documentation of tracking and publicly available gender-budget allocations. (Fiji national SDG review, 2023)

Fiji's legal and policy architecture includes disability-rights commitments and gender-policy arrangements. Its 2024–25 Fiscal Strategy records that gender-responsive budgeting was introduced in

2020 and had been applied across 18 ministries and agencies, with the remaining ten to be brought into the process. Ministries were asked to analyse at least two programmes and use gender mainstreaming action groups. This is unusually specific administrative evidence relevant to SDG 5.c, though the number of participating ministries does not establish the effectiveness of implementation. (Fiji Fiscal Strategy, 2024)

The 2024–25 National Budget Address reported F$1 million for women's institutions, the Women's Plan of Action and domestic-violence helpline support, as well as F$500,000 for the Women's Expo. These figures are budget announcements, not confirmed spending or disability-disaggregated impact. The 2024 Fiji situational analysis likewise identifies financing and data transparency difficulties in disability programming, particularly concerning attribution of beneficiaries and budget allocations. (Fiji Budget, 2024–25) (Fiji Situation Report, 2024)

3.3.3.4.3 Disability-led health and protection services

Fiji also provides a promising service-design example. A 2022 needs assessment by UNFPA, Women Enabled International and the Pacific Disability Forum documented legal, attitudinal, communications and service barriers in reproductive healthcare and gender-based violence responses. Subsequent peer-led community outreach through a multi-agency partnership began in 2022; Pacific Women Lead reports that more than 750 women and young people with and without disabilities attended outreach activities over roughly four years. This is an activity and service-access result, not an estimate of national coverage or reduced violence. (UNFPA Fiji, 2022) (Pacific Women Lead, 2025)

3.3.3.5 India

3.3.3.5.1 2025 national SDG review: Union gender-budget allocations

India's 2025 national SDG review supplies an identifiable fiscal baseline: the Union gender budget was reported at ₹4.49 lakh crore (₹4.49 trillion) for FY 2025–26, equivalent to 8.86% of the total Union budget, compared with 4.72% in FY 2020–21. These are budget allocations, not verified expenditure or proof of improved welfare for women with disabilities. The national SDG review also records consultation with 13 "leave no one behind" groups, including persons with disabilities and women, through extensive civil-society participation. (India national SDG review, 2025)

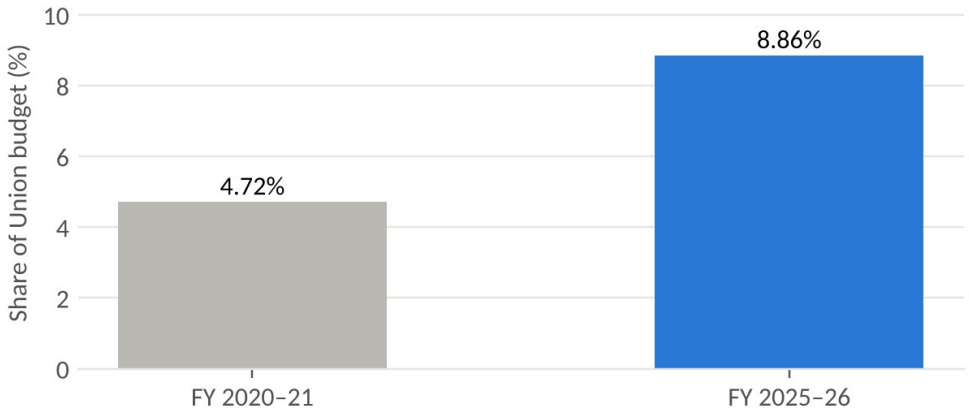

Figure 25: India: Union gender-budget share, FY 2020–21 and FY 2025–26 (allocations for women and girls generally; not earmarked for women with disabilities)

Sources: India national SDG review 2025; PIB 2025

3.3.3.5.2 Legislation, enforcement and financing

The disability-specific stakeholder section acknowledges enforcement difficulties, inaccessible public, health and education infrastructure and inadequate disability-disaggregated statistics. It calls for particular attention to women and girls with disabilities, including accessible crisis centres, trained staff and protection from violence. These admissions are significant because they connect the government's gender-budget architecture to implementation gaps. The next reporting step is to map the gender-budget statements to RPwD Act duties, executed expenditure and sex-by-disability results; neither the 8.86% allocation nor aggregate gender indexes answers that question. (India national SDG review, 2025)

India's Rights of Persons with Disabilities Act 2016 expressly addresses women and children with disabilities in section 4, non-discrimination in section 3, protection against abuse in section 7, and reproductive rights in section 10. These rights coexist with national gender programmes and a substantial gender-budget statement. The FY 2025–26 gender budget statement noted above drew allocations from 49 ministries/departments and five union territories. These figures concern women and girls generally and must not be described as funding earmarked for women with disabilities. (India RPwD Act, 2016) (India Gender Budget, 2025)

3.3.3.5.3 Statistical progress and disability-specific gaps

NITI Aayog reports improvement in the SDG 5 index score from 36 in 2018 to 49 in 2023–24 and lists improvements in women's earnings, labour-force participation, mobile use and household decision-making. These aggregate trends cannot demonstrate equivalent progress for women with disabilities without linked, disability-disaggregated measures. Research from India documents compounded disadvantages in employment, violence, access to education, mobility and urban services. A 2023 scoping review also emphasises weaknesses in the evidence base connecting violence to employment discrimination rather than proving a single causal pathway. (NITI Aayog SDG 5) (Ashalatha et al., 2023) (NIUA–UN India, 2022)

Experiences during COVID-19, documented by disability-led organisations and journalists, also revealed problems of inaccessible communication, income loss, care needs and exclusion from emergency planning. Much of this is qualitative or pandemic-specific, and it cannot substitute for current survey results. For 5.c, the critical task is an intersectional budget audit: which line items fund accessible gender-based violence responses, legal aid, reproductive healthcare, livelihoods and participation, how much was spent, and what outcomes were achieved among women with different disabilities? (BehanBox, 2020) (OHCHR SDG–CRPD)

3.3.3.6 Kenya

3.3.3.6.1 2024 national SDG review: financing and gender-equality gaps

Kenya's Third national SDG review (2024) reports mixed SDG performance and draws upon 168 indicators in its national framework. The report recognises progress on gender equality but identifies insufficient financial resources for women's empowerment, discriminatory social norms, underrepresentation of women in political leadership and continuing barriers to reproductive health. Its SDG 5 discussion names gender-responsive budgeting as an important strategy for ensuring that gender programmes are funded and calls for stronger legal and administrative implementation. (Kenya national SDG review, 2024)

3.3.3.6.2 County implementation, budgeting and legal reform

The 2024 national SDG review also records voluntary local reviews for 17 of Kenya's 47 counties, offering a possible vehicle for identifying women and girls with disabilities within county planning. A national gender strategy and post-national SDG review disability-law reforms create important implementation opportunities. However, these documents alone do not provide an auditable series of approved budget, actual spending and measurable disability-specific effects across the counties. Local programmes should be assessed for accessible reporting, participation of women-led OPDs, employment outcomes and protection from violence. (Kenya national SDG review, 2024)

Kenya's government issued an SDG 5 Strategy for 2020–2025, prepared in 2021, explicitly covering gender-responsive budgeting, mainstreaming, institutional coordination, violence prevention, sexual and reproductive health and data. The strategy acknowledges that Kenya had developed gender-responsive budgeting guidance but that progress in making budgets genuinely gender-responsive remained limited. Kenya's Budget Policy Statement 2025 also describes capacity-building on gender-responsive budgeting and gender mainstreaming in planning and evaluation. These documents establish an administrative agenda, not confirmed implementation across all counties. (Kenya SDG 5 Strategy) (Kenya Budget Policy, 2025)

The Persons with Disabilities Act, No. 4 of 2025, strengthens rights and obligations and provides an updated legal context for women with disabilities, including reproductive and protection rights. National and county implementation, accessible remedies and consistent resource transfers remain essential. A 2020 civil-society study, largely drawing on qualitative accounts in four Nairobi informal settlements, highlighted multiple barriers in access to protection, services and economic opportunity. Its findings are not nationally representative and are retained as contextual evidence. (Kenya PWD Act, 2025) (Kenya women, 2020)

3.3.3.6.3 Disability-led outreach and local leadership

UNFPA describes a partnership with This-Ability Trust to provide accessible menstrual and reproductive-health information; by 2021 it had reached around 12,000 people across eight counties. This is a defined programme reach figure, not proof of national access. Local leadership is illustrated by Lucy Odwar's role within Homa Bay County social services and disability advocacy. Replicable features include OPD participation, peer education and links to county-level policy, but effectiveness should ultimately be tested through budget, accessibility, service quality and independent outcome measures. (UNFPA Kenya, 2021) (Inclusive Futures, 2023)

3.3.3.7 Uganda

3.3.3.7.1 2024 national SDG review: national coordination and gender equity

Uganda's third national SDG review (2024) links SDG delivery to Vision 2040 and the Third National Development Plan, which it describes as more than 95% aligned with the SDGs. It outlines coordination under the Office of the Prime Minister, technical working groups and efforts to expand national indicators. Its gender section discusses continued violence and unequal leadership and economic opportunities. Uganda's wider planning architecture uses gender-and-equity compliance processes to review budget proposals, but policy integration alone cannot demonstrate expenditure or outcome improvements for women with disabilities. (Uganda national SDG review, 2024)

3.3.3.7.2 Budget compliance and institutional accountability

The national SDG review's reporting needs to be compared with the Uganda Equal Opportunities Commission's independent compliance assessments and the 2024 Census data. A 2025 UN Women policy brief shows that women have higher measured disability prevalence than men, and a 2026 peer-reviewed study of earlier demographic surveys found low levels of domestic-violence help-seeking among women with disabilities. These sources are not national SDG review findings and are dated accordingly. Together they highlight why Uganda should publish what its gender-and-equity certification changes in budget release, accessible services and protection outcomes. (Uganda national SDG review, 2024)

Uganda provides one of the clearest examples of procedural gender and equity scrutiny of budgets. Its Equal Opportunities Commission (EOC) assesses compliance of budget framework papers and ministerial statements under public-finance arrangements. The Commission's April 2026 report for FY 2026–27 announced improvement in its overall compliance assessment to 70% from 68% in the preceding assessment, with 67% for the national budget and 70% on average for ministerial policy statements. These are EOC assessment scores, not percentages of women with disabilities receiving services or of budgets allocated specifically to them. (Uganda EOC, 2026) (Uganda EOC, 2025)

Box 34: Case study: Uganda's gender and equity compliance certificate

What it is. Uganda's Equal Opportunities Commission assesses whether budget framework papers and ministerial policy statements comply with gender and equity requirements under public-finance law, giving the budget process a formal accountability checkpoint.

Reported results. The Commission's April 2026 report for FY 2026–27 recorded overall compliance of 70%, up from 68%, with 67% for the national budget and an average of 70% for ministerial policy statements.

Caution. These are assessment scores, not the share of women with disabilities receiving services.

Lesson for the Commonwealth. A compliance gate becomes far more powerful when it also asks what changed in budget releases, accessible services and safety outcomes for women and girls with disabilities.

3.3.3.7.3 Disability data, violence and maternal health

UN Women's 2025 policy brief, based on Uganda's 2024 census, notes higher reported disability prevalence among females than males. For the population aged five and above it cites 14.3% and 12.9%, respectively; a different age range, aged two and above, yields 13.8% and 12.5%. Such differences must be presented with the appropriate population denominator. The report also points to Uganda's Parish Development Model and economic-empowerment programmes as potential inclusion routes, while warning that quotas and eligibility do not guarantee access or results for women with disabilities. (UN Women Uganda, 2025)

A 2026 study using Uganda Demographic and Health Survey data found that around 43% of sampled women with disabilities who had experienced domestic violence reported seeking help in 2016; the study identified an association between employment and help-seeking, not proof that employment causes reporting. A 2025 qualitative study of maternal services documented inaccessible transport and facilities, poor attitudes and inadequate healthcare-worker preparation. Historical Human Rights Watch evidence from 2010 describes the persistence and severity of abuse but should not be represented as a present-day national prevalence estimate. The advocacy work of IDIWA and its supporters suggests

how women-led organisations can strengthen voice and accountability. (Suubi et al., 2026) (Nakatabira et al., 2025) (Human Rights Watch, 2010) (GIZ–IDIWA case)

3.3.3.8 United Kingdom

3.3.3.8.1 2019 national SDG review: statutory duties and mainstreaming

The United Kingdom's 2019 national SDG review discusses the Equality Act 2010, the Public Sector Equality Duty and the legal requirement to consider gender equality in UK official development assistance under the International Development (Gender Equality) Act 2014. It highlights a Scottish programme addressing the gender pay gap with attention to disabled women, women from minority ethnic backgrounds, low-income women and carers. The review therefore acknowledges intersectionality within its gender-equality narrative, although it does not provide a UK-wide breakdown of gender-equality expenditure benefiting disabled women. (United Kingdom national SDG review, 2019)

3.3.3.8.2 Domestic monitoring and reporting limitations

Because the UK national SDG review was published in 2019, it cannot assess the UK's 2026 International Strategic Framework on Women and Girls or later public-finance decisions. The national SDG review establishes a historical baseline for legal duties and policy commitments, not a current judgement on SDG 5.c.1 compliance or accessible support. Subsequent UK assessments should separately examine spending transparency, service accessibility, intersectional data in the four nations, and the response to recommendations from disabled women's organisations. (United Kingdom national SDG review, 2019)

The United Kingdom has statutory equality protections and government institutions responsible for gender and disability equality. Its SDG data portal records indicators across Goal 5, including 5.c.1, but states that updates have been paused since September 2023. That limitation matters: an older published indicator cannot be treated as a current assessment of the effectiveness of gender-responsive expenditure. Parliamentary scrutiny of SDG 5 has existed since the Women and Equalities Committee's 2016 inquiry. (UK SDG data) (UK Parliament, 2016)

3.3.3.8.3 Post-national SDG review international policy and independent scrutiny

The FCDO's International Strategic Framework on Women and Girls, issued in May 2026, makes violence prevention, economic empowerment, participation, and health and education priorities of external policy. It explicitly recognises women and girls with disabilities and commits that at least 90% of FCDO bilateral official development assistance programmes will contribute to gender equality by 2030, measured through the OECD-DAC gender marker framework. This is a target for programme integration in international development, not a domestic expenditure outcome or a specific pledge that 90% of assistance will directly benefit disabled women. (UK FCDO, 2026)

The 2022 Bond civil-society SDG 5 assessment urged stronger policy coherence, data, transparent spending and engagement with marginalised women; it provides advocacy scrutiny rather than official outcome statistics. For a stronger 5.c disability assessment, published domestic spending and the FCDO's gender-marker reporting should be paired with accessible programme design, consultation with disability-led women's organisations and publicly reported disability-disaggregated beneficiary and outcome data. (Bond SDG 5, 2022) (UK FCDO, 2026)

Voices of persons with disabilities

Voice 17: Woman, 42, wheelchair user, Haryana, India

> *"I used to get little support earlier, but after the lockdown began, I have started doing it alone."*

On losing personal care support during the COVID-19 lockdown, when gender and disability disadvantages compounded. Source: BehanBox, 2020.

Voice 18: Woman with physical and psychosocial disabilities, survivor of violence, Australia

> *"Not being believed in courtrooms, I think is a really huge systemic failure."*

On seeking justice after violence by a partner who was also her carer, as described in testimony to the Disability Royal Commission. Source: SBS News, September 2023.

Commonwealth data from the United Nations Disability and Development Report 2024

Only the values printed for Commonwealth member countries have been extracted from the United Nations report and are used here; regional and global averages and data for non-Commonwealth countries have been omitted. The gender chapter prints few Commonwealth values; those available are shown below.

Table 18: Gender-related indicators for Commonwealth countries, extracted from the UN Disability and Development Report 2024

Commonwealth country	Indicator	Value
Samoa	Women with disabilities who felt discriminated against because of disability	25% (highest of 25 countries)
Malawi	Persons with disabilities who need but lack assistive technology: women / men	88% / 77%
Vanuatu	Women with disabilities among members of the national disability coordination mechanism	27%
Uganda	Electoral law requires women with disabilities on electoral lists or elected local bodies	Yes (one of two countries worldwide)

Source: UN DESA, Disability and Development Report 2024, Figures 73, 80 and 87.

3.3.4 Comparative assessment across the eight Commonwealth countries

Table 19: Gender equality: comparative assessment across the eight Commonwealth countries

Country and review	Evidence of 5.c-related policy / budget systems in national SDG review	Disability-inclusive reporting gap
Australia · 2018	Whole-of-society gender / disability rights commitments; predates renewed federal gender-budget mechanisms.	No post-2018 spending or outcomes for women with disabilities in the national SDG review.
Bangladesh · 2025	Gender budget 33.9% (FY 2022–23); also references 34.11% (FY 2024–25) across 44 ministries.	No isolated approved-spent-result series for women with disabilities.

Country and review	Evidence of 5.c-related policy / budget systems in national SDG review	Disability-inclusive reporting gap
Barbados · 2023	Bureau of Gender Affairs; gender-policy drafting and measures of legal-framework progress.	No traceable disability-disaggregated gender-budget expenditure.
Fiji · 2023	Laws and equality efforts described, but Target 5.c listed among unmeasurable targets.	No supported 5.c progress assessment or disability-specific outcome series.
India · 2025	₹4.49 trillion allocated to Union gender budget in FY 2025–26 (8.86% of total).	National SDG review itself identifies gaps in disability-disaggregated data and accessibility.
Kenya · 2024	Gender-responsive budgeting identified as necessary; financing and implementation constraints.	Budget-release and disability-specific result chain not demonstrated.
Uganda · 2024	NDP/SDG alignment, financing coordination; broader gender/equity budget certification architecture.	No comparable disability-specific executed-expenditure and impact series.
United Kingdom · 2019	Equality Act/Public Sector Equality Duty and gender consideration in overseas development aid.	Historical baseline; no current UK-wide disability-disaggregated 5.c result.

3.3.4.1 What the eight national SDG reviews establish

The table summarises what the official reviews do, and do not, establish. National shares of gender-related allocations are not directly comparable: Bangladesh's denominator and classification differ from India's Union budget, while Australia and the UK relied on older national SDG reviews. Fiji's explicit lack of a 5.c measure deserves recognition as transparent reporting of a data gap, not a negative achievement score. (Bangladesh national SDG review, 2025) (India national SDG review, 2025) (Fiji national SDG review, 2023)

3.3.4.2 Normative, administrative and outcome progress

The countries cannot reasonably be ranked as high, medium or low performers on disability-inclusive Target 5.c from the current evidence. The following table records a documented instrument and its main unresolved test. It does not classify countries under the official 5.c.1 methodology.

Table 20: Gender equality: normative, administrative and outcome progress, by country

Country	Documented policy / budget instrument	Main evidence gap for women and girls with disabilities
Australia	Ten-year gender strategy; federal Women's Budget Statement and gender impact assessments	Trace disability-specific accessibility, expenditure and outcomes within gender programmes
Bangladesh	Government SDG 5 report; published ministry gender-budget reports	Identify disability-targeted allocations, spending, access and safe outcome data
Barbados	Disability policy; parliamentary bill passage; unpaid-care data pilot	Confirm commencement, costed delivery, gender/disability budget lines and measured outcomes
Fiji	Gender-responsive budgeting across ministries; women's programme allocations	Publish actual spending and disability/sex-disaggregated reach and results
India	RPwD Act section 4; Union Gender Budget Statement; SDG 5 index	Separate disability benefit from aggregate gender budgeting and show expenditure/results

Country	Documented policy / budget instrument	Main evidence gap for women and girls with disabilities
Kenya	SDG 5 strategy and finance planning; Persons with Disabilities Act 2025	Test county implementation, enforcement and funded accessible services
Uganda	EOC gender-and-equity budget compliance assessments; disability programme provisions	Link compliance scores to releases, beneficiary coverage and safety/autonomy outcomes
United Kingdom	Equality duties; FCDO women-and-girls framework and gender marker target	Update 5.c evidence and distinguish domestic budgets from international programme targets

3.3.4.3 What budget approval, expenditure and results mean

Stage one is budget approval: an allocation is authorised and identified against a gender or disability objective. Stage two is expenditure: funds are released and spent on services, facilities, personnel and reasonable accommodation. Stage three is results: women and girls with disabilities can demonstrably use those services safely, exercise choice, report abuse, obtain redress, earn more fairly, participate in decisions and live with greater independence. The reviewed countries commonly offer clearer evidence at the first stage than at the second or third. (Global Inclusion Report, 2025) (OHCHR SDG–CRPD)

Fiji's named budget amounts and India's gender budget statement are examples of announced allocations; Uganda's EOC scores represent a compliance assessment; Australia's gender impact assessments represent a mainstreaming procedure; Bangladesh publishes gender budget reports; Kenya has articulated planning responsibilities; Barbados offers legislative and data-system development; and the UK has policy and aid-marking commitments. None of these documents alone establishes a comparable disability-inclusive gender-outcome trend across the eight countries. (Fiji Budget, 2024–25) (India Gender Budget, 2025) (Uganda EOC, 2026) (Australia Budget, 2025–26) (Bangladesh Gender Budget) (Kenya SDG 5 Strategy) (UN Women Barbados, 2024) (UK FCDO, 2026)

3.3.4.4 Shared barriers and differing institutional strengths

Several common barriers recur: legal reforms without operational enforcement; gender policies that ignore disability; disability programmes that overlook women's autonomy; inaccessible complaint and violence-response services; constrained independent mobility and income; rural service gaps; inadequate support for girls with intellectual or psychosocial disabilities; and incomplete public data on expenditures and outcomes. The institutions differ, however. Uganda offers formal compliance review, Australia established gender impact assessment machinery, Bangladesh reports gender budgets, Fiji embeds gender-responsive budgeting through ministries, and Kenya provides a national SDG 5 strategy with subnational implementation requirements. Such differences suggest opportunities for exchange, not a straightforward ranking. (OHCHR SDG–CRPD) (CBM Australia, 2023) (Uganda EOC, 2026) (Fiji Fiscal Strategy, 2024) (Kenya SDG 5 Strategy)

3.3.4.5 Cross-target connections

Target 5.c should not be isolated from protections under 5.1 and 5.2, unpaid care under 5.4, women's leadership under 5.5, or reproductive autonomy under 5.6. For example, accessible shelters and reporting channels require recurrent expenditure; caregiving reforms may affect disabled women as both caregivers and recipients of support; health information and independent consent require staff preparation and suitable formats; and women-led OPDs need resources to take part in policymaking without losing independence. (CRPD General Comment 3) (OHCHR SDG–CRPD) (UN Women Barbados, 2024) (UNFPA Fiji, 2022)

3.3.5 Good practices and possibilities for replication

3.3.5.1 Gender-responsive budgets with disability impact testing

Australia's structured gender-impact assessment procedures and Fiji's phased application of gender budgeting across line ministries provide complementary practices: one emphasises proposal scrutiny and the other institutional diffusion. Uganda's formal EOC compliance process adds an accountability checkpoint. A Commonwealth adaptation could require every significant gender-budget proposal to document anticipated effects on women with diverse disabilities, consultation undertaken, provision for accommodation, indicators and a follow-up expenditure and outcomes report. (Australia Budget, 2025–26) (Fiji Fiscal Strategy, 2024) (Uganda EOC, 2026)

3.3.5.2 Organisations of women with disabilities as policy partners

The work of IDIWA in Uganda, Fiji's disability-led outreach partnerships, and county-level engagement by women disability leaders in Kenya show the value of direct participation in design, communication and monitoring. Independent OPDs should receive accessible information in advance, reasonable accommodation and adequate support to participate, with published responses to their recommendations. These are design principles whose effect must be assessed rather than presumed. (GIZ–IDIWA case) (Pacific Women Lead, 2025) (Inclusive Futures, 2023)

3.3.5.3 Targeted data improvements that inform services

Barbados's unpaid-care data pilot provides a practical illustration of moving an overlooked issue into official measurement. Uganda's census illustrates the importance of declaring age thresholds and disability definitions. Bangladesh's OPD advocacy identifies groups missing from mainstream reporting. A practical Commonwealth statistical package would link budget classifications, service records and household surveys while protecting confidentiality, especially for survivors of violence. (Barbados care pilot) (UN Women Uganda, 2025) (Bangladesh OPDs, 2017)

3.3.6 Priority recommendations for Commonwealth action

3.3.6.1 Assess intersectional policy and budget impacts

> *Adopt gender-and-disability impact assessments and apply them to new legislation, national plans, budget submissions, major procurement and evaluation; include barriers facing girls, older women and those with intellectual and psychosocial disabilities. (OHCHR SDG–CRPD)*

3.3.6.2 Publish allocations, disbursements and actual expenditure

> *For significant gender-equality programmes, disclose appropriations, releases, actual expenditure, location, accessibility provisions and beneficiary information where safe. Avoid claiming that a gender budget total equals disability-specific investment. (UN SDG 5) (Global Inclusion Report, 2025)*

3.3.6.3 Fund accessible mainstream services

> *Provide accessible violence-response and justice systems, sign-language and alternative communications, transport support, inclusive health services and reliable referral pathways, with funding for recurrent operation and maintenance. (UNFPA Fiji, 2022) (Nakatabira et al., 2025)*

3.3.6.4 Strengthen enforceable rights and remedies

Review overlapping gender and disability statutes to close omissions, publish enforcement guidance and remedies, monitor complaints and ensure independent consent, protection from coercion and the right to family life. (CRPD General Comment 3) (India RPwD Act, 2016) (Kenya PWD Act, 2025)

3.3.6.5 Resource independent women-led OPDs

Provide direct, transparent and flexible support for organisations representing women and girls with diverse disabilities, while protecting their ability to scrutinise government spending and performance. (UN Women, 2017) (GIZ–IDIWA case)

3.3.6.6 Measure disability-disaggregated equality outcomes

Measure safe service access, violence-response outcomes, employment and wages, unpaid care, decision-making and public leadership with sex, age and disability disaggregation, where reliable and ethically collected. Report missing data rather than constructing unsupported estimates. (UN DESA, 2024) (UN Gender Snapshot, 2025)

3.3.6.7 Review the policy-to-results pathway annually

Government, OPDs, statistical agencies, auditors and parliamentary committees should jointly review what law or plan was adopted, what was funded and spent, whom it reached and whether rights outcomes changed. (Uganda EOC, 2026) (UK Parliament, 2016)

3.3.6.8 Replicate practical accountability mechanisms

Adapt Australia's impact assessments, Fiji's line-ministry rollout, Uganda's compliance reviews, Bangladesh's published gender-budget reporting and Barbados's care-data exercise to national institutional and resource realities. (Australia Budget, 2025–26) (Fiji Fiscal Strategy, 2024) (Uganda EOC, 2026) (Bangladesh Gender Budget) (Barbados care pilot)

3.3.7 Conclusion

3.3.7.1 Overall Commonwealth finding

The eight national SDG reviews reveal a common unfinished transition from legal recognition and gender-budget planning to observable equality for women and girls with disabilities. India and Bangladesh publish gender-budget figures, but these figures do not measure disability-specific benefit. Fiji openly reports that progress on Target 5.c could not be assessed; Kenya records insufficient resources; Uganda reports national SDG coordination and equity-sensitive planning; and Barbados describes gender-policy development and data gaps. Australia's 2018 and the United Kingdom's 2019 national SDG reviews provide earlier baselines, supplemented here by newer national and independent documentation. The defensible conclusion is a measurement and implementation gap, not a country ranking.

3.3.7.2 The test for equality by 2030

By 2030, the strongest test of inclusion is not whether gender or disability appears in a policy document, but whether women and girls with disabilities can exercise autonomy, secure safety and justice, access quality services, participate in decisions and benefit from equitable economic

opportunity. Commonwealth cooperation can accelerate that shift by making women-led disability organisations full partners in planning, budgeting and evaluation. (CRPD General Comment 3) (UN Women, 2017)

Economic participation is where gender and disability disadvantages most visibly combine. Section 3.4 turns to Target 8.5 and the employment, earnings and job security of persons with disabilities.

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3.4 SDG 8: Decent work and economic inclusion of persons with disabilities (Target 8.5)

Work is the bridge between education and economic independence. Following the gender analysis in Section 3.3, this section examines Target 8.5, one of the few targets that names persons with disabilities explicitly, and asks whether employment is decent, fairly paid, accessible and lasting.

3.4.1 Scope and methodological approach

3.4.1.1 Target selection and interpretation

Target 8.5 is one of the SDG targets that explicitly names persons with disabilities. It requires productive employment and decent work for all, including young people and persons with disabilities, and equal pay for work of equal value. Indicator 8.5.1 concerns average hourly earnings of employees by sex, age, occupation and disability status; Indicator 8.5.2 concerns unemployment rates by sex, age and disability status. The indicators are necessary but incomplete measures of decent work. Hourly earnings omit unemployed and economically inactive people, while unemployment excludes many people who want employment but cannot actively seek it. (UN SDG 8)

Article 27 of the Convention on the Rights of Persons with Disabilities (CRPD) recognises the right to work in an open, inclusive and accessible labour market. It addresses non-discrimination at recruitment, hiring, career advancement and employment termination; equal remuneration; safe conditions; trade-union rights; reasonable accommodation; vocational guidance; and job retention and return to work. CRPD obligations also interact with Article 9 on accessibility, Article 24 on education, Article 28 on adequate standards of living and social protection, and Article 6 on women with disabilities. (CRPD Article 27)

The broader context includes SDG 8.3 on productive enterprises and formalisation, 8.6 on youth outside education, employment and training, 8.8 on labour rights, 4.5 on education access and 10.3 on equal opportunity. This section focuses on 8.5; contextual evidence under other targets is not misrepresented as a measured 8.5 outcome.

3.4.1.2 Countries, sources and evaluation framework

The countries are Australia, Bangladesh, Barbados, Fiji, India, Kenya, Uganda and the United Kingdom. The national SDG review baseline consists of Australia (2018), Bangladesh (2025), Barbados (2023), Fiji (2023), India (2025), Kenya (2024), Uganda (2024) and the United Kingdom (2019). These sources have been read alongside country studies, the ILO's 2024 employment-and-wages paper, the 2026 labour-market review, current national statistics, administrative implementation reports, parliamentary

scrutiny and material from organisations of persons with disabilities. (Australia national SDG review, 2018; India national SDG review, 2025; UK national SDG review, 2019)

Normative progress covers enforceable rights, anti-discrimination duties, reservation arrangements and commitments. Administrative progress covers budget allocations, funds released and used, institutions, employment support, accommodation procedures, public-sector recruitment and monitoring. Outcome progress requires measured change in employment participation, job quality, income, wages, retention, occupational mobility and equality. Training beneficiaries, grants, scheme announcements and jobs advertised are administrative outputs; they are not substitutes for verified outcomes.

3.4.1.3 Evidence standards and cautions

The reporting date, age range, disability definition, labour-force concept, institutional coverage and data source are retained wherever possible. A national SDG review is a government-led account at a particular date, not independent evidence that every commitment was delivered. Programme-specific outcomes and public-sector staffing cannot stand in for an economy-wide disability employment rate. Comparisons must also distinguish paid employment, all employment, labour-force participation, unemployment and the employment-to-population ratio. The absence of a disability breakdown is a measurement gap, not proof that no action took place.

3.4.2 Disability, labour-market inequalities and the decent-work challenge

3.4.2.1 Global labour-market performance and disability inequality

The ILO's 2026 Employment and Social Trends report projected a global unemployment rate of approximately 4.9% for 2026 while stressing that the broader jobs gap and stagnation in job quality remain substantial. Its March 2026 SDG review found informal employment at 57.9% in 2025 and working poverty affecting 284 million employed people. The figures show that a higher number of employed workers is not necessarily equivalent to adequate earnings, rights, economic security or safety. (ILO Employment and Social Trends, 2026; ILOSTAT, 2026)

The ILO's disability employment study documents lower participation, higher unemployment and more frequent self-employment, alongside a 12% average hourly wage disadvantage among employees with disabilities in the dataset assessed. These outcomes cannot be explained purely by educational attainment or occupation; inaccessible systems, accommodation shortfalls and discrimination also matter. The figure is an estimate from the study's country data, not a universal disability pay-gap rate for every Commonwealth country. (ILO employment and wages, 2024)

Box 35: Global report in focus: ILO Employment and Social Trends 2026, a Commonwealth reading

Key data (all workers). Global unemployment is projected at 4.9% in 2026, around 186 million people, but 284 million workers live in extreme working poverty and about 2.1 billion work informally. Nearly nine in ten workers in sub-Saharan Africa and about 85% in Southern Asia were informally employed in 2025, and 257 million young people were not in employment, education or training. (ILO, Employment and Social Trends 2026)

Commonwealth implications. Kenya and Uganda need decent jobs for growing youth populations, including young persons with disabilities. Bangladesh and India combine very large informal economies with unequal participation. Australia and the United Kingdom face ageing and technological change, and Barbados and Fiji

face small, sector-concentrated labour markets exposed to climate shocks. Artificial intelligence and digital platforms could open accessible remote work, or entrench exclusion through inaccessible systems and biased recruitment algorithms.

Disability gap. The report's main indicators are not disaggregated by disability, so they cannot show progress for persons with disabilities under Target 8.5. Labour-force surveys across the Commonwealth should report participation, unemployment, wages, informality, hours and retention by disability.

Box 36: International benchmark (non-Commonwealth): United States, 2025

For comparison with a large non-Commonwealth economy: in 2025, 22.8% of people with a disability in the United States were employed, against 65.2% of those without a disability. The unemployment rate was 8.3% against 4.1%, and workers with a disability were nearly twice as likely to work part time. Half of all people with a disability were aged 65 or over, which partly explains the low overall employment ratio. The figures cover people aged 16 and over and are not comparable with the working-age rates reported for Commonwealth countries. (U.S. Bureau of Labor Statistics, March 2026)

3.4.2.2 Employment barriers from education to job retention

Exclusion frequently starts before recruitment. Inaccessible schools, limited secondary completion, poor career guidance and vocational training that does not connect to employers restrict job opportunities. During recruitment, inaccessible online forms, inflexible examination procedures, physical barriers and discriminatory expectations exclude qualified candidates. In employment, inadequate reasonable accommodation, inaccessible technology or transport, poor supervision, harassment, lack of flexible scheduling and gaps in social insurance can cause premature departure from work. The objective is access to freely chosen work throughout the employment cycle, not only initial appointment. (CRPD Article 27; ILO employment and wages, 2024)

3.4.2.3 Gender, youth, informal work and economic insecurity

Women with disabilities encounter discrimination linked to disability and gender, uneven educational access, unpaid care responsibilities and limited financial autonomy. Young people may be excluded during the transition from school to work, particularly where internships, apprenticeships or accessible job matching are unavailable. A national improvement in women's employment or youth NEET rates is not proof that women or young people with disabilities have benefited unless disability is identified separately. (UN DESA Disability and Development, 2024)

Self-employment may offer genuine independence but can also reflect exclusion from formal recruitment. Its quality depends on income, business survival, accessibility of markets and credit, autonomy and social protection. Grants or toolkits supplied do not alone demonstrate sustainable livelihoods. In economies with extensive informal employment, decent work must encompass informal enterprises and domestic, agricultural, care and service work, rather than merely the formal public sector.

3.4.2.4 From programme activity to employment outcomes

A practical employment results chain contains five distinguishable stages: legal duty or policy decision; allocation of funding and institutional responsibility; resources actually disbursed and services delivered; uptake by persons with diverse disabilities; and measurable increases in decent, sustained employment. Good evaluation should report the baseline and reference year, disaggregate findings,

and measure retention at six, twelve and twenty-four months. A placement programme with many trained participants but no retention or wage evidence cannot establish SDG 8.5 progress.

