



United Nations Expert Group Meeting on Mental Well-being, Disability and Disaster Risk Reduction

United Nations University Headquarters, Tokyo, Japan
(27–28 November 2014)

REPORT

United Nations University
United Nations Department of Economic and Social Affairs
The World Bank Tokyo Development Learning Center
National Center of Neurology and Psychiatry, Japan



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Executive Summary

The United Nations University International Institute for Global Health and Institute for the Advanced Study of Sustainability, and the United Nations Department of Economic and Social Affairs, in close collaboration with the World Bank Tokyo Development Center and the National Center of Neurology and Psychiatry, Japan, organized the Expert Group Meeting¹ on Mental Well-being, Disability² and Disaster Risk Reduction³, in Tokyo in November 2014.

During and after disasters⁴, people experience mental and psychosocial distress, and this plays a key role in determining their quality of life, resilience and the success of their preparedness, recovery and ability to reconstruct. Additionally, persons with mental or intellectual disabilities tend to face numerous and severe barriers in times of disaster. However, mental well-being and disability have long been neglected in disaster risk reduction (DRR) policies and programmes.

To achieve sustainable human development that leaves no one behind, it is necessary to prioritise the mental health and psychosocial well-being of all people, including persons with physical, mental, intellectual or sensory impairments. It is also imperative to make DRR measures that are inclusive of disability and do not neglect persons with mental or intellectual disabilities.

In this regard, the expert group adopted the recommendations indicated below for outcomes and follow-up with respect to (1) the **Post-2015 Framework for Disaster Risk Reduction** at the **World Conference on Disaster Risk Reduction** in 2015, (2) follow-up of the **Third High-level Meeting on Disability and Development**, (3) the **Post-2015 Development Agenda/Sustainable Development Goals**, which will be adopted in 2015, and other relevant international and national frameworks.

Key Recommendations

The Expert Group Meeting highlighted various recommendations for the inclusion of mental well-being and disability in DRR, with relevant stakeholders such as member states, the United Nations system and civil society organizations. The key overarching recommendations of the meeting are summarized as follows:

1. Ensuring that DRR policies and programs always include mental well-being and disability as a priority

The international community needs to include mental well-being and disability as a priority theme in all DRR frameworks. Humans are emotional beings; their mental health and psychosocial well-being play key roles in resilience, recovery and reconstruction. Integration of mental health and psychosocial well-being and the rights of persons with mental or intellectual disabilities makes DRR more effective, resilient and robust.

2. Adding targets and indicators on mental health and psychosocial well-being in DRR

The Hyogo Framework for Action 2 should include mental health and psychosocial well-being as transformative new targets and also as indicators to represent subjective well-being towards optimizing resilience of people and society.

3. Including persons with mental or intellectual disabilities in DRR

Disability-inclusive DRR always has to ensure the inclusion of persons with mental or intellectual disabilities. Persons with mental or intellectual disabilities need to be included in disability

¹ Part of the Fukushima Global Communication Programme by the United Nations University Institute for the Advanced Study of Sustainability with financial support from the Government of Japan

² '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.' (Convention on the Rights of Persons with Disabilities: United Nations, 2006)

³ 'The concept and practice of reducing disaster risks through systematic efforts to analyse and manage the causal factors of disasters, including through reduced exposure to hazards, lessened vulnerability of people and property, wise management of land and the environment, and improved preparedness for adverse events.' (UNISDR, 2009)

⁴ 'A serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources' (UNISDR, 2009)

frameworks and movements; they cannot be excluded from the benefits created by the progress made in DRR.

4. Developing guidelines on mental well-being and disability in DRR

Practical global guidelines on mental well-being and disability in DRR should be developed in the United Nations system.

5. Including mental well-being and disability in all efforts related to peace and security, development and human rights

Mental well-being and disability need to be mainstreamed in existing work to advance peace and security, development and human rights, including the upcoming Post-2015 Development Agenda, to optimize resilience in response to disasters.

6. Establishing a multi-stakeholder working group on mental well-being and disability in the United Nations system

A multi-stakeholder focus group on mental well-being and disability should be established as part of the stakeholder group for DRR and sustainable development in the United Nations system.

These conclusions and recommendations were developed by participants in the United Nations Expert Group Meeting on Mental Well-being, Disability and Disaster Risk Reduction, held in Tokyo on 27–28 November 2014. The Meeting was convened jointly by the United Nations University International Institute for Global Health and Institute for the Advanced Study of Sustainability, and the United Nations Department of Economic and Social Affairs, the World Bank Tokyo Development Learning Center and the National Center of Neurology and Psychiatry, Japan. This document was drafted by Atsuro Tsutsumi (UNU), Takashi Izutsu (World Bank Group) and Akiko Ito (United Nations). The experts at the meeting and supporting the document were: Yoshiharu Kim (Japan), Yuri Kushnarov (Ukraine), Kamal Lamichhane (Nepal), Andrew Mohanraj (Malaysia), Jun Shigemura (Japan), Ana Cristina Thorlund (UNISDR), Akiko Ito (United Nations), Takashi Izutsu (World Bank Group), Florante E Trinidad (WHO), Kazuhiko Takeuchi (UNU), Atsuro Tsutsumi (UNU) and Mark van Ommeren (WHO). International reviewers for the report and the outcome document were: Kouadio Koffi Isidore (Côte d'Ivoire), Norito Kawakami (Japan), Ahmed Meghziifene (IAEA), Susan P Mercado (WHO), Harry Minas (Australia) and Vikram Patel (UK/India).

Table of Contents

I. Introduction	4
II. Background	4
III. International Normative Frameworks	8
IV. Scope and Objectives	8
V. Activities	9
VI. Outcomes: Recommendations for Member States, United Nations System and Civil Society	9
Presentations by Experts	9
Overarching Key Recommendations	11
Actions to be Taken	11
Annex I – Organization of Meeting	15
Annex II – List of Participants	18
Annex III – Recommendations and Action Points	19
Annex IV – Matrix of Disability and the Sustainable Development Goals	22

I. Introduction

The United Nations University International Institute for Global Health (UNU-IIGH) and Institute for the Advanced Study of Sustainability (UNU-IAS), United Nations Department of Economic and Social Affairs, Secretariat for the Convention on the Rights of Persons with Disabilities (UN DESA/SCRPD), the World Bank Tokyo Development Learning Center (WB/TDLC) and the National Center of Neurology and Psychiatry (NCNP), Japan, co-organized the *Expert Group Meeting on Mental Well-being, Disability and Disaster Risk Reduction* in Tokyo, Japan, in November 2014.