CDPF's 2024 Commonwealth survey points in the same direction: 85% of respondents said women with disabilities face discrimination in hiring and promotion, 73% that they receive unequal pay for the same work, and respondents ranked lack of information, inaccessible and unwelcoming training environments and the cost of vocational courses as the main barriers to skills training. (CDPF Special Newsletter No. 13, October 2024)

3.4.3 Country assessment: commitments, implementation and employment outcomes

3.4.3.1 Australia

3.4.3.1.1 2018 national SDG review: employment equality and policy commitments

Australia's 2018 national SDG review presented SDG implementation as a whole-of-society process and described the role of human-rights frameworks, skills, social inclusion, workplaces and organisations of people with disability. The national SDG review is an appropriate historical baseline for the Disability Discrimination Act 1992 and public commitments to access and participation, but it predates Australia's Disability Strategy 2021–2031 and later employment reforms. It must not be presented as evidence of how those later programmes performed. (Australia national SDG review, 2018)

3.4.3.1.2 Post-national SDG review implementation and employment support

Australia's Disability Strategy 2021–2031 identifies employment and financial security as policy outcomes. The government introduced Inclusive Employment Australia on 1 November 2025, replacing the previous Disability Employment Services programme. It provides tailored support for preparing for work, getting a job, maintaining employment and progressing in a career. Its design is an administrative reform; independent longer-term outcome data are still needed to establish whether it reduces employment and earnings gaps. (Australian DSS, 2025)

Australia's international cooperation also offers a relevant accountability model. An OECD 2025 case study describes Australia's disability equity and rights strategy, mainstreaming arrangements and programme performance targets. These overseas investment indicators are useful for understanding programme governance but must not be confused with domestic employment outcomes. (OECD Australia, 2025)

3.4.3.1.3 Disability-disaggregated results and continuing gaps

The Australian Institute of Health and Welfare's June 2026 report, drawing on the 2022 Survey of Disability, Ageing and Carers, records an employment rate of 56% among persons with disabilities aged 15–64 compared with 82% among persons without disabilities. Labour-force participation was 61% versus 85%, and unemployment was 7.5% versus 3.1%. Participation was 37% among those with severe or profound disability. In 2018, the employment rates had been 48% and 80%. Changes between surveys indicate improvement, but a 26-percentage-point gap persisted in 2022. (AIHW, 2026)

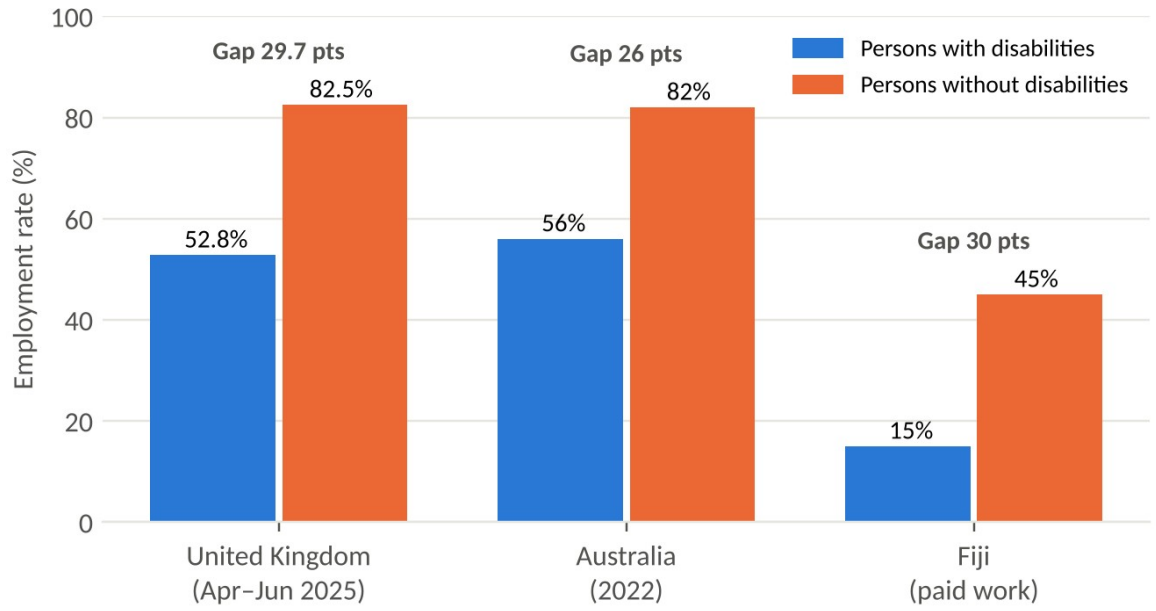

Figure 26: Employment rates of persons with and without disabilities in Australia (2022), the United Kingdom (April–June 2025) and Fiji (paid work)

Definitions differ; not a ranking. Sources: AIHW 2026; DWP 2026; Fiji national SDG review 2023 and ILO 2025

The same report identifies a median weekly personal income difference of AUD 480 between working-age persons with and without disabilities in 2022, although this broad income measure includes sources beyond wages. For employed people with disabilities, the median weekly income was AUD 1,100, compared with AUD 1,247 for employed non-disabled people; this is not identical to indicator 8.5.1's mean hourly earnings measure. Australia illustrates strong measurement capacity and continuing outcome inequality. (AIHW, 2026)

Over a longer period, the Survey of Disability, Ageing and Carers shows that labour force participation among persons with disabilities stayed at about 53–54% from 2009 to 2018 before rising to 60.5% in 2022, while unemployment among persons with disabilities rose to 10.3% in 2018 and fell to 7.5% in 2022. The gap with persons without disabilities remains wide on both measures. (ABS, Disability, Ageing and Carers)

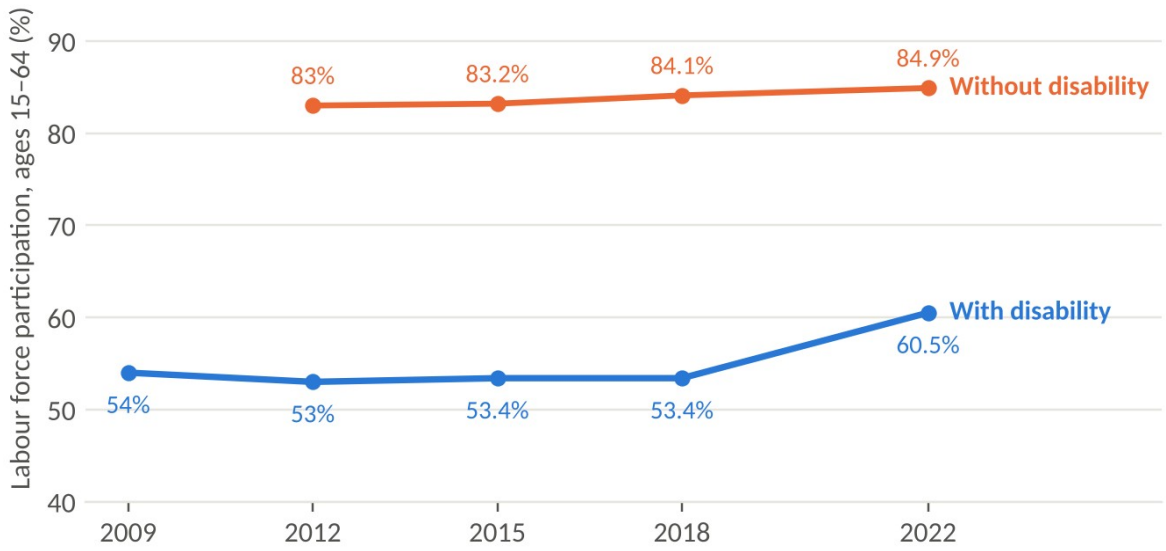

Figure 27: Labour force participation of persons with and without disabilities aged 15–64, Australia, 2009–2022

Source: ABS Survey of Disability, Ageing and Carers (2009 and 2012 values published rounded; no 2009 value shown for persons without disability)

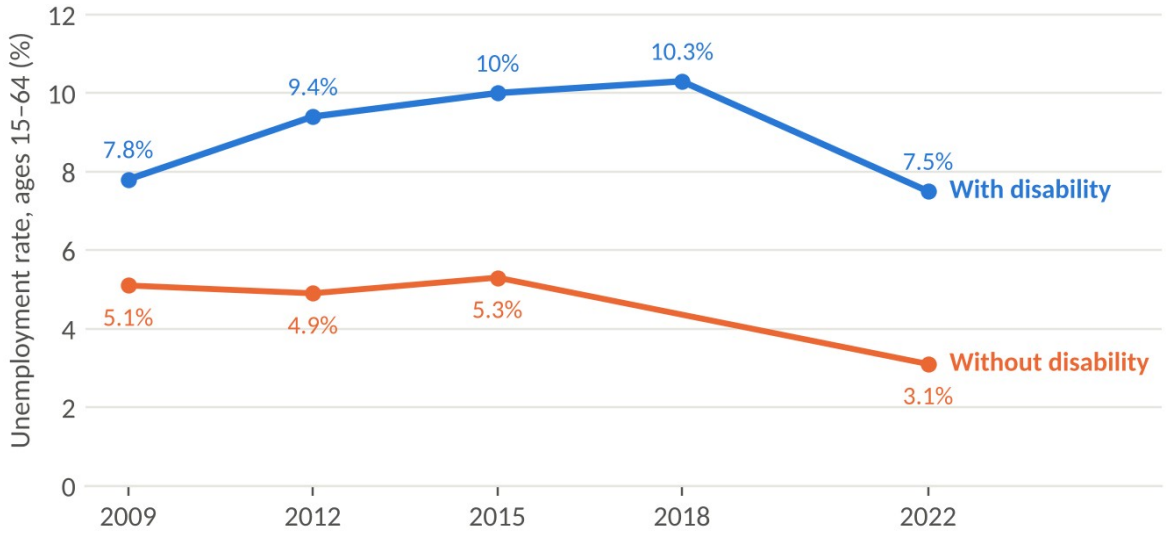

Figure 28: Unemployment rate of persons with and without disabilities aged 15–64, Australia, 2009–2022

Source: ABS Survey of Disability, Ageing and Carers (2018 value for persons without disability not published in the summary)

3.4.3.2 Bangladesh

3.4.3.2.1 2025 national SDG review: employment, informality and the disability gap

Bangladesh's 2025 national SDG review reports that 84.08% of employed persons were in informal employment in 2023. It records that only 27.29% of persons with disabilities aged 15 and above were employed in 2022, citing the Bangladesh Bureau of Statistics. Among employed youth aged 15–29, 92.1% worked informally in 2023; the general youth figure must not be attributed specifically to disabled youth. The national SDG review also identifies gender earnings differences and poor employment conditions. (Bangladesh national SDG review, 2025)

3.4.3.2.2 Legislation, skills programmes and worker protection

Bangladesh's Rights and Protection of Persons with Disabilities Act 2013 establishes legal recognition of disability rights. Government initiatives include disability allowances, social security, skills and entrepreneurship support. The General Economics Division's 2020 situation analysis addresses education and labour-market barriers, poverty and the relationship between social protection and economic inclusion. The study is useful as programme and perception evidence, not a substitute for current national wage or retention data. (Bangladesh GED, 2020)

The national SDG review documents the Employment Injury Scheme pilot launched for ready-made garment workers in June 2022. It is an important occupational injury and social-insurance measure, including compensation where workplace injury results in permanent disability or death. This demonstrates progress on worker protection and the links between targets 8.5 and 8.8; it does not directly show the employment participation of persons already living with disabilities. (Bangladesh national SDG review, 2025)

3.4.3.2.3 Employment outcomes, intersectional barriers and accountability

The national SDG review's explicit disability employment rate is a useful national SDG reporting practice. Yet it does not establish how many employed persons with disabilities hold formal contracts, receive equal hourly wages, obtain accommodation or remain employed. Women's low-paid informal work and educational exclusion may produce compounded barriers. Government monitoring should therefore link the disability employment baseline to sector, sex, rural residence, type of work, wages and occupational safety, alongside transparent results for public and private employment schemes. (Bangladesh national SDG review, 2025)

Additional evidence from specialist surveys

Written responses from Access Bangladesh Foundation draw on two specialist sources that extend the national review figure. The National Survey on Persons with Disabilities 2021 found that 33.78% of working-age persons with disabilities (15–64) were employed, compared with the national review's 27.29% for those aged 15 and over in 2022; the difference reflects age range and source. The gender gap is stark: 47.59% of men with disabilities were employed, against 12.80% of women. The Disability Inclusive Labour Force Survey 2022, produced by the Bangladesh Bureau of Statistics with the ILO, shows that 87.19% of employed persons with disabilities work informally, that only 0.21% have ever received vocational training, and that 80.91% lack the entry qualifications required by technical and vocational institutes.

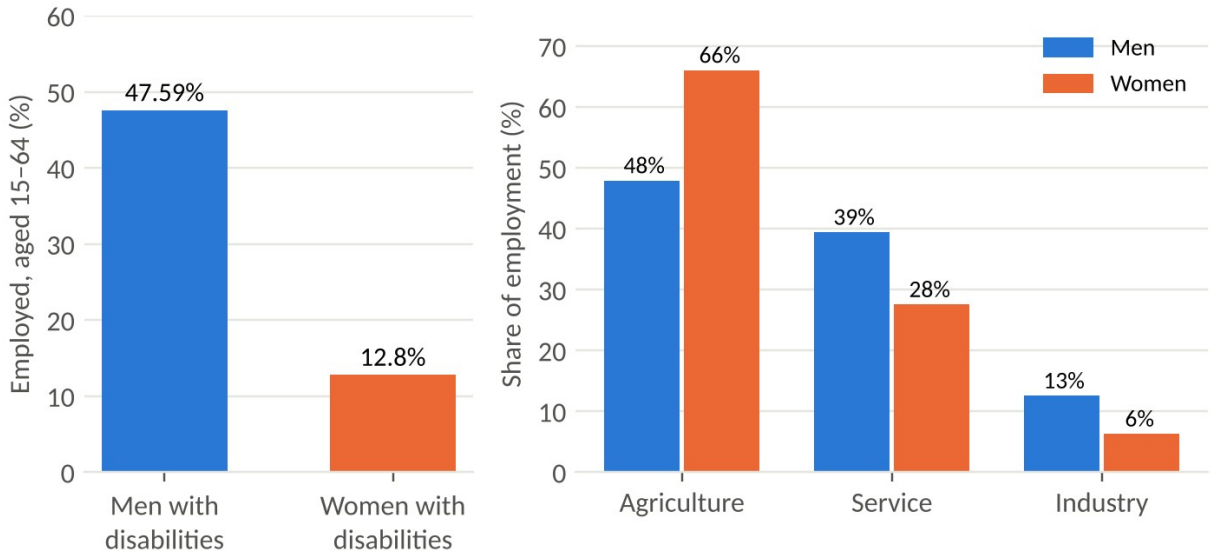

Figure 29: Bangladesh: employment of persons with disabilities by sex (NSPD 2021) and by sector and sex (DILFS 2022)

Source: Access Bangladesh Foundation submission, citing BBS

Table 21: Bangladesh: employer incentives and legal provisions for disability employment (Access Bangladesh Foundation, August 2026)

Incentive or rule	Current position (as reported)
Public-sector quota	After the 2024 Supreme Court verdict, 93% merit-based; 1% shared by persons with disabilities and the third gender, applied at interview stage
Private employers	Tax rebate of 75% of salaries paid to employees with disabilities or 5% of corporate tax payable (whichever is lower) where at least 10% of the workforce or more than 25 employees are persons with disabilities or third gender
Legal framework	The 2013 Act requires reasonable accommodation, but the Labour Act 2006 permits dismissal for incapacity, so the two laws are not harmonised
Employment policy	No binding private-sector quota; the National Employment Policy 2022, National Jobs Strategy 2019 and SME Policy 2019 do not address disability specifically

Box 37: Case study: Access Bangladesh Foundation's disability-inclusive graduation model

How it works. Each participant begins with an individual assessment of disability, skills and local market opportunity. Training combines soft skills with trade-specific technical and digital skills. Participants receive assistive devices, accessibility support and reasonable accommodation. Coaching and mentoring then support placement into self-employment, home-based enterprise or wage employment, with links to employers, buyers and digital marketplaces. Follow-up continues for 18 to 36 months, depending on support needs.

Other initiatives. The Bangladesh Business and Disability Network aligns training with employer demand. BRAC's mentor-based apprenticeship (STAR) model has outperformed classroom vocational training, and the Centre for the Rehabilitation of the Paralysed links rehabilitation with accessibility audits, training and microcredit.

Lesson. Where most work is agricultural and informal, especially for women, programmes should build home-based and self-employment pathways while pressing for enforcement of formal-sector inclusion.

Programme description provided by the implementing organisation; outcomes have not been independently evaluated.

3.4.3.3 Barbados

3.4.3.3.1 2023 national SDG review: employment and economic recovery

Barbados's 2023 national SDG review situates Goal 8 within the Barbados Economic Recovery and Transformation programme and the rebound of tourism and services following the pandemic. It identifies women, youth and persons with disabilities among groups requiring equitable job opportunities. Economic diversification and growth do not themselves demonstrate that disabled workers receive an equal share of formal, secure or well-paid employment. (Barbados national SDG review, 2023)

3.4.3.3.2 Employment initiatives and administrative action

The 2023 national SDG review states that the Ministry of Labour, Social Security and Third Sector and the Ministry of People Empowerment and Elder Affairs sought to open employment opportunities for persons with disabilities through the First Jobs Initiative. It also identifies the Pathways Employability programme and a new national minimum wage introduced in 2021. These are identifiable policy and administrative measures, but the national SDG review does not specify a national disability employment trend or adequately document job retention and wages among disabled participants. (Barbados national SDG review, 2023)

3.4.3.3.3 Disability-inclusive outcomes and remaining measurement gaps

The central Barbados question is whether employment programmes lead to lasting placements in accessible workplaces, with fair pay and opportunities for advancement. The national SDG review's general unemployment figures do not answer that question. The small-island labour market, tourism exposure and emerging digital and green sectors present opportunities for targeted employer partnerships, but programme success must be evaluated with disability-disaggregated measures. The status of subsequent legislation or planned initiatives cannot be inferred solely from statements in the 2023 national SDG review.

Representatives of persons with disabilities identify employment as the area of least progress in Barbados, despite advances in accessibility, transport and policy. (Consultation with the Barbados Council of the Disabled, 26 August 2026)

3.4.3.4 Fiji

3.4.3.4.1 2023 national SDG review: SDG 8 performance and disability employment

Fiji's 2023 national SDG review describes progress under several components of SDG 8 but notes weaknesses in productivity, labour-market development and shocks associated with tourism. Its country assessment explicitly reports that approximately 15% of persons with disabilities had paid employment, compared with approximately 45% of persons without disabilities. This is a gap in paid employment, not a direct comparison of ILO unemployment rates. (Fiji national SDG review, 2023)

3.4.3.4.2 Legal framework and socioeconomic interventions

The Rights of Persons with Disabilities Act 2018 provides a disability rights framework. National economic programmes and financial-inclusion measures offer potential routes into training, entrepreneurship and paid work. Fiji's national SDG review reports that more than 81% of persons with disabilities had access to financial services in 2020; however, financial access is not an employment rate, a measure of equal remuneration or proof that businesses became sustainable. Fiji's economic

concentration and outward migration also influence labour-market opportunities. (Fiji national SDG review, 2023)

3.4.3.4.3 Measured disparities and practical priorities

The reported difference in paid employment indicates major inequality even where equal rights have been recognised. Accessible transport, workplace adaptations, tourism-sector recruitment, small-enterprise support, digital opportunities and school-to-work transition require coordinated attention. Fiji would benefit from recurring, comparable disability-specific statistics on labour-force participation, income, employment security and the employment effects of training and financial inclusion programmes.

3.4.3.5 India

3.4.3.5.1 2025 national SDG review: growth and jobs, disability inclusion and limits of aggregate indicators

India's 2025 national SDG review describes employment generation, skilling, formalisation and entrepreneurship as elements of Goal 8. It identifies disability among leave-no-one-behind concerns and documents broad socioeconomic initiatives. General workforce growth or improved overall female labour-force participation cannot establish employment improvements for persons with disabilities unless the data are separately disaggregated. The national SDG review should therefore be paired with the dedicated disability survey, programme records and workplace-level research. (India national SDG review, 2025)

3.4.3.5.2 Employment rights, reservation and programme delivery

The Rights of Persons with Disabilities Act 2016 provides non-discrimination and reasonable-accommodation duties and, under Section 34, reservation of not less than 4% of vacancies in the cadre strength of each group of posts in government establishments for persons with benchmark disabilities, subject to applicable legal provisions. National employment and skill initiatives and financial assistance establish administrative channels. A 2022 NITI Aayog Development Monitoring and Evaluation Office discussion highlighted weak female participation, high self-employment and risks of losing work after disability onset. Publicly announced training places or reserved vacancies are not proof of appointments, wage parity or retained work. (NITI Aayog DMEO, 2022)

A 2025 study of 40 Mumbai-based companies reported that only 48% of surveyed companies employed persons with disabilities and identified inadequate infrastructure, knowledge and implementation of ILO principles. Because the study is confined to 40 firms in one city, it is useful as a warning about implementation, not a representative national rate for Indian enterprises. (Kumar et al., 2025)

3.4.3.5.3 National employment evidence and the data gap

India's National Sample Survey 76th Round (July–December 2018) reported for persons with disabilities aged 15+ a labour-force participation rate of 23.8%, worker-population ratio of 22.8% and unemployment rate of 4.2% in the usual-status measure. The low unemployment rate is not evidence of adequate inclusion: roughly three-quarters of disabled persons aged 15+ were outside the labour force under that measure. The survey is a historical baseline, not a 2026 estimate. A nationally representative update and public reporting of actual government appointments, vacancies, reasonable accommodations, employment retention and wages are needed. (MoSPI NSS 76th Round, 2019)

3.4.3.6 Kenya

3.4.3.6.1 2024 national SDG review: employment, decent work and inclusion

Kenya's 2024 national SDG review addresses job creation, economic participation, informal employment and inclusive growth. It should be read alongside the 2024 civil-society SDG review, which describes work by Sightsavers, the United Disabled Persons of Kenya, trade unions and employers to strengthen workplace inclusion and labour rights. Such programme results identify implementation pathways but cannot be extrapolated into a national disability employment rate. (Kenya national SDG review, 2024)

3.4.3.6.2 Public-sector implementation and the 2025 legislative framework

Constitutional Article 54 recognises progressive implementation of representation of persons with disabilities in elective and appointive bodies. A National Council for Persons with Disabilities assessment reported in 2024 that only 4% of assessed public institutions met the 5% employment requirement; persons with disabilities represented around 1.32% of the workforce covered by its public-institution assessment. These are institutional results, not a national employment rate. (Kenya NCPWD, 2024)

Kenya enacted new disability legislation in 2025. The Kenya Joint Disability Inclusion Strategy 2025–2027, launched in August 2025, includes economic empowerment, access to services, digital inclusion, political inclusion and disability data among its pillars. It was developed with multiple partners including organisations of persons with disabilities. Implementation needs transparent budgets, employer participation, reasonable accommodation and independently measurable outcomes. (Kenya Joint Strategy, 2025)

3.4.3.6.3 Employer partnerships, outcomes and unmet needs

The 2024 civil-society SDG review describes the Inclusive Futures Global Labour Programme and support to disabled jobseekers through value chains involving beverage-sector suppliers and distributors. It reports 813 jobseekers with disabilities trained and 318 transitions into decent work in a programme context; these figures should be attributed to programme reporting rather than to nationally verified employment trends. The source does not by itself establish long-term retention or national wage equality. Employer networks, trade-union support and accessible job matching provide replication opportunities, especially if followed by independent outcome monitoring.

Box 38: Case study: Kenya's Inclusive Futures supply-chain employment model

What it did. The Inclusive Futures Global Labour Programme connected jobseekers with disabilities, organisations of persons with disabilities, trade unions and employers through value chains of beverage-sector suppliers and distributors.

Reported results. In programme reporting, 813 jobseekers with disabilities were trained and 318 moved into decent work.

Caution. These are programme figures, not national employment trends, and long-term retention and wage equality have not been independently established.

Lesson for the Commonwealth. Pairing employer partnerships with independent compliance checks, such as Kenya's assessment of public institutions, shows why capacity building and enforcement should be designed together.

The 2019 Census, analysed with the Washington Group methods, shows that a majority (53.4%) of working adults with disabilities are self-employed, compared with 49.2% of working adults without disabilities, which points to more limited access to waged employment. (Washington Group Country Disability Report: Kenya, 2025)

3.4.3.7 Uganda

3.4.3.7.1 2021 SDG report and 2024 national SDG review: decent work and evidence limits

Uganda's 2021 SDG Progress Report describes high informality and gaps between economic growth and gainful employment. It reports 8.8% overall unemployment in 2019/20 and widespread informal work, but the table headed 'Unemployment rate, by sex, age and persons with disabilities' gives age and sex breakdowns without a disability column. This inconsistency is a concrete gap in indicator 8.5.2 reporting. The 2024 national SDG review describes economic recovery alongside high unemployment and informality, not a comprehensive disability employment trajectory. (Uganda SDG report, 2021; Uganda national SDG review, 2024)

3.4.3.7.2 Legal commitments and livelihood administration

Uganda's Persons with Disabilities Act 2020 provides a disability-specific legislative framework. Programmes such as the Parish Development Model, Emyooga and other local enterprise initiatives seek to broaden economic participation. The 2024 national SDG review describes the Parish Development Model as inclusive of persons with disabilities and other disadvantaged groups. This is evidence of stated programme design and administrative inclusion, rather than a verified rate of job placement or income growth among persons with disabilities. (Uganda national SDG review, 2024)

3.4.3.7.3 Informality, rural livelihoods and missing employment outcomes

Uganda's economic inclusion must address rural and informal workers who may lack contracts, injury protection or access to credit and markets. Employment measurement should distinguish subsistence activity from adequate paid work and report participation, net earnings, social protection and enterprise survival by disability status. In the absence of current comparable data, it would be misleading to describe Uganda's employment gap as either narrowing or widening. The main evidence-based conclusion is that the reporting system requires substantial improvement.

3.4.3.8 United Kingdom

3.4.3.8.1 2019 national SDG review: equality protection and employment policies

The United Kingdom's 2019 national SDG review described employment and economic opportunity in the context of national equality law, labour-market policy and social protection. The Equality Act 2010 prohibits disability discrimination and requires reasonable adjustments within its legal scope. The national SDG review is an earlier policy baseline, not proof of contemporary results. The UK's SDG data portal includes disability breakdowns under 8.5.1 and 8.5.2 but states that updates to the portal ceased in September 2023; recent DWP and ONS releases are therefore needed. (UK national SDG review, 2019; UK SDG data, 8.5.1; UK SDG data, 8.5.2)

3.4.3.8.2 New statistics, parliamentary scrutiny and government response

The DWP's Employment of Disabled People 2025 release, updated in March 2026, reports that 5.5 million disabled people were in work in April–June 2025. The disability employment rate was 52.8%, compared with 82.5% among non-disabled people, a 29.7-percentage-point gap. The May 2026 House

of Commons Work and Pensions Committee report found that disabled people moved out of work at about 10.1% per year on average since 2014 compared with 4.6% for non-disabled people. Parliamentary scrutiny thus moves beyond recruitment into retention and employer compliance. (UK DWP, 2025/26; UK Parliament, May 2026)

The government formally responded to the committee in September 2026, acknowledging persistent barriers related to workplace accessibility, employer awareness and reasonable adjustments. A government response is evidence of public accountability and stated measures, not proof that the proposed changes have already lowered the disability employment gap. (UK Parliament, September 2026)

The longer trend shows that most of the narrowing in the disability employment gap took place before 2023. The disabled employment rate rose from 43.6% in April–June 2013 to 53.6% in April–June 2023, but has since edged down to 52.8%, and the gap widened again to 29.7 percentage points in 2025. (DWP, Employment of disabled people 2023; 2024; 2025)

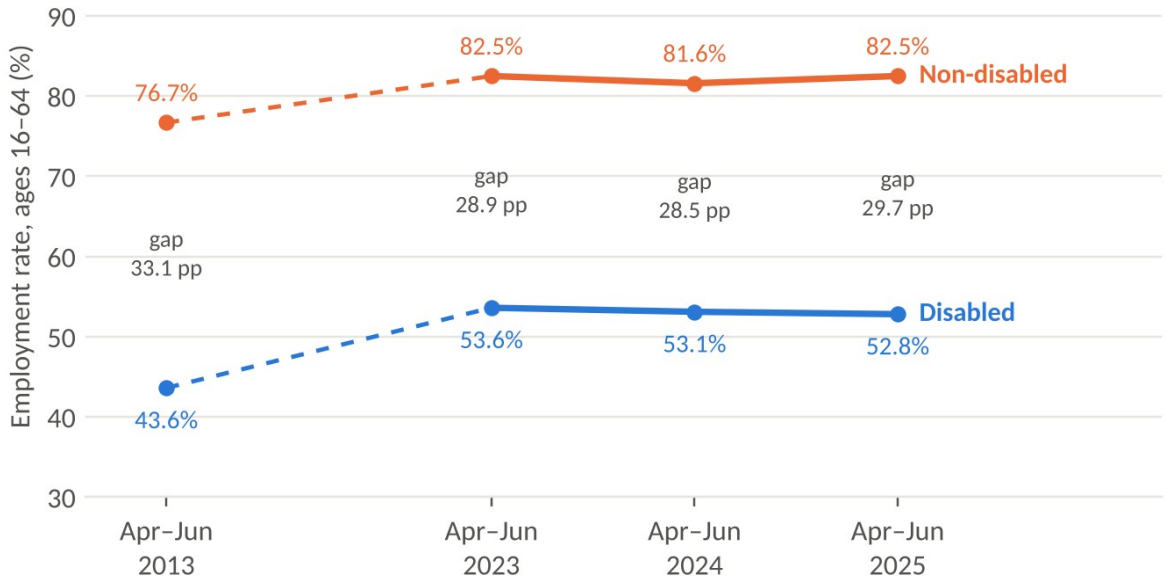

Figure 30: Employment rates of disabled and non-disabled people aged 16–64, United Kingdom, April–June 2013 and 2023–2025

Source: DWP, The Employment of Disabled People (2023, 2024 and 2025 releases); each value as first published, later revisions may differ; 2013 non-disabled rate derived from the published gap; intermediate years not shown

3.4.3.8.3 Pay gaps and the gap between legislation and equality

The Office for National Statistics estimated a disability pay gap of 12.7% in 2023 using median hourly earnings, with £13.69 for disabled employees compared with £15.69 for non-disabled employees. The calculation and population differ from the ILO's pooled study and the official SDG mean earnings indicator; they should not be equated. The available evidence shows that well-developed legislation and statistical systems have not delivered parity in recruitment, retained employment or hourly earnings. (ONS disability pay gap, 2024)

Box 39: Interview: Richard Rieser, Reclaiming Our Futures Coalition, United Kingdom



Work, prejudice and making commitments real (Target 8.5)

What is the biggest barrier to work for disabled people in the UK?

Employer prejudice. It is not, as is often claimed, a lack of confidence among disabled people. Employment outcomes also differ greatly between impairment groups, so policy has to recognise that diversity rather than treat disabled people as one group.

Which policies help?

Access to Work is a strong concept. It should be expanded and integrated so that support follows the worker more automatically. Sign-language interpretation for Deaf workers shows what happens when funded support is restricted: people start jobs without access, or lose them. Disability Confident has had some positive effects, but voluntary schemes are no substitute for enforcing equality law. Trade unions, with their disabled members' sections, are an important way of representing disabled workers, and vocational qualifications need parity with academic ones for young disabled people.

The UK ratified the CRPD in 2009. Is that enough?

Ratification does not by itself guarantee implementation. The Convention has not been incorporated into UK law. The Equality Act 2010 matters, but it relies too heavily on individuals bringing cases; enforceable duties such as the Public Sector Equality Duty should carry more weight. Disabled people should design reforms of benefits like the Personal Independence Payment, not just be consulted on cuts.

How should the Commonwealth turn its Disability Inclusion Action Plan into action?

The drafting was difficult and the final plan is weaker than we hoped, so the task now is implementation. We propose regional processes that bring ministers, disabled people's organisations and disabled young people together to write practical regional plans. A six-country Caribbean process, discussed with the Caribbean Development Bank, could be the pilot for other regions. We also need agreed implementation benchmarks, timely reporting and real consequences when countries fail to meet their commitments.

What worries you most about the next five years?

Falling development aid and geopolitical pressure could push disability down the agenda just when the SDGs are off track. Governments are cutting funding for representative disability organisations, and younger disabled people are organising online in new ways, so we must rebuild collective organising. Poverty has to be at the centre: economic insecurity shapes access to education, health, work and participation, and artificial intelligence will raise new questions about income security.

Voices of persons with disabilities

Voice 19: Deaf woman, nurse, United Kingdom

"I started my job without access."

On beginning work before Access to Work funding for British Sign Language interpretation was in place. Source: Limping Chicken, reporting the SignHealth Access to Work report, July 2025.

Voice 20: Graduate job-seeker, leader of a platform of graduates with disabilities, Bangladesh

> *"Thousands of university graduates with disabilities were shut out of public employment."*

Spoken during a 2025 campaign by job-seeking graduates with disabilities for public-sector recruitment. Source: Dhaka Tribune, October 2025.

Commonwealth data from the United Nations Disability and Development Report 2024

Only the values printed for Commonwealth member countries have been extracted from the United Nations report and are used here; regional and global averages and data for non-Commonwealth countries have been omitted.

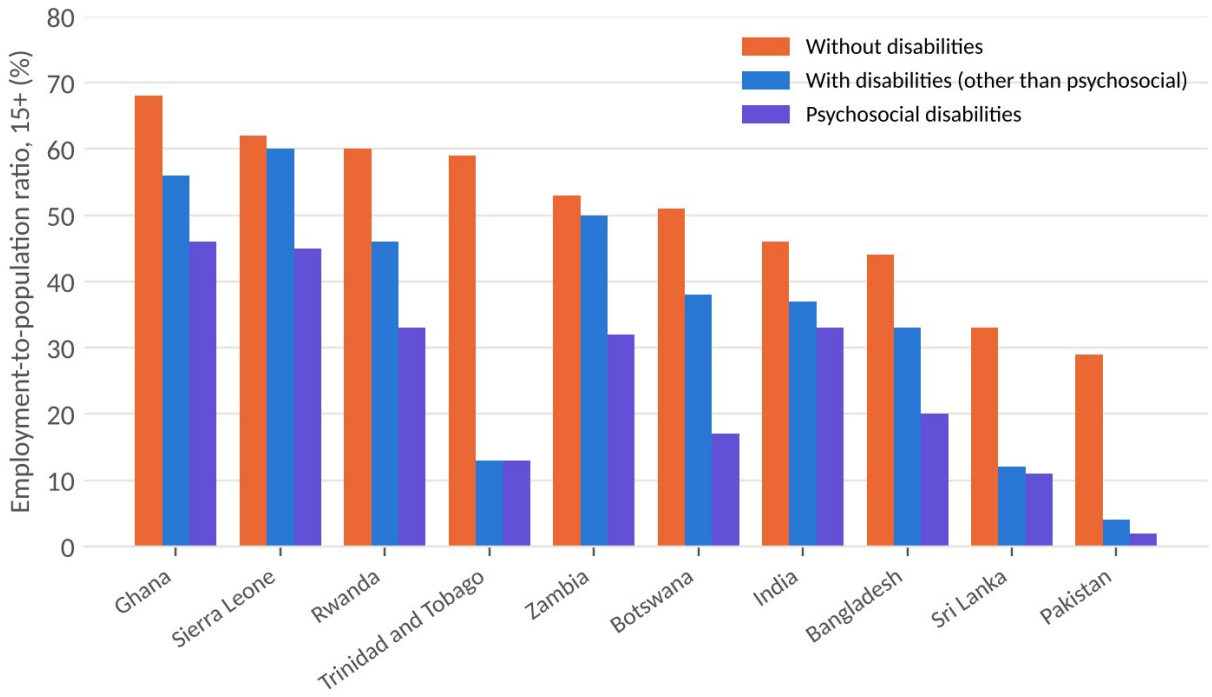

Figure 31: Employment-to-population ratio by disability status, Commonwealth countries with printed values

Source: UN DESA, Disability and Development Report 2024, Figure 126 (2019 or latest year; persons aged 15 and over). Commonwealth countries only.

Table 22: Workplace accessibility for persons with disabilities in Commonwealth countries, extracted from the UN Disability and Development Report 2024 (Figure 128, 2015–2019)

Commonwealth country	Persons with disabilities reporting the workplace is hindering or not accessible
Cameroon	50% (not nationally representative)
Sri Lanka	45%
Uganda	22%
Zambia	16%

3.4.4 Comparative assessment across the eight Commonwealth countries

3.4.4.1 What the national SDG reviews establish and leave unanswered

Table 23: Decent work: what the national SDG reviews establish and leave unanswered, by country

Country and national SDG review	Evidence of employment-related progress	Disability-specific outcome or reporting limitation
Australia · 2018	Earlier human-rights commitments and inclusive labour-market objectives	Updated 2022 survey finds 56% employment with disability against 82% without; reform outcomes still to be evaluated
Bangladesh · 2025	Formal and informal labour-market analysis; worker protection and programme measures	27.29% of disabled people aged 15+ employed in 2022; little published on equal hourly earnings or retention
Barbados · 2023	First Jobs Initiative, Pathways programme, recovery and diversification	No comprehensive national SDG review disability employment, pay or retention series
Fiji · 2023	Rights recognition, economic measures and financial inclusion	Paid work reported for about 15% with disability versus 45% without; definition is not harmonised with other country rates
India · 2025	Skills, employment and entrepreneurship initiatives; disability inclusion concerns	Dedicated 2018 disability survey reports 22.8% worker-population ratio; post-2018 outcome series limited
Kenya · 2024	Job creation and private-sector/civil-society partnerships	Public-institution assessment finds 1.32% disability representation; not economy-wide rate
Uganda · 2024	Local enterprise and economic participation commitments	General Goal 8 results, but disability-disaggregated 8.5 outcome reporting is insufficient
United Kingdom · 2019	Equality protections and employment support baseline	DWP 2025: 52.8% versus 82.5% employment; 2026 Parliament documents elevated exit from work

The measures in this table have different years, denominators and institutional scope. Their purpose is to identify the nature and strength of disability employment evidence, not rank the eight countries by a single league table.

3.4.4.2 Normative, administrative and outcome progress

Table 24: Decent work: normative, administrative and outcome progress, by country

Country	Normative progress	Administrative progress	Outcome progress evidenced
Australia	Anti-discrimination law and national disability strategy	Specialist employment services and detailed national measurement	Some improvement since 2018; substantial employment and income gaps remain
Bangladesh	Disability rights legislation	Social protection, skills and employment injury protection	Low disability employment rate reported; job-quality data incomplete
Barbados	Equality commitments and national disability policy direction	Named employability and placement initiatives	Sustained disability employment outcomes not established in reviewed national SDG review
Fiji	Disability rights legislation	Skills, enterprise and financial-inclusion measures	Marked paid-work gap remains

Country	Normative progress	Administrative progress	Outcome progress evidenced
India	RPwD Act, reasonable accommodation and government employment reservation	Skills programmes and disability institutions	Low 2018 work participation; current change not established
Kenya	Constitutional obligations and 2025 disability legislation	NCPWD oversight, strategy and employer partnerships	Major public-sector compliance gap; some programme-level placements
Uganda	Persons with Disabilities Act 2020	Local livelihoods and enterprise schemes	National disability-disaggregated outcomes inadequately established
United Kingdom	Equality Act and reasonable adjustment duties	Employment support, statistical reporting and parliamentary accountability	Persistent gaps in employment, wages and retention

3.4.4.3 Common barriers and structural differences

All eight countries identify, directly or through supplementary evidence, barriers associated with education-to-work transitions, inaccessible recruitment, employer attitudes, workplace accommodation, transport, income security and weak career progression. Context changes their expression. Australia and the United Kingdom have relatively advanced national statistical systems, yet enduring employment gaps. Bangladesh, India, Kenya and Uganda must also confront pervasive informality and limited labour protections. Barbados and Fiji face relatively small and sector-concentrated labour markets, particularly exposed to tourism and external economic shocks. (ILO employment and wages, 2024; ILOSTAT, 2026)

3.4.4.4 Overall Commonwealth finding

The strongest common conclusion is that law, programme expenditure and jobs obtained constitute different forms of evidence. A vacancy reservation that is not filled, a training certificate without a placement, a toolkit without a sustainable livelihood or an employer pledge without accommodations must not be labelled full SDG 8.5 achievement. The Commonwealth needs statistics not only on whether people work but on their hourly earnings, working conditions, job retention, advancement and choice.

3.4.5 Good practices and possibilities for replication

3.4.5.1 Australia's integrated employment support and monitoring

The combination of nationally published disability-disaggregated statistics and Inclusive Employment Australia's emphasis on recruitment, retention and career development provides a promising institutional model. The transferable element is a results chain from individual support to verified employment, not an assumption that a recently launched programme already works. (AIHW, 2026; Australian DSS, 2025)

3.4.5.2 Kenya's employer partnerships and independent compliance checks

The Inclusive Futures supply-chain model connects jobseekers, OPDs, unions and employers; NCPWD public-institution checks expose differences between legal targets and staffing. Together they demonstrate why capacity building and independent compliance monitoring should be designed as complementary, not separate, measures. The 2025 joint strategy provides a potential coordination

platform, but verified retention and wage results remain necessary. (Kenya NCPWD, 2024; Kenya Joint Strategy, 2025)

3.4.5.3 Bangladesh's employment injury insurance and cross-target policy design

Bangladesh's Employment Injury Scheme recognises that decent work includes protection against injury and resulting income loss. The scheme is relevant for labour-intensive Commonwealth economies and demonstrates coordination between occupational safety and social insurance, but it is not a direct disability recruitment intervention. (Bangladesh national SDG review, 2025)

3.4.5.4 India's public employment duties and data accountability

India's statutory reservation model offers a defined public-sector obligation. Its replicability depends on publishing sanctioned posts, vacancies, eligible applications, completed recruitment, accommodations, grade distribution and retention. Employer studies that document inadequate understanding of inclusive employment suggest that compliance support and workplace audits need to accompany formal rules. (India RPwD Act; MoSPI NSS 76th Round, 2019)

3.4.5.5 United Kingdom's disability employment statistics and parliamentary accountability

DWP data and the 2026 parliamentary inquiry show the benefit of tracking employment exits as well as entry, alongside national employment and pay gaps. Parliamentary hearings and formal government responses can connect measured disadvantages with employer duties, public programme reforms and follow-up scrutiny. Regular independent evaluation remains essential. (UK Parliament, May 2026; UK Parliament, September 2026)

3.4.6 Priority recommendations for Commonwealth action

3.4.6.1 Establish a core disability-employment reporting package

Countries should report 8.5.1 and 8.5.2 alongside disability-disaggregated employment-to-population ratios, labour-force participation, involuntary part-time work, formal/informal work, retention and career advancement. Statistical offices should clearly publish definitions, coverage, confidence intervals and survey years, and disaggregate appropriately by sex, age, geography and disability-related functioning. (UN SDG 8; ILO employment and wages, 2024)

3.4.6.2 Track the full policy-to-expenditure-to-results pathway

Record the law or commitment, appropriated funds, actual disbursements and expenditure, services delivered, accessible adjustments paid for, beneficiaries reached, jobs gained and retained, hourly earnings and complaints resolved. A budget allocation or announcement cannot be reported as an outcome. Ministries should publish yearly programme and employment returns suitable for independent audit.

3.4.6.3 Require inclusive recruitment, retention and reasonable accommodation

Public and private employers should have accessible digital recruitment systems, non-discriminatory interview procedures, clear adjustment arrangements, accessible premises and work technology, and grievance remedies. Employers should be supported to identify and remove barriers, while labour inspectorates and human-rights institutions verify compliance. (CRPD Article 27)

3.4.6.4 Close the education-to-work transition gap

Schools, tertiary and vocational institutions should coordinate career guidance, accessible apprenticeships, internships, supported placements and employer partnerships. Outcomes should be measured at entry into work and again after six, twelve and twenty-four months, particularly for young women and persons with intellectual or psychosocial disabilities.

3.4.6.5 Improve equal-pay assessment and career progression

Collect comparable hourly-earnings data by disability and sex, occupation, work hours and employment sector. Examine progression, professional training, contract security and leadership representation. Equal pay policy should address women with disabilities and prevent concentration in low-paid occupations. (ILO employment and wages, 2024; ONS disability pay gap, 2024)

3.4.6.6 Make self-employment and informal work genuinely decent

Livelihood grants and enterprise programmes must provide accessible credit, market connections, assistive technology, business mentoring and appropriate social protection. Monitor business survival, net earnings and voluntary choice, not simply the number of loans or toolkits. Extend labour protection to domestic, agricultural, platform and informal workers with disabilities. (ILOSTAT, 2026)

3.4.6.7 Publish public-sector staffing and reservation compliance

Where laws set public-sector reservation or representation duties, ministries should disclose authorised posts, vacancies, filled appointments, grade levels, accommodations, departures and promotions. Such data must distinguish employees with disabilities in the public service from employment across the entire economy. (Kenya NCPWD, 2024; India RPwD Act)

3.4.6.8 Resource participation by organisations of persons with disabilities

OPDs, including representative groups of women, youth and persons with intellectual and psychosocial disabilities, should help design employment systems, review budgets, develop indicators and independently examine outcome reports. Consultations, data platforms and labour-policy hearings should be accessible and sufficiently resourced. (CRPD Article 27; Kenya Joint Strategy, 2025)

3.4.7 Conclusion

The eight-country review shows substantial normative recognition of the right to work but uneven implementation and limited proof of equality in employment outcomes. National data show substantial employment gaps in Australia, the United Kingdom and Fiji; Bangladesh's national SDG review records low disability employment participation; India's 2018 dedicated survey shows low worker-population and labour-force participation rates; Kenya's public-institution assessment reveals weak compliance; and the reviewed Barbados and Uganda reports lack comprehensive comparable disability employment results. These findings must be interpreted with their different survey years, definitions and populations in mind.