The Organisation for Economic Cooperation and Development (OECD) estimates that half of the world's people will experience a mental health condition during their lifetime. Approximately 800,000 people die due to suicide worldwide annually — greater than the number of deaths due to war or murder. The direct and indirect cost of mental ill-health exceeds 4% of GDP, and a reasonable investment of financial and social capital would contribute significantly to better overall mental well-being.

Disaster-affected populations frequently experience immense mental and psychosocial suffering. Research shows that, in the aftermath of a disaster, the prevalence of mental health conditions increases, and this subsequently affects the resilience of people and society.

Available data also indicate that persons with disabilities, including persons with mental or intellectual disabilities, compared with the general population, face higher risks and are disproportionately affected by disasters. Available data reveal that in many disaster situations, the mortality rate of the persons with disabilities is two to four times higher than that of the persons without disabilities. Disasters can also increase physical, mental or sensory impairments as well as barriers for accessibility, which in turn increase challenges related to disability.

These factors underscore the urgent need to integrate perspectives on mental well-being and disability into national and international frameworks for reducing disaster risk. Despite being an area in critical need of attention, prevention and intervention concerning mental well-being and disability has, however, been frequently neglected in the discourse of the international community.

This expert group meeting therefore brought together the United Nations system, policymakers, and other key stakeholders with aim of addressing this challenge, discussing key issues and clarifying the way forward for mental well-being, disabilities, and disasters. Through intensive discussion, the participants adopted a set of recommendations and action points for mainstreaming mental well-being and disability into DRR measures. The meeting also added new perspectives, knowledge and action points towards providing important input for the Third United Nations World Conference on Disaster Risk Reduction⁵ to be held in Sendai, Japan, in March 2015.

II. Background

Consequence of Disasters in Mental Health and Psychosocial Well-being

1. Disaster-affected populations frequently experience immense mental and psychosocial suffering. Although most people are capable of coping with life's challenges, mental health and psychosocial support need to be made available for those who require it in support of their recovery.
2. Emotional aspects of human, particularly, freedom from fear, anxiety and anger, are among the foundations of our well-being and behaviour, and they can strengthen our resilience. If not addressed appropriately, they can threaten our well-being and sustainability.

⁵ The Third United Nations World Conference on Disaster Risk Reduction will be held with the aim of developing a strategic plan on DRR beyond 2015.

3. An estimated one in two people worldwide will experience a mental health condition in their lifetime. Humans are emotional beings and mental well-being and disability are everyone's concern.
4. Mental well-being and disability have vast implications on mortality. Persons with severe mental illness die on average 20 years earlier than those without. Suicide is an epidemic, leading to nearly 1 million deaths each year worldwide, which is higher than the number of deaths due to war and murder combined. Among young girls, suicide is the leading cause of death.
5. Economic loss due to problems related to mental well-being is also far-reaching. Direct and indirect costs of mental illness exceed 4% of GDP, while reasonable financial and social investment could contribute to better mental well-being.
6. However, mental well-being and disability tend to be neglected, marginalised or forgotten because of misconceptions, stigma and discrimination as well as cultural factors and perceived invisibility.
7. Especially in disasters and conflicts, protection and promotion of mental and psychosocial well-being along with the rights of persons with mental or intellectual disabilities tend to face further challenges. For some affected populations, disasters can trigger psychological symptoms or exacerbate existing mental health conditions. The prevalence of mental illness has been found to rise by about 10% following a disaster. Though many people can cope with psychological distress after disasters without professional help, some require non-specialist or specialist interventions. These conditions can have long-term consequences, medically, psychologically, socially and economically and can affect recovery and reconstruction if not addressed.
8. The impact of poor mental well-being is pervasive and can lead to morbidity and mortality, low productivity, social unrest, poverty, inequality, high unemployment, and delays in recovery and reconstruction.

Previous Efforts on Mental Well-being and Disability in the United Nations System

9. Mental well-being and disability have been included as priorities in the key tools of the United Nations system from its early days. The **Constitution of UNESCO** (1945) states, 'since wars begin in the minds of men, it is in the minds of men that the defences of peace must be constructed'. In the Preamble to the **Constitution of the World Health Organization** (1946), health is defined as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'. The right to health referred to in the **International Covenant on Economic, Social and Cultural Rights** (1966) is 'the right of everyone to the enjoyment of the highest attainable standard of physical and mental health'.
10. The **Convention on the Rights of the Child** (1989) and the **Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment** (1984) also include concepts related to mental well-being and disability.
11. Outcomes of major United Nations global conferences, including the World Summit for Children Plan of Action for Implementing the **World Declaration on the Survival, Protection and Development of Children** (1990), the World Conference on Human Rights **Vienna Declaration and Programme of Action** (1993), the **International Conference on Population and Development Programme of Action** (1994), the **Fourth World Conference on Women Platform for Action** (1995), the United Nations Conference on Human Settlement (HABITAT II) **Habitat Agenda** (1996), World Summit on Sustainable Development **Plan of Implementation of the World Summit on Sustainable Development** (2002), and the World Conference on Disaster Reduction **Hyogo Declaration and Hyogo Framework for Action 2005–2015: Building the Resilience of Nations and Communities to Disasters** (2005) included mental well-being and disability-related components.
12. The international community has developed key global instruments for protection and promotion of the rights of persons with disabilities such as the **World Programme of Action concerning Disabled Persons** (1982) and the **Standard Rules on Equalization of Opportunities for Persons with Disabilities** (1994). In 2006, the **Convention on the Rights of Persons with Disabilities** was adopted by the General Assembly. Following on this, the World Health Organization (WHO) and the World Bank Group issued the **World Report on Disability** in

2011. And in 2013, the **High-level Meeting on Disability and Development** reiterated the importance of realizing disability-inclusive development.
13. Concerning persons with mental or intellectual disabilities, the **Declarations on the Rights of Mentally Retarded Persons** (1971) and the **Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care** (1991) adopted by the General Assembly played important roles in promoting the rights of persons with mental or intellectual disabilities. Drawing from good practices and lessons learned from these previous efforts, new and updated instruments based on the most contemporary knowledge, and in line with the Convention on the Rights of Persons with Disabilities, should address issues related to mental well-being and disability in the context of sustainable development.
 14. In addition to these instruments, the United Nations General Assembly and the Security Council have adopted more than 100 resolutions that mention mental well-being and disability. The UNU-IIGH will issue a compendium of these resolutions.
 15. The General Assembly declared April 2 **World Autism Awareness Day** (A/RES/62/139), March 21 **World Down Syndrome Day** (A/RES/66/149) and June 26 the **International Day against Drug Abuse and Illicit Trafficking** (A/RES/42/112). December 3 is the **International Day of Persons with Disabilities** (A/RES/47/3). The United Nations also commemorates **World Mental Health Day** (October 10) and **World Suicide Prevention Day** (September 10).
 16. In September 2009, UN DESA together with the WHO organized **Panel Discussion – An Emerging Development Issue: Integrating Mental Health into Efforts to Realize MDGs and Beyond** at the United Nations Headquarters, and issued the **United Nations–WHO Policy Analysis on Mental Health and Development: Integrating Mental Health into All Development Efforts including MDGs**. The UNU-IIGH and the UN DESA held a first-ever **United Nations Expert Group Meeting on Mental Well-being, Disability and Development** in Kuala Lumpur in 2013. The outcome document, ‘**Conclusions and recommendations for inclusion of mental well-being and disability into key goals and outcomes of upcoming international conferences**’, recommended that mental well-being be integrated into all social development efforts as a key indicator for sustainable development; it also recommended protection and promotion of the rights of persons with mental or intellectual disabilities be integrated and strengthened as a key priority in disability discourse. Additionally, UN DESA, UNU-IIGH and the World Bank TDLC co-organized with co-sponsors the Permanent Mission of Bangladesh to the United Nations and Permanent Mission of El Salvador to the United Nations, the **Panel Discussion on Mental Well-being, Disability and Development** at the United Nations Headquarters in December 2014.
 17. The Inter-agency Standing Committee (IASC) issued the **IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings** (2007). The WHO published **Psychological First Aid Field Guide** and the **mhGAP Intervention Guide for Non-Specialized Health Settings for Mental, Neurological and Substance Use Disorders**. The WHO and ISDR in partnership with Public Health England issued a factsheet, ‘**Disaster Risk Management for Health: Mental Health and Psychosocial Support**’ (2013). And in 2013, the World Health Assembly adopted the **Comprehensive Mental Health Action Plan 2013–2020**.
 18. United Nations funds and programmes have also prioritised integrating mental well-being and disability. In 2008, the UNFPA Executive Board included components on these themes in **UNFPA Strategic Plan 2008–2013**, and the UNFPA and WHO established the Joint Programme on Mental Health. In June 2007, the UNFPA and WHO held the **International Expert Meeting on Maternal Mental Health and Child Health and Development in Resource-constrained Settings** in Hanoi, Viet Nam and issued its outcome document, ‘**Maternal Mental Health and Child Survival, Health and Development in Resource-Constrained Settings: Essential for Achieving the Millennium Development Goals**’. In December 2008, UNFPA and WHO facilitated the **Expert Meeting on Adolescent Mental Health in Resource Poor Settings**, in Delhi, India. In addition, in 2009, UNFPA and WHO published **Promoting Sexual and Reproductive Health for Persons with Disabilities: WHO/UNFPA Guidance Note** which included components on mental well-being and disability. The United Nations Children’s Fund (UNICEF) has worked on the theme of children with disabilities, including those with mental or intellectual disabilities, and published the **State of the World’s Children 2013: Children with**

Disabilities report. UNICEF has also played a key role in promoting psychosocial support in emergency settings as part of its protection efforts. The United Nations Development Programme (UNDP) has incorporated mainstreaming mental well-being and disability in its development as well as crisis prevention and recovery work. The World Bank Group has reintegrated its work on mental well-being and disability as well as psychosocial support after crises into its operations. Together with UN DESA, the World Bank TDLC, and the WHO, the UNU-IIGH has been spearheading development of a conceptual framework and promoting inter-agency collaboration in the area of mental well-being and disability. The International Labour Organization (ILO), International Organization for Migration (IOM), United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), United Nations High Commissioner for Refugees (UNHCR), United Nations Office on Drugs and Crime (UNODC), and UN Fund for Action against Sexual Violence in Conflict, among others, also have been working on these themes.

New Priority: Post-2015 Development Agenda and Mental Well-being and Disability

19. Mental well-being and disability have been an emerging priority in the international community. The recently issued **Introduction to the Proposal of the Open Working Group for Sustainable Development Goals** focuses in Goal 3: ‘Ensure healthy lives and promote well-being for all at all ages’ on mental health by proposing to ‘by 2030 reduce by one-third premature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing’ and ‘strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol’. This is based on the consensus that genuine achievement of the Millennium Development Goals (MDGs) and other internationally agreed development goals requires inclusion of mental and psychosocial well-being as well as the rights of persons with mental or intellectual disabilities.
20. **Synthesis Report of the Secretary-General on the Post-2015 Agenda: The Road to Dignity by 2030: Ending Poverty, Transforming All Lives and Protecting the Planet** issued in December 2014 endorsed this and recommended inclusion of reducing the burden of mental illness in the Post-2015 Development Agenda.
21. UNU-IIGH, the World Bank TDLC, and UN DESA, with co-sponsorship by the Permanent Mission of Argentina and Permanent Mission of Bangladesh, organized the **Panel Discussion – Mental Well-being and Disability: Toward Accessible and Inclusive Sustainable Development Goals** at the United Nations Headquarters to facilitate discussion on mental well-being and disability in the Post-2015 Development Agenda among member states, UN agencies, funds and programmes, bilateral agencies, nongovernmental organizations, and civil society organizations, including organizations of persons with disabilities, the private sector and academia, in December 2014.

Disasters and Their Effects on Persons with Mental or Intellectual Disabilities

22. Among the roughly 1 billion persons with disabilities, comprising 15% of the world’s population, persons with mental or intellectual disabilities tend to be more marginalised and excluded. Depression is the leading cause of disability according to the years lived with disabilities indicator. Persons with such disabilities tend to face misconceptions, stigma, discrimination and severe human rights violations. Many also struggle with numerous challenges such as poverty, other disabilities, sexual and gender-based violence, human rights issues related to being indigenous people, older persons, or lesbian, gay, bisexual or transgender.
23. Persons with mental or intellectual disabilities often suffer from insufficient inclusion in all aspects of DRR measures at both the policy and programme levels. This has led to higher mortality among them during and after disasters. The United Nations Office for Disaster Risk Reduction (UNISDR) conducted the first-ever **United Nations global survey of persons living with disabilities**, which addressed how they cope with disasters and elucidated why they die or are injured at a disproportionately higher rate in times of disaster.
24. In disaster settings, persons with mental or intellectual disabilities often face challenges with accessibility related to physical infrastructure, information, and commodities, including medication that might need to be taken regularly.

25. There is increasing recognition of the importance of having a support system for the families of or support providers for persons with mental or intellectual disabilities, both before and after disasters.
26. It is also necessary to develop a support system to meet the needs of persons with mental or intellectual disabilities who have lost family members or support providers in disasters.
27. It is essential to learn from experience from community-based rehabilitation as well as community-driven development to tailor DRR measures that are culturally sensitive and more accessible.
28. Involving community members, including persons with mental or intellectual disabilities, in planning, design and implementation, as well as monitoring of DRR measures, can enable disability-inclusive DRR to ensure accessibility for such persons.