The lesson for the Commonwealth is to judge progress through the whole employment experience: access to education and training, freely chosen jobs, accessible recruitment and workplaces, decent and equal remuneration, retained employment and professional advancement. The critical distinction is between a commitment, a funded service and a demonstrated improvement in the life of a worker with disability. Only when that chain is visible and independently verifiable can governments establish genuine progress towards Target 8.5.

Employment gaps are one expression of a wider pattern of unequal opportunity. Section 3.5 examines Target 10.3 and the discriminatory laws, policies and practices that sustain inequality across all areas of life.

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3.5 SDG 10: Reduced inequalities and equal opportunity for persons with disabilities

The employment gaps documented in Section 3.4 are one face of a broader inequality. This section examines Target 10.3: whether discriminatory laws, policies and practices are being removed, whether reasonable accommodation is provided, and whether persons with disabilities can obtain effective remedies.

3.5.1 Scope and methodological approach

This section focuses principally on Target 10.3, supported by Targets 10.1, 10.2 and 10.4. It examines the national settings of Australia, Bangladesh, Barbados, Fiji, India, Kenya, Uganda and the United Kingdom, combining their national SDG reviews with disability legislation, official reports, human rights monitoring and peer-reviewed research. Its organising question is whether persons with disabilities can obtain equal access, protection and effective remedies, and whether policy change translates into substantive equality. (UN SDG 10; SDG 10 Legal Guide)

3.5.1.1 Why Target 10.3 is central

Target 10.3 explicitly requires the elimination of discriminatory laws, policies and practices. For disability inclusion, it is therefore concerned with both direct and indirect discrimination; denial of reasonable accommodation; discriminatory eligibility conditions; inaccessible service systems; and barriers arising from stigma. It also requires attention to inequalities of outcome, so equal wording in law cannot be mistaken for equal opportunity in practice. The CRPD, especially Articles 5, 6, 9, 12, 13, 19, 27 and 29, supplies the relevant rights framework. (CRPD Articles 5–29)

3.5.1.2 Official indicators and their interpretation

Indicator 10.3.1 measures the share of the population who report personally experiencing discrimination or harassment on a ground prohibited under international human rights law in the previous 12 months. Indicator 10.2.1 measures the proportion living below half the median income, with disability disaggregation envisaged. Indicator 10.1.1 measures income or consumption growth for the bottom 40% of the population; it does not identify persons with disabilities unless disability is captured in the underlying data. The two indicators for Target 10.4 concern the labour share of GDP and fiscal redistribution; they provide context for inequality but are not direct measures of disability inclusion. (UN indicator definitions; UNICEF Goal 10)

Self-reported discrimination and formal complaints require careful distinction. A higher complaint rate may reflect worsening discrimination, improved awareness, easier access to complaint systems or greater trust in institutions. Conversely, a low complaint count may indicate inaccessible procedures or fear of consequences. Survey data should be interpreted alongside qualitative experience, case outcomes, service monitoring and independent evaluation. (UN DESA Goal 10 chapter)

The international evidence documents a serious and persistent disability disadvantage. The UN Sustainable Development Goals Report 2025 found that, within available data from 119 countries, around 28% of persons with disabilities reported discrimination during the preceding year, compared with 17% of persons without disabilities. The UN 2026 assessment notes that persons with disabilities face reported discrimination at rates in some settings two to three times those of the population overall, but also highlights a shortage of repeated, disaggregated surveys. These are multinational findings, not estimates for every Commonwealth country. (UN SDG 2025; UN SDG 2026)

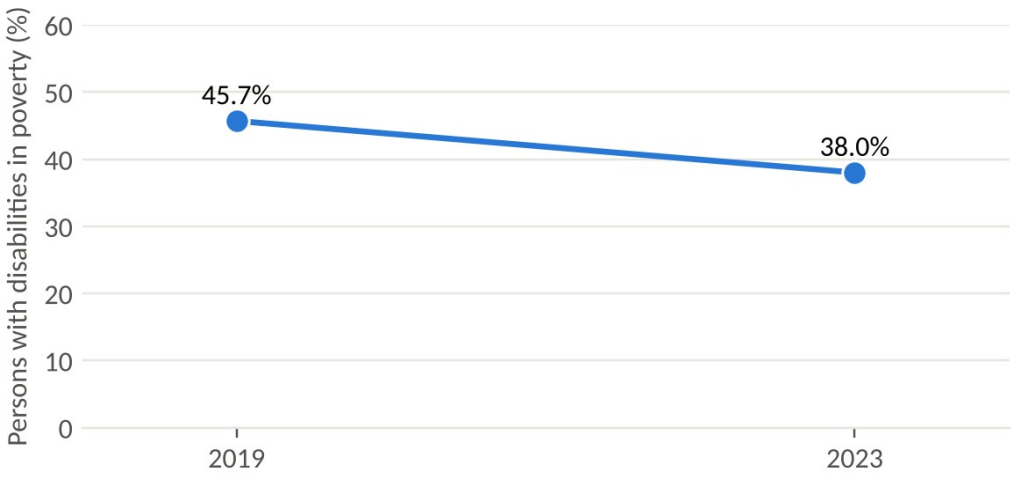

Figure 32: Kenya: estimated poverty among persons with disabilities, 2019 and 2023

Source: UNDP and UN Country Team, Building an Inclusive Kenya: Disability Inclusion Status Report 2025 (model estimate)

3.5.1.3 Use of national SDG reviews and supplementary sources

3.5.1.3.1 Hierarchy of evidence and situational-analysis approach

This revision prioritises the eight government national SDG reviews for official SDG commitments and aggregate progress, then tests those accounts against disability-specific sources. UN-supported situational analyses in Barbados and Fiji, the UNDP-backed Kenyan status report, Uganda's Leave No One Behind assessment, Australia's disability outcomes reporting, judicial and statutory developments in India, Bangladesh and Kenya, and UK equality monitoring provide a second evidence layer. Each source is classified according to its date, geographic coverage, method and whether it reports a commitment, implementation activity or measured outcome. Situational reports written before subsequent laws are treated as historical baselines, not descriptions of the present legal position. (Barbados situational analysis 2025; Fiji situational analysis 2024; Kenya 2025 status report; Uganda LNOB 2024)

3.5.2 Disability, structural inequality and the inclusion challenge

3.5.2.1 Multidimensional and cumulative disadvantages

Disability inequality accumulates across the life course. Barriers to school participation may restrict qualifications; inaccessible transport and prejudicial recruitment may restrict employment; low earnings and disability-related extra costs can worsen poverty; and inadequate support can undermine autonomy and community participation. A programme focused solely on one barrier may therefore produce limited results unless associated barriers are also addressed. The UN Disability and Development Report 2024 documents continuing disadvantages in poverty, public services, accessibility, technology and participation. (UN DESA 2024; Global Sustainable Development Report 2023)

3.5.2.2 Formal and substantive equality

Formal equality concerns equal legal status; substantive equality asks whether institutions remove barriers sufficiently for rights to be exercised. A common examination policy may exclude candidates needing accessible materials. A hospital may prohibit discrimination but use inaccessible examination

facilities. An employer may accept applications from everyone but operate an inaccessible recruitment website. These apparently neutral conditions can lead to unequal results. Under the CRPD, denial of reasonable accommodation is a form of discrimination, making affirmative changes to policies and environments necessary. (CRPD Article 5; SDG 10 Legal Guide)

3.5.2.3 Gender, minority status and other intersections

Women and girls with disabilities may experience overlapping disability and gender discrimination, compounded by economic insecurity, minority identity, age or residence in remote areas. UN Women reports a marked global employment disparity: 23% of women with disabilities, 34% of men with disabilities, 46% of women without disabilities and 67% of men without disabilities were employed in the datasets summarised. These proportions must not be generalised to each of the eight countries. Research also finds women with disabilities underrepresented in national mechanisms responsible for disability policy. (UN Women SDG 10)

3.5.2.4 The effects of discrimination beyond a single incident

Exclusion affects more than access to one job or service. Repeated discriminatory treatment can produce psychological distress, avoidance of public spaces and diminished confidence in institutions. The Australian Psychological Society emphasised the mental-health consequences of discrimination in its 2022 submission to Queensland's anti-discrimination law review and supported prevention and education, not solely post-incident complaints. An effective SDG 10 strategy therefore requires institutional culture change and accessible prevention as well as legal remedies. (Australian Psychological Society 2022)

3.5.3 Country situations and experiences: policies, implementation and outcomes

3.5.3.1 Australia

Australia has an established statutory framework under the Disability Discrimination Act 1992, which addresses discrimination in employment, education, access to premises, accommodation and services. The Australian Human Rights Commission provides an avenue for complaints and rights guidance, alongside legislation in the states and territories. Australia's Disability Strategy 2021–2031 and its outcomes monitoring architecture link inclusive communities, economic security, safety and participation to government responsibilities. In international development, Australia's 2024 International Disability Equity and Rights Strategy prioritises reducing discrimination, investing in representative movements, improving evidence and strengthening inclusion in humanitarian and climate action. (Australian Human Rights Commission; DFAT disability strategy)

The complaint-based model places the burden on individuals: a complainant who loses a discrimination case may be liable for the other party's legal costs, which deters people on low incomes from seeking a remedy. A review of disability discrimination law is under way, with consultation offered in Auslan and plain English. (Consultation with AFDO, August 2026)

Box 40: Interview: Clare Gibellini, Australian Federation of Disability Organisations (AFDO), Australia



Equal opportunity, the law and safety (Target 10.3)

Australia has had a Disability Discrimination Act since 1992. Does it work?

It puts an unfair procedural and financial burden on the individual who complains. If you lose a discrimination case, you can be liable for the other side's legal costs. For a person on a low income that risk alone is enough to stop a complaint. A review of discrimination law is now under way, and it is encouraging that consultation has been made accessible, with Auslan video submissions and plain English.

What came out of the Disability Royal Commission?

A multi-volume final report with 222 recommendations on violence, abuse, neglect and exploitation. Governments have largely accepted them 'in principle', without binding timelines, so most of the action is still to come at both federal and state level.

How safe are women with disabilities?

About one in five women with disabilities experiences intimate partner violence. Violence by paid or unpaid support workers in a person's own home is often missed by ordinary domestic-violence frameworks. One positive step is that the federal Office for Women now gives Women With Disabilities Australia a seat at the table.

Does the National Disability Insurance Scheme close the gaps?

It funds roughly one in ten Australians with disability. The other nine in ten rely on mainstream services, so health, schools, transport and justice must be accessible in their own right. Our weakest point is data: we still lack consistent, disaggregated data across national, state and territory agencies, which makes it hard to see who is being left behind.

Where do you see good practice?

Person-Centred Emergency Preparedness, built by researchers, organisations of people with disability and emergency services together. The new national emergency alert system can reach handsets directly, but the messages still need Easy Read and plain-language versions. And I worry about a subtle push back towards segregation in schools and employment, driven by cost and institutional convenience, in rich and poor Commonwealth countries alike.

Australia's 2018 national SDG review presents the SDGs as a whole-of-society agenda involving government, business, communities and civil society. It is a valuable baseline but predates the Disability Royal Commission and recent national disability statistics. The Disability Royal Commission's 2023 final report prompted further government responses and an implementation process; such responses are administrative progress, while the ultimate test is whether abuse, neglect, exclusion and discriminatory treatment decrease. (Australia national SDG review 2018; Royal Commission progress 2025)

3.5.3.1.1 Later situational monitoring: rights, services and outcomes

Australia's Disability Strategy Outcomes Framework fourth annual report, released January 2026, provides an instructive mixed rather than uniformly positive picture: among the measures updated in 2025, 12 improved, ten were unchanged and ten regressed. Examples of the improving measures are described in Section 2.3.2. The government's 2025 response tracking to the Royal Commission

distinguishes disability-discrimination reforms in progress from recommendations for a comprehensive Disability Rights Act still under consideration. (AIHW Outcomes Framework 2026; Royal Commission implementation 2025)

In the 2022 Survey of Disability, Ageing and Carers, among persons with disability aged 15 and above living in households, 9.9% reported disability discrimination in the preceding 12 months. Prevalence was higher among people aged 15–34 and those with profound or severe limitations. This is powerful disability-specific evidence but uses its survey's defined population and questions; it cannot be compared uncritically with UN Indicator 10.3.1 rates. (ABS 2022; AIHW discrimination)

Australia illustrates comparatively strong normative and statistical capacity alongside continuing discriminatory experiences. Its transferable strength is regular population-level monitoring and visibility of complaints and remedies. Its persistent challenge is translating rights, outcomes frameworks and institutional findings into lasting reductions in employment disparities and exclusion.

3.5.3.2 Bangladesh

Bangladesh ratified the CRPD in 2007 and enacted the Rights and Protection of Persons with Disabilities Act 2013. The Act provides an important rights-based legal framework, but research finds continuing challenges of interpretation, implementation and access to entitlements. A peer-reviewed policy analysis explains the strengths of the 2013 Act while identifying the need for more effective support and institutional translation of commitments. (Disability Act policy analysis; CRPD)

Bangladesh's 2025 national SDG review discusses economic progress, inclusion and persistent distributional inequalities. It provides a recent official SDG 10 account, but aggregate income or poverty trends cannot establish whether persons with disabilities experience lower discrimination or better access to opportunities. Reliable evaluation needs disability-disaggregated income data, personal reports of discrimination and evidence of actual enforcement. The national SDG review should therefore be read with surveys, specialist research and civil society monitoring rather than as a standalone disability equality assessment. (Bangladesh national SDG review 2025)

3.5.3.2.1 National SDG review Goal 10 results and disability data gaps

Bangladesh's 2025 national SDG review Goal 10 chapter reports that income growth for the bottom 40% increased from 7.7% in 2016 to 15.1% in 2022, while the top decile received about 41% of national income. It also notes that 60% of social protection targeting remained rural despite growing urban poverty, and identifies low spending on education, health and social protection relative to needs. These are aggregate results; the national SDG review does not establish what proportion of persons with disabilities moved out of relative poverty under Indicator 10.2.1, nor does it provide a comparable national disability-specific Indicator 10.3.1 series. Such missing disaggregation limits claims of progress in disability equality. (Bangladesh national SDG review 2025, Goal 10)

A 2025 Minority Rights Group study of persons with disabilities in minority and indigenous communities describes intersecting barriers to healthcare, education, work, cultural rights, political participation and justice. Respondents reported exclusion from public support systems and limited knowledge of entitlements. Sarker's qualitative study of women with disabilities describes poverty, violence, social devaluation and minimal participation in decision-making. These studies illuminate mechanisms of intersectional discrimination but do not supply nationwide prevalence rates. (Minority Rights Group 2025; Sarker 2025)

An analysis of political rights in Bangladesh identifies limitations in electoral accessibility and disability-inclusive political representation. Debate about comprehensive anti-discrimination legislation also remains important: civil society consultations in 2025 urged effective, enforceable protections and accessible remedies. The proposed broader anti-discrimination law must not be represented as already enacted. (Political rights study; Anti-discrimination reform discussion)

Bangladesh's principal SDG 10 challenge is to move from statutory recognition to accessible remedies and measurable outcomes, ensuring that women, minority and indigenous communities, and persons with intellectual and psychosocial disabilities are not missed by implementation.

A gap-mapping review of Bangladesh's multi-sectoral programme on violence against women shows how mainstream protection services can create unequal opportunity under Target 10.3:

Table 25: Bangladesh: disability gaps in services for survivors of violence (expert gap-mapping review, August 2026)

Intervention	Disability gap identified
One-Stop Crisis Centres and Cells	No explicit provision for physical accessibility, accessible equipment or sign language, Braille and Easy Read
National helpline (109)	Primarily voice-based; no SMS, video relay or chat options for Deaf persons or persons with speech impairments
Legal aid and psychosocial counselling	Not provided in accessible formats or adapted to different impairments
Shelters	Not described as physically accessible or equipped for persons with disabilities
Capacity building and coordination	Training omits disability rights and reasonable accommodation; OPDs are not partners in referral or monitoring
Data and monitoring	No disability-disaggregated data using the Washington Group questions

3.5.3.3 Barbados

Barbados ratified the CRPD in 2013 and adopted the National Policy for Improving the Lives of Persons with Disabilities 2023–2030. The 2025 rights situational analysis, based on fieldwork from July 2024 to February 2025, identified fragmented ministry responsibilities, weak enforcement, non-binding built-environment accessibility standards and service barriers. A major development after that baseline was Parliament's passage of the Rights of Persons with Disabilities Act 2025 (Act 2025-3), which commenced by official proclamation on 2 January 2026. The country must therefore be assessed as possessing a newly operative disability rights law, while implementation, tribunals, funding and remedies still require verification. (Barbados situational analysis; Parliament passage 2025; Gazette commencement 2026)

The 2023 Barbados national SDG review places inclusive development within the Barbados Economic Recovery and Transformation framework, social protection, and resilience to climate and economic shocks. The national SDG review explicitly recognises the challenge small island developing states face in producing sufficient disaggregated statistics and accessing financing for SDG implementation. Consequently, overall development indicators and descriptions of benefit programmes cannot demonstrate a reduction in disability discrimination without appropriate disability-specific outcome data. (Barbados national SDG review 2023)

3.5.3.3.1 Situational analysis: service barriers and the implementation gap

The 2025 Barbados situational brief records 5.3% disability prevalence in the 2010 census and warns that the historical figure should not be equated with a contemporary prevalence rate. Its review found

that disability assessment and referral can take up to two years, that disability pensions in the stated categories were often inadequate, and that children with disabilities were disproportionately educated in specialist settings (Section 3.2). The brief also cites a 90% disability unemployment estimate dating to 2010. That historical estimate must not be presented as the current unemployment rate. Transport, accessible communication, buildings, justice and digital services remained major reported barriers in the situational study. (Barbados situational brief 2025)

Human-rights reporting and the UN's regional results reporting identify inclusion and access to services as continuing priorities, particularly for people encountering multiple disadvantages. The available published evidence reviewed here does not establish a nationally representative, comparable current rate for disability-based discrimination under Indicator 10.3.1. It would be misleading to construct a numerical score or infer the absence of discrimination from this lack of measurement. (Barbados rights report; UN Caribbean results 2023)

3.5.3.3.2 The post-2025 reform agenda

The 2026 commencement of the disability rights legislation materially changes the legal baseline, but does not itself establish that the Disability Rights Tribunal, National Commission and statutory accommodations are fully operational or consistently funded. The 2025 situational analysis reported that national disability policy funding and coordination were not yet fully settled at its data-collection date. Future reporting should therefore separately measure legal commencement, establishment of enforcement institutions, disability-budget execution and changes in user experience. (Barbados Act commencement; Barbados baseline)

Recognition also depends on practical systems. Disability information was removed from the national identification card for reasons of privacy; this protects confidentiality but can make it harder for people with less visible disabilities to establish eligibility for services. Digital financial services, including new payment platforms, are not yet fully accessible. (Consultation with the Barbados Council of the Disabled, 26 August 2026)

Barbados illustrates the need for small-state statistical cooperation, rights-based social protection, enforceable accessibility and better participation data. Regional technical assistance can improve outcome measurement without imposing resource-intensive systems that are unsuited to small populations.

3.5.3.4 Fiji

Fiji's Constitution includes explicit equality and disability rights guarantees. Fiji ratified the CRPD in 2017, and its Rights of Persons with Disabilities Act 2018 established a disability-specific legal framework. The Fiji Human Rights and Anti-Discrimination Commission has highlighted continuing discrimination in employment, education, health, transport, technology and public services, while supporting stronger national disability policy. These concerns indicate that legal protections require administrative and physical accessibility to be effective. (Fiji Disability Act 2018; Fiji rights guidance; Fiji policy discussion)

Fiji's 2023 national SDG review includes Goal 10 and recognises inclusion regardless of disability within its priority targets. Its SDG reporting also discusses resilience, national planning and the importance of data systems. A positive assessment of broad national progress does not by itself prove improvements in the discrimination experiences of persons with disabilities; those outcomes require independent and disaggregated measurement. (Fiji national SDG review 2023)

3.5.3.4.1 Situational analysis: employment, poverty and access

Fiji's August 2024 UN-supported situational analysis is especially useful because it contrasts disability and non-disability outcomes using the 2017 census and later disability monograph. It reports that 13.7% of residents aged three and over recorded at least one functional difficulty, 15% of persons with disabilities had never attended school compared with 6% without disabilities, and 15% of persons with disabilities undertook paid work compared with 45% of those without disabilities. It also found that 73% of persons with disabilities were economically inactive compared with 42% of those without disabilities. These figures provide evidence of large disparities, although they describe the source dataset rather than a newly measured 2026 rate. The report also emphasises stigma, accessibility and disability-inclusive budgeting. (Fiji situational analysis 2024)

The ILO's December 2025 review of Fiji's workplace disability inclusion noted that the Employment Relations Act 2007 establishes a disability employment target of 2% for larger employers and prohibits disability-related discrimination. Earlier national policy had acknowledged that the target was not met. The workshop brought together public authorities, employers, trade unions and OPDs, demonstrating valuable cross-sector engagement; however, a workshop is an implementation activity rather than an outcome. Employer compliance, retention, remuneration and reasonable accommodation are the more relevant measures. (ILO Fiji 2025)

3.5.3.4.2 National disability policy and accountability

Fiji's National Policy on the Rights of Persons with Disabilities 2025–2035 had been endorsed by the Government by December 2025. It prioritises employment, entrepreneurship and economic security alongside rights-based inclusion. The implementation question is whether ministries and employers align measurable targets, budgets and reasonable accommodations with the strategy and assess those changes through accessible disability-disaggregated surveys. The failure to meet an earlier 2% employment target illustrates why policy enactment and outcome progress must be recorded separately. (ILO policy update 2025; Fiji situational evidence)

Fiji's principal challenge is to connect its statutory obligations and inclusive policy agenda to accessible services and measurable employment results, including outside major urban centres and during climate-related emergencies.

3.5.3.5 India

India's equality framework includes constitutional principles, the Rights of Persons with Disabilities Act 2016, disability-related administrative institutions and an increasingly significant body of jurisprudence. The 2016 Act addresses equality, non-discrimination, reasonable accommodation, accessibility and participation, replacing the earlier statutory framework. Several provisions require detailed rules, accessible implementation procedures and monitoring across national and state institutions. (RPwD Act 2016; CRPD)

India's 2025 national SDG review reports progress on inclusive national development, social protection, infrastructure and SDG localisation, and includes disability-related programmes and consultation evidence. Its Goal 10 discussion and stakeholder inputs raise continuing concerns over accessibility of physical and digital systems, government services, inclusive education, certification, livelihood opportunities and disability-disaggregated statistics. These are significant official acknowledgements, but aggregate economic inequality trends cannot be attributed specifically to persons with disabilities. (India national SDG review 2025; SDG India monitoring)

3.5.3.5.1 National SDG review consultations with persons with disabilities

India's 2025 national SDG review describes more than 30 regional and national consultations across 13 Leave No One Behind groups, including a dedicated consultation with persons with disabilities. Participants called for stronger enforcement of the RPwD Act, disability-disaggregated data, accessible transport and public infrastructure, trained teachers and justice-sector officials, protection for women and girls with disabilities, accessible crisis centres, inclusive disaster planning, better digital access and streamlined UDID and Aadhaar-related enrolment. This is strong evidence that disability concerns entered an official national consultation, but the next accountability test is which proposals received funded and time-bound government responses. (India national SDG review 2025, consultation findings)

The Supreme Court has articulated important disability equality principles. Vikash Kumar v. Union Public Service Commission (2021) strengthened the recognition of reasonable accommodation in examinations, while the Rajive Raturi litigation has been central to judicial scrutiny of accessibility duties. These decisions are significant normative advances; their wider effectiveness depends on institutional instructions, trained staff, accessible facilities and compliance monitoring. (Supreme Court Observer)

The experience of women and people with less visible disabilities highlights the need for more nuanced implementation. A 2023 scoping review examined the potential relationship between violence against women with disabilities and employment discrimination, emphasising gaps in the empirical evidence. A 2025 Oxford Human Rights Hub analysis describes how suspicion about misuse of disability entitlements can stigmatise people whose impairments are not readily visible. Such scholarship should inform policy design, while its argumentation must not be presented as a national survey result. (Ashalatha et al. 2023; Oxford Human Rights Hub 2025)

India has substantial legal and judicial instruments. Its primary Target 10.3 implementation challenge is ensuring these principles yield predictable remedies, equal treatment and accessibility across the country's very different states, districts and service systems.

3.5.3.6 Kenya

Kenya's Constitution of 2010 contains strong guarantees of equality and non-discrimination, including protection of persons with disabilities. The Persons with Disabilities Act 2025 strengthened the recognition of legal capacity, access to justice and procedural accommodation. The International Commission of Jurists has nevertheless identified discriminatory procedural and legal barriers that remain relevant after legislative reform. A new law should therefore be assessed in terms of implementation rather than assumed to remedy all institutional discrimination upon enactment. (ICJ Kenya 2025)

Kenya's 2024 national SDG review reports progress using a national framework of 168 indicators: 60% showed positive progress, 12% stagnation, 17% regression and 11% insufficient comparable data. The national SDG review identifies SDG 10 among the least-progressing goals, alongside SDGs 2 and 14. It also documents national and county-level review processes. The civil society SDG review provides an additional assessment of inequalities, rights and marginalised communities. (Kenya national SDG review 2024; Kenya CSO national SDG review 2024)

3.5.3.6.1 Situational evidence and the economics of exclusion

The Kenya UNDP/UN Country Team status report, published in December 2024 under its 2025 title, associates targeted protection programmes with a fall in disability poverty from 45.7% in 2019 to 38%

in 2023; the estimate nevertheless remained significantly higher than the national average. Its macroeconomic model puts possible exclusion-related losses as high as 6.95% of GDP, approximately KES 1 trillion. The report also identifies fragmented national–county coordination, stigma, weak access to inclusive employment and limits to financing, disability data and institutional monitoring. The GDP figure is an analytical estimate, not audited government expenditure or a directly observed annual GDP loss. (Kenya disability inclusion status report)

A 2024 community study from Siaya County found continuing stigma and unequal access to education, work and decisions, illustrating implementation differences at local level. In October 2025, the High Court's decision in Wilson Nderitu Macharia v. I&M Bank Limited rejected special contractual requirements imposed on a visually impaired bank customer, affirming equal access and legal capacity. The case is a concrete instance of enforceable Target 10.3 principles, but does not quantify national prevalence. (Onderi and Otienoh 2024; Kenya banking judgment)

Box 41: Case study: equal legal capacity in banking, Kenya (2025)

What happened. In October 2025, the High Court's decision in *Wilson Nderitu Macharia v. I&M Bank Limited* rejected special contractual requirements that a bank had imposed on a visually impaired customer, affirming equal access and legal capacity.

Why it matters. The case shows Target 10.3 in action: a discriminatory practice that looked like routine procedure was identified and removed through an accessible remedy.

Lesson for the Commonwealth. The replicable element is not only the judgment but its translation into standard operating procedures, staff training and supervision across all comparable institutions.

Kenya's experience shows the value of rights litigation, disability-inclusive development analysis and county-level action. Priorities are enforcement of the 2025 law, local accessibility, independent complaint mechanisms and reliable disability outcome data. The 2025–2027 joint disability inclusion strategy also provides a framework for coordinated follow-up. (Kenya inclusion strategy)

3.5.3.7 Uganda

Uganda has disability-specific statutory protections, constitutional equality commitments and an Equal Opportunities Commission. A review by Minority Rights Group discussed the need to include persons with disabilities fully in Uganda's SDG processes. (Minority Rights Group Uganda) These institutions place the reduction of discriminatory practices within public oversight and national development planning. The effectiveness of the framework depends on local administrative capacity, accessible public services, enforcement and participation by persons with disabilities and their representative organisations. (Uganda Equal Opportunities Commission)

Uganda's third national SDG review in 2024 linked the SDGs to the national development planning framework and emphasised consultation involving government, Parliament, civil society and community actors. Its official SDG platform states that of 201 applicable indicators, 127 had data points. This evidence gap is important when assessing specific disability equality outcomes. The national SDG review demonstrates processes for monitoring inclusion but does not by itself establish that disability-based discrimination is falling or that OPD proposals changed policy decisions. (Uganda national SDG review 2024)

3.5.3.7.1 Leave No One Behind situational assessment

Uganda's Leave No One Behind Report 2024, produced through its Office of the Prime Minister with UN participation, examines structural factors causing particular groups to be left behind in development and humanitarian action. Read with the 2024 national SDG review, it broadens the assessment from government inclusion commitments to the barriers experienced by persons with disabilities and other marginalised groups. The principal SDG 10 concern is whether national and district data can demonstrate equitable access to education, justice, work, cash transfers and public decision-making, rather than treating consultation or programme coverage as a substitute for reduced discrimination. (Uganda LNOB 2024)

The Equal Opportunities Commission's 2024–25 annual report, issued in 2026, addresses inclusive service delivery, equity and discrimination within public institutions. Such monitoring can connect national commitments with the review of budgets and services; it becomes more useful for Target 10.3 when it publishes disability-disaggregated findings, complaint results and follow-up actions. (EOC annual report 2026)

A 2025 peer-reviewed study of disability welfare in Mbarara District concluded that fragmented programmes and local implementation barriers restricted effective participation. Research concerning public universities likewise identified disparities between inclusive policy principles and students' experiences. These studies are context-specific, but illuminate why administrative coordination and reasonable accommodation are necessary even where legal commitments exist. (Mbarara district research; Uganda university research)

Uganda's comparative strength is its institution dedicated to equal opportunities and inclusive budget and programme oversight. Its principal weaknesses are local implementation gaps, incomplete statistics and the need for consistent outcomes monitoring, particularly for persons experiencing multiple disadvantages.

3.5.3.8 United Kingdom

The Equality Act 2010 provides the main legislative basis for disability non-discrimination in Great Britain. It addresses direct and indirect discrimination, harassment, victimisation, discrimination arising from disability and the duty to make reasonable adjustments in specified areas of life. Northern Ireland has a distinct legislative framework. The Equality and Human Rights Commission, courts and tribunals, Acas and advisory services provide complementary mechanisms for rights awareness and enforcement. (Equality Act 2010; Acas guidance; Citizens Advice)

The UK's 2019 national SDG review reported the disability employment rate in the first quarter of 2019 as 51.7%, against 81.7% for non-disabled people. It highlighted national measures intended to improve employment and equality, but the roughly 30-percentage-point gap demonstrated that improvement in employment numbers was compatible with persistent structural inequality. The national SDG review remains an official baseline and must be read with later data. (UK national SDG review 2019)

3.5.3.8.1 UN CRPD follow-up and substantive equality

In 2024 the UN Committee on the Rights of Persons with Disabilities completed follow-up examination of its earlier inquiry concerning the United Kingdom, engaging with government explanations and independent evidence about the effects of policy and welfare arrangements on disabled persons. This treaty-monitoring process shows that compliance with the Equality Act is not the same question as comprehensive fulfilment of CRPD rights. Its findings should be treated as expert human-rights

oversight, while later changes in income, services, independent living and participation require longitudinal national verification. (UN CRPD UK follow-up 2024)

Later labour-market statistics, discussed in Section 3.4, show that the gap remained close to 30 percentage points in April–June 2025, with disabled workers more likely to be underemployed, in low-paid and insecure work, and to leave employment. (UK employment 2025)

Workplace and services guidance describes practical forms of indirect discrimination and failure to make reasonable adjustments. Yet legal remedies may impose costs, time and emotional burdens on those seeking redress. The UK demonstrates how comprehensive statutory rights, institutional oversight and detailed labour-market data can coexist with persistent inequalities of outcome. The priority is to connect enforcement with narrower employment, pay, service-access and participation gaps. (Acas disability law; DWP employment data)

Box 42: Expert perspective: the UNCRPD and UK domestic law

Richard Rieser noted that the United Kingdom ratified the UNCRPD in 2009 but has not incorporated it into domestic law. In his view, the Equality Act 2010 is important but insufficient on its own: enforceable duties, such as the Public Sector Equality Duty, should carry more weight than individual litigation. He also raised the compatibility of mental-capacity law with Article 12 (supported decision-making) and the effect on independent living of pressure on disability benefits such as the Personal Independence Payment. He argued that disabled people should help design reforms, not merely be consulted on cuts.

Views of the contributor. Figures are as reported in the consultation and have not been independently verified unless stated.

Voices of persons with disabilities

Voice 21: Woman, blind, Odisha, India

"Money should be given in cash by home delivery to the person herself."

On how relief payments failed to reach blind women independently during the COVID-19 crisis. Source: BehanBox, 2020.

Voice 22: Man, president of a national organisation of persons with disabilities, Barbados

"Give them that opportunity that they have been longing for."

Appealing to employers on behalf of disabled people who had reached tertiary education but could not find work (2015). Source: Barbados Council for the Disabled, reprinting Barbados Today.

3.5.4 Comparative assessment across the eight Commonwealth countries

3.5.4.1 Normative, administrative and outcome progress

A common picture emerges: the existence of legal equality protections is usually better evidenced than the effectiveness of enforcement, while consistent disability-specific outcome evidence is least developed. The distinction between normative, administrative and outcome progress is therefore

essential. The table below is a qualitative evidence summary, not a ranking or a claim that countries are directly comparable on a common numeric scale. (UN DESA 2024; UN SDG 10)

Table 26: Equal opportunity: normative, administrative and outcome progress, by country

Country	Normative / policy evidence	Implementation and outcome concern
Australia	Disability Discrimination Act; disability strategies	Discrimination documented in ABS survey; ongoing systemic reforms
Bangladesh	Disability Rights Act 2013; wider reform discussion	Intersectional exclusion; uneven remedies and monitoring
Barbados	Rights of Persons with Disabilities Act 2025 (in force Jan 2026); National Policy 2023–2030	2025 situational baseline found weak coordination, service-access and data barriers; new implementation outcomes not yet demonstrated
Fiji	Constitution and Disability Act 2018	Employment targets unmet; accessibility and measurement gaps
India	RPwD Act 2016; Supreme Court rulings	Variable enforcement and state/district implementation
Kenya	Constitution and Disability Act 2025	SDG 10 among least-progressing goals; local and access-to-justice barriers
Uganda	Disability Act 2020; Equal Opportunities Commission	Fragmented delivery and disability-disaggregated outcome gaps
United Kingdom	Equality Act 2010 and established enforcement framework	Persistent employment gap and unequal work conditions

3.5.4.2 Common barriers across the countries

First, direct discrimination and stereotypes remain visible in recruitment, public services, banking, housing, justice and community participation. Second, inaccessible transport, buildings, information and digital systems convert nominally universal services into unequal opportunities. Third, complaints and remedies may be inaccessible, expensive, slow or difficult to pursue independently. Fourth, insufficient accommodation and support can reinforce unequal outcomes in work and education. Finally, the intersection of disability with gender, poverty, ethnicity, minority status and geography magnifies the disadvantage experienced by some groups. (UN DESA Goal 10; UN Women SDG 10)

3.5.4.3 Major differences in institutions and evidence

Australia and the United Kingdom have comparatively developed national surveys, complaints systems and statistical monitoring, but the evidence still reveals substantial inequality. India and Kenya offer major examples of court-driven advances in reasonable accommodation and legal capacity. Uganda has a dedicated equal-opportunities monitoring structure; Fiji's combination of statutory employment targets and tripartite dialogue offers implementation opportunities. Bangladesh's evidence highlights intersectional and political exclusion, and Barbados illustrates how small-island data and financing limitations affect evaluation. Differences in the quantity of evidence are not equivalent to differences in actual prevalence of discrimination. (UN DESA 2024)

3.5.4.4 The three-stage assessment of progress

The first stage is approval: national law or policy recognises equality and allocates responsibilities and resources. The second is expenditure and implementation: funds are released, procedures changed, staff trained, facilities made accessible and complaints handled. The third is results: persons with

disabilities can use services independently, obtain effective remedies, retain equitable employment and report declining discrimination. These stages should be separately documented. For example, an employment quota is a commitment; employer recruitment systems are implementation; sustained employment, fair earnings and career progression are outcomes. (UN SDG 10)

3.5.4.5 Overall Commonwealth finding

The reviewed national SDG reviews consistently provide more information about commitments and development activity than about changes in disability-specific discrimination. This is not evidence that no progress has occurred; it is a limitation in the ability of reporting systems to demonstrate that progress. The Commonwealth can add value by supporting shared measurement and verification methods while respecting different national contexts. (UN SDG 2026; UN DESA 2024)

3.5.5 Good practices, implementation experience and replication

3.5.5.1 Population-based reporting of discrimination

Australia's disability survey illustrates the value of directly asking persons with disabilities about discrimination, avoidance of public situations and unequal treatment. Other Commonwealth statistical offices could adapt this approach through repeated, accessible surveys, applying consistent definitions and distinguishing the different grounds for discrimination. Independent participation by persons with disabilities in questionnaire design is vital. (ABS 2022)

3.5.5.2 Court enforcement of equal legal capacity and accommodation

Kenya's 2025 banking judgment and India's reasonable-accommodation jurisprudence demonstrate the concrete potential of litigation to identify and remove institutional discrimination. The replicable element is not merely the judgment: it is the translation of the principle into standard operating procedures, supervision, staff training and monitoring across comparable institutions. (Kenya banking case; India disability judgments)

3.5.5.3 Monitoring service delivery and public programmes

Uganda's Equal Opportunities Commission offers an institutional model for reviewing whether public policies and services advance equality. Such bodies are most useful when their recommendations carry follow-up obligations and when findings include disability-disaggregated expenditure, complaints and outcomes. Monitoring should be independent, accessible and transparent. (Uganda EOC)

3.5.5.4 Cooperation with employers, workers and OPDs

Fiji's ILO-supported employment review demonstrates how public authorities, trade unions, employer organisations and OPDs can work together to examine workplace discrimination. The approach is suitable for replication where a time-bound framework establishes employer compliance indicators, accessibility requirements and follow-up outcome studies. (ILO Fiji 2025)

3.5.5.5 Intersectional and community research

Bangladesh's research involving disability, gender and minority identity, and Kenya's county-level studies, show how national quantitative data can be strengthened through lived-experience evidence. These studies should inform targeted reforms but should not be used to substitute local samples for national rates. (Bangladesh minorities study; Kenya county research)

3.5.6 Priority recommendations for Commonwealth action

3.5.6.1 Agree a minimum disability equality measurement framework

Member countries should produce repeated, accessible, disability-disaggregated data on Indicator 10.3.1, accompanied by measurement of relative income poverty under 10.2.1, employment, access to services, complaints and remedies. Where surveys differ, methods and denominators must be published before comparisons are attempted. (UN indicators; UN SDG 2026)

3.5.6.2 Review and remove discriminatory requirements

Governments should commission periodic disability equality assessments of laws, regulations and institutional procedures, with particular attention to legal capacity, reasonable accommodation, recruitment, public information, healthcare, transport, digital access and political participation. The review should be conducted with independent OPDs and lead to published corrective action. (CRPD; Legal Guide)

3.5.6.3 Link funding to outcomes

National budgets and programme reports should distinguish funds approved, funds spent and results achieved. Disability training or grants should not be counted as equal-opportunity outcomes without evidence of real changes in independent participation, wages, service use or accessibility. Evaluations should document who was not reached, why, and what changes were made. (UNICEF SDG 10)

3.5.6.4 Secure meaningful OPD participation

Governments should involve organisations of persons with disabilities in national SDG review design, indicator selection, budget discussions and monitoring from the beginning, not only at the final consultation stage. Particular efforts are required to include women, young people, persons with intellectual and psychosocial disabilities and minority or rural groups. Government responses to OPD recommendations should be publicly documented. (CRPD Article 4(3))

3.5.6.5 Improve accessible justice and effective remedies

Equality commissions, tribunals, courts and complaint bodies should offer accessible filing, communication, legal assistance, timely hearings and effective follow-up. Published complaints data should distinguish allegations, adjudicated findings, remedies and institutional corrections while protecting confidentiality. (ICJ Kenya; Acas)

3.5.6.6 Embed intersectionality in all disability strategies

Gender, youth, indigenous, caste, ethnicity, migration, regional and poverty dimensions must be included where relevant in analysis, implementation and reporting. Programmes should not assume that one intervention works equally for all disability groups. (UN Women; Minority Rights Group)

3.5.6.7 Add a disability equality results section to future national SDG reviews

Each country should set out the current legal framework, implementing bodies, allocations and expenditure, OPD participation, enforcement data and verified outcomes for SDG 10. A missing disability-specific indicator should be reported explicitly as a data gap, with a remedial collection plan and timetable. (UNICEF Goal 10; UN SDG 2026)

3.5.7 Conclusion

Across the eight Commonwealth countries, disability rights have advanced through legal reform, policy commitments, national SDG reporting and institutional monitoring. The 2026 commencement of Barbados's law illustrates substantive normative change after a national SDG review and situational baseline, while Fiji's 2024 situational analysis, Kenya's UNDP status assessment, Uganda's LNOB review, India's national SDG review consultations, Australia's outcomes framework and the UK's equality monitoring show why legislation alone cannot establish reductions in discrimination. Each national SDG review is therefore necessary but insufficient: verified disability-specific administrative results and lived-experience outcomes are required to judge SDG 10 implementation. (Barbados 2026; Fiji 2024; Kenya 2025; Uganda 2024; Australia 2026)

The practical test of SDG 10 is whether persons with disabilities can act independently, participate on equal terms, obtain effective redress and experience fewer barriers in work, services, justice and community life. By 2030, Commonwealth progress should be assessed not simply by the number of programmes and laws adopted, but by documented reductions in discrimination and inequities of outcome, with persons with disabilities involved in defining and verifying the results. (UN SDG 10; CRPD)

Many of the barriers identified here are physical and practical: inaccessible streets, vehicles and information prevent people from reaching school, work, health care and justice. Section 3.6 examines accessible transport under Target 11.2.