III. International Normative Frameworks

In global policy discourse, perspectives of mental well-being and disability have been an important policy objective in international normative frameworks and global guidelines since the 1940s. These efforts include, among others, the Preamble to the Constitution of the World Health Organization (1946); International Covenant on Economic, Social and Cultural Rights (ICESCR) (1966), Declaration on the Rights of Mentally Retarded Persons (1971), Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care (1991), Hyogo Framework for Action 2005–2015 (2005); Convention on the Rights of Persons with Disabilities (2006), and the outcome document of the UN High-level Meeting on Disability and Development (2013).

Various global tools and mechanisms have been developed: They include among others the following; IASC Guidelines on Mental Health & Psychosocial Support in Emergency Settings (2007); World Autism Awareness Day, World Down Syndrome Day (2007, 2011); United Nations-WHO Policy Analysis on Mental Health and Development: Integrating Mental Health into All Development Efforts including MDGs (2010); WHO Mental Health Gap Action Programme (2010); Sphere Handbook (2011); Psychological First Aid: Guide for Field Workers (2011); WHO Mental Health Action Plan 2013–2020 (2013); UNU-IIGH and UN DESA outcome document of the UN Expert Group Meeting on Mental Well-being, Disability and Development (2013).

(See details on page 5: Previous Efforts on Mental Well-being and Disability in the United Nations System)

IV. Scope and Objectives

Meeting objectives were pursued through select presentations and group discussions on key issues, trends and action points on mental well-being and disability in DRR. The group sessions worked to (1) review current evidence on mental well-being and disability with perspectives on disasters, (2) learn good practices and the lessons learned; and (3) identify practical recommendations and action points for mainstreaming mental well-being and disability in DRR. Recommendations as meeting outcomes will contribute to global decision-making processes, including the above-mentioned United Nations World Conference on Disaster Risk Reduction in Sendai, Japan, in March 2015 and beyond.

The Expert Group Meeting provided a forum for intensive exchange of knowledge and experience relating to norms and standards, institutional arrangements, governance, and actual practice related to mental well-being, disability and DRR. Special attention was directed toward mental well-being as a key indicator of recovery and development after crises, which is a neglected, yet essential development issue in achieving internationally agreed goals and commitments.

Additionally, while the draft Sustainable Development Goals makes reference to the promotion and advancement of the rights of persons with disabilities, as well as promotion of mental well-being, it is worth highlighting the importance of making reference to mental health and well-being to develop a

holistic and integrative view of health and well-being as a well-rounded concept in the Post-2015 framework for DRR. This meeting was therefore essential for identifying certain gaps in the inclusion of persons with disabilities, including the topic of mental health, in DRR efforts.

V. Activities

To achieve its objectives, the meeting included presentations by participants on the current status as well as key issues and good practices concerning mental well-being, disability and DRR.

Sessions included:

- **Plenary:** Overview of issues, trends and international norms and standards relating to mental well-being, disability and DRR with presentations by invited experts.
- **Thematic discussions:** Good practices, lessons learned and action points for mainstreaming mental well-being and disability in DRR
- **Public Forum:** ‘Disasters, Mental Well-being and Disability – Promoting Resilience for All’, including presentations and panel discussion with the participants of the Expert Group Meeting (a list of all presentations can be found in the next section).

The sessions were aimed at (1) sharing good practices and lessons learned and (2) formulating recommendations and action points for inclusion of mental well-being and disability in DRR schemes for the Third UN World Conference on Disaster Risk Reduction and beyond.

VI. Outcomes: Recommendations for Members States, United Nations System and Civil Society

Presentations by the Experts

One outcome of the meeting was (1) knowledge sharing on the overview of issues, trends and international norms and standards relating to mental well-being, disability and DRR. All the presentations can be virtually shared by following links to the UNU YouTube Channel. The other outcome was (2) recommendations and action points for including mental well-being and disability in DRR. In addition to key overarching recommendations, action points were grouped for member states, the United Nations system and for civil society organization.

Presentations by Experts: Overview of Issues, Trends and International Norms and Standards Relating to Mental Well-being, Disability and DRR

- UN frameworks on the rights of persons with disabilities: Including disability perspectives in DRR**
Ms. Akiko Ito, Chief, Secretariat for the Convention on the Rights of Persons with Disabilities, Department of Economic and Social Affairs, United Nations
https://www.youtube.com/watch?v=QvTp3i43V_8&list=PL8QnLThpVNcWJ7aDc9pJRFCdqP8TUHGsq&index=1
- Toward a Post-2015 Framework for DRR: Disability-inclusive DRR**
Ms. Ana Cristina Thorlund, Knowledge Management Officer, United Nations Office for Disaster Risk Reduction
<https://www.youtube.com/watch?v=Q30mpjscar&index=10&list=PL8QnLThpVNcWJ7aDc9pJRFCdqP8TUHGsq>
- WHO perspective on mental health and psychosocial well-being in Emergency Settings: Mainstreaming mental health into DRR**
Dr. Mark van Ommeren, Scientist, Department of Mental Health and Substance Abuse, World Health Organization

<https://www.youtube.com/watch?v=LKGbw3vsnOw&list=PL8QnLThpVNcWJ7aDc9pJRFCdqP8TUHGsq&index=4>

- d) **Mental health, disability and disasters: Experiences in Japan**
Dr. Yoshiharu Kim, President, National Information Center of Disaster Mental Health, National Center of Neurology and Psychiatry, Japan
<https://www.youtube.com/watch?v=MV2PWor0oZ4&list=PL8QnLThpVNcWJ7aDc9pJRFCdqP8TUHGsq&index=3>
- e) **Good practices and lessons learned: WHO response to mental well-being and disability in the disasters in the Philippines and inclusion in DRR policy and programmes**
Dr. Florante E Trinidad, National Professional Officer, WHO Office of the Representative in the Philippines
<https://www.youtube.com/watch?v=Gk51vYdxsYk&list=PL8QnLThpVNcWJ7aDc9pJRFCdqP8TUHGsq&index=7>
- f) **Good practices and lessons learned: Mental well-being and disability after the nuclear accident in Fukushima**
Dr. Jun Shigemura, Associate Professor, Department of Psychiatry, National Defense Medical University
<https://www.youtube.com/watch?v=Jlzpiz4wNmA&index=5&list=PL8QnLThpVNcWJ7aDc9pJRFCdqP8TUHGsq>
- g) **Good practices and lessons learned: Mental well-being and disability after the Chernobyl Nuclear Accident**
Mr. Yurii Kushnarov, First Secretary, Embassy of Ukraine
<https://www.youtube.com/watch?v=bau1zUVzuvw&index=11&list=PL8QnLThpVNcWJ7aDc9pJRFCdqP8TUHGsq>
- h) **Good practices and lessons learned: Mental well-being and disability after the Indian Ocean Tsunami and Typhoon Haiyan**
Dr. Andrew Mohanraj, Regional Mental Health Development Advisor, CBM International/Member, National Council for Persons with Disabilities in Malaysia
<https://www.youtube.com/watch?v=c885gqv1Ink&index=12&list=PL8QnLThpVNcWJ7aDc9pJRFCdqP8TU>