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3.6 SDG 11: Inclusive, safe, affordable and accessible public transport for persons with disabilities (Target 11.2)

Transport links every target examined so far: without a usable journey, a clinic, a school, a job or a court remains out of reach. Building on Section 3.5, this section asks whether Commonwealth countries are translating the legal promise of accessibility into independent and dignified mobility.

SDG Target 11.2 calls for access to safe, affordable, accessible and sustainable transport systems for all by 2030, with explicit attention to women, children, persons with disabilities, older persons and those

in vulnerable situations. Indicator 11.2.1 measures the proportion of the population with convenient access to public transport, ideally disaggregated by sex, age and disability. UN Goal 11 UN metadata

For persons with disabilities, a bus stop within walking distance does not necessarily mean transport access. A journey may still be impossible because of inaccessible footpaths, broken ramps or lifts, steps at vehicle entrances, unaffordable fares, inaccessible information, discrimination, infrequent service or an unsafe last mile. The central question of this assessment is whether Commonwealth countries are translating the legal promise of accessibility into independent and dignified mobility, not merely increasing the supply of vehicles or stops. WHO disability CRPD Article 9

3.6.1 Scope and methodological approach

This section assesses Target 11.2 and Indicator 11.2.1 from a disability-rights and Sustainable Development Goals perspective in Australia, Bangladesh, Barbados, Fiji, India, Kenya, Uganda and the United Kingdom. It draws on their available national SDG progress reviews, national policies and administrative statistics, recent parliamentary and government records, UN sources, peer-reviewed research, civil-society evidence and contemporary reporting through 20 October 2026.

The assessment distinguishes three kinds of progress. Normative progress concerns legal rights, standards and national commitments. Administrative progress concerns accessible fleet and station investments, institutional responsibilities, public funding and enforcement. Outcome progress means that persons with different disabilities are demonstrably travelling more safely, independently, affordably and reliably. These three levels cannot be treated as equivalent.

The global indicator usually uses GIS analysis of walking-network proximity to transport stops, broadly 500 metres for lower-capacity services and 1,000 metres for higher-capacity services, subject to the relevant UN methodology and national data. The geospatial calculation is valuable, but does not itself prove that the route to a stop, the vehicle, service or destination is accessible to a person with disabilities. UN methodology PtAC 2025

This section does not compare non-equivalent national indicators as though they were one uniform league table. Where the relevant national SDG review or a national indicator portal does not establish a verified disability-disaggregated Target 11.2 value, the gap is stated explicitly. Country cases are assessed qualitatively when outcome figures are absent. News reports are used as illustrative evidence, not as substitutes for representative national statistics.

3.6.2 Disability, transport inequalities and the sustainable mobility challenge

Transport is an enabling service for education, healthcare, employment, social protection, civic participation and community life. Because most public transport journeys include movement through the street environment before and after boarding, an accessible vehicle cannot compensate for inaccessible public space. Accessibility must therefore be evaluated throughout the journey, including planning, payment, reaching a stop, waiting, boarding, travelling, interchanging, alighting and reaching the destination. Inclusive streetscapes 2025



Figure 33: Accessibility must hold across the whole journey

Persons with physical, visual, hearing, intellectual and psychosocial disabilities and neurodivergent persons may encounter different barriers. Systems designed solely around a wheelchair ramp can miss audible announcements for blind passengers, visible disruption alerts for Deaf passengers, predictable wayfinding for people with cognitive disabilities, and sensory environments for autistic passengers. Accessibility means anticipating these differences through universal design and reasonable accommodation rather than treating them as exceptional cases. CRPD Article 9 NCAT data research

3.6.2.1 Global progress towards Target 11.2 and the limitations of Indicator 11.2.1

The UN Sustainable Development Goals Report 2026 identifies improvement in its comparable sample of 412 cities across 127 countries: the share of urban residents with convenient access to public transport rose from 53.2 per cent in 2020 to 61.5 per cent in 2025. Bus-based lower-capacity systems account for approximately 78 per cent of public transport options in the cities assessed; higher-capacity systems account for about 22 per cent. The global improvement is significant, but regional disparities and service-quality deficiencies remain. UN SDG Report 2026

The increase should not be conflated with full disability inclusion. Convenient geographical proximity is an intermediate condition, not the outcome of a journey that can be made independently. For example, a resident may meet the indicator because a bus stop is 300 metres from home but still be unable to use a staircase-only footbridge, step onto the bus, hear timetable changes or complete an interchange. The indicator alone also cannot demonstrate affordability, safe travel or adequate service frequency. UN metadata PtAC 2025

A 2025 UN Environment Programme review makes the data gap particularly visible. Its chart on regional data availability reports the proportion of countries with at least one indicator sub-series, not the proportion of disabled people with access; these are distinct concepts. The same publication calls for sex and disability disaggregation to guide more inclusive public-transport investment and stakeholder participation. UNEP 11.2.1

Geospatial techniques are advancing. Nieland and colleagues' 2025 Public Transport Access Calculator (PtAC) combines OpenStreetMap and satellite-derived population datasets and was tested in 33 cities, demonstrating the feasibility of reproducible measurements. Its strengths in spatial estimation should be paired with journey audits and survey data because the study's method cannot by itself establish actual accessible boarding or service quality. PtAC 2025

Box 43: Global report in focus: Housing, Public Transport and Sustainable Cities: Delivering SDG 11.2 (2026), a Commonwealth reading

Key data. In a sample of 414 cities in 126 countries, the share of urban residents with convenient access to public transport rose from 53.2% in 2020 to 61.5% in 2025, leaving about four in ten without it. About 44% of the sampled cities covered less than half of their population, while 39% reached at least 75%. (UITP, Housing, Public Transport and Sustainable Cities, 2026)

Commonwealth implications. Kenya and Uganda depend heavily on informal transport; India and Bangladesh must integrate housing and transport in dense, fast-growing cities; Australia and the United Kingdom have extensive networks with local gaps; and Fiji and Barbados face dispersed settlements and limited resources. These are implications of the report's global findings, not country assessments made by it.

Disability message. Proximity is not accessibility. Housing located far from accessible transport compounds exclusion, and transit-oriented development must build in universal design and affordable housing so that disabled and low-income residents are not displaced. The UN Decade of Sustainable Transport (2026–2035) is an opportunity to carry disability-inclusive mobility beyond 2030.

3.6.2.2 Affordability, road safety and the complete journey

Affordability can exclude a passenger even when services are available. Disabled people may face additional costs for assistants, wheelchairs, accessible taxis or several legs of a journey. In rural Uganda, qualitative research documented additional costs when wheelchair users and companions use motorcycle and shared-taxi services, sometimes including charges for transporting the wheelchair itself. These findings illustrate a broader problem but should not be read as a nationally representative transport prevalence estimate. BMJ Open Uganda

Safety includes the pedestrian route to a stop, the stop itself, safe boarding, behaviour on the vehicle and safe arrival. The World Health Organization's 2025 road-safety communication emphasises the continuing global burden of road deaths and the need to protect people walking and cycling. For disabled travellers, unsafe crossings, missing kerbs, broken pavements and poor lighting may prevent mobility before public transport becomes relevant. WHO road safety 2025 Inclusive streetscapes

Climate and environmental goals must reinforce, not replace, universal design. Replacing diesel buses with electric buses can reduce emissions and improve local air quality, but the procurement must also require accessible boarding interfaces, wheelchair accommodation, multimodal information and safe access to stops. Otherwise, public investment could lock in an environmentally improved but socially exclusionary fleet. PM-eBus Sewa Barbados national SDG review

Rural and island geographies require special attention. Standard urban-stop proximity measurements can overlook communities where travel depends on irregular buses, ferries, shared taxis or specialist transport. Consumer Scotland's December 2025 research, for instance, found intertwined barriers of availability, cost and accessibility for disabled rural consumers. These matters warrant supplementary rural measures even though Indicator 11.2.1 is primarily operationalised for urban areas. Consumer Scotland

3.6.2.3 Disability-disaggregated data and implementation accountability

Indicator 11.2.1 explicitly names disability, sex and age disaggregation. Yet many transport systems have better records on fleet procurement and passenger volumes than on accessible journeys completed by persons with disabilities. Linking geospatial transport inventories to responsibly collected

disability statistics and direct user research is essential; otherwise high headline proximity can coexist with low practical access. UNEP indicator review UN metadata

Data collection should distinguish at least: (1) population within an accessible walking or wheeling distance of a stop; (2) proportion of accessible stops and usable vehicles; (3) reliable service frequency and operational hours; (4) accessible information before and during travel; (5) effective fare burden and companion costs; and (6) the proportion of persons with disabilities able to complete spontaneous journeys without failed assistance or discriminatory treatment. These are proposed companion indicators, not newly adopted UN global indicators.

The 2025 UK House of Commons Transport Committee found a substantial gap between legislative rights and lived experiences, attributing recurring failures partly to complicated regulation, inadequate enforcement, burdensome complaints and weak remedies. This is a reminder that a transport-accessibility strategy must have measurable public accountability as well as capital investment. UK Parliament 2025

International comparison also needs transparent methodology. Bangladesh publishes a 2023 total value of 85.05 for 11.2.1, yet its portal labels achievement status 'Cannot be measured'. Fiji's 2023 national SDG review also identifies Target 11.2 as not measurable. These reporting circumstances should prompt methodological clarification rather than an unqualified ranking of transport inclusion. Bangladesh SDG Tracker Fiji national SDG review 2023

3.6.3 Accessible public transport: country situations and experiences

The eight countries show different combinations of legal obligations, urban transport investment, operating models, statistical capacity and disability-rights enforcement. Some have extensive formal public transport systems yet persistent inaccessible journeys; others depend heavily on informal or lower-capacity services and face more fundamental gaps in fleet and street design. All eight need to demonstrate outcomes rather than treating policy adoption or procurement alone as proof of equitable access.

3.6.3.1 Australia

Australia has long maintained enforceable Disability Standards for Accessible Public Transport 2002 under the Disability Discrimination Act 1992, applying across relevant transport modes and infrastructure. Its 2018 national SDG review described national SDG implementation and the policy framework, but a transport standard's existence should not be mistaken for verified universal mobility or a disability-disaggregated 11.2.1 outcome. Australia national SDG review Transport Standards

On 13 October 2026, reforms to these Transport Standards commenced. They introduced new requirements concerning disability-related staff training, information, safety, and infrastructure and vehicle design, with some provisions operating immediately and others being phased in or applied when assets are purchased or substantially upgraded. The changes were developed following engagement with people with disabilities, industry and subnational governments. Australian Government, October 2026

This is a strong example of normative and administrative progression: standards are being updated to include more of the passenger's entire journey. The relevant implementation tests are whether operators are complying, whether information and interchanges become demonstrably easier to use, and whether people with different disabilities experience fewer failed journeys. Compliance deadlines,

existing-fleet legacy issues and geographical differences must be assessed separately from the commencement of the amendment. Transport Standards 2026 reforms

Urban networks such as those in Sydney and Perth have improved, but regional and remote communities often have no accessible public transport, leaving people to rely on costly taxis or air travel to reach health care. Refusals of wheelchair users and guide-dog users by rideshare and taxi drivers persist. (Consultation with AFDO, August 2026)

3.6.3.2 Bangladesh

Bangladesh's national SDG Tracker displays 85.05 as a 2023 total for Indicator 11.2.1, identified with the Bangladesh Bureau of Statistics' Sample Vital Registration System (SVRS). Yet the same page reports achievement status as 'Cannot be measured', and a separate national data-reporting entry has blanks for other proposed sources. A verified disability-specific value and harmonised international metadata are not established by this record alone. Bangladesh indicator National data plan

Rapidly expanding urban transport and Dhaka's investments create opportunities to improve access, but the reliability, affordability and safety of mainstream services remain material concerns. A June 2025 Financial Express commentary questioned the priority given to regular public transport, including service quality and network adequacy. Such commentary helps identify issues for scrutiny but should not be used to compute disability-specific outcomes. Financial Express 2025

A Bangladesh preprint analyses the national priority to provide convenient access for women, children, older people and persons with disabilities, but it explicitly identifies itself as not peer reviewed. It is accordingly a contextual source rather than conclusive evidence. Research on informal settlements in Dhaka and Nairobi likewise illustrates how unsafe pedestrian access can break the first or last mile. Bangladesh mobility preprint

The priority is to publish a clearly validated national and city-level 11.2.1 method, separate the aggregate result from disability-specific data, and audit stops, pathways, buses and fare burdens with organisations of persons with disabilities. Reserved seats are a useful accommodation but cannot replace step-free boarding and accessible pedestrian networks.

The Dhaka Mass Rapid Transit Line 6 offers a contrasting example of design-stage accessibility in a South Asian megacity. A gap-mapping review prepared for this report credits it with elevators, tactile paving, wheelchair-accessible gates, priority seating, audio-visual passenger information and links to buses. It also identifies the risks that remain: inaccessible footpaths on the first and last mile, fares that may be unaffordable despite announced concessions, and dependence on trained staff when lifts fail or emergencies occur. Practitioners also report that, outside the metro, most public and private transport, especially in rural areas, remains inaccessible, and that the legal reservation of 5% of public transport seats is inconsistently honoured.

Table 27: Dhaka MRT Line 6: accessibility features and remaining gaps (expert gap-mapping review, August 2026)

MRT Line 6 feature	Target 11.2 dimension	Remaining risk
Elevators, escalators, tactile paving, wheelchair gates	Accessible systems	Footpaths to stations may lack ramps and tactile guidance
Priority seating, CCTV, security	Safe systems	Enforcement and staff response
Bus links and pedestrian infrastructure	Expanding public transport	Fragmented first and last mile
Audio announcements and digital displays	Accessible information	Easy Read and sign-language information

MRT Line 6 feature	Target 11.2 dimension	Remaining risk
Electric rail	Sustainable systems	Affordability for low-income disabled passengers

3.6.3.3 Barbados

Barbados' 2023 national SDG review describes progress in sustainable urban mobility and commitments to replace conventional public transport with cleaner vehicles while ensuring wheelchair accessibility. Its public transport transition included the introduction of electric buses, with the national SDG review giving particular attention to the need for an accessible fleet. This connects disability inclusion to climate-responsive public investment, though it is not a validated national SDG 11.2.1 disability outcome. Barbados national SDG review 2023

The National Policy for Improving the Lives of Persons with Disabilities 2023–2030 provides a broader rights-based policy framework. Media reporting on landmark disability-rights legislation in January 2025 points to further normative progress, although implementation, enforcement and accessible service delivery require separate assessment. National Disability Policy 2025 legislative report

For a small island state with dispersed communities, the practical challenge extends beyond vehicle acquisition to route reliability, connections with healthcare and public services, fares, accessible roadside infrastructure and the needs of residents outside the busiest corridors. The national SDG review evidence reviewed does not establish a comparable disability-disaggregated percentage for Indicator 11.2.1. Barbados national SDG review

Practice now goes beyond the national review. New electric buses have wheelchair spaces and kneeling mechanisms, but spaces are limited and an accessible bus on an outbound journey may be replaced by an inaccessible one on the return. Wheelchair-accessible taxis are scarce and costly, with surcharges outside normal hours. A proposed accessible corridor in Bridgetown remains a commitment rather than a reality, while the Government has announced an accessibility audit of its own buildings, and a public reporting application allows residents to report hazards such as open manholes to the responsible department. Fully Accessible Barbados, a campaign led by the Barbados Council of the Disabled since around 2005, has argued successfully that accessibility also benefits a tourism economy, with beach ramps, beach wheelchairs and more accessible businesses as visible results. (Consultation with the Barbados Council of the Disabled, 26 August 2026)

Box 44: Interview: Kerryann Ifill, Barbados Council of the Disabled, Barbados



Fully Accessible Barbados: getting around an island (Target 11.2)

How did Fully Accessible Barbados begin?

It began around 2005 as an initiative of the Barbados Council for the Disabled, not of government. Tourism is central to our economy, so we made the case that accessibility is not only a social responsibility but good business. Over time that changed public awareness. Today we have beach access ramps, beach wheelchairs, more accessible businesses and public spaces, and a much wider understanding that accessibility helps everyone, including older residents and visitors.

What has changed on public transport?

Progress is real but incremental. The new electric buses have space for wheelchair users and kneeling mechanisms that make boarding easier. But wheelchair spaces are limited, and you cannot always count on an accessible bus for the journey home, because an accessible bus on a route can be replaced by one that is not. The system is moving in the right direction; it is not yet fully accessible.

And taxis?

Taxis are still a problem. There are few wheelchair-accessible taxis, they cost more, there can be extra charges outside normal hours, and those charges are not always transparent. The issue is not just whether an accessible vehicle exists. It is whether transport is affordable, reliable and there when you need it, for wheelchair users, blind people and everyone else.

What about the streets themselves?

Inaccessible sidewalks, obstructions on footpaths, badly designed ramps and uneven enforcement of standards. The proposed accessible corridor in Bridgetown is still more of a commitment than a reality. The Prime Minister has announced an accessibility audit of government buildings, which is an important step, and the Pearlie app now lets anyone report hazards such as an open manhole so that the right department can fix them.

What would you tell other countries, including India?

Coordination at a senior level. Accessibility has to be considered when departments make ordinary decisions, such as buying buses, setting examinations or building public infrastructure, not left to the disability department alone. Our national disability policy for 2023–2030 was drafted by a committee whose members had lived experience as disabled people or as parents and educators, and it was tested in town halls. That is why it speaks to real life. The three barriers that remain everywhere are attitudes, awareness and physical access.

3.6.3.4 Fiji

Fiji's 2023 national SDG review specifically identifies Target 11.2 among targets that could not be measured. This statistical gap matters in a country whose population relies on a mixture of road, maritime and sometimes air services across islands. A transport-accessibility assessment limited to urban bus-stop proximity would neglect substantial dimensions of actual mobility. Fiji national SDG review 2023

Fiji's National Policy on the Rights of Persons with Disabilities 2025–2035 identifies accessibility as a priority. It cites 2023 research by the National Council and organisations of persons with disabilities finding only 23 per cent of assessed transport facilities accessible, and describes the need for safe footpaths and accessible bus stops. This figure is a facility-accessibility finding in that study, not a national population value under SDG 11.2.1. Fiji Disability Policy 2025–2035

In the 2024–25 Budget Address, the government acknowledged that many older persons and persons with disabilities could not use existing buses or lacked bus services. From August 2024, it converted a FJD 25 monthly bus-card transport allowance for eligible groups into cash assistance, providing greater flexibility. This is a response to service non-usability, but cash support does not substitute for accessible mainstream buses and maritime connections. Fiji Budget 2024–25

Box 45: Case study: Fiji's shift from bus cards to cash transport assistance

What happened. In its 2024–25 Budget Address the Government of Fiji acknowledged that many older persons and persons with disabilities could not use existing buses or lacked bus services. From August 2024 it converted a FJD 25 monthly bus-card allowance for eligible groups into cash assistance.

Why it matters. It is a rare example of a government openly recognising that a concession is useless if the underlying mode is inaccessible.

Caution and lesson. Cash support is a transitional measure. It cannot substitute for accessible mainstream buses, footpaths and maritime connections, which remain the long-term test of Target 11.2.

Parliamentary debate in December 2024 likewise recognised reserved seating while calling for wheelchair-accessible vehicles and better consultation. Fiji therefore offers a valuable example of governments openly acknowledging an access problem; the next task is to finance and measure the transition from concessions and limited adjustments to independent end-to-end travel. Fiji Hansard 2024

3.6.3.5 India

India's 2025 national SDG review places urban development, sustainable mobility and inclusion within its SDG implementation framework. The Accessible India Campaign, statutory rights under the Rights of Persons with Disabilities Act 2016 and transport-sector design standards provide significant normative and administrative foundations. However, national achievements in metro building, electrification or total fleet procurement are not synonymous with accessible outcomes for all disabled passengers. India national SDG review 2025

A February 2025 Lok Sabha reply gave concrete administrative counts: more than 42,000 buses had been made partially accessible and 8,695 fully accessible; 3,120 of 3,533 bus stations were reported accessible. The same reply referred to transport-oriented accessibility guidelines and said PM-eBus Sewa tender specifications included wheelchair accessibility. These are official counts of stated infrastructure status at that date, not directly comparable disability-disaggregated 11.2.1 population access. Parliament reply 2025

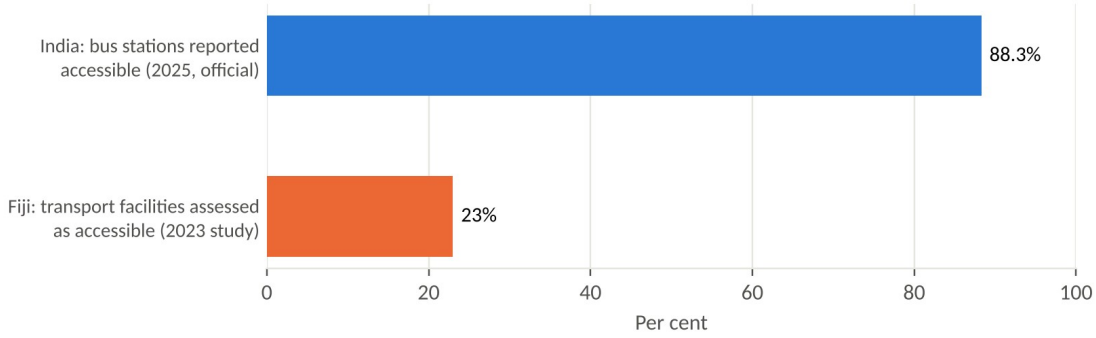

Figure 34: Reported accessibility of transport facilities in two Commonwealth countries

Different measures and years; not comparable or a ranking. Sources: Government of India, Lok Sabha reply, February 2025; Fiji National Policy on the Rights of Persons with Disabilities 2025–2035, citing a 2023 assessment

The PM-eBus Sewa programme approved the deployment of 10,000 electric buses through a public-private model across eligible cities and investments in associated mobility infrastructure, with priority for places lacking organised bus services. This can improve service supply and reduce emissions. The

disability outcome depends on enforcement of universal-design procurement, functional ramps, trained staff, accessible information and the condition of first-and-last-mile pedestrian routes. PM-eBus Sewa

In May 2025, the Department of Empowerment of Persons with Disabilities published draft accessibility standards for the transport and mobility sector for public comment. The key implementation question is whether approved standards lead to consistent compliance across private and public operators, conventional buses, rail, interchanges and street environments, including beyond the principal metropolitan networks. Draft transport standards

3.6.3.6 Kenya

Kenya has recognised the need for transport and built-environment accessibility within its disability-inclusion agenda. The United Nations-supported 2025 Disability Inclusion Status Report identifies continuing barriers to inclusive public infrastructure and calls for stronger accessible design, resourcing, coordination and data. These are evidence of unmet needs and institutional priorities rather than a validated national 11.2.1 coverage percentage. Disability Inclusion Report 2025

In March 2026, the UN Statistics Division's Data for Now engagement in Kenya focused on strengthening methods and capacities to calculate SDG 11.2.1 and related urban indicators. This is relevant progress towards comparable monitoring, but it also means the government and partners need to distinguish new indicator capacity from actual reductions in mobility barriers. UNSD Kenya 2026

Nairobi's public transport involves informal minibuses and other services. Associated Press reporting in November 2024 documented wheelchair users being lifted into unsuitable vehicles and facing higher costs for accessible alternatives. The report offers a vivid illustration of the gap between public transport existence and equitable boarding; it does not quantify prevalence nationwide. AP Nairobi 2024

A practical strategy would combine a new city-level geospatial baseline with accessible matatu and bus procurement rules, enforceable vehicle and stop standards, operator training, accessible crossings and systematic passenger monitoring involving organisations of persons with disabilities. Kenya SDG framework Disability Inclusion Report

3.6.3.7 Uganda

Uganda's 2024 national SDG review describes rapid urban change and national SDG implementation priorities, but does not, in the material reviewed, establish a comparable disability-disaggregated Indicator 11.2.1 result. Kampala's mobility system combines taxis, minibuses, motorcycle taxis and walking, and the conditions of streets, interchanges and informal services are central to practical inclusion. Uganda national SDG review 2024

Published research on Kampala's boda-bodas notes that motorcycle taxis fill important mobility gaps, although their costs, safety characteristics and dependence on motorcycle-based boarding raise challenges for travellers with some physical disabilities. They should be evaluated as a part of the actual mobility system rather than automatically counted as accessible public transport. Kampala mobility study 2025

A rural study published in BMJ Open provides direct testimony that people with disabilities face costly journeys to health services and can be charged for caregivers or wheelchairs. The study supports

concerns about mobility-linked exclusion from services; its qualitative design and rural setting do not yield an urban national 11.2.1 statistic. Uganda rural access research

Uganda's priority is to establish a reliable urban geospatial baseline while also gathering data on accessible vehicles and street routes, safe crossings, rural feeder services, fare burdens and transport-related exclusion from health, education and livelihoods. Without such measurement, administrative investments cannot be reliably translated into claims of equality.

3.6.3.8 United Kingdom

The United Kingdom has a mature equality-rights framework, extensive mainstream bus and rail networks and a substantial evidence base on disabled people's transport experiences. Its national SDG reporting page, whose uploads have been paused since September 2023, states that no suitable data source had been found for Indicator 11.2.1. Nevertheless, the 2025 House of Commons Transport Committee concluded that a serious gap remains between formal passenger rights and everyday access, with systemic problems in complaints, enforcement and the fragmentation of responsibilities across modes. UK SDG indicator House of Commons 2025 UK national SDG review 2019

In October 2024, new rules began introducing audible and visible onboard route and stop information on a phased basis across local buses and coaches. England's August 2026 guidance on Bus Network Accessibility Plans requires local transport authorities to assess practical network features and plan improvements, including barriers to independent use. In September 2026, the UK Government announced a direction towards unassisted level boarding for new Great British Railways trains. Each is an administrative or prospective policy milestone, not proof that all journeys are already accessible. Bus information 2024 Bus accessibility plans 2026 Level boarding 2026

The Office of Rail and Road reported approximately 1.9 million pre-booked passenger assists in 2025–26, alongside at least 1.5 million 'turn up and go' assists. These figures reveal the scale of support provided and user demand, but do not directly measure service reliability, independence or the share of disabled people who avoid travelling because of barriers. ORR accessible travel

Research by the National Centre for Accessible Transport, including a survey of more than 1,200 disabled people, found significant gaps in reliable accessibility information needed for journey planning. Separate UK studies document inaccessible streets, difficult public attitudes, sensory and unpredictability barriers for neurodivergent passengers, and intersecting cost and service-availability problems for rural disabled consumers. The cumulative evidence makes a strong case for a single outcome-based transport-accessibility dashboard spanning streets, stops, vehicles and passengers. NCAT data study NCAT attitudes Streetscape research Rural Scotland Autistica 2025

Accessibility gains in one area can be undermined in another: new cycle infrastructure has created hazards for blind and partially sighted pedestrians, and disabled passengers' advisory bodies are most effective when connected to the wider movement of disabled people. (Consultation with Reclaiming Our Futures Coalition, 28 August 2026)

Voices of persons with disabilities

Voice 23: Woman, uses crutches, Nairobi, Kenya

> *"When I go to the bus station sometimes the public vehicles do not allow me to board."*

On being refused by minibus operators in Nairobi. Source: Associated Press, November 2024.

Voice 24: Woman, blind, Barbados

> *"We too are commuters and we too have the right to be part of the process."*

On minibus drivers leaving disabled passengers stranded, and the need to involve them in transport planning (2019). Source: Barbados Council for the Disabled.

3.6.4 Comparative assessment of eight Commonwealth countries

The Commonwealth's eight-country picture is uneven and resists a simplistic ranking. Australia and the United Kingdom have relatively developed formal disability legislation and standards, yet accessibility problems remain demonstrable. Bangladesh and India are expanding urban systems while confronting challenges of last-mile design and uneven service quality. Kenya and Uganda need stronger integration of informal operators and safe street networks. Barbados and Fiji highlight island, rural, fleet-renewal and low-density service issues. Australia reforms UK Committee Fiji policy Kenya report

The principal comparative finding is the absence, within the reviewed sources, of consistent disability-disaggregated 11.2.1 results for all eight. Where official figures exist, the coverage, methodology, date and type of measure must be retained before making national comparisons.

Table 1. Country-specific policy progress, evidence and remaining measurement gaps

Table 28: Accessible transport: comparative assessment of eight Commonwealth countries

Country	Verified developments	Unresolved disability-inclusive 11.2.1 issue	Source
Australia	Standards apply across modes; 2026 amendments commenced	Effective journeys and phased compliance must be tested	Australia 2026
Bangladesh	Tracker displays 85.05 total for 2023	Portal simultaneously says cannot be measured; PwD value not verified	Tracker
Barbados	National SDG review connects electric buses with wheelchair accessibility	Disability-disaggregated 11.2.1 baseline not established	Barbados national SDG review
Fiji	National disability policy and cash transport assistance	Target 11.2 not measurable in 2023 national SDG review; fleet and islands remain critical	Fiji policy
India	Official accessible bus/station counts, e-bus programme	Asset counts do not prove journey accessibility or PwD 11.2.1 coverage	India 2025
Kenya	Disability inclusion report, 2026 GIS capacity work	Mainstream and informal fleet access; validated data still developing	UNSD 2026

Country	Verified developments	Unresolved disability-inclusive 11.2.1 issue	Source
Uganda	National SDG review and research on Kampala, rural travel costs	No comparable PwD indicator located; transport affordability, safety	Uganda national SDG review
United Kingdom	Legal and operational reforms, parliamentary scrutiny	Rights-to-reality enforcement gap; missing compatible national value	UK Parliament

3.6.4.1 Major barriers to inclusive public transport

The most recurrent barriers are physical discontinuity in a journey; inaccessible or poorly maintained vehicles and stops; unsafe pavements and crossings; inadequate visual, auditory or cognitively accessible information; low frequency and unreliable assistance; additional fare or companion costs; discrimination by operators and other passengers; and weak complaint or enforcement mechanisms. UK Parliament Kenya 2025 NCAT data gap

For some groups, access problems are magnified by age, gender, poverty, geographical isolation and the combined effects of multiple impairments. Disability-inclusive transport should consequently be understood as a cross-sectoral equality intervention, not solely a welfare concession or an engineering modification.

3.6.4.2 Common barriers across the eight countries

Across the eight cases, three common patterns recur. First, policy and standards advance more rapidly than visible changes in passenger experience. Second, transport investment is more commonly reported as fleet numbers, infrastructure projects or subsidy levels than as independent journeys completed by persons with disabilities. Third, accessible transport cannot be delivered by one agency alone: road authorities, municipalities, regulators, operators, statistics offices, finance ministries and representative disability organisations must act together.

The same distinction appears in contrasting contexts. A technically advanced rail system may still require inaccessible assistance, while an informal minibus can offer nominal route proximity without any usable boarding arrangement. Neither counts as complete accessibility. UK Parliament 2025 Nairobi 2024

3.6.4.3 Differences among the countries

Australia's newest development is a legally binding transport-standard reform. The United Kingdom is deploying operational information requirements and network accessibility planning. India demonstrates large-scale accessible-asset reporting and a green bus investment programme, although service outcomes need confirmation. Barbados links electric buses and wheelchair accessibility in its national SDG review, while Fiji has introduced a cash transport allowance after recognising that bus-card assistance was not usable for many eligible people. Australia 2026 UK 2026 India 2025 Barbados national SDG review Fiji budget

Statistical capacity and informal services are particularly significant in Kenya, Uganda and Bangladesh. Kenya's 2026 methodological work offers a route towards stronger measurement; Bangladesh's reported 85.05 total needs methodological reconciliation; Uganda's available literature on boda-bodas and rural service access reveals barriers outside formal bus and rail frameworks. These differences argue for tailored country action inside a shared minimum Commonwealth monitoring standard. Kenya SDG data Bangladesh Tracker Kampala study

3.6.4.4 Good practices and possibilities for replication

Australia: updating legally enforceable standards with direct consultation of disability organisations and an emphasis on the complete journey offers a model for other countries, provided compliance is tested. Australia reform

United Kingdom: mandatory audible and visible bus information and local accessibility-plan requirements show how discrete transport barriers can be converted into operator and authority obligations. The enforcement weaknesses identified by Parliament are a caution against assuming regulation alone is sufficient. UK bus rules UK plans UK Parliament

Fiji: the move from bus-card-only assistance to cash support recognises that concessions are ineffective if people cannot access the underlying mode. It is a useful transitional support mechanism, not an alternative to mainstream access improvements. Fiji Budget

Kenya and research practice: the collaboration around geospatial indicator development, and the PtAC open-data tool, demonstrate cost-conscious ways to strengthen public-transport measurement. They should be combined with user-led access audits, accessible procurement and local validation rather than imported as an isolated technology solution. UNSD workshop PtAC research

Barbados and India: low-carbon fleet investment offers a timely point at which to require accessible boarding and multimodal information as non-negotiable procurement specifications, making climate action and inclusion mutually reinforcing. Barbados national SDG review PM-eBus Sewa

3.6.4.5 Overall Commonwealth finding

The overall Commonwealth finding is that physical public-transport coverage and disability-inclusive effective access are two different achievements. The core UN indicator establishes whether people live sufficiently near public transport under a defined geospatial method. It does not tell decision-makers whether that transport can be boarded, used, afforded or reached safely by persons with disabilities. UN indicator metadata

A sound Commonwealth assessment should report the global indicator without weakening comparability, but add outcome measures developed with organisations of persons with disabilities. Only the combination can reveal whether normative and administrative progress have reduced exclusion in daily life.

3.6.5 Priority recommendations for Commonwealth action

1. Adopt a two-layer monitoring framework. Retain the UN's geospatial Indicator 11.2.1, disaggregating by sex, age and disability wherever credible data permit. Alongside it, publish an effective-access dashboard covering accessible routes, boarding, information, affordability, safety, operating reliability and passenger experience. UN metadata

2. Require accessible procurement in every publicly financed transport scheme. New bus, rail, ferry, interchange and digital investments should meet enforceable universal-design specifications from the outset; green finance should never support new inaccessible transport assets. Australian Transport Standards India parliamentary reply

3. Fund the first and last mile. Treat pavements, kerbs, crossings, bus-stop approaches, lighting and drainage as part of the transport system. Cities should map the accessibility of walking and wheeling routes, not only their Euclidean or street-network distance from stations. WHO 2025 Streetscape study

4. Make operational accessibility measurable. Publish functioning ramp and lift rates, refused boarding complaints, missed or failed assistance, auditory and visual information compliance, accessible taxis, timetable reliability and the availability of travel without advance booking. Operators should have contractual indicators and remedies. UK Parliament ORR

5. Measure affordability for disabled passengers. Evaluate fares as a share of disposable income, accompanying-person costs, surcharges for mobility devices and whether disability concessions translate into journeys actually undertaken. Assistance and concessions cannot substitute for usable regular services. Uganda evidence Fiji allowance

6. Bring informal and paratransit operators into the inclusion strategy. In countries where minibuses and motorcycle taxis have major roles, combine licensing and incentives with step-free accessible mainstream options, staff training, appropriate vehicle standards and safe stops. Do not assume every informal mode is accessible merely because it is geographically available. Kampala study Nairobi experience

7. Ensure rural and small-island access is not invisible. Supplement the urban SDG indicator with practical measures of access to healthcare, education, markets and essential services in rural, island and low-density communities. Include ferries and accessible community transport where appropriate. Fiji policy Rural Scotland

8. Give organisations of persons with disabilities decision-making roles. Involve people with mobility, visual, hearing, cognitive, intellectual and psychosocial disabilities and neurodivergent people in planning, accessible communication, pilot testing, route audits and independent evaluation. Fund participation and publish responses to their recommendations. CRPD Article 9 Fiji Policy

9. Invest in reliable, transparent data. National statistics offices, transport ministries, urban authorities and OPDs should agree interoperable disability variables, publish methods and baselines, distinguish missing data from zero values, and explain any national proxy measures. Open tools can lower cost, but validation and accessible survey methods remain essential. UNEP data gaps PtAC 2025

10. Establish time-bound Commonwealth follow-up to 2030. By 2027 publish national baselines and authority-level responsibilities; by 2028 report audited accessibility investment and passenger-experience outcomes; by 2029 conduct independent compliance reviews; and by 2030 publish sex-, age- and disability-disaggregated progress together with remaining deficits. This is a proposed implementation pathway, not an existing Commonwealth policy.

3.6.6 Conclusion

The 2030 commitment of SDG 11.2 is stronger than a promise to build more transport stops. It is a promise that all people, including persons with disabilities, can use safe, affordable, accessible and sustainable mobility systems. The UN's 2026 data show genuine improvement in proximity to public transport in a comparable city sample, but nearly four in ten residents in that sample still lacked convenient access in 2025. More importantly, the proximity measure cannot establish whether the service is usable by disabled passengers. UN SDG Report 2026

The eight-country assessment shows the importance of distinguishing rights, administrative investment and outcomes. Australia and the UK provide examples of standards, reform and scrutiny, but retain implementation questions. India, Barbados and Fiji illustrate the interaction between accessible design, cleaner fleets and services that are not always usable. Bangladesh, Kenya and Uganda highlight the

urgency of consistent statistics, safe street networks and better integration of mainstream and informal services. Country situations differ, yet a common answer emerges: accessible transport must be conceived and measured as an uninterrupted journey. Australia reforms UK Parliament Fiji Policy

The strongest Commonwealth contribution would be to make disability-inclusive effective access a routine test of public investment and transport regulation, while strengthening national SDG 11.2.1 reporting. Progress should be judged not only by whether a stop is nearby, but by whether a person can travel safely, independently, affordably and with dignity.

Transport systems are also lifelines in emergencies. When cyclones, floods or heatwaves strike, inaccessible evacuation and broken journeys become matters of survival. Section 3.7 turns to climate resilience under Target 13.1.

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3.7 SDG 13.1: Strengthening climate resilience and adaptive capacity of persons with disabilities

Section 3.6 showed that broken journeys exclude people every day; in a disaster they can cost lives. This section examines Target 13.1 and whether resilience and adaptive capacity are being built with and for persons with disabilities.

The 2023 UNDRR global survey found continuing serious gaps in disability inclusion in disaster risk reduction. Across the eight Commonwealth cases, available documents show a recurrent divide between normative recognition and verified implementation. The strongest transferable practices involve disability-led community preparedness, accessible multi-channel warnings, OPD engagement and inclusive local planning; evidence of national-scale outcome improvements remains less consistent. (UNDRR 2023).

Recent developments strengthen the urgency of the assessment: UNDRR's 2026 Sendai progress report and COP31 agenda focus on end-to-end early warning, financing and measurable resilience; Fiji Pre-COP31 discussions in October 2026 called for disability-inclusive climate finance and direct OPD participation. (UNDRR 2026; UNDRR COP31; Pacific news).

3.7.1 Scope and methodological approach

This section examines SDG indicators 13.1.1 (disaster deaths, missing persons and directly affected populations), 13.1.2 (national disaster risk reduction strategies) and 13.1.3 (local disaster risk reduction strategies). The assessment distinguishes normative progress, administrative progress and outcome progress. Evidence includes country studies, policy briefs, research papers, national SDG progress reviews and 2026 news reports.

National national SDG reviews are an essential cross-check for national SDG claims, but national 13.1 indicators generally cannot alone establish disability inclusion. The analysis therefore asks whether disability-disaggregated disaster losses, warning access, evacuation, local strategy implementation and adaptation benefits are actually measured. Where no verified figures are available, the report records an evidence gap rather than implying no activity.

3.7.2 Disability, climate inequality and the resilience challenge

Climate hazards interact with poverty, housing insecurity, inaccessible transport, loss of assistive technology, communication exclusion and disruption of caregivers or personal assistance. Exposure alone does not explain unequal losses; barriers in the built environment, services and decision-making

transform hazards into avoidable harms. Women and girls, older people, rural residents, people with intellectual or psychosocial disabilities and those with multiple support needs can face compounded exclusion. (UNDRR 2023; India NIUA).

Resilience must be evaluated across the full risk cycle: accessible risk knowledge and alerts; assisted evacuation without loss of autonomy; safe shelters and sanitation; continuity of medicines, power and devices; disability-inclusive relief and cash assistance; recovery of housing and livelihoods; and representative participation in climate finance. The disability rights baseline is Article 11 of the CRPD, read together with accessibility and participation obligations. (CRPD Article 11; Sendai Framework).

Persons with disabilities may face heightened risks from cyclone, flood, heat, coastal flooding, landslide and public-health emergencies, but vulnerability is not intrinsic to disability: it is compounded by inaccessible warnings, inaccessible evacuation transport, lack of support networks and inaccessible shelters. The UNDRR global survey, reviewed again in 2025, reported that 84% of responding persons with disabilities did not have a personal preparedness plan. Only a small minority were aware of national disaster risk reduction arrangements. These figures are from an international respondent survey and should not be interpreted as country-specific prevalence in the eight states. (UNDRR 2025).



Figure 35: Disability-inclusive resilience across the risk cycle

Fiji and Barbados offer especially urgent SIDS cases, while Bangladesh, India, Kenya and Uganda must address local hazards, climate-sensitive livelihoods and displacement. Australia and the UK also face severe weather and critical-infrastructure disruptions affecting people who depend on electricity, communication aids, medication and personal assistance. The Commonwealth could standardise a short set of indicators: accessible multi-format early warnings; household evacuation planning; accessible shelters; emergency health and assistive-technology continuity; OPD participation in disaster committees; and post-event recovery outcomes. Such indicators connect SDG 13.1 to SDGs 3, 10, 11 and 17. (UNDRR 2025; Barbados national SDG review 2023; Fiji NDP 2024).

CDPF's 2024 Commonwealth survey reinforces these findings. More than half of respondents (54%) said their government had made no provision for persons with disabilities in situations of risk under Article 11 of the CRPD, and 72% said climate and disaster information was not available in accessible formats. Two-thirds (67%) said shelters and meeting venues were only partly accessible, usually limited to a ramp, and only 8% described them as fully accessible. In rescue, cultural norms of modesty can make it harder to evacuate women with disabilities: 60% agreed that women may not be carried by others in the way men can be. (CDPF Special Newsletter No. 13, October 2024)

3.7.3 Country assessment: commitments, implementation and outcomes

3.7.3.1 Australia

Australia has advanced disaster risk governance and regional climate cooperation, while Australian-supported Pacific work offers examples of inclusive preparedness. The key accountability question is whether state, territory and local emergency systems consistently co-design evacuation, warnings and recovery with disabled people, rather than treating disability as a generic vulnerability category.

Australia has developed Person-Centred Emergency Preparedness with researchers, organisations of people with disability and emergency services, enabling people with disability to identify and plan for their support needs before an emergency. A national emergency alert system can now reach handsets directly, but alerts are not yet routinely provided in Easy Read and plain language, and Australia's commitments under the Paris Agreement do not explicitly address disability. (Consultation with AFDO, August 2026; Collaborating4Inclusion, Person-Centred Emergency Preparedness)

Implementation and outcome assessment: Documented disability-inclusive climate action and Pacific cooperation are promising, but national outcome measures of safe evacuation and equitable recovery should not be inferred from policy existence.

3.7.3.2 Bangladesh

Bangladesh has a mature cyclone preparedness and disaster-management architecture, with disability references in disaster legislation, standing orders and national disaster planning. A 2025 scoping review covering 105 documents found slow and uneven progress: accessibility deficits in shelters, limited disability-specific adaptation budgets, weak operational linkages and inadequate disaggregated data.

Implementation and outcome assessment: Community-based approaches, such as the Gaibandha model of disability-inclusive disaster risk reduction, offer replicable examples, but independent evaluation is needed to establish reach and durable outcomes. A 2026 population study using the 2021 disability survey estimated disability prevalence at 2.79%; this is contextual disability data, not a climate outcome indicator. (Bangladesh review; Bangladesh prevalence).

A gap-mapping review of Bangladesh's Community-Based Adaptation programme proposes disability-inclusive measures for each intervention:

Table 29: Bangladesh: disability-inclusive measures for Community-Based Adaptation under Target 13.1 (expert gap-mapping review, August 2026)

Intervention	Exclusion risk	Proposed disability-inclusive measure
Livelihood diversification (agriculture, aquaculture, crab fattening)	Inaccessible tools, terrain and training formats	Share of persons with disabilities adopting climate-resilient livelihoods; disaster losses among disabled-led households

Intervention	Exclusion risk	Proposed disability-inclusive measure
Climate-resilient agriculture (raised and floating beds)	Ergonomic and capital barriers	Use of accessible designs, such as adjustable-height beds; disaggregated yield and food-security data
Community adaptation planning and drills	OPDs not invited; drills ignore impairments	Local DRR strategies with disability-inclusive budgets; share of committee seats held by persons with disabilities
Ecosystem restoration	Heavy manual labour; benefits favour landowners	Non-manual roles such as monitoring and seed preparation
Awareness and participation	Posters and megaphones miss Deaf and blind residents; inaccessible venues	Materials in Braille, Easy Read and sign language; preparedness parity between households

3.7.3.3 Barbados

The 2023 UNDRR situational analysis of disaster risk reduction in Barbados provides a basis for examining multi-hazard preparedness in a small island state exposed to hurricanes and other climate risks. Disability inclusion should be assessed through accessible shelters, public warnings, emergency transport and continuity of services.

Under the UN Joint SDG Fund programme, Barbados has used vulnerability mapping that identifies persons with disabilities alongside older people and households in hazardous locations, and has developed multi-channel public alerts. Because many emergency shelters are in schools, improving school accessibility also improves shelter accessibility. (Consultation with the Barbados Council of the Disabled, 26 August 2026)

Implementation and outcome assessment: A national disaster strategy or regional Caribbean coordination is not evidence that disability-specific safety outcomes have improved. A local accessibility and disaggregated-loss evidence gap remains central.

3.7.3.4 Fiji

Fiji combines high cyclone and flood exposure with a visible disability-rights and Pacific climate-advocacy movement. Pacific preparedness tools and the April 2026 Fiji/Bali adaptation policy study emphasise accessible communications, community participation and practical adaptation. The October 2026 Fiji Pre-COP31 forum brought direct disability participation and climate finance to the forefront.

Implementation and outcome assessment: The Pacific Disability Forum has called for dedicated accessibility budgets and simplified OPD access to climate finance. These are documented advocacy demands, not yet proof that finance mechanisms have been changed or funded. (Fiji Pre-COP; Pacific news).

Box 46: Case study: Pacific disability advocates at the climate-finance table (Fiji, 2026)

What happened. At the Fiji Pre-COP31 forum in October 2026, the Pacific Disability Forum and partners called for dedicated accessibility budgets within climate finance and simplified direct access for OPDs.

Why it matters. Adaptation funding often flows to infrastructure and plans that do not budget for accessible warnings, shelters or evacuation. Disability-led advocacy brings these costs into view at the point where finance is decided.

> **Caution and lesson.** These are advocacy demands, not yet evidence that finance mechanisms have changed. The Commonwealth test is whether climate grants come to carry measurable accessibility and OPD-oversight conditions.

3.7.3.5 India

India has extensive disaster management institutions and climate adaptation programmes. NIUA and disability-rights research identifies persistent risks from inaccessible evacuation, shelters, health continuity, extreme heat, flooding and rural exclusion. State and local systems vary considerably in operational readiness.

Implementation and outcome assessment: The strongest test is whether district disaster plans and local government preparedness map disability-related access requirements, fund reasonable accommodation, conduct inclusive drills and publish results, including for heat and flood hazards. (India NIUA; India IDR).

3.7.3.6 Kenya

Kenya has national and county-level disaster and climate governance frameworks and substantial exposure to drought and flooding. Africa-focused research on disability-inclusive disaster risk reduction supports examining whether county planning includes OPDs and accessible humanitarian responses.

Implementation and outcome assessment: The available evidence supports identifying implementation risks, but does not justify asserting a nationally measured improvement in disability-disaggregated deaths, losses or recovery outcomes.

3.7.3.7 Uganda

Uganda faces floods, landslides, drought and livelihood instability. Uganda's disability-inclusive climate-action material and rural disaster narratives highlight the intersection of disability, poverty, agriculture, displacement and access to community support.

Implementation and outcome assessment: Community-level participation and climate-resilient livelihoods deserve attention; however, the existence of a project or an OPD consultation cannot be equated with comprehensive national inclusion or documented long-term impact.

3.7.3.8 United Kingdom

The UK has national disaster-risk governance and public reporting on SDG 13.1.2. Risks relevant to disabled people include flooding, heatwaves, power outages and emergency communication barriers. National policy reporting should be read alongside local resilience arrangements and independent evidence of disabled residents' experiences.

Implementation and outcome assessment: The presence of a national strategy and a reported SDG indicator does not demonstrate accessible warning uptake, effective individual evacuation support or equitable post-disaster recovery. (UK SDG).

Voices of persons with disabilities

Voice 25: Woman, blind, Fiji

> *"Women and girls with disabilities are more vulnerable when it comes to disasters."*

A disability-rights adviser in a region where cyclones are frequent, calling for accessible evacuation sites designed with persons with disabilities. Source: UNFPA.

Voice 26: Woman with muscular dystrophy, mobility-scooter user, New South Wales, Australia

> *"The whole ordeal was really distressing and horrible."*

On being evacuated during the 2019–20 bushfires. Source: SBS News, January 2020.

Data from the United Nations Disability and Development Report 2024

The report's disaster chapter, based on the UNDRR 2023 global survey of persons with disabilities, prints no values for individual Commonwealth countries. It does report regional values for Africa, Asia, the Pacific and the Americas, where most Commonwealth members are located; these are shown below and should be read as regional, not national, results.

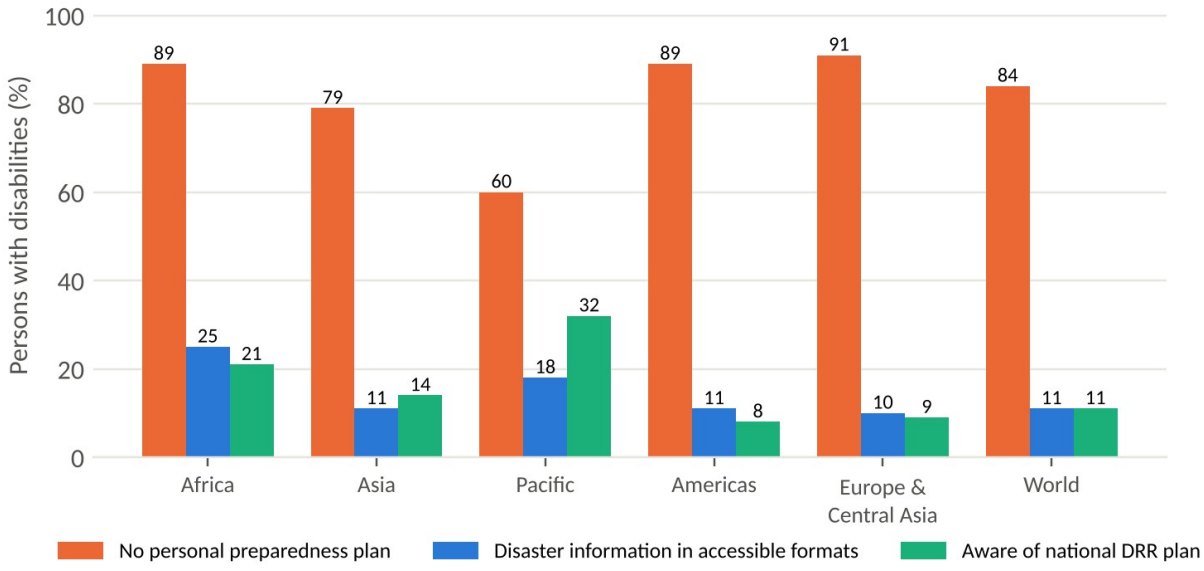

Figure 36: Disaster preparedness of persons with disabilities by region, 2023

Source: UN DESA, Disability and Development Report 2024, Figures 182, 185 and 186, based on the UNDRR 2023 global survey. Some regional values were read from figure labels.

3.7.4 Comparative assessment across the eight Commonwealth countries

Table 30: Climate resilience: comparative assessment across the eight Commonwealth countries

Country	Normative / administrative progress	Outcome evidence requiring verification
Australia	Mature DRR institutions; regional inclusion work	Disability-specific warning, evacuation and recovery results

Country	Normative / administrative progress	Outcome evidence requiring verification
Bangladesh	Disaster frameworks explicitly acknowledge disability	Accessible shelter coverage and disaggregated losses
Barbados	Disaster-risk assessment and planning	Shelter accessibility and disability-disaggregated disaster impacts
Fiji	Pacific inclusion tools and disability-led advocacy	Funded inclusion, coverage and post-disaster recovery
India	Extensive DRR system; emerging inclusion guidance	District-level inclusion, drills and hazard-specific outcomes
Kenya	National and county climate/DRR governance	County implementation and disability-specific outcomes
Uganda	DRR structures and community inclusion initiatives	Scalable livelihoods, preparedness and recovery outcomes
United Kingdom	National strategy and SDG reporting	Local accessible response and recovery results

The comparison is qualitative and evidence-sensitive, not a ranking. Normative progress means recognition in laws or strategies; administrative progress means institutional arrangements, financing and implemented services; outcome progress means demonstrated changes in safety, autonomy and recovery. These categories must not be collapsed.

3.7.5 Good practices and possibilities for replication

Accessible, redundant early warning: combine audio, visual, text, sign language, plain language and trusted community contact; test whether alerts lead to safe action.

Disability-led local risk mapping: fund OPDs to identify barriers, routes, shelters and individual support arrangements without exposing sensitive personal data.

Inclusive shelter and evacuation standards: audit ramps, accessible toilets, transport, lighting, communication, personal assistance and safe spaces.

Shock-responsive social protection: preserve benefits, cash access, assistive devices, medication and personal support during displacement and recovery.

Climate finance with measurable inclusion: earmark accessibility and reasonable accommodation costs and enable direct OPD participation in decisions and monitoring.

3.7.6 Priority recommendations for Commonwealth action

1. Require disability-disaggregated reporting under SDG 13.1.1, including sex, age and location where safe and feasible.

2. Integrate auditable disability inclusion standards into national and local DRR strategies under 13.1.2 and 13.1.3.

3. Fund accessible multi-hazard early warnings and verify reach, comprehension and action.

4. Make all publicly designated shelters, evacuation systems and recovery services accessible, with published audit results.

5. Ensure OPDs participate early, independently and accessibly in planning, budgeting, climate negotiations and evaluation.

6. Budget for continuity of assistive devices, personal assistance, healthcare and disability benefits after disasters.

7. Evaluate resilience outcomes with persons with disabilities, not solely the number of plans, trainings or beneficiaries.

8. Create Commonwealth peer learning on Pacific inclusive preparedness, Bangladesh community DRR and local-government accountability.

3.7.7 Conclusion

Across the eight countries, the decisive gap is between formal disaster and climate commitments and demonstrable safety and resilience for persons with disabilities. Target 13.1 can become an inclusion instrument only if national and local strategies are funded, accessible, independently monitored and tied to outcomes. The Commonwealth should promote a shift from recognition to verifiable implementation, from consultation to co-governance and from aggregate disaster indicators to disability-responsive measurement.

Across every target examined so far, the same obstacle recurs: governments cannot show who is being left behind without disability-disaggregated data and without the partners who can produce, validate and use it. Section 3.8 examines Targets 17.18 and 17.16.

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3.8 Increasing the availability of data disaggregated by disability and strengthening partnerships (Targets 17.18 and 17.16)

Every preceding section ended with the same finding: the evidence needed to show whether persons with disabilities are benefiting is incomplete. This section examines that problem directly. Target 17.18 calls for high-quality, timely and reliable data disaggregated by disability; Target 17.16 calls for multi-stakeholder partnerships that mobilise knowledge and resources. Together they determine whether the commitments examined in Sections 3.1 to 3.7 can be monitored and enforced.

3.8.1 Disability data and the SDGs

The 2030 Agenda established 17 goals and 169 targets as a universal framework for sustainable development. Persons with disabilities encounter barriers in all aspects of development, but those barriers are frequently obscured when national statistics are published only for the general population. A national average may improve while access, participation and quality of services remain unequal for persons with disabilities. The significance of disability-disaggregated data is that it makes these disparities visible and measurable. (2030 Agenda)

An increase in national enrolment does not establish that children with disabilities attend accessible schools or complete learning cycles. A higher employment rate does not necessarily indicate equal wages or advancement for workers with disabilities. Extension of public transport infrastructure cannot alone establish accessibility for people who cannot board vehicles or use ticketing and information services. Statistics must connect the disability variable to the outcome that a particular SDG target seeks to improve.

Disability prevalence data estimate the share or number of people meeting a particular definition. Disability-disaggregated outcome data, in contrast, compare circumstances such as employment, income, education, health, exposure to discrimination or access to infrastructure for persons with and without disabilities. Both are essential. Prevalence information informs planning, but does not by itself measure social inclusion. Outcome information may exist in sectoral surveys, but it cannot reveal disability inequalities unless disability is appropriately recorded.

The objective is not simply to create larger databases. Data must be trustworthy, transparent, accessible, ethically collected and capable of explaining which groups are excluded, where, and through what mechanisms. They must also make it possible to monitor whether public interventions produce changes over time.

The Commonwealth encompasses high-income countries, large developing economies and small island states with markedly different statistical resources and population structures. These differences present challenges for uniform data collection but also opportunities for technical exchange. Australia and the United Kingdom offer extensive multi-source disability statistics; Fiji and Uganda provide detailed functioning-based census analysis; Bangladesh is integrating disability questions into labour-force reporting; Kenya has carried out a national data inventory; India maintains substantial census and survey infrastructure; and Barbados illustrates the constraints of small-state data systems.

The emerging Commonwealth Disability Inclusion Action Plan offers a potential platform for a common data agenda. As of October 2026, proposals and advocacy associated with the plan should not be conflated with confirmed implementation of a final action plan. A shared framework should support comparison and cooperation without requiring that every country adopt identical statistical or administrative systems. (CDPF action plan)

The assessment examines five questions: whether disability is identified systematically; whether disaggregated information is timely, reliable and publicly available; whether disability enters national SDG reporting and national SDG reviews; whether information informs policies, budgets and service delivery; and whether measurable changes in equality can be demonstrated. Official statistical reports and monographs are prioritised over opinion pieces and secondary descriptions wherever sources disagree.

National estimates are presented with their reference years, age populations, measurement instruments and thresholds where available. The assessment is comparative and analytical, not a harmonised meta-analysis of prevalence. Programme-registration figures are not treated as equivalent to population estimates. Inferences about policy use and outcome change are identified as analytical judgments rather than presented as verified evaluations.

3.8.2 International and Commonwealth commitments

3.8.2.1 CRPD Article 31: statistics and data collection

Article 31 of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) requires States Parties to collect appropriate statistical and research information to formulate and implement policies that give effect to the Convention. It also calls for appropriate disaggregation, accessible dissemination, confidentiality and privacy safeguards. The requirement is both substantive and procedural: disability information is intended to support rights implementation, not merely statistical reporting. (UNCRPD Article 31)

Article 4(3) underscores consultation and active involvement of persons with disabilities, through their representative organisations, in relevant decision-making. For statistics, this means meaningful participation in deciding what should be measured, evaluating questionnaire language and coverage, interpreting findings and improving publication accessibility.

3.8.2.2 Target 17.18 and the promise of disaggregation

SDG Target 17.18 calls for better availability of high-quality, timely and reliable data disaggregated by disability, income, gender, age, geographical location and other relevant characteristics. This is a cross-cutting commitment: the existence of disability questions in a census is not enough if education, earnings, transport, health and other outcome indicators cannot be analysed by disability status. (UN SDG metadata)

The global indicator framework for Target 17.18 largely examines statistical capacities, legislation and statistical plans. For Commonwealth accountability, these institutional measures should be complemented by direct indicators of the actual availability, frequency and use of disability-disaggregated SDG statistics.

3.8.2.3 International progress and unresolved evidence gaps

The United Nations Disability and Development Report 2024 documents persistent inequalities and significant gaps in data coverage. The 2025 SDG Report records general progress in statistical availability while identifying continuing weaknesses in several goals. Disability-related gaps remain especially important because progress in a national or global indicator may mask continuing exclusion where disability disaggregation is missing. (UN Disability Report; UN SDG Report)

3.8.2.4 Prospects for a Commonwealth data partnership

Commonwealth governments, national statistical offices, universities, OPDs and development partners could cooperate on compatible measurement methods, technical training, survey modules and accessible dissemination. Shared guidance could reduce costs for smaller countries while preserving national ownership. Such cooperation should also support the use of statistical evidence in parliamentary scrutiny and public-finance decisions.

3.8.3 Measuring disability and monitoring progress

3.8.3.1 Concepts and definitions

Medical, administrative, functional and rights-based definitions identify different groups for different purposes. Clinical diagnoses can support care and rehabilitation; certification systems define eligibility for specific benefits; functional-difficulty questions support population-based analysis of participation; and rights-based approaches examine barriers created by environments, institutions and discrimination. Administrative registrations cannot be substituted for national prevalence estimates because persons lacking documentation, access or eligibility may remain unrecorded.

3.8.3.2 Functioning questions and why thresholds matter

The Washington Group Short Set and the UNICEF/Washington Group Child Functioning Module, described in Section 1.1, are the main internationally recognised tools. Their crucial benefit is that compatible functional measures can be included in mainstream household and labour-force collections. The choice of threshold, however, transforms the result. Fiji's 2017 Census data indicate approximately 14.3% of persons aged five or older had some functional difficulty, while 3.3% met a more restrictive threshold of at least a lot of difficulty. Uganda's 2024 Census provides a similar illustration: 13.2% of persons aged two or older under the broad threshold, compared with 3.4% under the restrictive standard. Both results may be valid within their definitions. Differences do not demonstrate that

disability prevalence has suddenly increased or that one national statistical system is intrinsically unreliable.

Responsible reporting specifies the instrument, threshold, denominator and population covered. Where possible, countries should publish multiple functioning categories so policy users can distinguish people who experience varying levels of difficulty and support needs.

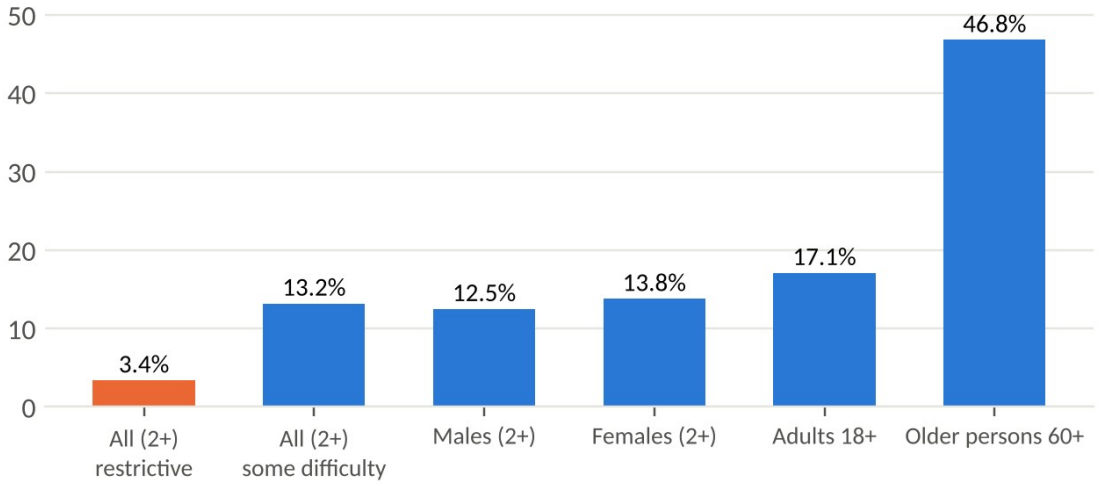

Figure 37: Uganda 2024 Census: one population, many disability figures (blue: 'some difficulty' threshold; orange: more restrictive threshold)

Source: UBOS Disability Monograph 2025

3.8.3.3 Complementary statistical sources

Population censuses support national and small-area estimates but are infrequent and limited by questionnaire length. Specialised disability surveys provide depth but may be costly and imprecise for small subgroups. Household and labour-force surveys can directly link functioning with outcomes such as earnings, poverty or schooling. Administrative records offer more frequent information but typically cover service users or programme beneficiaries rather than the whole population.

A robust national data ecosystem uses these sources for complementary purposes, documents inconsistencies and invests in statistical integration and quality assurance without assuming that linked records can replace self-reported disability measures.

3.8.3.4 Translating identification into SDG indicators

A disability question only enables disaggregation where the same observation also contains the relevant SDG outcome. Labour-force surveys can support employment and wages; education systems can describe enrolled pupils but may omit out-of-school children; transport statistics require accessibility and usability information rather than geographic proximity alone; and gender-responsive budget systems require institutional and expenditure analysis, not simply a binary individual disability variable.

3.8.4 Country assessment

3.8.4.1 Australia

Australia combines the Survey of Disability, Ageing and Carers (SDAC), population census statistics, other household surveys and administrative collections. The 2022 SDAC estimated 5.5 million people with disability, or 21.4% of the population; the 2021 Census counted approximately 1.46 million requiring assistance with core activities, a much narrower measure. These figures should not be directly substituted for one another. (ABS SDAC; ABS Census)

The Australian Institute of Health and Welfare's People with Disability in Australia series reports outcomes across education, employment, health, housing, income, social support and justice. It offers a valuable example of person-centred reporting across multiple datasets. Australia's statistical strength is therefore not one prevalence estimate, but a broader system capable of documenting disparities in life circumstances. (AIHW disability report)

Limitations include different definitions across collections, exclusions or reduced coverage of some remote and institutional populations, and insufficient samples for certain intersectional analyses. Administrative systems such as disability support records cover selected beneficiaries rather than all persons experiencing disability. Australia's 2018 national SDG review provides a national SDG reporting framework, but not every relevant SDG indicator is routinely available with disability disaggregation. (Australia national SDG review)

The absence of consistent, disaggregated data across national, state and territory agencies remains the main structural weakness in monitoring, according to Australia's national federation of disability organisations. (Consultation with AFDO, August 2026)

3.8.4.2 Bangladesh

Bangladesh's 2022 Population and Housing Census estimated disability prevalence at 1.43%, compared with 2.8% in its 2021 National Survey on Persons with Disabilities. The specialist survey recorded 2.92% in rural and 2.45% in urban areas. These are not directly comparable time points because the instruments and classifications differ. An ILO-supported 2024 assessment also notes disparities between these population estimates and administrative registrations, demonstrating that identification for welfare benefits is not the same as population measurement. (Bangladesh data study)

The Bangladesh Bureau of Statistics has incorporated the Washington Group Short Set into the Labour Force Survey, including the 2022 collection, enabling more useful analysis of work and economic participation by functional-difficulty status. This is an important development for SDG 8.5 and the wider decent-work agenda. A self-contained disability survey and mainstream labour-market disaggregation serve different but complementary purposes. (BBS labour-force disability)

Priorities include consistent documentation of disability definitions, improved links between census, survey and administrative records, better reporting on wage inequality and labour-force exclusion, and stronger integration of disability outcomes into the country's national SDG review and SDG reporting. The consultation of persons with disabilities should be assessed alongside evidence that their recommendations influence decisions.

3.8.4.3 Barbados

Barbados's 2021 Population and Housing Census was conducted during the COVID-19 period and faced extended enumeration, workforce and technology challenges. Its questionnaire included functional-

difficulty items concerning vision, hearing, mobility, cognition, self-care and communication. However, the main published 2021 census report does not establish a comprehensive published table series of disability-disaggregated results. This demonstrates the difference between collecting disability data and making them publicly available for monitoring. (Barbados Census)

The Barbados Council for the Disabled cited an earlier historical count of 11,546 persons with disabilities from the 2010 Census. That estimate should not be used as a current figure or compared without qualification with countries measuring broader functional difficulties. Barbados's 2023 national SDG review and its participation in a 2024 Joint SDG Fund programme demonstrate engagement with SDG reporting and demographic-data capacity building, including work on unpaid care, but the sources do not establish comprehensive current disability-disaggregated indicators. (Barbados Council; UN Women programme)

The priority is to publish validated disability-specific census tables and metadata, supplement them with sectoral surveys and exploit regional statistical cooperation. Small sample sizes warrant careful disclosure control and may require regional methodological or analytical support.

3.8.4.4 Fiji

Fiji included the Washington Group Short Set in the 2017 Census and subsequently published the Fiji Disability Monograph in 2023. The monograph provides prevalence by threshold and relates disability to living conditions, education and economic activity. Its employment findings are discussed in Section 3.4. (Fiji monograph)

Fiji's Education Management Information System (FEMIS) provides a noteworthy sectoral example. Research on combining the Child Functioning Module with learning and support-needs questions found potential for more accurate identification of pupils requiring assistance, adaptations or assistive technology. This is valuable for planning, but screening data should not be treated as a substitute for inclusive educational entitlement. (FEMIS study)

The main challenges are the age of the census reference period, sustained routine publication across sectors and consistency between functional measures and support-needs classifications. The Pacific Regional Guidebook on Disability Statistics offers useful recommendations for smaller island systems. (Pacific guidebook)

Fiji offers one of the clearest examples of disaggregated administrative data that is linked to decisions. Research in Fijian schools found that the Child Functioning Module alone was not accurate enough to determine funding eligibility, particularly for learning and behaviour, so the education information system now combines functioning data with data on learning-support needs and assistive technology through algorithms. The results determine grant eligibility and inform individual education plans, so that the same data serve statistics, funding and teaching. (Sprunt and Marella, 2021)

3.8.4.5 India

India's 2011 Census identified 26.8 million persons with disabilities, or 2.21% of its population, using eight categories based on the statistical and legal context of the time. The Ministry of Statistics and Programme Implementation's 2021 statistical profile combines census and survey information on characteristics and socioeconomic conditions. The broadening of disabilities recognised under the Rights of Persons with Disabilities Act 2016 makes it important not to treat older census categories as identical to contemporary administrative and legal definitions. (India statistical publications)

National Sample Survey information and administrative systems such as Unique Disability ID provide complementary records, but registration-based data may omit people without certification and are not equivalent to prevalence estimates. The continuing reliance on the 2011 Census constrains the ability to measure long-term changes through the SDG implementation period, especially at state and district levels.

India's 2025 national SDG review and national SDG monitoring systems offer an institutional opportunity to publish more regular disability-disaggregated outcomes. Needed priorities include updated population measures, functioning questions in major household and labour-force surveys, disability parity in schooling and employment indicators, and explicit linkage between statistical evidence, resource allocation and service outcomes. (India national SDG review)

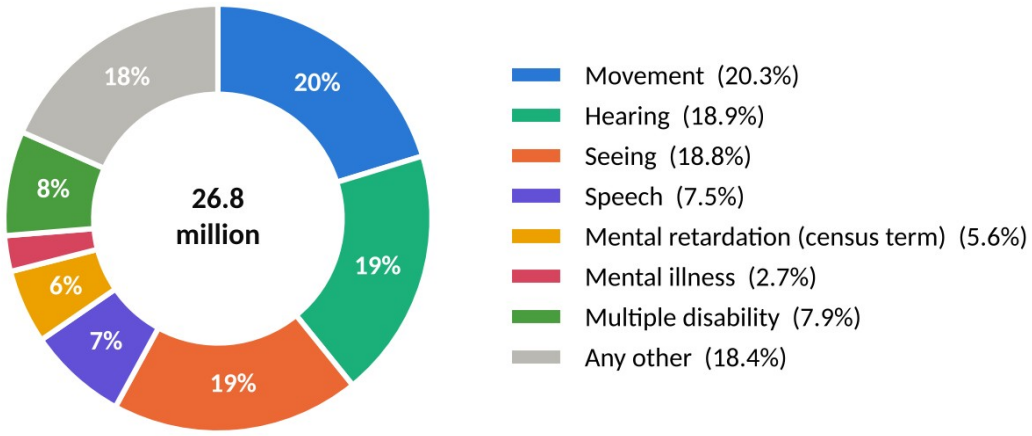

Figure 38: Persons with disabilities by type of disability, India, Census 2011

Source: Office of the Registrar General and Census Commissioner, as presented by the Ministry of Statistics and Programme Implementation to the UN Expert Group Meeting on disability statistics, 2017; census category names retained

3.8.4.6 Kenya

Kenya's 2019 Census identified approximately 2.2% of the population as disabled, using a functional-difficulty approach. The Kenya National Bureau of Statistics published a 2022 disability analytical monograph with detailed findings relating to demographic characteristics, education, economic activity, housing and technology. The comparatively low recorded prevalence has prompted concern about measurement and under-identification; it should not be interpreted as an exhaustive measure of all functional difficulty. (KNBS disability monograph)

Kenya's Inclusive Data Charter work and the 2023 disability-data inventory published by Development Initiatives offer a useful institutional model. The inventory examined what data are published, user accessibility, coordination, financing and governance. An inventory makes weaknesses visible without commissioning a separate new survey for every policy question. (Kenya data inventory)

The priorities are to finance repeatable data collection, harmonise definitions across agencies and improve routine dissemination and use. Kenya's 2024 national SDG review and subsequent inclusive-data planning could provide accountability mechanisms, but commitments should be distinguished from achieved outcomes.

Box 47: Case study: Kenya's national disability-data inventory

What it is. As part of its Inclusive Data Charter work, Kenya supported a 2023 inventory of disability data, published by Development Initiatives, examining what data are published, how accessible they are to users, and how coordination, financing and governance work.

Why it matters. An inventory makes weaknesses visible without commissioning a new survey for every policy question, and it shows where existing data could be disaggregated at low cost.

Lesson for the Commonwealth. A periodic national data inventory is an affordable first step that any member country, large or small, could adopt; it is the basis of Recommendation 3.8.9.2.

3.8.4.7 Uganda

Uganda's 2024 Census and July 2025 Disability Monograph provide some of the most detailed recent disability-related evidence among the eight countries examined. The monograph reports 13.2% of persons aged two years and above experiencing some functional difficulty, including 13.8% of females and 12.5% of males; among adults aged 18+ the estimate is 17.1%, and among persons aged 60+ it is 46.8%. Under a more restrictive difficulty threshold, the census reports approximately 3.4%. These categories must be presented separately. (Uganda Disability Monograph)

The Disability Data Initiative's analysis of Uganda's 2016 Demographic and Health Survey found 32.8% of adults aged 15+ had at least some functional difficulty and documented higher multidimensional poverty among adults experiencing functional difficulties. This is not directly comparable with the 2024 Census because coverage and operational definitions differ. (DDI Uganda)

Uganda's 2020 Situational Analysis and 2024 national SDG review provide contexts for policy and SDG monitoring. The challenge now extends beyond data collection to using disability-specific census findings in public budgets, local-government planning, service improvement and ongoing outcome monitoring. Having a detailed monograph should be treated as a platform for accountability, not itself proof that barriers have been removed. (Uganda national SDG review)

3.8.4.8 United Kingdom

The UK combines census data, household surveys, labour-market statistics and administrative sources. In England the 2021 Census estimated an age-standardised 17.7% disabled; in Wales the corresponding figure was 21.1%. The UK-wide 2024–25 Family Resources Survey estimated a different, broader 25% prevalence. These figures represent differing coverage and approaches and should not be collapsed into one unqualified statistic. (ONS Census; House of Commons briefing)

The ONS produces detailed data by age, sex, region and deprivation, enabling analysis of inequalities beyond national averages. The UK SDG data website provides disability disaggregation for selected indicators, including employment, earnings and discrimination-related measures, but reported data and metadata may be outdated because platform uploads were paused in September 2023. UK disability indicators should therefore be checked against the original statistical releases for current interpretation.

ONS research in 2026 explores linked administrative records and predictive methods to generate more frequent disability estimates. Such methods may supplement census and survey information, but records reflecting contact with health or benefit systems can omit important groups and may operationalise disability differently from self-reported measures. The UK exemplifies both mature

disability-data infrastructure and the ongoing need for careful statistical validation. (ONS linked-data research)

Voices of persons with disabilities

Voice 27: Woman, visually impaired, disability-rights leader, Uganda

> *"Any right-thinking Ugandan would expect the total population of persons with disabilities to be above 12.4 percent."*

Reacting in October 2024 to a preliminary census figure of 5.7%. The final 2024 census monograph later reported 13.2% on a broad functional threshold, which shows how much definitions matter. Source: Daily Monitor, October 2024.

Voice 28: Woman, visually impaired, United Kingdom

> *"We need up-to-date information."*

A disabled parliamentarian, then shadow minister for disabled people, on the loss of trend data on disability employment (2018). Source: Disability News Service, 2018.

3.8.5 Comparative assessment

3.8.5.1 Reading national prevalence correctly

Differences in recorded prevalence across the eight countries arise from different age groups, definitions, thresholds, survey instruments, reporting practices and reference periods. They cannot be ranked as if they were observations from one harmonised survey. The Australian SDAC and census core-activity measure exemplify differing purposes within one country; Fiji and Uganda show the large effect of threshold selection; and Bangladesh illustrates differences between a general census and a dedicated disability survey. The national figures are compared in the table and figure in Section 2.3.1.

3.8.5.2 Institutional strengths and weaknesses

Australia and the UK have broad multi-source reporting, but still face linkage and coverage problems. Fiji and Uganda demonstrate the value of published disability census monographs. Bangladesh's labour-force integration is promising for decent-work monitoring. Kenya's data inventory supports coherent statistical governance. India has substantial statistical and administrative infrastructure, although a more recent population-based baseline is needed. Barbados illustrates that questionnaire coverage must lead to published and usable findings.

Table 31: Cross-country statistical strengths and gaps

Country	Strength	Priority gap
Australia	Specialist surveys and outcomes	Coverage, source differences and intersectional analysis
Bangladesh	Labour-force disability module	Harmonisation and consistent publication
Barbados	Census functional questions	Public disability tabulation
Fiji	Census monograph; FEMIS	Regular updated sector reporting

Country	Strength	Priority gap
India	Large statistical architecture	Updated baseline and comparability
Kenya	Data inventory and coordination	Financing and use of evidence
Uganda	Recent detailed monograph	Routine SDG integration and outcome tracking
UK	Disaggregated census and survey data	Up-to-date SDG reporting and validation

3.8.5.3 Statistical, administrative and outcome progress

Three kinds of progress must be kept separate. Statistical progress means collecting, validating and publishing relevant information. Administrative progress means creating institutions and procedures that use evidence in planning and delivery. Outcome progress means establishing improvements in equality, such as increased school completion, better earnings or more accessible services. A data publication is an achievement in statistical visibility; it cannot by itself demonstrate success against an SDG outcome target.