Overarching Key Recommendations

The Expert Group Meeting highlighted various recommendations for the inclusion of mental well-being and disability in DRR, with relevant stakeholders such as member states, the United Nations system and civil society organizations. The key overarching recommendations of the meeting are summarized as follows:

1. Ensuring that DRR policies and programs always include mental well-being and disability as a priority

The international community needs to include mental well-being and disability as a priority theme in all DRR frameworks. Humans are emotional beings; their mental health and psychosocial well-being play key roles in resilience, recovery and reconstruction. Integration of mental health and psychosocial well-being and the rights of persons with mental or intellectual disabilities makes DRR more effective, resilient and robust.

2. Adding targets and indicators on mental health and psychosocial well-being in DRR

The Hyogo Framework for Action 2 should include mental health and psychosocial well-being as transformative new targets and also as indicators to represent subjective well-being towards optimizing resilience of people and society.

3. Including persons with mental or intellectual disabilities in DRR

Disability-inclusive DRR always has to ensure the inclusion of persons with mental or intellectual disabilities. Persons with mental or intellectual disabilities need to be included in disability frameworks and movements; they cannot be excluded from the benefits created by the progress made in DRR.

4. Developing guidelines on mental well-being and disability in DRR

Practical global guidelines on mental well-being and disability in DRR should be developed in the United Nations system.

5. Including mental well-being and disability in all efforts related to peace and security, development and human rights

Mental well-being and disability need to be mainstreamed in existing work to advance peace and security, development and human rights, including the upcoming Post-2015 Development Agenda, to optimize resilience in response to disasters.

6. Establishing a multi-stakeholder working group on mental well-being and disability in the United Nations system

A multi-stakeholder focus group on mental well-being and disability should be established as part of the stakeholder group for DRR and sustainable development in the United Nations system.

Actions to Be Taken

The expert group meeting developed the following recommended actions to be taken, with certain identified short-, and medium- and long- term goals. These have been grouped for actions by the United Nations system, member states and for civil society organizations. In addition, it was stated at the meeting that these recommendation be integrated into outcomes and follow-up of **(1) post-2015 framework for DRR at the World Conference on Disaster Risk Reduction in 2015, (2) follow up of the Third High-level Meeting on Disability and Development, and (3) the Post-2015 Development Agenda/Sustainable Development Goals**, which will be adopted in 2015, as well as other relevant international and national frameworks.

RECOMMENDATIONS		
	Short-Term	Medium- and Long-Term
United Nations System	<ul style="list-style-type: none"> • Include mental health and psychosocial well-being as a key indicator of sustainable human development and resiliency in all aspects of the Post-2015 development agenda, including the Sustainable Development Goals, Post-2015 framework for DRR (HFA2), and beyond. • Develop global indicators on mental well-being and disability to make them globally comparable. • Develop an inter-agency working group on mental well-being and disability within the United Nations system so that coordination and collaboration on mental well-being and disability in DRR will be promoted in both policy development and programme implementation. • Develop a group of member states and other stakeholders. This working group will promote multi-stakeholder partnerships including organizations of persons with mental or intellectual disabilities, to promote inclusion, knowledge and experience-sharing as well as policy and programme development on mental well-being and disability in DRR. • Develop an international platform focused on research to ensure that data and the evidence-base on mental well-being and disability in DRR are strengthened. It is important to have baseline data as part of preparedness measures. • Include ‘promote mental and psychosocial well-being and optimize resilience’ as a part of DRR targets. • As part of DRR, map human resources for psychological and psychosocial support from the preparedness phase. 	<ul style="list-style-type: none"> • Develop the United Nations inter-agency framework and guidelines on mental well-being and disability in DRR. • Whenever relevant, use ‘physical and mental morbidity’ rather than ‘morbidity’ because a significant gap in both policy and service exists in measures related to mental illness, and disasters can trigger or worsen this. Consider including disability-adjusted life year (DALYs) and years lived with disability (YLDs) as measures of physical and mental morbidity and examine the treatment gap. • State ‘including persons with physical, mental, intellectual and sensory disabilities’ rather than ‘persons with disabilities’ wherever appropriate. • Collect disability-disaggregated data to underscore the needs of disproportionately neglected groups, such as persons with mental or intellectual disabilities. • Raise awareness among all people, including decision-makers, regarding the importance of mental and psychosocial well-being. • Improve the knowledge of decision-makers on the importance of mental well-being and disability in DRR. • Promote knowledge sharing on best practices and failures in mental well-being and disabilities in DRR among communities and countries, and compile a publication on the lessons learned. • Consider establishing Secretary General’s report on mental well-being and disability.