3.8.5.4 Persistent gaps across the Commonwealth

Common problems include fragmented definitions and data ownership; insufficient disability variables in mainstream statistical collections; limited data on psychosocial, intellectual and multiple disabilities; incomplete subnational and intersectional analysis; inaccessible or unpublished datasets; and weak evidence that findings influence finance and programme design. Public consultation of OPDs is also unevenly documented. Accessible, regular and comparable publication is therefore as important as questionnaire design.

3.8.6 Disability-disaggregated data across the priority SDGs

Table 32: Priority SDG targets and their disability-data requirements

Target	Core disability-data requirement
3.7	Accessible sexual and reproductive healthcare, informed choice and unmet need
4.1 / 4.5	Education participation, completion and learning parity
5.c	Disability-inclusive gender policy and public-finance evidence
8.5	Employment, unemployment, earnings and decent-work characteristics
10.3	Reported discrimination and equal-opportunity indicators
11.2	Transport proximity plus actual accessibility and usability
13.1	Disability-inclusive preparedness, impacts, evacuation and recovery
17.18	Coverage, quality, timeliness and usability of disaggregated indicators

3.8.6.1 SDG 3.7: sexual and reproductive healthcare

Measuring disability-inclusive reproductive healthcare requires data on access to contraception, reproductive health information, maternal services, autonomy and informed consent, and unmet need, analysed by disability status and other characteristics. General health service coverage alone cannot establish disability accessibility. Surveys should use accessible interview formats and protect privacy, especially for sensitive questions relating to sex, violence and discrimination.

3.8.6.2 SDG 4.1 and 4.5: education, completion and parity

Education management systems should capture attendance, completion, participation, supports and learning outcomes for pupils with disabilities. Fiji's FEMIS work illustrates the benefit of linking child functioning to support needs. School records, however, omit children who are excluded from formal education and should be supplemented by household data. SDG 4.5 disability parity requires comparably defined outcome indicators for disabled and non-disabled learners.

3.8.6.3 SDG 5.c: gender-responsive policies and budgets

Women and girls with disabilities are often omitted from both disability and gender data. Gender-responsive finance is a systems-level target; it cannot be assessed through simple person-level disaggregation alone. Its disability-inclusive assessment requires evidence that gender frameworks recognise disability, allocate resources, track actual expenditure and measure changes in rights and access for women and girls with disabilities.

3.8.6.4 SDG 8.5: decent employment and equal pay

Employment monitoring must include employment status, unemployment, hourly earnings, occupation and relevant job quality measures by disability status. Bangladesh's labour-force disability module and UK's regular labour-market analysis offer approaches to replication. Counts of training beneficiaries or livelihood grants should not be substituted for evidence of decent work, equal wages, retention and occupational progression.

3.8.6.5 SDG 10.3: equal opportunity and discrimination

Surveys of discrimination should identify experiences related to disability alongside other forms of disadvantage. Complaint and hate-crime records can support analysis but frequently undercount experiences that are not reported and do not capture every form of exclusion. Consistent questions, accessible reporting channels and robust confidentiality provisions are necessary for meaningful comparisons.

3.8.6.6 SDG 11.2: accessible transport and public space

Geographical proximity to public transport is not proof that a system is usable. SDG monitoring should assess vehicles, stations, ticketing, announcements, pedestrian routes and affordability, including direct evidence from persons with disabilities. Accessibility audits and surveys can supplement transport-network data. Accessible public spaces under SDG 11.7 likewise require evidence of actual access, not just the existence of parks or facilities. (UN transport metadata)

3.8.6.7 SDG 13.1: disability-inclusive climate and disaster data

Disaster and climate systems should record accessible early warnings, evacuation options, shelter access, differential impacts, displacement and recovery for persons with disabilities. The reviewed material does not establish complete harmonised disability-disaggregated disaster outcome series across the eight countries. Integrating disability variables into disaster risk databases and emergency assessments, with appropriate safeguards, is therefore an important Commonwealth priority.

3.8.6.8 SDG 17.18: a measurable commitment to data

The availability of disability-disaggregated indicators should itself be monitored. Measures should include how many priority indicators exist, their update frequency, geographic coverage, intersectional

breakdowns, metadata, accessibility and documented use. National statistical strategies should regard these as practical deliverables of the commitment to leave no one behind.

3.8.7 Partnerships, financing and public accountability (Target 17.16)

Partnerships in disability-inclusive development should not be measured only by the number of stakeholder meetings or memoranda of understanding. SDG 17.16 is relevant because the state, statistical agencies, local government, disabled people's organisations, academia, business, the UN and development finance institutions hold different parts of the implementation chain. Under CRPD Article 4(3), OPDs must be more than observers: they should influence problem definition, budget priorities, programme design, evaluation and publication of results. The planned Commonwealth Disability Inclusion Action Plan can support a systematic regional platform for this principle if governments make commitments traceable and publicly reviewable. (CDPF 2026; Commonwealth 2026; UN 2026 Strategy).

Recent examples show both possibilities and limits. Fiji assigned an explicit role to its disabled people's federation in the new national policy. Bangladesh's government identified participation by persons with disabilities in its 2025 national SDG review process. Uganda's national SDG review included persons with disabilities in national consultation; Australia reported structured disability strategy review consultation; Kenya's county VLRs provide a framework for local engagement. However, public evidence is still often insufficient to determine whether OPDs joined the national SDG decision-making process early, whether recommendations changed expenditure, or whether women, disabled youth and persons with intellectual or psychosocial disabilities were effectively represented. (Fiji Policy 2025; Bangladesh UN national SDG review 2025; Uganda national SDG review 2024; AIHW 2026; Kenya national SDG review 2024).

Statistics are one of the most practical fields for such partnerships. OPDs can help decide what is measured, test questionnaire wording, validate findings and carry evidence into budget and policy debates. Their wider role in implementing, localising and monitoring the SDGs is examined in Section 4.1.

3.8.8 Good practices and possibilities for replication

3.8.8.1 Integrated national reporting: Australia and the United Kingdom

An integrated reporting architecture can bring together specialised disability surveys, censuses, mainstream household data and administrative sources while clearly documenting the population each covers. This improves the capacity to describe disparities without creating false equivalence between measures. Commonwealth replication should begin with mapping existing sources, not with an assumption that every country can fund a large standalone survey.

3.8.8.2 Sectoral data improvements: Bangladesh and Fiji

Bangladesh's insertion of functional-difficulty questions into labour-force statistics can be adapted to regular employment surveys elsewhere. Fiji's use of functioning and learning-support information shows how sector systems can support planning and adjustments. Both approaches demonstrate that disability measures yield greatest value when linked to outcomes and specific decisions rather than collected independently of their application.

3.8.8.3 National data inventories and monographs: Kenya and Uganda

Kenya's data inventory identifies available sources, ownership, usability and governance gaps. Uganda's disability monograph illustrates detailed analytical publication following a census. Together they offer a feasible model: inventory the statistical ecosystem, harmonise definitions, and publish regularly updated country and thematic profiles containing outcomes, not only prevalence.

3.8.8.4 Small-state cooperation and large-system alignment: Barbados and India

Small states such as Barbados could benefit from shared technical expertise, modular instruments and regional analysis to reduce costs and address sample-size constraints. Large systems such as India's require stronger integration of legal, administrative and population-based classifications and more regular publication within national SDG frameworks. The measures should be scaled to context rather than exported wholesale.

3.8.9 Priority recommendations for Commonwealth action

3.8.9.1 A Commonwealth disability-data framework

Develop a common framework aligned with the UNCRPD, 2030 Agenda and recognised functioning-measurement guidance. Specify minimum statistical reporting expectations and permit nationally appropriate implementation. The framework should distinguish global SDG indicators from supplementary Commonwealth disability indicators.

3.8.9.2 National disability data inventories

Ask national statistical offices, sector ministries and OPDs to periodically catalogue census, survey and administrative datasets; document their disability questions, reference populations, update periods and public accessibility; and identify priority data gaps. Include responsible institutions and publicly track agreed improvements.

3.8.9.3 Mainstream disability measures in routine surveys

Prioritise standard functioning modules in relevant labour-force, health, household expenditure, education and social protection collections. Report age coverage and difficulty thresholds transparently. Use specialist modules where broader measures are insufficient, and avoid treating certification registers as population counts.

3.8.9.4 Disability-specific sections in every national SDG review

Require a concise disability data annex or subsection in future Commonwealth national SDG reviews documenting which priority indicators are disaggregated, what disparities they reveal, where statistics are missing, and what action is planned. Distinguish commitments and consultations from actual implementation and documented outcome change.

3.8.9.5 A priority indicator set for Commonwealth monitoring

Agree a manageable group of indicators for poverty, education, healthcare and reproductive rights, decent work and wages, discrimination, transport, climate resilience and public statistics. Assign to each a definition, data source, update frequency, disaggregation expectations and accountable institution. Publish an accessible annual dashboard of indicator availability.

3.8.9.6 Meaningful participation of OPDs

Involve diverse OPDs in data priorities, questionnaire design, interpretation, communication and oversight. Include women, youth and persons with intellectual, psychosocial and high support needs, and ensure accessible and adequately resourced engagement. Establish visible government responses to statistical recommendations from OPDs.

3.8.9.7 Accessibility, governance and statistical ethics

Publish accessible reports and usable machine-readable statistical tables with transparent metadata. Adopt strong privacy and disclosure-control protections for small populations and sensitive indicators. Improve data-sharing arrangements between public agencies where lawful and appropriate, without weakening individual rights.

3.8.9.8 Connect data, budgets and measurable results

Require documented links between identified disability inequalities, policy and budget allocations, expenditure and measured outcomes. Budget approval and payment are not evidence of effectiveness. Inclusive education spending, for example, should be evaluated alongside attendance, accommodation, completion and learning outcomes. Similar logic applies to healthcare, transport and employment.

3.8.9.9 Technical cooperation and national capacity

Create practical technical exchanges among national statistical offices, universities, Pacific and Caribbean statistical institutions and OPDs. Support training in survey methods, Washington Group and child-functioning modules, small-area analysis, administrative-data quality, intersectionality, accessible dissemination and outcome evaluation.

3.8.9.10 A transparent Commonwealth progress review

Periodically report the number and proportion of priority indicators disaggregated by disability, their timeliness and geographic coverage, cross-disaggregation by other characteristics, data quality, access and use in policy. Report improved statistics separately from improvements in educational, economic and other social outcomes so that accountability rests on clear evidence.

3.8.10 Conclusion

The eight-country assessment demonstrates real progress in disability statistical measurement but also major differences in capacity, continuity and use. Disability prevalence figures cannot be compared responsibly without understanding definitions, thresholds and reference periods. Even technically strong census or survey systems do not necessarily produce the outcome information needed to establish equality across the SDGs.

The Commonwealth can make a distinctive contribution by promoting methods that are comparable where useful, appropriate to national contexts, ethically governed and regularly published, with meaningful participation of persons with disabilities. The aim is not only to identify who is counted but to establish who benefits from development, who remains excluded, what governments have done, and whether measured inequalities have narrowed.

The effectiveness of disability-disaggregated data should ultimately be judged by its contribution to identifying exclusion, shaping action and demonstrating improvements in rights, opportunity and well-being.

Data alone do not produce inclusion. They become powerful when persons with disabilities and their representative organisations can use them to hold governments to account. Chapter 4 therefore turns to the role of OPDs and to the way forward for the Commonwealth.

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4. The way forward for disability-inclusive sustainable development

Chapters 2 and 3 documented a consistent pattern: rights recognised, programmes launched and data improving, but too little evidence that persons with disabilities are benefiting equally. Closing that gap depends on two things: the people best placed to identify exclusion must have real influence, and governments must commit to a shared, verifiable agenda for the years to 2030. Section 4.1 examines the first, the role of Organisations of Persons with Disabilities (OPDs); Section 4.2 examines accessibility and assistive technology, the practical foundations on which every target depends; Section 4.3 examines artificial intelligence, which is reshaping both; Section 4.4 sets out the second.

4.1 Role of OPDs in SDG implementation, localisation and monitoring

4.1.1 Why OPDs matter

Organisations of Persons with Disabilities (OPDs) are indispensable partners in implementing, localising and monitoring the United Nations 2030 Agenda for Sustainable Development. As representative organisations led, directed and governed by persons with disabilities, OPDs bring lived experience, collective knowledge, technical expertise and a rights-based perspective to development planning. Their involvement is essential to translating the commitment to leave no one behind into policies, programmes, public expenditure and measurable outcomes that address the exclusion experienced by persons with disabilities.

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) provides the legal foundation for meaningful participation. Article 4(3) requires governments to closely consult and actively involve persons with disabilities through their representative organisations in decisions affecting them. Article 33(3) requires their full participation in monitoring implementation of the Convention. General Comment No. 7 (2018) further clarifies that such participation must be meaningful, accessible, adequately supported and capable of influencing decisions. It explicitly extends these principles to national SDG monitoring, public budgeting and the implementation of the 2030 Agenda. CRPD Article 33, General Comment No. 7.

The role of OPDs extends across three interconnected dimensions of sustainable development.

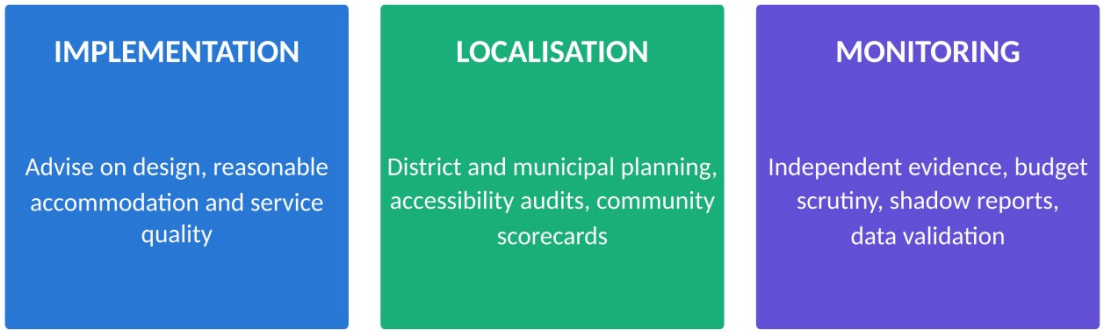

Figure 39: Three roles of Organisations of Persons with Disabilities

4.1.1.1 Role in SDG implementation

OPDs contribute to translating national commitments into practical programmes and services. Their involvement is particularly important in inclusive education, healthcare, employment, social protection, accessible infrastructure, transport, disaster preparedness and access to justice.

They identify barriers, advise on reasonable accommodation, support inclusive programme design, strengthen community awareness and assess whether public services are reaching persons with disabilities. Their contributions help ensure that development interventions respond to actual needs rather than relying exclusively on administrative assumptions.

Importantly, OPDs should not be viewed merely as service delivery partners. Their representative and independent advocacy functions distinguish them from organisations that provide services to persons with disabilities without being governed by them.

4.1.1.2 Role in SDG localisation

SDG localisation involves adapting global development commitments to the circumstances, priorities and institutional arrangements of states, provinces, districts, municipalities and communities.

OPDs play an important role in identifying local inequalities, contributing to district and municipal planning, participating in local government consultations and monitoring the accessibility and quality of services.

Community-level monitoring can identify barriers that remain invisible in national statistics. These include inaccessible schools, health facilities, public transport, workplaces, evacuation shelters and government offices.

Local OPDs can also contribute to participatory budgeting, community scorecards, accessibility audits and social accountability processes. Their effectiveness depends on whether local governments have mechanisms to consider their findings, allocate resources and report on corrective action.

4.1.1.3 Role in SDG monitoring and accountability

OPDs contribute to SDG monitoring through independent assessments, disability-disaggregated evidence, policy analysis, public expenditure reviews, community consultations and submissions to national and international accountability mechanisms.

Their participation is especially important because national averages can conceal inequalities between persons with and without disabilities.

SDG Target 17.18 calls for improved availability of reliable and timely disaggregated data, including by disability. OPDs can support the development of appropriate data collection methods, identify excluded populations, validate community-level findings and examine whether reported progress corresponds to actual improvements in rights and living conditions.

The UN Disability and Development Report 2024 highlights continuing inequalities across several development sectors and the need for stronger disability-inclusive data and accountability. UN Disability and Development Report 2024.

The distinction between participation in implementation and participation in monitoring is important. An OPD may contribute to an education programme without being involved in evaluating national SDG 4 indicators. Similarly, participation in a disability policy consultation does not automatically establish representation in a national SDG monitoring institution.

4.1.1.4 The Commonwealth perspective

The Commonwealth provides an important platform for strengthening disability-inclusive development across countries with different economic circumstances, administrative systems, statistical capacities and levels of institutional development.

The eight countries examined represent diverse geographical regions and development contexts. Their experiences illustrate different approaches to OPD engagement, including national disability federations, independent civil society platforms, community-based monitoring, policy consultations, statistical partnerships and disability-inclusive development programmes.

The Commonwealth Disabled People's Forum (CDPF) has advocated a Disability Inclusion Action Plan to strengthen the participation of persons with disabilities and their representative organisations in Commonwealth processes. This provides an opportunity to connect CRPD commitments with SDG implementation, localisation and monitoring across member countries. CDPF Disability Inclusion Action Plan.

This assessment examines the evidence of OPD participation in the eight selected countries, identifying documented achievements, institutional arrangements, implementation concerns and opportunities for strengthening accountability.

4.1.2 Major findings

4.1.2.1 OPDs are increasingly recognised as development partners

Across the eight countries, OPDs are participating in disability legislation, national policy consultations, inclusive education initiatives, employment programmes, accessibility improvements and social protection reforms.

However, recognition as a development partner does not necessarily provide authority to influence national SDG priorities, indicators or resource allocations.

4.1.2.2 SDG localisation offers important opportunities for participation

Local government provides a practical entry point for OPDs to identify barriers and influence implementation. Kenya's county-level disability engagement, Uganda's local accountability initiatives,

India's district-level disability networks and Fiji's community-based disaster inclusion efforts demonstrate the relevance of local participation.

Yet the relationship between community evidence and national SDG monitoring remains insufficiently institutionalised in many settings.

4.1.2.3 Participation in national SDG reviews is expanding but remains uneven

Bangladesh, India, Kenya and Uganda provide documented examples of disability-related participation in national SDG review processes or independent civil society assessments.

Australia and the United Kingdom demonstrate strong disability advocacy and statistical capacities, although evidence of permanent OPD participation in dedicated national SDG decision-making structures is less clear.

Barbados and Fiji provide examples of OPD participation in policy implementation and sectoral monitoring, but documentation of continuous participation in national SDG indicator review is more limited.

4.1.2.4 Disability-disaggregated data remain inadequate

OPDs increasingly contribute community evidence, surveys, accessibility assessments and independent research. Nevertheless, official data systems frequently lack sufficient disaggregation to evaluate outcomes for different groups of persons with disabilities.

This affects the monitoring of education, employment, healthcare, transport, social protection and disaster risk reduction.

4.1.2.5 Budget monitoring is emerging as an important OPD function

OPDs are increasingly examining whether government commitments are supported by financial allocations and whether public expenditure produces measurable improvements.

Uganda's disability-inclusive budget scrutiny provides an example of this development. Similar approaches could strengthen accountability across the Commonwealth by connecting allocations, expenditure and outcomes.

4.1.2.6 OPD participation requires institutional and financial support

Meaningful engagement depends on accessible consultation procedures, timely information, technical capacity, independent financing and opportunities for underrepresented disability groups to participate.

General Comment No. 7 emphasises that governments should establish clear participation procedures and provide adequate resources while protecting OPD independence. General Comment No. 7.

4.1.3 Principal concerns

4.1.3.1 Consultation without measurable influence

The most significant concern is the difference between participation in meetings and influence over decisions. Evidence of consultation is more readily available than evidence that governments have accepted, implemented or publicly responded to OPD recommendations.

4.1.3.2 Limited institutional representation

Permanent representation of OPDs in national SDG coordination structures is not consistently documented. Disability advisory mechanisms and general civil society consultations cannot automatically be treated as equivalent to participation in formal SDG monitoring.

4.1.3.3 Unequal participation within the disability movement

Women with disabilities, persons with intellectual and psychosocial disabilities, deafblind persons, Indigenous persons with disabilities, children and young persons with disabilities, and rural OPDs may have fewer opportunities to influence planning and monitoring.

4.1.3.4 Inadequate financial and technical resources

Independent monitoring requires research capacity, accessible communication, transport, assistive technology, trained personnel and sustainable financing. Project-based funding may support individual activities without strengthening the long-term institutional capacity of OPDs.

4.1.3.5 Weak links between local and national monitoring

Community audits and local consultations frequently identify implementation gaps, but their findings are not always incorporated into national SDG indicator systems, sectoral planning or public expenditure reviews.

4.1.3.6 Insufficient monitoring of outcomes

Many development programmes report numbers of beneficiaries, training sessions or consultations. Fewer publicly document whether persons with disabilities have achieved equitable educational outcomes, decent employment, improved healthcare access, greater independence or effective protection from discrimination.

4.1.3.7 Inadequate follow-up and accountability

Governments do not consistently publish responses to OPD recommendations, identify responsible departments, specify implementation deadlines or report corrective measures.

This limits the ability of OPDs to assess whether their participation has produced tangible changes.

Representative organisations need secure funding to hold governments to account. Disability leaders in the United Kingdom report that reductions in public funding have weakened disability-led organisations at the same time as younger disabled people are organising in new ways online, and that the movement needs to rebuild collective organising. (Consultation with Reclaiming Our Futures Coalition, 28 August 2026)

4.1.4 Country assessment

4.1.4.1 Australia

Australia has a well-established disability rights movement with national representative organisations that contribute to the implementation and monitoring of disability-inclusive development. These include People with Disability Australia (PWDA), Women With Disabilities Australia (WWDA), First Peoples Disability Network (FPDN), National Ethnic Disability Alliance (NEDA) and the Australian Federation of Disability Organisations (AFDO).

Implementation: These organisations contribute to disability policy, inclusive employment, education, social protection, accessibility and independent rights monitoring. Australia's Disability Strategy 2021–2031 provides a national framework for addressing disability-related inequalities. OPDs contribute submissions and policy advice, although their participation in disability strategy processes should be distinguished from direct authority over national SDG implementation. Australia's Disability Strategy.

SDG localisation: State and territory organisations, together with local disability networks, contribute to accessible community services, transport and infrastructure planning. Australia also supports OPD leadership internationally, particularly in the Pacific and Southeast Asia. The International Disability Equity and Rights Strategy 2024 recognises representative organisations as partners in development, while the Stronger Movements, Stronger Futures initiative supports disability movements through sustained investment. DFAT Disability Strategy, Stronger Movements.

Monitoring: Australian OPDs provide independent evidence through parliamentary submissions, disability rights reporting and consultation on national data initiatives. The Australian Bureau of Statistics' Disability Data Measures project and the National Disability Data Asset are relevant to improving disability-disaggregated monitoring of education, employment, healthcare and social outcomes. ABS Disability Data Measures, National Disability Data Asset.

Findings and concerns: Australia demonstrates relatively strong representative institutions and statistical infrastructure. However, the evidence is stronger for disability policy consultation and sectoral monitoring than for permanent OPD representation in domestic national SDG decision-making. More transparent links between OPD recommendations, public expenditure and measurable development outcomes would strengthen accountability.

4.1.4.2 Bangladesh

Bangladesh has developed an organised disability movement that connects national advocacy with grassroots organisations and wider civil society SDG platforms. The Disability Alliance on SDGs, Bangladesh, is particularly relevant, alongside organisations such as the Women with Disabilities Development Foundation, Access Bangladesh Foundation and the National Alliance of Disabled Peoples Organizations.

Implementation: OPDs contribute to inclusive education, social protection, employment, gender equality and disability rights advocacy. They engage with government departments and development institutions to improve access to public programmes and address discrimination. The Global Disability Fund's Bangladesh programme has supported disability-inclusive policy development and stronger participation by representative organisations. Global Disability Fund Bangladesh.

SDG localisation: Grassroots disability organisations contribute to identifying barriers in local services and advocate for disability inclusion in municipal and community development. Their work is particularly relevant to accessible infrastructure, social protection, education and local government accountability.

Monitoring: Bangladesh provides a documented example of disability participation in national SDG review processes. During the preparation of the 2025 national review, the Citizen's Platform for SDGs, Bangladesh, undertook extensive consultations with groups at risk of exclusion. Disability representatives highlighted gaps in statistical coverage and advocated improved disability data collection and monitoring. Bangladesh SDG Consultations 2025.

The involvement of the Disability Alliance on SDGs demonstrates how OPDs can participate through a broader national civil society accountability platform.

Findings and concerns: Bangladesh has developed useful mechanisms for bringing disability perspectives into national SDG discussions. However, sustained OPD participation in formal decision-making, systematic government responses to recommendations and the integration of community evidence into official statistics remain areas requiring improvement.

4.1.4.3 Barbados

The Barbados Council for the Disabled (BCD) plays an important role in advancing disability inclusion, supported by other organisations such as the Barbados National Organization of the Disabled (BARNOD) and specialist disability associations.

Implementation: The Council contributes to accessibility, independent living, equal opportunity and disability rights advocacy. Its Fully Accessible Barbados programme promotes improvements in the accessibility of buildings, tourism facilities, public spaces and services. These activities are relevant to SDGs 8, 10 and 11. Barbados Council for the Disabled.

A major legislative development was the passage of the Rights of Persons with Disabilities legislation in January 2025. The Council welcomed this development while emphasising the importance of effective implementation. Barbados Parliament, BCD Legislative Response.

SDG localisation: Accessibility assessments and advocacy concerning public facilities, transport and tourism provide practical examples of local disability-inclusive development. In 2026, the Council welcomed a proposed accessible corridor in Bridgetown while seeking meaningful involvement in its implementation. BCD Accessibility Response.

Monitoring: The Global Disability Fund's situational analysis, undertaken during 2024–2025, provides an important evidence base on disability rights, institutional coordination and data limitations. The Council's accessibility assessments also offer community-level evidence concerning implementation. UNDP Barbados Disability Programme.

Findings and concerns: Barbados demonstrates the value of OPD-led accessibility monitoring and legislative advocacy. However, publicly available evidence of a permanent OPD role in national SDG indicator development and monitoring remains limited. Stronger connections between accessibility findings, national statistics and budget decisions are needed.

4.1.4.4 Fiji

Fiji has an established disability movement led by the Fiji Disabled Peoples Federation (FDPF), working alongside organisations including United Blind Persons of Fiji, the Fiji Association of the Deaf, the Spinal Injury Association of Fiji and the Psychiatric Survivors Association.

Implementation: These organisations contribute to inclusive education, employment, accessible services, disability rights and community participation. Fiji's National Policy on the Rights of Persons with Disabilities 2025–2035 recognises the importance of representative organisations in implementation, research, advocacy and disability data development. Fiji National Disability Policy.

SDG localisation: Fiji's exposure to climate-related disasters makes community-level disability participation particularly important. OPDs contribute to advocacy on accessible evacuation facilities,

inclusive disaster preparedness, transport and community services. Their participation helps identify barriers experienced by persons with disabilities in rural and maritime communities.

Monitoring: Fiji's disability policy identifies weaknesses in data collection and calls for more standardised information systems. The Global Disability Fund's country analysis also identifies gaps in coordination, monitoring and meaningful OPD participation. Fiji Situational Analysis.

In 2025, FDPF and United Blind Persons of Fiji participated in national discussions concerning disability inclusion in employment, providing a sectoral example relevant to SDG 8. ILO Fiji Workplace Inclusion.

Findings and concerns: Fiji has an important institutional foundation for OPD participation, particularly through its national federation and disability policy. However, policy recognition does not automatically establish consistent involvement in monitoring national SDG outcomes. More reliable disability data, accessible participation mechanisms and independent evaluation arrangements are required.

4.1.4.5 India

India has a diverse disability movement comprising national organisations, state-level networks, district associations and grassroots disability groups. These include the National Centre for Promotion of Employment for Disabled People (NCPEDP), organisations representing deaf persons, women-led disability organisations and regional disability networks.

Implementation: OPDs contribute to inclusive education, accessibility, employment, social protection, rights awareness and the implementation of the Rights of Persons with Disabilities Act, 2016. Their advocacy supports disability inclusion across several SDGs, particularly Goals 3, 4, 5, 8, 10 and 11.

SDG localisation: State and district disability networks contribute to local planning and monitoring through consultations, accessibility audits, public hearings and engagement with local administrations. The Odisha State Disability Network and other regional networks illustrate the potential for disability-led engagement in education, healthcare, accessibility and public entitlements. However, local disability advocacy should not automatically be classified as formal SDG indicator monitoring unless an explicit monitoring mechanism is documented.

Monitoring: During India's 2025 national SDG review, Rising Flame collaborated with the United Nations Resident Coordinator's Office to facilitate disability-focused consultations. These provided opportunities for persons with disabilities to contribute to the assessment of national SDG progress. Rising Flame SDG Consultations.

Independent research has also contributed to monitoring. Rising Flame's Benchmarking Disability Inclusion: 10 Years of SDG Implementation in India examines inequalities in education, employment, public financing and disability data. Rising Flame SDG Assessment.

India's national SDG framework is coordinated through NITI Aayog, with statistical responsibilities involving the Ministry of Statistics and Programme Implementation. The extent to which OPD-generated evidence is routinely incorporated into national and state indicator frameworks requires closer examination. NITI Aayog SDG Review 2025.

Findings and concerns: India demonstrates increasing OPD participation in SDG consultations and independent research. However, gaps remain in disability-disaggregated data, formal representation in monitoring structures and documented government responses to OPD recommendations. Strengthening the institutional relationship between grassroots organisations, state governments and national statistical authorities would improve accountability.

4.1.4.6 Kenya

Kenya has an active disability movement, with the United Disabled Persons of Kenya (UDPK) serving as an important national federation. OPDs participate in national and county development processes, policy advocacy, accessibility initiatives and independent civil society monitoring.

Implementation: OPDs contribute to inclusive education, employment, economic empowerment, accessibility and social protection. The Kenya Joint Disability Inclusion Strategy 2025–2027 provides a coordinated framework covering economic empowerment, access to services, disability statistics, political participation and digital inclusion. It was developed through consultations involving 78 partner organisations and establishes priorities for coordinated implementation. Kenya Joint Disability Inclusion Strategy.

SDG localisation: Kenya's county governments provide opportunities for OPDs to contribute to development planning, resource allocation and local service accountability. Disability organisations have participated in county-level economic empowerment initiatives and advocacy concerning accessible services and public expenditure.

Monitoring: Kenya's 2024 Civil Society SDG Review provides a documented example of independent assessment involving disability organisations. UDPK and associated groups contributed evidence concerning inclusion, livelihoods, development planning and disability rights. Kenya Civil Society SDG Review 2024.

The Building an Inclusive Kenya: Disability Inclusion Status Report 2025 also identifies continuing inequalities and the need for stronger disability data, policy coordination and meaningful participation. Kenya Disability Inclusion Status Report.

Findings and concerns: Kenya offers a useful example of OPDs participating in independent SDG assessment and county-level localisation. Nevertheless, the effectiveness of participation varies across counties. Sustainable financing, better disability-disaggregated information and documented follow-up to recommendations remain priorities.

4.1.4.7 Uganda

Uganda has an established disability movement, with the National Union of Disabled Persons of Uganda (NUDIPU) playing a prominent role. Other organisations include the National Union of Women with Disabilities of Uganda, Integrated Disabled Women Activities and specialist disability associations.

Implementation: OPDs contribute to inclusive education, livelihoods, social protection, employment, disability rights and disaster risk reduction. NUDIPU has supported community-based initiatives and advocated disability inclusion in national development programmes.

SDG localisation: Uganda's district and parish-level development arrangements provide opportunities for OPDs to advocate inclusive local services and access to livelihood programmes. Disability organisations contribute to community awareness, monitoring of entitlements and engagement with local government institutions.

Monitoring: Uganda's 2024 national SDG review included consultations with persons with disabilities and civil society stakeholders. This demonstrates recognition of disability participation, although it does not establish that OPDs hold permanent decision-making authority in the national SDG coordination framework. Uganda National SDG Review 2024.

NUDIPU has also participated in reviewing ministerial policy statements in collaboration with the Equal Opportunities Commission. This work examines whether disability priorities are reflected in government planning and budgeting. NUDIPU Budget Review.

Box 48: Case study: OPD-led budget scrutiny in Uganda

What it is. The National Union of Disabled Persons of Uganda (NUDIPU) has worked with the Equal Opportunities Commission to review ministerial policy statements, examining whether disability priorities are reflected in government planning and budgets.

Why it matters. It moves OPD participation from consultation to scrutiny of the decisions that determine resources, and complements NUDIPU's disability profiling, which generates community evidence for planning.

Lesson for the Commonwealth. Budget scrutiny is a skill that can be shared across countries. Its effect depends on whether governments publish responses and adjust allocations, which should itself be tracked.

Further initiatives involving disability profiling and surveys on access to rights and services contribute evidence that may strengthen planning and accountability. NUDIPU Disability Profiling.

Findings and concerns: Uganda provides an important example of OPD participation in budget scrutiny and community monitoring. However, inadequate resources, uneven local capacity and limited integration of independent evidence into national SDG monitoring remain significant concerns.

4.1.4.8 United Kingdom

The United Kingdom has a developed network of Disabled People's Organisations, including Disability Rights UK, Inclusion London, Disability Wales and other regional and specialist organisations.

Implementation: DPOs contribute to disability rights advocacy, employment policy, social protection, accessible transport, education and independent monitoring of government commitments. They provide evidence to parliamentary inquiries and public institutions and advocate changes to policies affecting disabled people.

SDG localisation: Regional and local DPOs contribute to accessible public services, transport planning, housing, social care and local government accountability. Their work is relevant to SDGs 3, 8, 10 and 11, although local policy advocacy does not necessarily constitute participation in a formal SDG localisation mechanism.

Monitoring: The Office for National Statistics developed the United Kingdom's official SDG data platform and a protocol for assessing non-official data sources. This provides a potential route for incorporating appropriately validated civil society evidence into official monitoring. ONS Non-Official Data Protocol.

However, uploads to the UK SDG data platform have been paused since September 2023. The platform therefore should not be described as a continuously updated source of national SDG monitoring. UK SDG Reporting Status.

DPOs continue to produce independent evidence on disability inequalities. Disability Rights UK, for example, monitors the disability employment gap and advocates improvements in employment policy and workplace support. Disability Rights UK Employment Analysis.

Findings and concerns: The United Kingdom has substantial disability-related statistics and independent advocacy capacity. However, the relationship between DPO-generated evidence, national

SDG monitoring and government accountability remains insufficiently formalised. Better integration of rights-based monitoring and development indicators would strengthen the assessment of outcomes.

4.1.5 Comparative assessment

Table 33: OPD participation: comparative assessment, by country

Country	Implementation	Localisation	Monitoring
Australia	Established disability policy participation and international OPD partnerships	State and territory disability engagement	Independent advocacy and statistical consultations
Bangladesh	Disability alliances contribute to policy and programmes	Grassroots advocacy and local service accountability	Documented participation in 2025 SDG consultations
Barbados	Accessibility programmes and legislative advocacy	Community accessibility assessments	Sectoral monitoring; limited evidence of formal national SDG role
Fiji	National federation and disability policy implementation	Community and disaster inclusion	Policy and sectoral monitoring; data coordination gaps
India	Rights-based programmes and policy advocacy	State and district networks, audits and consultations	Disability-focused national SDG consultations and independent research
Kenya	National disability inclusion strategy and sectoral initiatives	County-level planning and advocacy	Independent civil society SDG assessments
Uganda	Disability-inclusive livelihoods and public services	District and parish-level engagement	Budget scrutiny and community-generated evidence
United Kingdom	DPO advocacy and policy engagement	Local government and service accountability	Independent analysis and statistical evidence; formal SDG integration limited

4.1.6 Conclusion and priorities for Commonwealth action

The eight-country assessment demonstrates that OPDs contribute substantially to the implementation, localisation and monitoring of disability-inclusive development. Their participation ranges from programme design and service delivery oversight to independent policy assessment, statistical advocacy, budget scrutiny and community accountability.

However, participation is not consistently institutionalised. The available evidence is stronger for consultation, policy advocacy and sectoral implementation than for permanent OPD authority within national SDG monitoring structures. In several countries, it is also difficult to establish whether OPD recommendations lead to changes in budgets, implementation arrangements or measurable development outcomes.

For the Commonwealth, the central priority is to strengthen the institutional relationship between OPDs, governments, national statistical offices and independent accountability institutions. The Commonwealth Disability Inclusion Action Plan could provide a common framework for promoting meaningful participation across member countries.

This would require accessible and adequately financed participation mechanisms, stronger disability-disaggregated data, recognition of OPD-generated evidence, systematic government responses to recommendations and opportunities for OPDs to monitor implementation independently.

The effectiveness of participation should be assessed not by the number of meetings attended or consultations conducted, but by the extent to which OPDs influence decisions, improve accountability and contribute to measurable improvements in the lives of persons with disabilities.

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4.2 Accessibility and assistive technology: foundations for inclusion

Section 4.1 showed that OPDs can identify exclusion and hold governments to account. Whether the commitments they secure change daily life depends, across every target examined in Chapter 3, on two conditions that cut across sectors: environments, services and information that are accessible, and assistive products that people can obtain, afford, use and maintain. This section examines both as foundations for the agenda set out in Section 4.4.

4.2.1 Accessibility, universal design and assistive technology

Accessibility and assistive technology (AT) form the foundation upon which meaningful disability inclusion across the Commonwealth can be achieved. Together, they enable persons with disabilities to exercise their rights, participate in education and employment, access essential services and lead independent lives. Their importance extends beyond individual assistance to the transformation of physical, institutional, social and digital environments.

Universal design and assistive technology are complementary approaches. Universal design seeks to create environments, products, services and systems usable by the widest possible range of people. Assistive technology responds to individual functional requirements through products and related services, including wheelchairs, hearing aids, screen readers, communication devices, Braille technologies and adaptive equipment. Reasonable accommodation addresses additional individual requirements where general accessibility measures are insufficient.

Neither approach can achieve inclusion independently. A wheelchair cannot ensure mobility where buildings, streets and public transport are inaccessible. Similarly, an accessible digital platform cannot achieve its purpose if individuals lack appropriate assistive software, affordable connectivity or the skills required to use it.

The scale of global need illustrates the importance of addressing these requirements systematically. More than 2.5 billion people require at least one assistive product, and this number is expected to exceed 3.5 billion by 2050. However, access remains highly unequal, particularly in low- and middle-income countries. (WHO Assistive Technology)

For the Commonwealth, accessibility and assistive technology must therefore be incorporated into mainstream development planning, public infrastructure, education, healthcare, employment and digital transformation.

4.2.2 Accessibility and assistive technology within the SDGs

Accessibility and assistive technology contribute directly to the implementation of several interconnected Sustainable Development Goals.

SDG 3 recognizes the importance of equitable healthcare and universal health coverage. Access to assistive products, rehabilitation and appropriate support enables persons with disabilities to maintain functioning, improve well-being and participate more fully in society.

SDG 4 requires inclusive and equitable quality education. Accessible learning environments, teaching materials and assistive technologies enable children and young people with disabilities to participate in education.

SDG Target 8.5, examined in Section 3.4, explicitly includes persons with disabilities. Workplace accessibility, assistive products and reasonable accommodation are essential to achieving these outcomes.

SDGs 9, 10, 11 and 16 further reinforce the importance of accessible infrastructure, reduced inequalities, inclusive transport, accessible public institutions and equitable access to information.

The interconnected nature of these goals requires coordinated implementation. Accessible education cannot produce equitable employment outcomes if workplaces remain inaccessible. Similarly, assistive products cannot ensure independent living where housing, transportation, public spaces and digital services create additional barriers.

4.2.3 Functional and replicable innovations across Commonwealth countries

Several Commonwealth countries have developed practical initiatives that demonstrate how accessibility and assistive technology can be integrated into public systems. The following examples have been selected because they are operational, show identifiable implementation experience or results, and offer practical lessons for replication.

4.2.3.1 India: Sugamya Bharat App for citizen-led accessibility monitoring

India's Sugamya Bharat App provides a functional example of connecting accessibility monitoring with public participation and government grievance redressal.

Launched in 2021, the application enables persons with disabilities and other citizens to report accessibility barriers involving public buildings, transport and information and communication systems. Users can submit complaints with geotagged photographs, allowing responsible authorities to identify reported barriers and take corrective action.

The application was upgraded in 2025 to improve usability and provide additional accessibility information through an artificial intelligence-enabled interface.