Member States	<ul style="list-style-type: none"> • Include mental health and psychosocial well-being in DRR policies, strategies and plans: Include ‘promote mental well-being and optimize resilience’ as a part of DRR targets. • Include DRR perspectives in mental-health-related systems and policies. • Develop inter-ministerial and inter-departmental mechanisms that include mental well-being-related stakeholders so as to ensure coordinated and multi-stakeholder DRR planning and implementation. • Include persons with mental or intellectual disabilities in decision-making processes concerning DRR to reflect their knowledge and experience in improving accessibility in DRR. • Assess the use of physical restraints and other human rights violations against persons with mental or intellectual disabilities based on a rights-based approach. • Include support measures for support providers. • As part of DRR, map human resources for mental health and psychosocial support from the preparedness phase. • Build awareness about and capacity of mental well-being and disabilities among policymakers, DRR stakeholders, health-related, social and education stakeholders, as well as the general population, including persons with physical, sensory and/or psychosocial disabilities. • Strengthen knowledge of decision-makers on the importance of mental well-being and disability in DRR, • Ensure the inclusion of reasonable accommodation measures for persons with mental or intellectual disabilities in DRR policies and programmes including those related to preparedness so that they can evacuate or take other necessary actions. • Include information on how to protect and promote mental well-being and optimize resilience, including self-care, in risk information. • Empower communities by strengthening the roles of persons with disabilities, including persons with mental, intellectual and/or psychosocial disabilities, and support providers including 	<ul style="list-style-type: none"> • Whenever relevant, use ‘physical and mental morbidity’ rather than ‘morbidity’ because a significant gap in both policy and service exists in measures related to mental illness, and disasters can trigger or worsen this. Consider DALYs and YLDs as measures of physical and mental morbidity, and examine the treatment gap. • State ‘including persons with physical, mental, intellectual and sensory disabilities’ rather than ‘persons with disabilities’ wherever appropriate. • A national database on disasters should include the collection of data regarding persons with disabilities disaggregated by type of impairment: physical, mental and/or intellectual. It is necessary to be mindful of stigma and sociocultural contexts that affect data collection. • Develop a capacity-building mechanism for national and local stakeholders on strategies to ensure accessibility of persons with mental or intellectual disabilities. • Build the capacity of DRR stakeholders including local government staff, regarding psychological first aid and mental health and psychosocial support in emergency settings, including measures to ensure accessibility for persons with mental or intellectual disabilities in disaster scenarios. • Build the capacity on mental health and psychosocial well-being related to disasters among health human resources for both mental health specialists and community health workers. • Build the capacity of stakeholders in the social and educational sectors in addressing mental health and psychosocial needs of children, adolescents, employees and other constituencies in need of psychosocial services. • Build back health, social and educational facilities better than before by including mental well-being and disability perspectives with a monitoring mechanism on human rights of persons with mental or intellectual disabilities. • Promote public-private collaboration in the area of mental well-being and disability in DRR. • Ensure accessibility by employing universal design, assistive
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	<p>family-oriented associations.</p>	<p>technology and accessible transport to deliver risk reduction-related information, infrastructure and service delivery for participation by persons with mental or intellectual disabilities in all aspects of DRR.</p> <ul style="list-style-type: none"> • Develop a social safeguard system for people who lose their employment after disasters, especially among vulnerable populations including persons with mental or intellectual disabilities. • Facilitate recovery from psychosocial distress to regain and advance productivity. Improve social support and the mental health system in the preparedness, response, recovery and reconstruction phases. • Optimize human resilience and reduce the burden of illness through protecting and promoting mental health and psychosocial well-being.
<p>Civil Society</p>	<ul style="list-style-type: none"> • Raise awareness among all people, including decision-makers, regarding the importance of mental and psychosocial well-being. • Assess the use of physical restraints and other human rights violations against persons with mental or intellectual disabilities based on a rights-based approach. • Include support measures for support providers. • Ensure inclusion of reasonable accommodation measures for persons with mental or intellectual disabilities in DRR policies and programmes including those related to preparedness so that they can evacuate or take other necessary actions. • Facilitate recovery from psychosocial distress to regain and advance productivity. Improve social support and the mental health system in the preparedness, response, recovery and reconstruction phases. • Include the perspectives of persons with mental or intellectual disabilities that include measures to address stigma and misconceptions, ensure accessibility and prevent human rights violations. • Include information on how to protect and promote mental health and psychosocial well-being and optimize resilience, including self-care, in risk information. 	<ul style="list-style-type: none"> • Whenever relevant, use ‘physical and mental morbidity’ rather than ‘morbidity’ because a significant gap in both policy and service exists in measures related to mental illness, and disasters can trigger or worsen this. • State ‘including persons with physical, mental, intellectual and sensory disabilities’ rather than ‘persons with disabilities’ wherever appropriate • Collect disability-disaggregated data to highlight the needs of disproportionately neglected groups such as persons with mental or intellectual disabilities. • Promote public-private collaboration in the area of mental well-being and disability in DRR. • Empower communities by enhancing the roles of persons with disabilities including persons with mental, intellectual and/or psychosocial disabilities, and support providers including family-oriented associations. • Optimize human resilience and reduce the burden of illness through protecting and promoting mental health and psychosocial well-being.

Annex I: Organization of Meeting

United Nations Expert Group Meeting on Mental Well-being, Disability and Disaster Risk Reduction

27–28 November 2014
United Nations University Headquarters, Tokyo, Japan

Programme

Day 1: Thursday, 27 November

- 09:00–09:30 Arrival and registration (12F Meeting Room)
- 09:30–10:00 **Opening** (12F Meeting Room)
Facilitator: Dr Atsuro Tsutsumi, Coordinator, UNU-IIGH
- a) Welcome remarks: *Prof. Kazuhiko Takeuchi, Assistant Secretary-General, United Nations: Senior Vice Rector, UNU*
 - b) Welcome remarks: *Ms. Akiko Ito, Chief, Secretariat for the Convention on the Rights of Persons with Disabilities, Department of Economic and Social Affairs, United Nations*
 - c) Welcome remarks: *Dr. Yoshiharu Kim, President of the National Information Center of Disaster Mental Health, National Center of Neurology and Psychiatry, Japan*
- 10:00–13:00 **Plenary session: Adoption of agenda**
Objectives of the Expert Group Meeting – *Dr. Atsuro Tsutsumi*
- Plenary session: Overview of issues, trends and international norm and standards relating to mental well-being, disability and DRR** (10 minutes each)
- a) UN frameworks on the rights of persons with disabilities: Including disability perspectives in disaster risk reduction – *Ms. Akiko Ito*
 - b) Toward a Post-2015 Framework for disaster risk reduction: Disability-inclusive DRR – *Ms. Ana Cristina Thorlund, Knowledge Management Officer, the United Nations Office for Disaster Risk Reduction (UNISDR)*
 - c) WHO perspective on mental health and psychosocial well-being in Emergency Settings: Mainstreaming mental health into disaster risk reduction – *Dr. Mark van Ommeren, Scientist, Department of Mental Health and Substance Abuse, WHO*
 - d) Mental health, disability and disasters: Experiences in Japan – *Dr. Yoshiharu Kim*
 - e) Good practices and lessons learned: WHO response to mental well-being and disability in the disasters in the Philippines and inclusion in DRR policy and programmes – *Dr. Florante E Trinidad, National Professional Officer, WHO Office of the Representative in the Philippines*
 - f) Good practices and lessons learned: Mental well-being and disability after the nuclear accident in Fukushima – *Dr. Jun Shigemura, Associate*

Professor, Department of Psychiatry, National Defense Medical University

- g) Good practices and lessons learned: Mental well-being and disability after the Chernobyl Nuclear Accident – *Mr. Yurii Kushmarov, the First Secretary, the Embassy of Ukraine*
- h) Good practices and lessons learned: Mental well-being and disability after the Indian Ocean Tsunami and Typhoon Haiyan – *Dr. Andrew Mohanraj, Regional Mental Health Development Advisor, CBM International/Member, National Council for Persons with Disabilities in Malaysia*

Plenary discussion (30 minutes)

13:00–14:00

Lunch

14:00–17:00

Thematic discussions (Moderator: Atsuro Tsutsumi, Takashi Izutsu)

Theme: Recommendations and Action points for mainstreaming mental well-being and disability into DRR

Day 2: Friday, 28 November

08:30–09:00

Arrival and refreshment (12F Meeting Room)

09:00–10:00

Thematic discussions (Continued)

10:00–12:30

Plenary discussion

12:30–13:30

Lunch

13:30–14:00

Adoption of recommendations

14:00–14:15

Closing

Public Forum: Disasters, Mental Well-being and Disability - Promoting Resilience for All

15:00–17:00 28 November 2014
United Nations University Headquarters, Tokyo, Japan

Programme

- 14:30–15:00 Arrival and registration (2F Reception Hall)
- 15:00–15:10 **Welcome remarks**
Dr Kazuhiko Takemoto, Director, UNU-IAS
- 15:10–16:00 **Presentations** (*Facilitator: Dr. Atsuro Tsutsumi, Coordinator, UNU-IIGH*)
- a) Summary of the Expert Group Meeting Outcome: *Dr. Takashi Izutsu, Senior Knowledge Management Officer, The World Bank Tokyo Development Learning Center*
 - b) Toward a WCDRR: Success of the Hyogo Framework of Action (HFA) and a roadmap for adapting a post-2015 framework in Sendai – *Ms. Ana Cristina Thorlund, Knowledge Management Officer, United Nations Office for Disaster Risk Reduction (UNISDR)*
 - c) Integrating mental well-being and disability in disaster reduction: learning from experience in Japan – *Dr. Yoshiharu Kim, President of the National Information Center of Disaster Mental Health, , the National Center of Neurology and Psychiatry, Japan*
 - d) Experience from the disasters in Philippines: WHO response to mental health and psychosocial support in emergencies – *Dr. Florante E Trinidad, National Professional Officer, WHO Office of the Representative in the Philippines*
 - e) Experience from the Indian Ocean Tsunami and the Typhoon Haiyan: Importance of including mental well-being and disability – *Dr. Andrew Mohanraj, Regional Mental Health Development Advisor, CBM International /Member, National Council for Persons with Disabilities in Malaysia*
 - f) How to include persons with disabilities in disasters – *Ms Akiko Ito, Chief, Secretariat for the Convention on the Rights of Persons with Disabilities, Department of Economic and Social Affairs, United Nations*
- 16:10–17:00 **Panel discussion and questions and answers**
- 17:00 **Closing**

Annex II: List of Participants

1. **Yoshiharu Kim**
President,
National Information Center of Disaster Mental Health, the National Center of Neurology and Psychiatry (Japan)
2. **Yurii Kushnarov**
First secretary,
Embassy of Ukraine (Ukraine)
3. **Kamal Lamichhane**
Research Fellow,
JICA Research Institute (Japan)
4. **Andrew Mohanraj**
Regional Mental Health Development Advisor,
CBM International (Malaysia)
5. **Jun Shigemura**
Associate Professor,
Department of Psychiatry, National Defense Medical University (Japan)
6. **Ana Cristina Thorlund**
Knowledge Management Officer,
United Nations Office for Disaster Risk Reduction (UNISDR)
7. **Akiko Ito**
Chief,
Secretariat for the Convention on the Rights of Persons with Disabilities, Department of Economic and Social Affairs, United Nations (UN DESA)
8. **Takashi Izutsu**
Senior Knowledge Management Officer,
Tokyo Development Learning Center, The World Bank (WB/TDLC)
9. **Florante E Trinidad**
National Professional Officer,
WHO Office of the Representative in the Philippines (WHO)
10. **Kazuhiko Takeuchi**
Senior Vice Rector and Assistant Secretary-General,
United Nations University (UNU)
11. **Atsuro Tsutsumi**
Coordinator,
United Nations University International Institute for Global Health (UNU-IIGH)
12. **Mark van Ommeren**
Scientist,
Department of Mental Health and Substance Abuse, World Health Organization (WHO)

I. Overarching Key Recommendations

1. Ensuring that DRR policies and programmes always include mental well-being and disability as a priority

The international community needs to include mental well-being and disability as a priority theme in all DRR frameworks. Humans are emotional beings; their mental health and psychosocial well-being play key roles in resilience, recovery and reconstruction. Integration of mental health and psychosocial well-being and the rights of persons with mental or intellectual disabilities makes DRR more effective, resilient and robust.

2. Adding targets and indicators on mental health and psychosocial well-being in DRR

The Hyogo Framework for Action 2 should include mental health and psychosocial well-being as transformative new targets and also as indicators to represent subjective well-being towards optimizing resilience of people and society.

3. Including persons with mental or intellectual disabilities in DRR

Disability-inclusive DRR always has to ensure the inclusion of persons with mental or intellectual disabilities. Persons with mental or intellectual disabilities need to be included in the disability frameworks and movements; they cannot be excluded from the benefits created by the progress made in DRR.

4. Developing guidelines on mental well-being and disability in DRR

Practical global guidelines on mental well-being and disability in DRR should be developed in the United Nations system.

5. Including mental well-being and disability in all efforts related to peace and security, development and human rights

Mental well-being and disability need to be mainstreamed in existing work to advance peace and security, development and human rights, including the upcoming Post-2015 Development Agenda, to optimize resilience in response to disasters.

6. Establishing a multi-stakeholder working group on mental well-being and disability in the United Nations system

A multi-stakeholder focus group on mental well-being and disability should be established as part of the stakeholder group for DRR and sustainable development in the United Nations system.

II. Action Points for Including Mental Well-being and Disability in DRR

Reduce Disaster Mortality and Morbidity

1. Whenever relevant, use ‘physical and mental morbidity’ rather than ‘morbidity’ because a significant gap in both policy and service exists in measures related to mental illness, and disasters can trigger or worsen this. Include disability-adjusted life year (DALYs) and years lived with disabilities (YLDs) as measures of physical and mental morbidity, and examine the treatment gap.
2. State ‘including persons with physical, mental, intellectual and sensory disabilities’ rather than ‘persons with disabilities’ wherever appropriate.
3. Raise awareness among all people, including decision-makers, regarding the importance of mental and psychosocial well-being.
4. Collect disability-disaggregated data to highlight the needs of disproportionately neglected groups, such as persons with mental or intellectual disabilities.
5. Include measures for responders and support providers since they may need psychological and psychosocial support.
6. Optimize human resilience and reduce the burden of illness through protecting and promoting mental and psychosocial well-being.