The Ministry of Social Justice and Empowerment reported that, by 25 June 2025, the application had received 2,705 complaints, of which 1,897 had been resolved. It had recorded 83,791 downloads and 14,358 registered users. (Government of India)

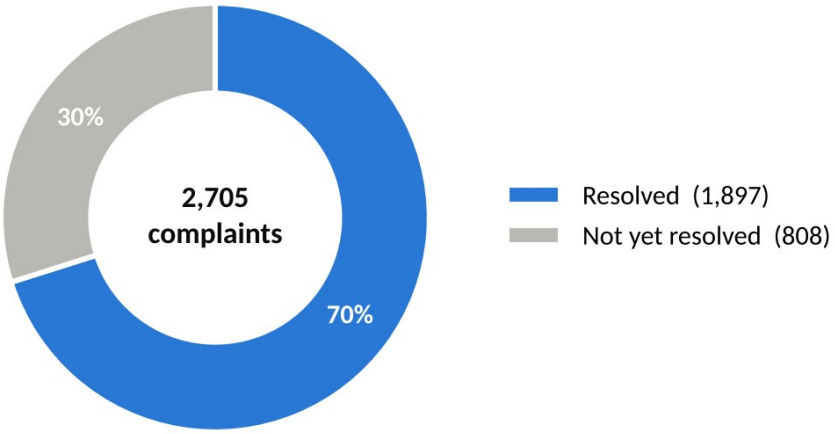

Figure 40: Sugamya Bharat App: status of accessibility complaints, India, at 25 June 2025

Source: Ministry of Social Justice and Empowerment (Press Information Bureau), June 2025

The distinctive feature is the combination of citizen-generated accessibility information, geolocation, administrative responsibility and complaint tracking.

For Commonwealth countries, the approach offers a replicable mechanism for identifying barriers through public participation. However, replication should incorporate transparent reporting on the nature of complaints, time taken for resolution and independent verification that physical or digital barriers have actually been removed.

4.2.3.2 United Kingdom: systematic digital accessibility monitoring and corrective action

The United Kingdom provides a functional example of translating digital accessibility requirements into structured monitoring, corrective action and regulatory accountability.

Under public sector accessibility regulations, covered government institutions are required to make their websites and mobile applications accessible and publish accessibility statements.

The Government Digital Service undertakes systematic accessibility assessments, communicates identified failures to responsible organizations and follows up on corrective action.

Between January 2022 and September 2024, the monitoring programme assessed 1,203 websites and 21 mobile applications.

The programme identified 29,787 accessibility issues, of which 16,482, or approximately 55%, were corrected during the monitoring process. The assessment found that around 68% of completed cases had either resolved identified problems or established short-term plans for correcting remaining issues. (UK Government Digital Service)

This represents an important distinction between merely establishing accessibility standards and actively monitoring compliance.

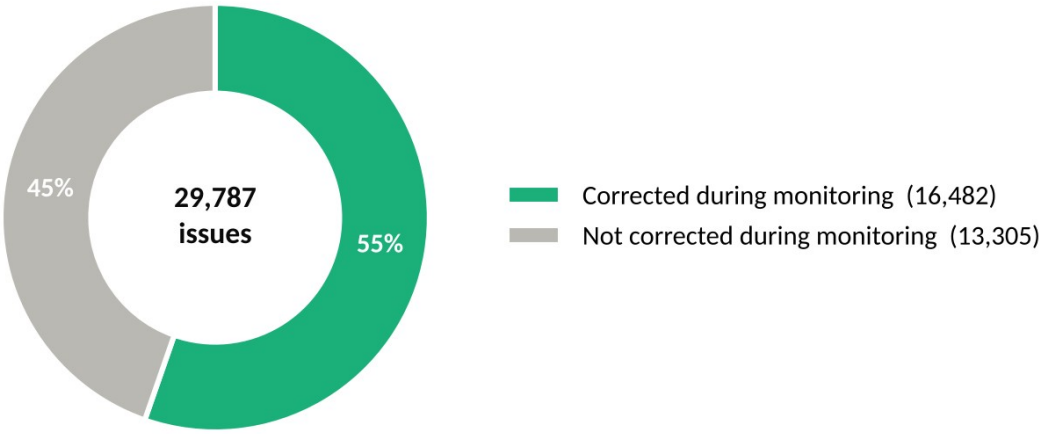

Figure 41: Accessibility issues found in UK public-sector websites and apps and corrected during monitoring, January 2022 to September 2024

Source: Government Digital Service, 2024; 1,203 websites and 21 mobile apps assessed

Box 49: Replicable components of the UK digital accessibility monitoring model

1. Mandatory accessibility requirements for public digital services.
2. Standardized technical assessments.
3. Written notification of accessibility failures.
4. Defined periods for corrective action.
5. Follow-up testing and referral for possible enforcement.
6. Publication of monitoring outcomes.

The Commonwealth could draw on this approach to promote accessible government services, particularly as public administration, social protection, healthcare and education increasingly depend on digital platforms.

4.2.3.3 Kenya: born-accessible digital learning materials

Kenya offers a practical model for integrating accessibility into educational content development.

The educational technology organization eKitabu has worked with publishers, educators and development partners to produce accessible digital learning materials for children with diverse disabilities.

Rather than relying exclusively on adapting conventional textbooks after publication, the approach promotes the creation of materials that incorporate accessibility features from the beginning.

These include audio narration, synchronized text, image descriptions, sign language videos, accessible navigation and appropriately structured digital content.

In a documented publishing initiative, eKitabu trained more than 25 publishers and content developers to incorporate accessibility into educational materials. The initiative generated 52 new accessible titles across languages and content categories. (eKitabu Accessible Publishing)

The approach has also been applied directly in educational settings. In Kenya's Kakuma and Dadaab refugee camps, eKitabu reported training 400 learners with and without disabilities to access digital learning materials through tablets and accessible content. (eKitabu Refugee Education)

The distinctive innovation is the integration of accessible publishing, open technical tools, teacher preparation and practical classroom use.

For Commonwealth countries, this model demonstrates how accessibility can be incorporated into mainstream textbook development and procurement rather than being treated as a separate activity for children with disabilities.

It is particularly relevant for countries seeking affordable, multilingual and scalable approaches to inclusive education.

4.2.3.4 Bangladesh: STAR+ inclusive apprenticeships with assistive technology and workplace adaptation

Bangladesh's STAR+ programme, implemented by BRAC, offers an example of integrating disability-specific support into an established vocational skills and apprenticeship system.

The programme adapts BRAC's mainstream Skills Training for Advancing Resources model to support out-of-school young persons with disabilities from low-income backgrounds.

Its principal components include six-month workplace apprenticeships, classroom-based training, assistive product provision, workplace modifications and disability-awareness activities for employers and communities.

The 2022 implementation evaluated through a cluster randomized controlled trial targeted approximately 750 young persons with disabilities across 39 districts.

Research published in 2026 reported positive effects on overall employment and earnings, driven primarily by increased self-employment. However, the evaluation found limited evidence of sustained improvements in wage employment. It also identified unresolved transport barriers and difficulties retaining paid placements. (STAR+ Process Evaluation)

The programme is particularly relevant because it demonstrates how assistive technology and reasonable accommodation can be embedded within an existing vocational training model rather than established as a separate disability-specific training system.

Its replicable features are individualized assessment, workplace modification, employer involvement, skills development and structured support for employment transitions.

At the same time, its limitations offer important lessons. Replication should incorporate accessible transport, extended job-placement support, employer incentives and monitoring of employment retention and wages rather than training completion alone.

4.2.3.5 Australia: Employment Assistance Fund for workplace accommodation

Australia's Employment Assistance Fund provides an established financing mechanism to support persons with disabilities in obtaining and maintaining employment.

Administered through JobAccess, the programme provides financial assistance for eligible workplace modifications, assistive equipment and services required for persons with disabilities to perform their occupational responsibilities.

Support can include adapted equipment, specialized software, workplace modifications, communication assistance and other employment-related adjustments.

Importantly, support is available not only to existing employees but also, subject to eligibility requirements, to persons preparing to enter employment and self-employed workers. (Australia JobAccess)

The distinctive feature is its institutionalized funding mechanism for disability-related workplace adjustments.

Rather than depending entirely on individual resources or employer willingness, the programme establishes a public financing pathway through which eligible adjustments can be assessed and supported.

For Commonwealth countries, this model offers a practical approach to overcoming the financial barriers that discourage employers from recruiting and retaining persons with disabilities.

A comparable arrangement could be introduced progressively through employment departments, social protection programmes or dedicated workplace accommodation funds, with clear eligibility criteria and transparent expenditure monitoring.

4.2.3.6 Fiji: disability-inclusive emergency communication through an OPD-led operations centre

Fiji provides a distinctive example of accessible communication technology being integrated into disaster preparedness and response.

The Disability Emergency Operations Centre, established in 2019 by the Fiji Disabled Peoples Federation and the Fiji National Council for Persons with Disabilities, supports access to emergency information for persons with disabilities.

The initiative uses OPD networks and volunteers to adapt official disaster information into accessible communication formats. These include text messages, sign language video communication, radio and other channels appropriate to the needs of persons with disabilities.

The Centre has participated in disaster preparedness and response coordination, including during Tropical Cyclone Yasa in 2020. Collaboration with the Fiji Association of the Deaf and sign language interpreters has also supported accessible official emergency briefings. (CBM Global: Fiji Case Study)

The innovation lies in connecting accessible communication technology with community networks, disability organizations and national emergency management systems.

It demonstrates that accessibility is not only relevant to routine services but is essential to protecting lives during disasters.

For Commonwealth small island states and climate-vulnerable countries, the model offers an adaptable approach to integrating accessible early warning, disability-inclusive information dissemination and OPD participation into emergency preparedness.

4.2.4 Comparative lessons from the selected innovations

The six examples demonstrate different but complementary models of disability-inclusive development.

Table 34: Accessibility and assistive technology: comparative lessons from six Commonwealth innovations

Area	Country and functional innovation	Principal replication opportunity
Public accessibility monitoring	India: Sugamya Bharat App with documented complaint resolution	Citizen reporting linked to administrative action
Digital public services	United Kingdom: Accessibility audits, corrections and compliance monitoring	Independent assessment and enforceable digital standards
Inclusive education	Kenya: Accessible digital publishing and classroom application	Integrating accessibility into mainstream educational materials
Employment and skills	Bangladesh: STAR+ apprenticeships with assistive products and workplace adaptations	Embedding disability support within existing vocational programmes
Workplace accommodation	Australia: Employment Assistance Fund	Dedicated public financing for workplace adjustments
Accessible emergency communication	Fiji: OPD-led Disability Emergency Operations Centre	Accessible early warning and community-based disaster communication

The value of these examples is not that they have resolved every accessibility challenge. Their significance lies in demonstrating practical mechanisms that have operated beyond legislative declarations or policy intentions.

Each also reveals limitations that must be considered in replication. Financial support schemes require equitable eligibility and efficient administration. Accessible digital materials require continuing teacher training. Employment interventions must address retention and earnings, while digital monitoring systems must verify that corrective action is effective.

4.2.5 Persistent barriers to accessibility and assistive technology

Despite these innovations, access to assistive products and accessible environments remains restricted by several structural factors.

4.2.5.1 Affordability and sustainable financing

The cost of assistive products, repair, maintenance, technical services and replacement creates significant financial burdens for individuals and households.

The Australian Employment Assistance Fund demonstrates how targeted financing can address workplace-related costs. Comparable mechanisms may be developed for education, healthcare and independent living, adapted to national financing capacities.

Large public schemes show both the scale of demand and what sustained financing can achieve. Australia's National Disability Insurance Scheme (NDIS), which funds assistive technology alongside other individualised supports, grew from about 466,000 active participants in June 2021 to 739,414 in June 2025. India's Assistance to Disabled Persons for Purchase/Fitting of Aids and Appliances (ADIP) scheme reached 347,052 beneficiaries in 2023–24, up from 228,915 in 2021–22, and national utilisation rose from about ₹196 crore in 2022–23 to about ₹355 crore in 2024–25. These are measures of reach and spending, not of whether the products met users' needs or were still in use a year later. (NDIS Quarterly Dashboard, June 2025; Lok Sabha, ADIP beneficiaries, December 2024; Lok Sabha, ADIP utilisation, July 2025)

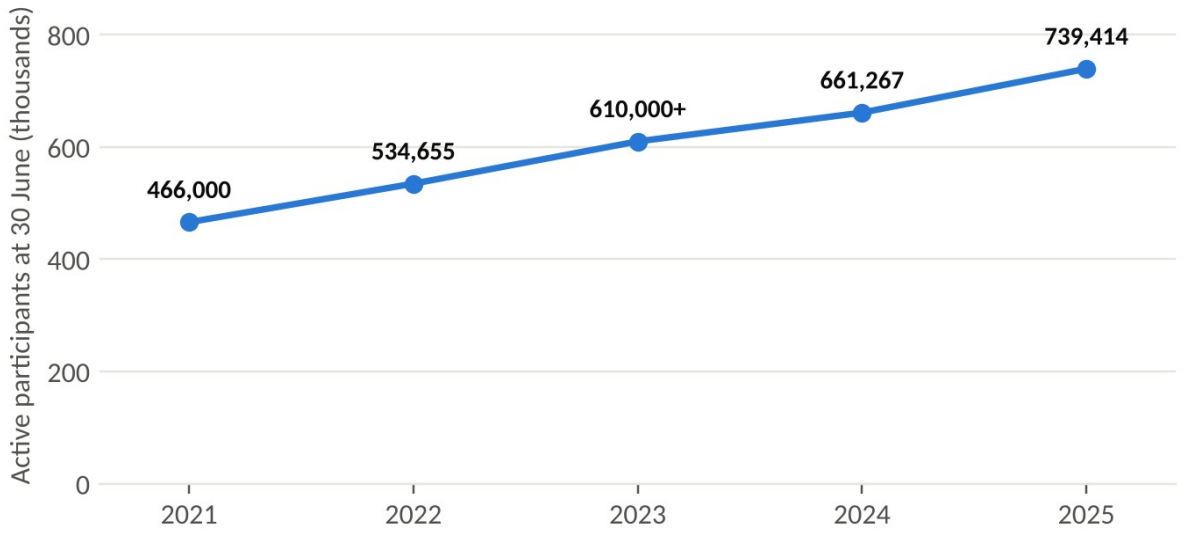

Figure 42: Active participants in Australia's National Disability Insurance Scheme, 30 June 2021–2025

Sources: NDIS quarterly reports and dashboards; 2023 value reported as more than 610,000

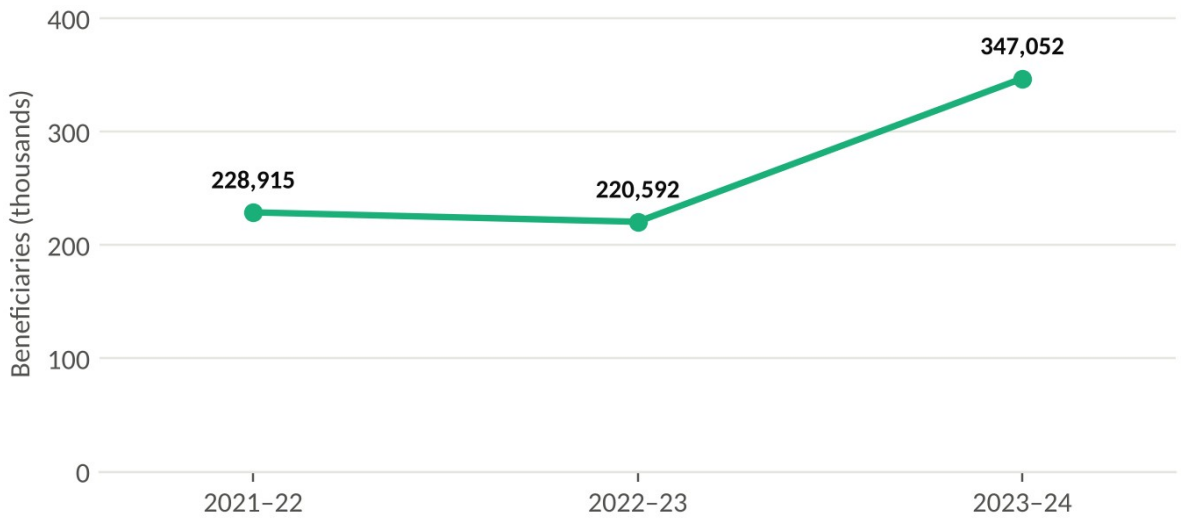

Figure 43: Beneficiaries of India's ADIP assistive devices scheme, 2021–22 to 2023–24

Source: Lok Sabha Unstarred Question 1224, answered 3 December 2024

4.2.5.2 Availability and service delivery

Assistive product distribution is often concentrated in urban centres, while rural and remote populations experience limited access to assessment, fitting, training, repair and follow-up services.

Commonwealth cooperation could support regional procurement, shared technical expertise, local manufacturing and decentralized provision.

4.2.5.3 Accessibility standards and accountability

Accessibility standards are frequently established without adequate mechanisms to ensure compliance.

The United Kingdom's systematic digital accessibility monitoring and India's citizen-based reporting illustrate two approaches that can complement one another: institutional inspection and public identification of barriers.

4.2.5.4 Skills and institutional capacity

Teachers, employers, technology developers and public officials may lack the technical knowledge required to implement accessibility effectively.

Kenya's accessible publishing experience demonstrates the importance of training content developers and educators, while Bangladesh's STAR+ model illustrates the need to prepare employers to provide appropriate workplace support.

4.2.5.5 Data and measurable outcomes

A major limitation is the inadequacy of data on assistive technology needs, availability, utilization and outcomes.

Programme reporting should distinguish between equipment provided, equipment used effectively, sustained accessibility and actual improvements in participation.

For example, accessible textbook initiatives should monitor participation and learning outcomes. Workplace assistance programmes should evaluate employment retention and progression. Public accessibility applications should report verified barrier removal.

Identification systems illustrate the point. India's Unique Disability ID (UDID) system had issued more than 1.25 crore (12.5 million) cards by August 2025 from over 1.62 crore applications; 22.3 lakh applications had been rejected and nearly 15 lakh were awaiting assessment. Average processing time fell from 84 days in 2022–23 to 21 days. A card is a gateway to entitlements, including assistive products, but card numbers do not show whether those entitlements were received. (The Week/PTI, Lok Sabha reply, August 2025)

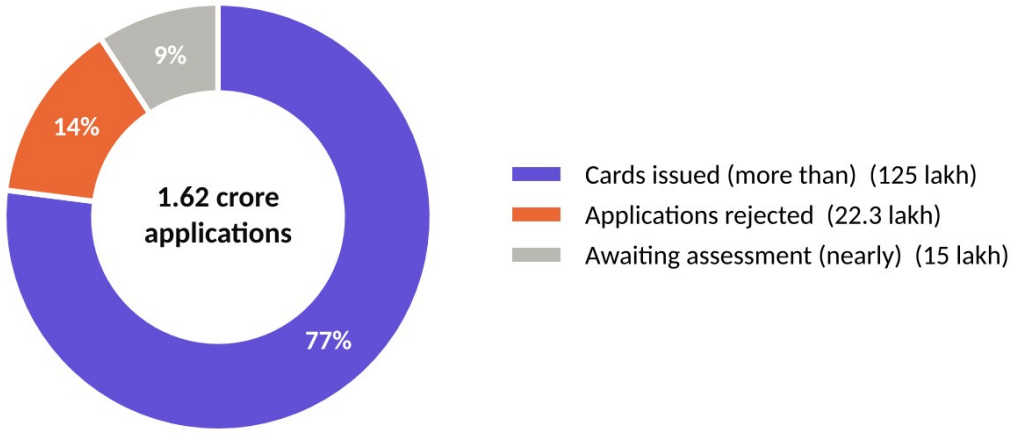

Figure 44: Status of applications for India's Unique Disability ID card, August 2025

Source: Government reply in the Lok Sabha, reported by PTI, 12 August 2025; values rounded

4.2.6 Priorities for Commonwealth cooperation

The selected initiatives provide practical lessons for Commonwealth-wide cooperation and the development of disability-inclusive policies.

1. Establish mechanisms for monitoring accessibility in public buildings, transport, digital platforms and essential services, combining institutional audits with accessible public complaints systems.
2. Promote born-accessible educational materials and integrate accessibility requirements into mainstream curriculum development, textbook publishing and digital learning procurement.
3. Introduce sustainable financing mechanisms for workplace accommodation and assistive technology, particularly for persons with disabilities entering or retaining employment.
4. Adapt existing vocational training and apprenticeship programmes to incorporate assistive products, reasonable accommodation, employer engagement and employment retention support.
5. Strengthen accessible emergency communication and early-warning systems, particularly in climate-vulnerable Commonwealth countries.
6. Develop common approaches to monitoring assistive technology availability, affordability, usability and measurable outcomes.
7. Institutionalize participation of Organizations of Persons with Disabilities in accessibility assessment, technological innovation, implementation and monitoring.

CDPF can contribute to identifying, documenting and facilitating the exchange of effective practices among member countries.

The Commonwealth Disability Inclusion Action Plan (DIAP) provides an opportunity to translate these experiences into practical cooperation, technical assistance and measurable commitments.

4.2.7 Conclusion

Accessibility and assistive technology are essential foundations of disability inclusion and sustainable development throughout the Commonwealth.

The experiences of India, the United Kingdom, Kenya, Bangladesh, Australia and Fiji demonstrate that practical solutions can be developed across different economic, technological and institutional contexts.

Their significance lies in functional approaches that connect accessibility requirements with implementation mechanisms, financing, technological applications, professional capacity and accountability.

However, replication must extend beyond adopting technology or reproducing programme structures. It requires appropriate financing, institutional ownership, technical capacity, participation of persons with disabilities and measurable outcomes.

The Commonwealth should therefore prioritize documented and adaptable practices that demonstrate tangible improvements rather than multiplying isolated pilots or initiatives without sustained implementation.

As 2030 approaches, the central objective must be to ensure that accessibility and assistive technology become integral components of mainstream development systems.

The ultimate measure of progress will be whether persons with disabilities can use these systems to learn, work, communicate, travel, access information, exercise choice and participate fully in society.

These priorities are carried into the common agenda in Section 4.4, where accessibility audits and assistive technology coverage form part of the proposed minimum evidence for 2027–2030.

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4.3 Artificial intelligence and disability inclusion: opportunities, risks and digital equity

Section 4.2 showed that accessibility and assistive technology are the practical foundations on which every target depends. Artificial intelligence (AI) is now changing both. This section examines what AI means for persons with disabilities in the Commonwealth: the Commonwealth's emerging AI framework, the rights at stake, the main opportunities and risks, the links to the SDG targets examined in this report, the situation in the eight countries, the role of OPDs and priority recommendations. It was prepared from sources published up to October 2026; developments in this field are rapid, and statements about national strategies describe policy commitments rather than demonstrated outcomes for persons with disabilities.

4.3.1 Why artificial intelligence matters for disability inclusion

Artificial Intelligence (AI) is emerging as one of the most consequential technological transformations of the twenty-first century, reshaping economic systems, public administration, healthcare, education, employment, communication and democratic participation. Its rapid expansion presents both unprecedented opportunities and significant risks for persons with disabilities. AI-powered assistive technologies can strengthen independent living, improve accessibility, facilitate communication and expand educational and employment opportunities. At the same time, inaccessible applications, discriminatory algorithms, unequal access to digital infrastructure and the concentration of technological resources can reinforce longstanding inequalities (UN Disability and AI; ILO 2025).

For the Commonwealth, comprising 56 member countries with widely differing levels of technological development, the implications are particularly significant. Its membership encompasses advanced digital economies, emerging technology centres, least developed countries and small island developing states. This diversity offers considerable opportunities for technological cooperation and knowledge-sharing but also exposes structural inequalities in access to AI infrastructure, computing resources, affordable technologies, skilled personnel and digital public services (Commonwealth AI).

The World Health Organization estimates that approximately 1.3 billion people, or 16% of the global population, experience significant disability. The global need for assistive technology is also substantial. The WHO–UNICEF Global Report on Assistive Technology identified more than 2.5 billion people requiring one or more assistive products, with nearly one billion lacking access (UN Disability and AI, 2024). These existing gaps mean that AI is entering societies where persons with disabilities already experience unequal opportunities to benefit from technological progress.

The International Monetary Fund's 2026 Annual Report identifies AI as a major influence on investment, productivity, labour markets and economic policy, while warning that its gains are unevenly shared: people whose jobs require AI-related skills earn more, while middle-skilled workers in jobs highly exposed to automation are being left out. For persons with disabilities, already disproportionately excluded from employment, these developments create additional concerns about economic participation and social security (IMF 2026).

These developments raise an important question: will AI reduce the barriers faced by persons with disabilities, or will it reproduce existing forms of discrimination through more sophisticated technological systems?

The answer depends not merely on technological advancement but on how AI is designed, governed, financed, distributed and monitored. AI cannot be considered disability-inclusive simply because certain applications benefit persons with disabilities. Inclusion requires accessibility across the entire AI ecosystem, from infrastructure and training data to public procurement, service delivery, employment practices and accountability mechanisms.

The United Nations brought these concerns to the forefront at the eighteenth session of the Conference of States Parties to the Convention on the Rights of Persons with Disabilities in June 2025. A dedicated round table examined the use of AI to strengthen the participation of persons with disabilities. Its background note (CRPD/CSP/2025/3, March 2025) recognised significant technological possibilities while identifying accessibility, affordability, algorithmic bias, discrimination and inadequate regulation as major challenges (UN CRPD 2025).

From a Commonwealth perspective, disability-inclusive AI must therefore be understood as a matter of human rights, social justice, technological sovereignty and sustainable development. It requires moving beyond the provision of individual assistive devices towards ensuring that persons with disabilities participate as developers, workers, consumers, researchers, policymakers and decision-makers in the emerging AI economy.

4.3.2 The Commonwealth's emerging AI framework

4.3.2.1 Commonwealth commitment to digital transformation

The Commonwealth's approach to AI builds upon commitments made at the Commonwealth Heads of Government Meeting in Kigali, Rwanda, in June 2022. Recognising the transformative potential of digital technologies, Commonwealth leaders emphasised the need to strengthen digital competencies, reduce inequalities and enable citizens to benefit from technological advancement (Commonwealth AI).

The Commonwealth Secretariat's AI platform identifies several interconnected areas of work, including digital skills, public-sector readiness, AI policy development, access to justice and collaborative innovation across member countries (Commonwealth AI Portal).

These initiatives reflect an important recognition that AI capability should not remain concentrated in technologically advanced economies. However, the extent to which their benefits reach persons with disabilities depends on whether accessibility and meaningful participation are incorporated into programme design, implementation and assessment.

4.3.2.2 Commonwealth Artificial Intelligence Consortium

Established in June 2023, following the 2022 Commonwealth Heads of Government Meeting in Kigali, the Commonwealth Artificial Intelligence Consortium (CAIC) brings together governments, technology companies, research institutions and other partners to support AI development, particularly in smaller and economically vulnerable Commonwealth countries.

The Consortium operates through four principal areas of cooperation:

1. Policy development, led by Rwanda.
2. Research and innovation, led by The Gambia with Australia's National AI Centre.
3. Capacity-building, led by Bangladesh with support from the University of California, Berkeley.
4. Data and infrastructure, led by Malta with NVIDIA.

These working groups provide a potential institutional foundation for advancing disability inclusion across the Commonwealth (Commonwealth CAIC).

The Consortium's initiatives encompass the Commonwealth AI Academy, AI entrepreneurship programmes, AI incubation, policy-development tools and efforts to improve access to AI computing resources. After its second Steering Committee meeting in New York in September 2024, the Secretariat reported that the Consortium would expand into AI and climate change, cybersecurity, and AI and health (CAIC Initiatives).

For persons with disabilities, these initiatives can create opportunities to develop affordable assistive technologies, strengthen accessible digital services, support disability-inclusive innovation and equip young people with disabilities for participation in emerging employment sectors.

Nevertheless, these outcomes cannot be assumed. The existing institutional framework provides opportunities for inclusion, but programme success needs to be demonstrated through measurable disability-specific outcomes rather than overall participation or technology-adoption figures.

4.3.2.3 StrategusAI and national policy development

In August 2024, the Commonwealth Secretariat launched StrategusAI in partnership with Intel Corporation, with design support from Oxford Insights and the Sustainable Living Lab. The AI-supported policy-development toolkit enables member governments to formulate national AI strategies using international experience while adapting policies to national priorities.

Rwanda championed its development, while Fiji and Brunei Darussalam were identified as pilot countries (Commonwealth StrategusAI).

StrategusAI offers an opportunity for small and developing Commonwealth countries to reduce the technical and financial barriers associated with creating national AI strategies. Its relevance extends to aligning AI policy with the Sustainable Development Goals.

However, effective disability inclusion requires more than the automated preparation of policy documents. National strategies developed with AI assistance need explicit consideration of accessibility, reasonable accommodation, disability discrimination, assistive technology, inclusive public procurement and independent monitoring.

Rapid, AI-assisted policy development also carries a risk of prioritising speed and efficiency over meaningful consultation with workers and civil society. Disability-inclusive policymaking consequently requires direct participation by organisations of persons with disabilities (OPDs), rather than reliance on automated representations of their needs.

4.3.2.4 AI education, training and workforce readiness

The Commonwealth Secretariat and Intel have introduced digital-readiness training for public-sector officials, alongside AI learning opportunities for young people. These programmes address technical knowledge, governance, ethical AI and emerging applications (Commonwealth AI Learning).

The Commonwealth has also collaborated with technology partners to expand opportunities for AI and data analytics education.

For persons with disabilities, accessible participation in such programmes is particularly important. Digital training can open new opportunities in software development, data analysis, AI-supported communication, research, entrepreneurship and remote employment.

Training programmes should therefore accommodate different communication, sensory, cognitive and physical requirements. Accessible interfaces, captioning, screen-reader compatibility, alternative assessment formats, reasonable accommodation and affordable connectivity are essential conditions for equitable participation.

Without such measures, AI training could favour already digitally advantaged populations and reproduce existing inequalities in educational and employment opportunities (UN CRPD 2025).

4.3.2.5 AI and access to justice

The Commonwealth's AI and Access to Justice initiative brings together developments in judicial technology, court administration and legal innovation. Its objective is to support more effective access to justice while strengthening fairness, accountability and the rule of law (Commonwealth Justice AI).

For persons with disabilities, carefully designed AI applications could improve access to accessible legal information, document translation, transcription, alternative communication and court processes.

However, automated court procedures can also create exclusion when litigants cannot use digital systems, when legal documentation is inaccessible or when AI-supported decision-making fails to recognise disability-specific circumstances.

AI should support, rather than replace, judicial accountability and the right to an effective remedy. Accessible procedures, human oversight and the ability to challenge automated outputs are essential safeguards (UK Judiciary 2026).

4.3.2.6 Artificial intelligence and the Commonwealth Disability Inclusion Action Plan

The Commonwealth has also advanced work towards a Disability Inclusion Action Plan (DIAP), intended to strengthen the integration of disability rights into law, policy and practice.

The Commonwealth Secretariat and the Commonwealth Disabled People's Forum have engaged in consultations and policy development associated with this framework. By March 2026, a final draft of the proposed Action Plan was available through the CDPF, although formal endorsement and implementation remained distinct subsequent steps (CDPF DIAP).

This presents an important opportunity to connect the Commonwealth's AI agenda with its disability inclusion commitments.

The proposed connection should ensure that AI is addressed not only as a technological or economic issue, but also as a cross-cutting concern for accessible education, employment, healthcare, public services, social protection and political participation.

The DIAP could provide an institutional foundation for disability-inclusive AI governance, while the Commonwealth Artificial Intelligence Consortium could support the technical implementation of these commitments. This would create an opportunity to align technological innovation with measurable disability rights outcomes.

4.3.3 Artificial intelligence and the rights of persons with disabilities

4.3.3.1 From assistive technology to disability-inclusive AI

Artificial intelligence is changing the relationship between technology and disability. Traditional assistive technologies have largely focused on compensating for functional limitations through

specialised devices and applications. AI introduces the possibility of more adaptive systems capable of interpreting information, recognising patterns, responding to individual preferences and performing increasingly complex tasks.

These developments can enhance personal autonomy, communication, mobility, access to information and participation in social and economic life.

The United Nations' 2025 background note describes applications such as real-time captioning, speech recognition, image description, navigation support and personalised communication aids, which can assist mobility, communication, cognition, learning and independent living. It also identifies continuing barriers of affordability, accessibility, algorithmic bias, privacy and inadequate regulation (UN CRPD 2025).

An important distinction must be maintained between AI applications intended specifically for persons with disabilities and the accessibility of AI systems used by society generally.

For example, AI-enabled visual recognition may assist a blind person in identifying objects or navigating unfamiliar environments. However, the same person may remain excluded from an AI-based government service if its interface is incompatible with screen readers. Similarly, speech recognition may support persons with mobility impairments, while automated recruitment platforms may discriminate against applicants with atypical speech patterns (ILO 2025).

Thus, progress in assistive technology does not automatically establish progress in disability inclusion.

The Commonwealth's approach should encompass both dimensions: developing AI-enabled assistive technologies and ensuring that all mainstream AI systems are designed and implemented inclusively.

4.3.3.2 The Convention on the Rights of Persons with Disabilities

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) provides the principal human rights framework for evaluating AI from a disability perspective.

Although the Convention predates contemporary AI systems, its obligations apply to the development and use of emerging technologies (UN CRPD 2025).

Several provisions are particularly relevant:

Table 35: CRPD provisions and their implications for artificial intelligence

CRPD article	Implications for artificial intelligence
Article 4	Development and availability of appropriate new technologies; consultation with persons with disabilities
Article 5	Prevention of discrimination, including algorithmic discrimination
Article 9	Accessibility of digital infrastructure, information and services
Article 12	Equal recognition before the law and respect for legal capacity
Article 19	Independent living and participation in the community
Article 20	Personal mobility and access to appropriate assistive technologies
Article 21	Accessible information, communication and expression
Article 22	Privacy and protection of personal information
Article 24	Inclusive education and accessible learning technologies

CRPD article	Implications for artificial intelligence
Articles 25 and 26	Equitable healthcare, rehabilitation and personalised support
Article 27	Equal employment opportunities and reasonable accommodation
Article 29	Accessible political participation and public decision-making
Article 31	Appropriate disability statistics and data protection
Article 32	International cooperation and equitable access to technology

The 2025 United Nations background document on AI and disability explicitly connects these obligations with the responsibilities of governments to ensure that private-sector technologies do not discriminate against persons with disabilities (UN CRPD 2025).

This is especially important because much of the AI ecosystem is controlled by private technology companies, while public institutions increasingly procure their services.

Human rights obligations cannot be transferred from governments to technology providers merely because decision-making processes are automated.

4.3.3.3 Disability participation in AI governance

The principle of participation is central to disability-inclusive AI governance.

Persons with disabilities must be recognised not only as beneficiaries of innovation but also as contributors to technological development. Their participation is essential in identifying accessibility barriers, evaluating risks, developing realistic safeguards and determining whether technologies improve their lives.

Organisations of persons with disabilities (OPDs) can contribute to AI governance through consultation on national strategies, representation in advisory bodies, accessibility testing, assessments of algorithmic discrimination, monitoring of public-sector applications and independent evaluation of outcomes.

However, participation must go beyond invitations to occasional consultations. Meaningful involvement requires timely access to policy drafts, accessible documentation, resources for technical engagement, transparent responses to recommendations and continuing representation in governance structures.

Women with disabilities, young people, persons with intellectual and psychosocial disabilities, Deaf persons, persons with multiple disabilities and those living in rural or remote areas must be represented.

The importance of this approach was reinforced by the UN's 2025 discussion on AI and disability, which identified participation in technological development as an essential condition for inclusion (UN CRPD 2025).

For the Commonwealth, the Commonwealth Disabled People's Forum and national OPD networks can provide an important connection between the development of AI policy and its consequences for persons with disabilities (CDPF DIAP).

4.3.4 Opportunities for disability inclusion

4.3.4.1 Inclusive education and personalised learning

Artificial intelligence has considerable potential to strengthen inclusive education by making educational content more adaptable, accessible and responsive to individual learning requirements.

AI-powered learning applications can convert speech into text, generate audio descriptions, simplify complex materials, provide alternative communication, support reading and writing, and adapt educational content to different learning needs (UNESCO 2025).

For children with visual impairments, AI can improve access to text and visual information. For Deaf learners, automatic captioning and transcription can facilitate participation in lessons. For children with intellectual and learning disabilities, appropriately designed applications can help break down instructions, provide structured learning support and allow learners to work at different speeds.

These capabilities are particularly relevant to Commonwealth countries where specialist teachers, accessible educational materials and assistive technologies remain limited.

However, UNESCO's 2025 analysis of AI and the future of education emphasises that technological transformation also raises fundamental questions concerning teaching, learning, educational equity and the role of human educators. AI must support rather than displace the educational relationship between teachers and students (UNESCO 2025).

For Commonwealth education systems, priority areas include teacher training in accessible AI tools, multilingual learning materials, inclusive assessment methods and access to technologies for children with disabilities from low-income families.

AI-powered education should not encourage the placement of children with disabilities in separate digital learning arrangements when accessible mainstream education can be provided. The objective must remain inclusive education consistent with Article 24 of the CRPD.

4.3.4.2 Healthcare, rehabilitation and independent living

AI is increasingly being applied to diagnostic services, clinical decision support, disease surveillance, rehabilitation and healthcare administration.

The World Health Organization's AI for Health programme identifies opportunities to improve diagnostic accuracy, strengthen health systems, support health professionals and expand access to specialised services. WHO also emphasises safety, equity, governance and the need to prevent technological innovation from becoming another source of healthcare inequality (WHO AI for Health).

For persons with disabilities, AI-supported healthcare may offer several benefits.

Remote diagnostic applications can potentially reduce the need for frequent travel to hospitals. Intelligent communication tools may improve consultations involving persons with hearing or speech disabilities. AI-assisted rehabilitation systems may help individuals undertake personalised exercises. Predictive applications may support the identification of health complications and the planning of appropriate interventions (UN CRPD 2025).

Such applications could be particularly valuable in remote Commonwealth communities where specialist healthcare services are difficult to access.

However, AI systems trained on populations that inadequately represent persons with disabilities may produce inaccurate assessments or discriminatory recommendations. An individual's disability-related characteristics must not be confused with illness, reduced quality of life or lower eligibility for healthcare.

AI-supported healthcare also raises questions about informed consent, confidential medical information and the continued availability of human professional judgement (WHO AI for Health; UN CRPD 2025).

4.3.4.3 Employment and economic independence

Employment presents one of the most important opportunities and risks associated with AI.

According to the International Labour Organization, approximately seven in ten persons with disabilities are outside the labour force globally, compared with four in ten persons without disabilities. The employment gap reflects structural discrimination, inaccessible workplaces, inadequate accommodation and unequal access to education and vocational training (ILO 2025).

AI can potentially improve employment participation through accessible digital workstations, automatic transcription, voice-assisted applications, intelligent writing support and adaptive workplace technologies.

Remote working opportunities may reduce certain physical barriers, particularly where accessible transport remains inadequate.

However, the ILO's October 2025 analysis describes the relationship between AI and disability employment as a double-edged sword. Tools used directly by workers may enhance accessibility, while institutional systems used for automated screening and recruitment can exclude candidates whose facial expressions, speech, movements or responses differ from patterns represented in training data (ILO 2025).

The ILO Global Business and Disability Network's October 2025 paper, *AI and the Employment of Persons with Disabilities: Opportunities, Risks and Recommendations*, identifies practical responsibilities for businesses in using AI without creating discriminatory employment outcomes (ILO Policy Brief).

For Commonwealth countries, this raises three interconnected priorities: preparing persons with disabilities for new forms of employment, preventing discriminatory recruitment and workplace surveillance, and ensuring that workers affected by automation have access to appropriate social protection and retraining.

AI-enabled employment must be assessed against the requirements of decent work, equitable remuneration and reasonable accommodation, rather than measured solely through increases in productivity.

4.3.4.4 Accessible transport, mobility and independent living

AI can contribute to improved mobility through intelligent navigation, real-time transport information, accessible route planning and automated descriptions of physical environments.

Such technologies may help persons with disabilities identify accessible routes, navigate unfamiliar spaces, locate transport services or communicate with service providers (UN CRPD 2025).

For wheelchair users, AI-supported navigation could identify routes according to available accessibility information, including gradients, kerb ramps, lifts and other mobility barriers.

However, technological navigation cannot compensate for inaccessible infrastructure. An AI application may identify an inaccessible railway station, but only investment in physical accessibility can remove the barrier.

AI must therefore complement universal design rather than become a substitute for implementing existing accessibility obligations.

For Commonwealth cities and transport systems, the integration of reliable accessibility data into digital navigation platforms offers a potentially replicable area of innovation.

4.3.4.5 Accessible information and democratic participation

AI-powered communication tools can improve access to information through text simplification, multilingual translation, automatic captioning, speech synthesis and alternative formats.

These applications may make government documents, public consultations, educational materials and electoral information more accessible (UN Disability and AI).

They also offer opportunities for governments to provide information in local languages, an important consideration across the linguistically diverse Commonwealth.

However, machine-generated translations and accessibility conversions require verification. Errors in simplified legal information, sign-language interpretation or health-related communication can have serious consequences.

Automated information services must also provide alternatives for people who cannot use digital technologies independently.

4.3.5 Risks, inequalities and emerging concerns

4.3.5.1 Algorithmic discrimination and exclusion

AI systems learn from data. Where data do not adequately represent persons with disabilities, algorithmic outcomes may reproduce existing inequalities.

Automated systems may incorrectly interpret non-standard speech, atypical facial expressions, different patterns of movement or alternative communication methods.

Such biases may affect employment selection, healthcare assessment, educational evaluation, financial services and access to social protection.

Discrimination can occur even where disability is not explicitly included as a variable. Other information may indirectly reflect disability status, creating risks of discriminatory outcomes.

The 2025 UN background note on disability and AI identifies inadequate representation in training datasets and insufficient accessibility considerations as significant concerns (UN CRPD 2025). The ILO similarly identifies the potential for recruitment algorithms to reproduce disability discrimination (ILO 2025).

Public-sector AI applications therefore require disability-sensitive impact assessments, independent audits, accessible explanations and effective mechanisms for challenging decisions.

4.3.5.2 The digital divide and unequal access

The benefits of AI remain closely connected to access to electricity, internet connectivity, digital devices, affordable software, relevant skills and accessible interfaces.

The United Nations reported in 2025, drawing on its Disability and Development Report 2024, that across 46 countries or areas with available data, internet-use rates among persons with disabilities were on average 11 percentage points lower than among persons without disabilities.

It also noted that only about 20% of countries had regulations on the accessibility of mobile communications, with similar gaps for television, the Internet and public information and communication technologies. These figures demonstrate that technological development continues against a background of substantial accessibility gaps (UN CRPD 2025).

For the Commonwealth, the digital divide operates at several levels: between countries, between urban and rural populations, between different income groups and between persons with and without disabilities.

Women with disabilities and persons with disabilities in small island states, remote communities and low-income households may experience multiple disadvantages.

Without targeted investments, AI may improve services for those already connected while leaving digitally excluded populations increasingly dependent on inaccessible or unaffordable alternatives.

4.3.5.3 Data protection, privacy and informed consent

AI applications often require the collection and processing of personal data, including health information, speech recordings, images, behavioural patterns and information about functional abilities.

For persons with disabilities, such data may be particularly sensitive.

AI systems used for assessment, rehabilitation, employment or social protection may process disability-related information without individuals fully understanding how it is stored, shared or used.

These concerns are especially important for persons with intellectual and psychosocial disabilities and others who may require accessible information or decision-making support.

Safeguards should include informed consent, appropriate data minimisation, independent oversight, secure storage and accessible mechanisms for seeking information or challenging misuse (UN CRPD 2025).

Automated profiling should never become a justification for denying legal capacity, autonomy or access to services.

4.3.5.4 Digital colonialism and technological dependence

The unequal distribution of AI infrastructure, computing capacity and intellectual property creates an additional challenge for developing Commonwealth economies.

In April 2025, a Commonwealth Secretariat blog on digital colonialism argued that economic value could be eroded from developing countries as AI-enabled services replace activities previously undertaken locally, while the value of AI accrues to those who build applications on top of the infrastructure. It urged policymakers to craft AI strategies that are both innovative and inclusive (Commonwealth Secretariat 2025).

For persons with disabilities, this raises concerns about dependence on proprietary assistive technologies, high subscription costs, inaccessible foreign-language interfaces and limited participation in the development of locally relevant applications.

Digital sovereignty should not be understood solely as control over computing infrastructure. It should also encompass the capacity to create accessible local-language technologies, protect personal information, support domestic innovation and ensure that technological benefits reach disadvantaged populations.

4.3.5.5 Artificial intelligence, security and misinformation

AI can also be misused to generate misinformation, manipulate digital information, automate harmful communications and support cybercrime.

The joint 2021 report by the United Nations Interregional Crime and Justice Research Institute and the United Nations Office of Counter-Terrorism examined the potential malicious use of AI for terrorist purposes. It identified risks involving automated systems, manipulation of information and emerging technological vulnerabilities (UNICRI–UNOCT 2021).

Although the report does not provide a disability-specific assessment, its wider findings are relevant to developing safe digital environments.

Persons with disabilities may encounter additional barriers when systems intended to detect malicious activity incorrectly classify assistive communication methods or unusual interaction patterns as suspicious.

Digital safety measures must consequently remain proportionate, accessible, accountable and consistent with fundamental rights.

4.3.5.6 Artificial intelligence, energy consumption and environmental sustainability

AI also carries environmental implications.

The International Energy Agency's *Energy and AI* analysis reports that data centres accounted for approximately 180 million tonnes of indirect carbon dioxide emissions associated with electricity consumption in 2024, representing about 0.5% of global fuel-combustion emissions.

These figures include all data-centre workloads, not AI alone.

In the IEA's base case, these emissions grow by almost 80% over the following decade, to about 1% of combustion emissions, depending on the expansion of infrastructure, electricity sources and improvements in efficiency. At the same time, AI applications may support emissions reductions through better energy management, industrial efficiency, transport optimisation and monitoring (IEA Energy and AI).

For disability-inclusive development, this creates a dual obligation.

AI should contribute to climate resilience, accessible early-warning systems and disaster preparedness while avoiding environmentally unsustainable deployment.

Persons with disabilities must also be included in decisions concerning AI-based disaster risk assessment, emergency communication and climate adaptation.

For small island Commonwealth countries, these considerations are particularly important because climate vulnerability, limited technological infrastructure and resource constraints often intersect.

4.3.6 Artificial intelligence and the Sustainable Development Goals

AI is a cross-cutting enabler of the Sustainable Development Goals, but it is not an independent guarantee of progress. Its contribution depends on whether technological interventions address structural exclusion and produce measurable improvements in the lives of disadvantaged populations (UN AI Governance 2024).

For the eight targets examined in this Commonwealth study, the implications are as follows.

Table 36: Artificial intelligence and the SDG targets examined in this report: potential contributions and disability-specific concerns

SDG target	Potential contribution of AI	Disability-specific concerns
3.7 Sexual and reproductive healthcare	Accessible information, communication support, service navigation and healthcare planning	Privacy, informed consent, biased health systems and exclusion from reproductive healthcare
4.1 Quality primary and secondary education	Personalised learning, accessible content, communication assistance and teacher support	Unequal access to devices, inaccessible educational platforms and biased assessment
5.c Gender equality policies and legislation	Gender-disaggregated analysis, policy monitoring and identification of service gaps	Intersectional discrimination against women and girls with disabilities
8.5 Full and productive employment and decent work	Accessible workplaces, adaptive technologies, vocational training and remote employment	Algorithmic discrimination, job displacement and unequal access to AI skills
10.3 Equal opportunity and reduced inequalities	Identification of discriminatory patterns and accessible public services	Automated exclusion and reinforcement of existing social inequalities
11.2 Accessible public transport	Accessible route information, intelligent transport planning and service optimisation	Incomplete accessibility data and exclusion from automated transport systems
13.1 Climate resilience and disaster preparedness	Early-warning systems, risk mapping and accessible emergency communication	Inaccessible alerts and exclusion from evacuation and resilience planning
17.16 Global partnerships	Technology-sharing, cross-country research, accessible AI innovation and capacity-building	Unequal ownership, technological dependence and insufficient OPD participation

The potential contributions reflect emerging applications identified in international work on education, employment, health, accessibility and climate governance (UNESCO 2025; ILO 2025; WHO AI for Health; IEA 2025).

A central challenge is that most international AI indicators remain focused on infrastructure, investment, innovation, adoption and workforce readiness.

Disability-specific indicators remain insufficiently developed. Consequently, countries may report significant AI progress without demonstrating improved accessibility or equality for persons with disabilities.

The Commonwealth could help address this measurement gap by integrating disability-disaggregated indicators into its AI capacity-building, governance and development initiatives.

4.3.7 Artificial intelligence and disability inclusion in the eight countries

The eight countries examined in this report represent different levels of technological readiness, economic development, regulatory capacity and disability inclusion.

Australia and the United Kingdom have more established AI governance and technology ecosystems. India is expanding large-scale AI infrastructure and multilingual applications. Kenya and Bangladesh are developing national strategies linked to emerging innovation systems. Uganda is strengthening its readiness framework, while Fiji and Barbados illustrate opportunities and constraints associated with small-state development.

The following assessment distinguishes existing policy and institutional developments from potential disability-specific applications. The availability of a national AI policy does not, by itself, establish that persons with disabilities are benefiting from its implementation.

4.3.7.1 Australia

Australia has developed a national AI governance framework that combines economic development, technological innovation and responsible use.

Its National AI Plan, published in December 2025, identifies three goals: capturing the opportunity, spreading the benefits and keeping Australians safe.

Importantly, the Australian Government explicitly recognises persons with disabilities among groups that require particular consideration when addressing technological and economic inequality.

The Plan states that AI should be used to help close service gaps in health, disability and aged care, and names people with disability among the groups at higher risk of disruption who must share in AI's benefits (Australia National AI Plan 2025).

Australia has additionally strengthened governance arrangements for AI use in public administration. The Policy for the Responsible Use of AI in Government, updated in December 2025 with a new AI impact assessment tool, requires agencies to address accountability, transparency, staff training and impact assessment (Australia AI Policy).

From a disability perspective, Australia presents opportunities for developing replicable approaches to accessible digital public services, disability-sensitive AI impact assessments and responsible use of AI in employment and social services.

A continuing challenge is ensuring that accessibility and human rights commitments are consistently translated into procurement practices, regulatory enforcement and measurable improvements in service delivery.

4.3.7.2 Bangladesh

Bangladesh is developing a national framework for AI governance and innovation while confronting substantial constraints relating to technological capacity, digital inequality and workforce preparedness.

A draft National AI Policy 2026–2030 was published in January 2026, with proposals addressing responsible AI governance, technological infrastructure, innovation and better public services. Press reporting of the draft did not identify specific provisions on disability or accessibility.

The policy should be distinguished from a fully implemented national AI strategy until formal adoption and operational measures are established (The Daily Star, 26 January 2026).

Bangladesh also plays a role in Commonwealth AI capacity-building through the Commonwealth Artificial Intelligence Consortium (Commonwealth CAIC).

For persons with disabilities, relevant opportunities include local-language AI development, accessible educational technologies, improved communication systems and more inclusive employment services.

The expansion of AI into manufacturing and service industries creates particular concerns about worker displacement and unequal access to retraining.

A 2026 study of Bangladesh's AI readiness identified inadequate computing resources, outdated curricula with little teaching of AI ethics, and limited faculty upskilling. These shortcomings demonstrate the need to strengthen domestic technological capacity alongside national policy development (Bangladesh AI Research 2026).

An important priority is ensuring that Bangladesh's emerging AI governance arrangements explicitly address disability discrimination, accessible technology and meaningful participation by OPDs.

4.3.7.3 Barbados

Barbados is expanding its engagement with artificial intelligence through skills development, public-sector innovation and international cooperation.

In March 2025, GovTech Barbados and the data science platform Zindi announced a year-long partnership to build a national AI ecosystem, developing local talent through AI challenges, community and educational events and pathways to employment in data science and AI (TechNewsTT, 2025).

In January 2026, the Government launched a 12-week fellowship with the AI company Amini to train ten young technologists to help digitise government data systems (Barbados Today, 2026).

Healthcare innovation offers another area of development. In June 2025, the Ministry of Health and Wellness announced preliminary testing, at an urgent care centre, of an AI tool developed with Scopium AI to predict and diagnose chest pain, with comprehensive clinical testing to follow. The announcement concerned a pilot and should not be interpreted as evidence of nationwide implementation (Barbados Ministry of Health and Wellness, 2025).

For persons with disabilities, the country's emerging AI activities create possibilities for accessible healthcare, digital employment and public-service innovation. However, the available evidence does not establish the scale of disability-specific participation or outcomes.

As a small island state, Barbados could contribute to Commonwealth cooperation on low-cost accessible AI, climate-resilient public services and shared technological infrastructure.

4.3.7.4 Fiji

Fiji offers a particularly relevant example of how the Commonwealth's AI cooperation framework can support smaller and geographically dispersed member countries.

Fiji was identified as one of the pilot countries for StrategusAI, the Commonwealth's AI-assisted policy-development toolkit.

The country's participation offers an opportunity to integrate accessibility and disability inclusion into emerging national AI governance arrangements (Commonwealth StrategusAI).

In 2026, Fiji joined Papua New Guinea, Samoa, Solomon Islands, Tonga and Vanuatu in an initiative funded by the Australian Government, delivered by Ethical AI Consulting and CSIRO and running from June 2026 to March 2027, to strengthen governments' capability to adopt and govern AI with confidence (Standards Australia, Responsible Adoption of AI in the Pacific).

For persons with disabilities, potential applications include accessible communication, distance education, remote healthcare consultation and disaster preparedness.

Fiji's geography creates particular challenges for people living on outer islands, where access to specialist healthcare, rehabilitation and assistive technology services may be restricted.

AI could support improved access to services, but its effectiveness depends on connectivity, affordable devices, accessible applications and appropriate human support.

Fiji's experience could contribute to the development of a Commonwealth framework for affordable, decentralised and disability-inclusive AI applications in small island states.

4.3.7.5 India

India is expanding AI infrastructure, research capacity, public-service applications and multilingual technological development.

The IndiaAI Mission provides an institutional framework for strengthening computing capacity, datasets, innovation and technological capabilities.

The India AI Impact Summit, held in New Delhi in February 2026, was organised around the theme of People, Planet and Progress. Its working group on Inclusion for Social Empowerment set out to "unlock human potential across languages, abilities, geographies, and cultures", and was co-chaired by a specialist in making public services and infrastructure accessible for persons with disabilities (IndiaAI, Inclusion for Social Empowerment).

India's multilingual technological development offers opportunities for accessible communication, particularly where persons with disabilities encounter barriers relating to language, literacy and access to information.

AI-supported public services could potentially strengthen delivery of disability-related information, healthcare, education and social protection.

However, India's scale and diversity create significant implementation challenges. Rural connectivity gaps, digital literacy barriers, affordability constraints and uneven access to assistive technologies require continued attention.

The critical issue is whether inclusive AI commitments translate into functioning, affordable and accessible applications across different disability groups.

India's experience may be valuable for other Commonwealth countries in developing multilingual AI, large-scale digital public services and lower-cost technological solutions, provided accessibility is incorporated from the beginning.

4.3.7.6 Kenya

Kenya has established a national AI strategy intended to guide technological development, innovation and economic transformation.

Launched in March 2025, the Kenya AI Strategy 2025–2030 focuses on AI infrastructure, data governance, research, innovation and commercialisation.

The strategy emphasises collaboration between government, academia, private institutions and civil society (Kenya AI Strategy 2025).

Kenya also provides an important example of emerging AI governance within the justice system.

On 11 August 2025, the Judiciary announced that it was developing a Judiciary Artificial Intelligence Adoption Policy Framework covering judicial operations, legal research, case management and administrative support. It identified the need to protect judicial independence, data privacy and due process (Kenya Judiciary 2025).

For persons with disabilities, AI-supported court transcription, accessible legal information and digital case management could improve participation in judicial proceedings.

However, accessible interfaces, alternative communication formats and appropriate assistance are essential.

Kenya's experience illustrates the importance of connecting national AI strategies with sector-specific governance and the protection of fundamental rights.

4.3.7.7 Uganda

Uganda is at an earlier stage of developing national AI governance arrangements, with increasing attention to policy readiness, research and responsible technological innovation.

On 26 May 2026, Uganda's Ministry of ICT and National Guidance, in partnership with UNESCO, convened a national validation workshop for its AI Readiness Assessment, prepared with UNESCO's Readiness Assessment Methodology.

The assessment examined governance, infrastructure, research, education, data management, innovation and institutional preparedness.

The findings were intended to inform the development of Uganda's National AI and Emerging Technologies Strategy (Uganda AI Readiness 2026).

The process included stakeholders from government, academia, the private sector and civil society.

For persons with disabilities, the readiness assessment presents an opportunity to incorporate accessibility and disability rights before national AI systems become more deeply embedded in public services.

Potential applications include accessible agricultural extension services, healthcare information, education and communication technologies.

However, Uganda continues to face constraints related to digital infrastructure, AI literacy and resources for technology development.

The country's policy-development process offers an opportunity to establish disability-sensitive governance standards at an early stage rather than attempting to address discrimination after technologies have been deployed.

4.3.7.8 United Kingdom

The United Kingdom has developed an extensive AI ecosystem supported by research institutions, technology enterprises, public investment and regulatory guidance.

Its AI Opportunities Action Plan, published in January 2025, outlines measures to expand technological capacity, accelerate adoption and improve public services.

A progress report published in January 2026 identified implementation progress across several elements of the Action Plan (UK AI Plan 2026).

The UK has also introduced frameworks addressing responsible AI and data use in government.

The updated Data and AI Ethics Framework, published in December 2025, emphasises fairness, privacy, transparency, accountability and the protection of individuals from harm.

Its guidance recognises that high-impact applications, including those affecting social care and justice, require careful consideration of explainability and accountability (UK AI Ethics 2025).

In October 2026, the judiciary of England and Wales published a position statement setting out core principles for judicial use of AI, under which AI may support, but not replace, judicial decision-making (UK Judiciary 2026).

For persons with disabilities, these developments offer opportunities to strengthen accessible public administration, communication and access to justice.

However, concerns remain about the potential discriminatory effects of automated decision-making, particularly in employment, public services and social protection.

The UK's experience is relevant to Commonwealth cooperation on algorithmic accountability, accessible public procurement, regulatory guidance and institutional safeguards.

4.3.7.9 Comparative assessment of the eight countries

The eight countries demonstrate significant differences in AI readiness, governance and implementation.

Table 37: Artificial intelligence and disability inclusion in the eight countries

Country	Verified AI development	Main disability-inclusion opportunity	Important unresolved issue
Australia	National AI Plan (December 2025) and updated policy for responsible AI in government	Accessible services and disability-sensitive governance	Measuring actual disability outcomes
Bangladesh	Draft National AI Policy 2026–2030 (January 2026)	Local-language AI and inclusive workforce development	Accessibility provisions, resources and implementation
Barbados	AI skills partnerships and a healthcare pilot	Small-state innovation and accessible services	Evidence of disability-specific coverage
Fiji	StrategusAI pilot and Pacific responsible-AI initiative	Remote services and accessible technologies	Infrastructure, affordability and adoption
India	IndiaAI Mission and AI Impact Summit inclusion working group	Multilingual AI and large-scale accessible applications	Equitable access and implementation

Country	Verified AI development	Main disability-inclusion opportunity	Important unresolved issue
Kenya	National AI Strategy 2025–2030 and judicial AI framework	Accessible justice and public services	Disability-sensitive safeguards and monitoring
Uganda	AI readiness assessment with UNESCO (2026)	Incorporating inclusion into emerging policy	Infrastructure and implementation capacity
United Kingdom	AI Opportunities Action Plan and public-sector ethics framework	Accessibility, accountability and judicial innovation	Preventing discriminatory automated decisions

The comparative evidence suggests that AI policy and technological investment are advancing more rapidly than disability-specific accountability mechanisms.

The sources reviewed do not provide sufficient evidence to conclude that any of the eight countries has comprehensively achieved disability-inclusive AI.

A significant gap remains between general commitments to inclusive technological development and the publication of measurable outcomes for persons with disabilities.

4.3.8 The role of organisations of persons with disabilities

OPDs are essential to the development of AI systems that reflect the diversity of disability experiences.

Their participation can help identify barriers that technology developers may overlook, challenge discriminatory assumptions and ensure that proposed solutions respond to actual rather than presumed needs (UN CRPD 2025).

4.3.8.1 Participation in AI policymaking

OPDs should participate in the development of national AI strategies, sectoral policies, ethical frameworks and regulatory instruments.

This includes consultation on AI procurement, accessibility standards, data governance and public-sector applications.

Participation should begin during policy formulation, not after decisions have already been made.

4.3.8.2 Disability-inclusive AI research and development

AI development frequently relies on datasets and evaluation methods that do not adequately represent persons with disabilities.

OPDs can contribute to accessible research methodologies, user testing, ethical review and assessments of technological effectiveness.

Their involvement is particularly important when AI applications process disability-related information or make decisions affecting access to services (UN CRPD 2025).

4.3.8.3 Monitoring and accountability

Independent disability organisations can help monitor whether AI applications are accessible, affordable, transparent and non-discriminatory.

This role requires access to relevant information, opportunities for independent evaluation and effective channels for reporting concerns.

The experience of the European Disability Forum in examining the disability implications of European AI regulation offers a useful example of structured civil society engagement (European Disability Forum).

4.3.8.4 Commonwealth Disabled People's Forum

The Commonwealth Disabled People's Forum (CDPF) has an important potential role in ensuring that disability inclusion is integrated into Commonwealth AI cooperation.

Its involvement in the development of the Commonwealth Disability Inclusion Action Plan provides a foundation for connecting disability rights advocacy with emerging technological governance.

The CDPF has documented its engagement in the DIAP process, including consultations and contributions by disability representatives (CDPF DIAP).

Building upon this engagement, the Forum could advocate for disability representation in Commonwealth AI structures, support national OPD capacity-building, facilitate exchanges of good practice and monitor the impact of AI policies on persons with disabilities.

A Commonwealth-wide network of OPDs working on digital rights and AI could also support the exchange of experiences between advanced technology economies and countries with more limited resources.

4.3.9 Priority recommendations for Commonwealth action

The following recommendations arise from the comparative assessment and the international evidence. They are proposals for strengthening the Commonwealth's AI and disability inclusion agenda, rather than a statement of commitments already adopted by the Commonwealth Secretariat.

4.3.9.1 Integrate disability rights into the Commonwealth AI framework

Disability inclusion should be explicitly reflected in the policies, programmes and evaluation frameworks of the Commonwealth Artificial Intelligence Consortium.

This would require clear commitments to accessibility, non-discrimination, reasonable accommodation and meaningful OPD participation.

4.3.9.2 Connect AI initiatives with the Disability Inclusion Action Plan

The Commonwealth's AI initiatives should be linked institutionally with the Disability Inclusion Action Plan, with appropriate measures for implementation and monitoring.

This would help ensure that technological innovation contributes to wider disability inclusion objectives (CDPF DIAP).

4.3.9.3 Establish a Commonwealth disability-inclusive AI advisory mechanism

A representative advisory mechanism should bring together OPDs, disability rights specialists, AI researchers, governments and technology providers.

Its role could include reviewing AI strategies, advising on accessibility safeguards and identifying opportunities for cross-country cooperation.

4.3.9.4 Introduce disability impact assessments

Governments should require disability-sensitive impact assessments for high-risk AI systems, particularly those used in employment, healthcare, education, social protection, law enforcement and public administration.

Assessments should consider accessibility, discrimination, data protection, explainability and access to human review (UN CRPD 2025).

4.3.9.5 Promote accessible AI procurement

Public institutions should adopt procurement requirements ensuring that AI systems are compatible with assistive technologies and accessible to users with different disabilities.

Accessibility should be a mandatory consideration in design, testing and procurement rather than an optional enhancement.

4.3.9.6 Strengthen disability-disaggregated AI data

Commonwealth countries should develop methods for monitoring AI participation and outcomes by disability status, while protecting privacy and informed consent.

Relevant indicators could include access to AI training, affordability of AI-enabled assistive technology, accessibility of public AI services, employment outcomes and reported discrimination.

4.3.9.7 Establish accessible AI education and skills programmes

Commonwealth AI learning programmes should explicitly include persons with disabilities and provide appropriate accommodation.

Particular attention should be given to women and young people with disabilities, those living in rural areas and people excluded from formal education or employment.

4.3.9.8 Develop affordable and locally appropriate assistive AI

Commonwealth research partnerships could support the development of accessible AI applications for low-resource settings.

Priority areas may include multilingual communication, education, healthcare, accessible navigation and independent living.

Open standards and appropriate technology-sharing arrangements could help reduce dependence on expensive proprietary systems.

4.3.9.9 Protect persons with disabilities in AI-enabled employment

Commonwealth countries should develop safeguards against discriminatory automated recruitment and workplace monitoring.

Employment policies should address algorithmic bias, reasonable accommodation, skills development and social protection for workers affected by automation (ILO Policy Brief 2025).

4.3.9.10 Promote disability-inclusive AI in small states

Small island and developing Commonwealth states require particular support in developing accessible and affordable AI applications.

Shared technological resources, regional training, interoperable systems and collaborative procurement may help overcome constraints related to market size and infrastructure.

4.3.9.11 Strengthen environmental and disaster-risk safeguards

AI applications addressing climate change and disaster management should incorporate accessible early-warning communication, disability-sensitive risk information and consultation with persons with disabilities.

The environmental costs of AI infrastructure should also form part of responsible technology planning (IEA Energy and AI).

4.3.9.12 Establish monitoring and public reporting

The Commonwealth should encourage periodic public reporting on disability inclusion within national AI strategies and Commonwealth-supported AI initiatives.

Reporting should distinguish policy commitments from actual implementation and provide information on participation, accessibility, affordability, discrimination and measurable outcomes.

Such reporting could support a Commonwealth-wide exchange of evidence and good practices.

4.3.10 Conclusion

Artificial intelligence presents an important opportunity to advance disability inclusion across the Commonwealth, but its benefits are neither automatic nor equally distributed.

Developments in assistive technology, education, healthcare, employment, communication and public administration demonstrate the potential of AI to reduce barriers and strengthen the autonomy of persons with disabilities. At the same time, algorithmic discrimination, inaccessible systems, unequal infrastructure, data privacy risks and technological dependence threaten to deepen existing inequalities (UN CRPD 2025; ILO 2025).

The Commonwealth has established important foundations through its Artificial Intelligence Consortium, StrategusAI, digital-readiness programmes and work on access to justice. Its wider commitment to disability inclusion creates an opportunity to ensure that technological transformation is guided by human rights and sustainable development principles (Commonwealth AI; CDPF DIAP).

Experience across Australia, Bangladesh, Barbados, Fiji, India, Kenya, Uganda and the United Kingdom illustrates a common challenge: national AI strategies and technological initiatives are developing more rapidly than the mechanisms required to demonstrate their accessibility and effectiveness for persons with disabilities.

The next phase of Commonwealth AI cooperation must therefore move beyond general declarations of inclusion towards specific commitments, accessible technologies, disability-sensitive regulation, OPD participation and measurable outcomes.

For persons with disabilities, the central objective is not simply to gain access to emerging technologies. It is to exercise equal rights, make informed choices, participate in technological innovation and benefit equitably from economic and social transformation.

The Commonwealth's distinctive strength lies in its diversity and its potential to facilitate cooperation among countries with different levels of resources and technological capacity. By connecting AI

development with the CRPD, the Sustainable Development Goals and the Commonwealth's evolving Disability Inclusion Action Plan, the association has an opportunity to advance a model of technological development that is accessible, accountable, affordable and inclusive.

Ultimately, the measure of disability-inclusive AI will not be the sophistication of its algorithms or the scale of investment, but the extent to which it removes barriers, expands opportunity and strengthens the dignity, autonomy and participation of persons with disabilities.

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4.4 Way forward

The evidence in this report points to one overarching task for the Commonwealth: to make the rights-to-results chain visible. Each section of Chapter 3 made target-specific recommendations; this section draws them together into a common agenda that respects national differences in resources and institutions while holding all members to the same standard of evidence.

4.4.1 Commonwealth priorities for the remaining period to 2030

A practicable regional agenda should concentrate on results that are internationally recognisable but locally implementable. First, member countries should agree a disability data compact: transparent functioning questions, child-functioning modules, publication of age and severity thresholds, disaggregation by sex and geography, and a published disability inclusion annex to national SDG

reviews. The immediate goal is comparability of definitions and outcome gaps, not artificial convergence of prevalence rates. (UN DESA 2024; UNICEF 2026; UN national SDG review 2026).

Second, the Commonwealth should encourage all eight profiled states and other members to publish disability-inclusive programme expenditure in a sequence showing budget approval, actual disbursement, people reached and measured outcomes. Budget tagging should include mainstream ministry expenditures as well as dedicated disability schemes. Annual scrutiny by legislatures, national statistics offices and OPDs would strengthen confidence that social protection, employment support, accessible infrastructure and climate financing deliver public value. (UK AccessWork 2026; Uganda Grant 2026).

Third, states should institutionalise independent participation of OPDs in national SDG committees, sectoral bodies and local implementation reviews. Representatives should participate when priorities are set, have access to information in formats they can use, receive adequate support without compromising independence, and see a public government response to recommendations. Membership and minutes should be transparent, with attention to the representation of women, young people and persons with intellectual or psychosocial disabilities. (CDPF 2026; Fiji Policy 2025).

Fourth, a regional accessible-services programme should focus on measurable outcomes for hospitals, schools, public transport, digital government and emergency shelters. Procurement and infrastructure standards should be based on universal design and tested through lived-experience audits. Cross-country learning may pair India's scale in public systems with UK and Australian outcome statistics, Kenya's devolved monitoring with Uganda's subnational census data, and Fiji's Pacific climate policy with Barbados's SIDS governance challenges. Such exchanges need context-specific adaptation and should not be promoted as universal models without evaluation. (India Judgment 2024; AIHW Outcomes 2026; Kenya national SDG review 2024; Barbados SitAn 2025).

Fifth, governments should adopt a common minimum outcome set for the eight selected targets: unmet accessible sexual and reproductive healthcare; school attendance, completion and learning; accessibility and effectiveness of gender-equality services; employment, retention and fair remuneration; discrimination and access to remedies; independent transport access; preparedness and safety during disasters; and meaningful OPD influence on SDG planning. These indicators should be published with baselines and limitations. The framework can be aligned with the CRPD and the evolving Commonwealth Disability Inclusion Action Plan without overstating the implementation status of the latter. (UN DESA 2024; CDPF 2026).

Table 38: Proposed minimum outcome indicators and lead accountability functions

Priority	Proposed minimum indicator	Lead accountability function
Disability data	Functioning questions, age/threshold metadata; outcome gaps	National statistics office + OPDs
SDG 3.7	Unmet reproductive health need and accessible service experience	Health ministry
SDG 4.1	Completion and foundational learning by disability	Education ministry
SDG 5.c	Implemented gender-disability protections and budget results	Gender/equality institutions
SDG 8.5	Jobs retained 12/24 months, fair pay, accommodation	Labour and finance ministries

Priority	Proposed minimum indicator	Lead accountability function
SDG 10.3	Discrimination prevalence, accessible remedies, resolutions	Human rights and justice bodies
SDG 11.2	Independent whole-journey access, not just adapted vehicles	Transport regulators
SDG 13.1	Accessible warnings, shelters, evacuations and recovery	Disaster risk authorities
SDG 17.16	OPD representation, published decisions and responses	SDG coordination body

Box 50: Expert perspective: from drafting to regional implementation of the DIAP

In an August 2026 interview, Richard Rieser, General Secretary of the CDPF, described the Commonwealth Disability Inclusion Action Plan as a significant opportunity, though in his assessment the final text was weaker than first envisaged. He argued that the central task now is implementation, supported by clear benchmarks, timely reporting and real consequences when commitments are not met.

A regional model. He proposed that ministers, DPO representatives and disabled young people in each region develop practical regional action plans. A six-country Caribbean process, discussed with the Caribbean Development Bank, could serve as a pilot. A South Asian process could link India with neighbouring Commonwealth members.

Conditions for success. Strong, adequately funded representative organisations; attention to intersectionality and poverty; and sustained cooperation among Commonwealth members as international development finance tightens.

Views of the contributor. Figures are as reported in the consultation and have not been independently verified unless stated.

4.4.2 A phased pathway to 2030

Table 39: Proposed phased pathway for Commonwealth action to 2030

Year	Milestone
2027	Publish national disability-data inventories and baselines for the minimum outcome set; adopt a disability annex for national SDG progress reviews
2028	Report disability budget tagging (approved, released, spent) for mainstream and dedicated programmes; institutionalise OPD seats on national SDG committees
2029	Conduct independent accessibility and compliance reviews of health, education, transport, digital and emergency services, with lived-experience audits
2030	Publish sex-, age- and disability-disaggregated progress on all eight targets, with remaining gaps and a post-2030 plan

This pathway is a proposal for discussion, building on the time-bound follow-up suggested for transport in Section 3.6. It could be anchored in the Commonwealth Disability Inclusion Action Plan once that plan is adopted.

Implementation of the Commonwealth Disability Inclusion Action Plan could proceed region by region. One proposal is to bring together ministers, organisations of persons with disabilities and young persons with disabilities in each region to prepare practical regional action plans, with a six-country Caribbean process, discussed with the Caribbean Development Bank, as a possible first model. Agreed

implementation benchmarks, timely reporting and clear consequences for non-implementation would strengthen accountability. (Consultation with Reclaiming Our Futures Coalition, 28 August 2026)

4.4.3 From commitments to results

Disability-inclusive progress is neither assured by economic development nor captured by a higher or lower percentage in a national census. Across Australia, Bangladesh, Barbados, Fiji, India, Kenya, Uganda and the United Kingdom, recent evidence shows significant normative and administrative reforms but far fewer consistent measures of improvements in equal opportunity, autonomy, accessibility and quality of life. The 2024 UN disability flagship report's warning about inadequate progress remains relevant in light of the 2026 global SDG assessment. (UN DESA 2024; UN SDG 2026).

The immediate Commonwealth challenge is to make the rights-to-results chain visible. By 2030, governments should be able to answer four linked questions for every selected SDG target: Which rights are guaranteed? Which institutions and public resources implement them? Who has actually accessed the opportunity or service, and on what terms? What gap has measurably narrowed? Shared data standards, transparent financing, independent OPD participation and enforceable universal design can convert commitments into the evidence of equality that is still missing in many national assessments.

The persons with disabilities whose lives this report describes are not only beneficiaries of development; they are rights holders and contributors to it. The Commonwealth's diversity of rich and poor, large and small, continental and island members is an asset: it allows each country to learn from others facing similar constraints. If the next four years are used to agree common evidence standards, to follow money through to results and to give OPDs a real voice in decisions, the promise to leave no one behind can become visible where it matters most: in rights realised, opportunities created, barriers removed and lives improved.

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Explanatory notes

These notes consolidate the methodological qualifications that apply across the report. They should be read with every figure, table and country finding.

General conventions

1. **Evidence period.** The report draws on evidence published up to October 2026, with emphasis on 2024–2026. Earlier censuses and surveys are used where they remain the latest national reference point; the year of data collection, the year of publication and the period described are kept distinct.
2. **Three levels of progress.** Laws, policies, plans, consultations and workshops are treated as normative or administrative progress. They are not evidence of reduced exclusion unless supported by outcome data. Approved budgets are distinguished from funds released, funds spent and results achieved.
3. **No country ranking.** National figures use different definitions, instruments, age ranges, thresholds and reference years. Tables and figures compare the nature and strength of evidence; they do not rank countries, and no Commonwealth-wide prevalence rate is calculated.
4. **National SDG progress reviews.** These are government-authored, voluntary accounts dated at their publication (Australia 2018; United Kingdom 2019; Barbados and Fiji 2023; Kenya and Uganda 2024; Bangladesh and India 2025). They are read alongside censuses, surveys, administrative records, UN situation analyses, parliamentary scrutiny, research and OPD evidence, and later developments are not attributed to earlier reviews.
5. **Missing data.** Where a disability-disaggregated value was not found, the report records an evidence gap rather than imputing a value, and does not treat the gap as proof that no action has been taken.
6. **Source types.** Peer-reviewed qualitative studies, programme evaluations, court judgments and news reports illustrate mechanisms, barriers and promising practices; they are not nationally representative estimates. Programme reach figures are not national outcomes.
7. **Terminology.** “Persons with disabilities” is used as the primary treaty-consistent term; “disabled people” is retained where it reflects the language of a source, particularly UK statistics and research.
8. **Citations.** Short descriptive hyperlinks appear beside the relevant text; full titles and URLs are listed in the references at the end of each chapter or section.

Section-specific qualifications

- **Section 2.3 and 3.8 (disability data).** Census, specialist-survey and administrative figures measure different populations. The Barbados 2021 Census asked functional-difficulty questions, but a comprehensive disability tabulation was not found in the published main report. Historical estimates, such as Barbados’s 2010 census figures, are not current indicators.

- **Section 3.1 (sexual and reproductive health).** The Indian tribal menstrual-health study is not disability-disaggregated; the Ghana research is qualitative and geographically limited; the UK national indicator page uses proxy data.
- **Section 3.2 (education).** Bangladesh figures are for children aged 5–17 under distinct definitions; Australia counts educational adjustments, not all functional disabilities; England's 2025–26 attainment statistics are provisional and use special educational needs categories; Uganda's 2017 primary and secondary totals are not cohort-transition measures; Kenya's 2023 support-needs assessment covered ten counties. Two discrepancies in Bangladesh's 2025 national review (primary completion of about 87% versus 67.54%, and a fall from 64.7% to 59.95% described as an increase) are reported rather than silently corrected.
- **Section 3.3 (gender).** Barbados's parliamentary record establishes passage of the Bill in January 2025; commencement followed on 2 January 2026. Kenya's SDG 5 strategy covers 2020–2025. India's FY 2025–26 gender budget is not disability-earmarked, and UK FCDO programme targets are not domestic budget outcomes.
- **Section 3.4 (employment).** Paid employment, employment-to-population ratios, labour-force participation and unemployment are different measures. Public-sector staffing results, such as Kenya's institutional assessment, are not economy-wide rates.
- **Section 3.5 (inequality).** Self-reported discrimination, formal complaints and court cases capture different aspects of disadvantage. Kenya's 2025 status report was released in December 2024; its GDP-loss figure is a model estimate.
- **Section 3.6 (transport).** The 53.2% to 61.5% improvement refers to a comparable sample of 412 cities. Bangladesh's reported 85.05 value for Indicator 11.2.1 carries a national 'cannot be measured' caveat. Fiji's 23% facility-accessibility finding, India's accessible-fleet counts and the UK's rail-assistance totals measure different things and cannot be ranked. A Bangladesh preprint is used only as background.
- **Section 3.7 (climate).** This is a structured synthesis rather than a systematic review. Statements made at 2026 Pacific events are advocacy positions, not government policy adoption.
- **Section 4.1 (OPDs).** Consultation is distinguished from influence; links to institutional resource pages are identified as such rather than as direct evidence of every claim.
- **Voices and stories (after the Executive Summary).** Interviews are edited from consultations, training transcripts and published writing and were approved by the interviewees. Country entries are attributed by position, gender, disability or place. The Commonwealth pictures set a global figure from the UN Sustainable Development Goals Report 2026 beside a national statistic that may use a different definition, year and population; they show the distance still to travel and are not comparisons or rankings. Some national figures are dated (for example Guyana, 2005; Zambia, 2015) or reported rather than surveyed (Barbados), and are labelled accordingly.
- **Section 4.3 (artificial intelligence).** AI policy is changing rapidly. National strategies, plans and pilots are described as commitments and initiatives, not as evidence that persons with disabilities are benefiting. Statements were checked against sources available in October 2026; items that could not be verified were removed.

- **Section 4.2 (accessibility and assistive technology).** The six innovations were selected because they are operational and documented; their results apply to the programmes described and are not national outcomes. Scheme reach (NDIS participants, ADIP beneficiaries, UDID cards) measures coverage and spending, not whether products are used or needs are met.

Endnotes

Note on data from United Nations reports

Where this report presents data from United Nations publications, including the UN DESA Disability and Development Report 2024, only values printed for Commonwealth member countries have been extracted and charted, unless a figure or table states that it shows global or regional values. Where a UN report prints no Commonwealth country values for a topic, this is stated. Some values were read from figure labels and should be checked against the original publication before reuse.

Note on figures and case studies

Charts in this report are drawn from the sources cited in their captions and in the surrounding text. They illustrate the nature of the evidence and are not country rankings. Case-study boxes summarise examples discussed in the report; their results apply to the settings described and are not national outcome estimates.

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