Reduce the Number of Affected People

1. Ensure inclusion of reasonable accommodation measures for persons with mental or intellectual disabilities in DRR policies and programmes including those related to preparedness so that they can evacuate or take other necessary actions.

Reduce Direct Disaster Economic Loss

1. Develop a social safeguard system for people who lose their employment after disasters, especially among vulnerable populations including persons with mental or intellectual disabilities.
2. Facilitate recovery from mental and psychosocial distress to regain and advance productivity. Improve social support and the mental health system in the preparedness, response, recovery and reconstruction phases.

Reduce Disaster Damage to Health-related, Social and Educational Facility Research and Education

1. As part of DRR, map human resources for mental health and psychosocial support from the preparedness phase.
2. Build the capacity of DRR stakeholders including local government staff regarding psychological first aid and mental health and psychosocial support in emergency settings, including measures to ensure accessibility for persons with mental or intellectual disabilities in disaster situations.
3. Build the capacity of mental health and psychosocial well-being related to disasters among health-related human resources for both mental health specialists and community health workers.
4. Build the capacity of stakeholders in the social and educational sectors in addressing mental health and psychosocial needs of children, adolescents, employees and other constituencies in need of social services.
5. Build back health, social and educational facilities better than they were before by including mental well-being and disability perspectives with a monitoring mechanism on human rights of persons with mental or intellectual disabilities.

Increase the Number of Countries with National and Local Strategies

1. Include mental health and psychosocial well-being in DRR policies, strategies and plans (Proposed process indicators: ratio of DRR policies and legislation that include measures on mental health and psychosocial well-being; existence of mental health and psychosocial support action plans as part of the national DRR framework).
2. Include perspectives of persons with mental or intellectual disabilities that include measures to address stigma and misconceptions, ensure accessibility and prevent human rights violations.
3. Develop a capacity-building mechanism for national and local stakeholders on strategies to ensure accessibility by persons with mental or intellectual disabilities.
4. A national database on disasters should include the collection of data on persons with disabilities disaggregated by type of impairment: physical, mental or intellectual. It is necessary to be mindful of stigma and sociocultural contexts that affect data collection.
5. Develop inter-ministerial and interdepartmental mechanisms that include mental health-related stakeholders so as to ensure coordinated and multi-stakeholder DRR planning and implementation.

International Co-operation and Global Partnership

1. Develop an inter-agency working group on mental well-being and disability within the United Nations system so that coordination and collaboration on mental well-being and disability in DRR will be promoted in both policy development and programme implementation.
2. Develop a group of member states and other stakeholders. This working group will promote multi-stakeholder partnerships including organizations of persons with mental or intellectual disabilities to promote inclusion, knowledge and experience-sharing, and policy and programme development with regard to mental well-being and disability in DRR.
3. Consider establishing Secretary General's report on mental well-being and disability.
4. Develop an international platform focused on research to ensure that data and the evidence-base on mental well-being and disability in DRR will be improved. It is important to have baseline data as part of preparedness measures.
5. Promote public-private collaboration in the area of mental well-being and disability in DRR.

Risk Information and Early Warning

1. Include information on how to protect and promote mental well-being and optimize resilience, including self-care, in risk information. Excluding mental well-being and disability can be a critical risk factor that hampers preparedness, response, recovery and reconstruction, whereas including it can promote the resilience of society.
2. Include persons with mental or intellectual disabilities in decision-making processes concerning DRR to reflect their knowledge and experience in improving accessibility in DRR.
3. Ensure accessibility by employing universal design, assistive technology and accessible transport to deliver risk reduction-related infrastructure and service delivery for the participation of persons with mental or intellectual disabilities in all aspects of DRR.
4. Develop guidelines on information provision in terms of mental and psychosocial well-being, to avoid harm.

Promote Mental Well-being and Optimize Resilience

1. Include 'promote mental well-being and optimize resilience' as part of DRR targets.
2. Develop guidelines on mental well-being and disability in disaster reduction measures.
3. Develop the United Nations inter-agency framework and guidelines on mental well-being and disability in DRR.
4. Improve the knowledge of decision-makers on the importance of mental well-being and disability in DRR.
5. Promote knowledge sharing on best practices and on failures in mental well-being and disabilities in DRR among communities and countries, and compile a publication on lessons learned.
6. Advance accessibility of information, services and programmes for persons with mental or intellectual disabilities.
7. Assess the use of physical restraints and other human rights violations against persons with mental or intellectual disabilities based on a rights-based approach.
8. Include support measures for support providers.
9. Build awareness about and capacity of mental well-being and disabilities among policymakers, DRR stakeholders, health-related, social and education stakeholders, as well as the general population, including persons with physical, mental, intellectual and sensory disabilities.
10. Include DRR in mental health-related systems and policies.
11. Empower communities by enhancing the roles of persons with disabilities including persons with mental, intellectual and/or psychosocial disabilities, and support providers including family-oriented associations.

Annex IV: Matrix of Disability and the Sustainable Development Goals.

This highlights the key ways of including persons with disabilities within the sustainable development goals (SDG's), particularly in the context of data collection on the situation of persons with disabilities, and on the monitoring and the evaluation of the SDG's. This matrix is one of the outcomes of the United Nations Expert Group Meeting on *Disability Data and statistics, Monitoring and Evaluation: The Way forward – a disability inclusive development agenda towards 2015 and beyond*. This analysis of the SDGs, and its targets and indicators is one of the outcomes of the United Nations Expert Group Meeting on Disability Data and Statistics, Monitoring and Evaluation: The way forward- a disability inclusive development agenda towards 2015 and beyond.

It is a tool to encourage the inclusion of persons with disabilities in critical areas of the SDGs in the final stages of the negotiation process. In addition, suggestions are made for tools to gather the necessary information for monitoring and evaluation of the SDGs.

The general comments of the Expert Group Meeting on Disability Data and Statistics were:

- Vulnerable populations must be addressed in all the data collections efforts
- Following the rounds of negotiations, experts would review the post-2015 development framework as it emerges
- Financial support to developing countries should be disability sensitive/inclusive

Overview of targets, indicators, and tools for disability-inclusive monitoring and evaluation

Goal 1. End poverty in all its forms everywhere

Goal 2. End hunger, achieve food security and improved nutrition, and promote sustainable agriculture

Goal 3. Ensure healthy lives and promote well-being for all at all ages

Goal 4. Ensure inclusive and equitable quality education and promote life-long learning opportunities for all

Goal 5. Achieve gender equality and empower all women and girls

Goal 6. Ensure availability and sustainable management of water and sanitation for all

Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

Goal 10. Reduce inequality within and among countries

Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable

Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

GOAL 1. END POVERTY IN ALL ITS FORMS EVERYWHERE

	Target	Potential Additional Indicators	Comments	Minimum tools for cross-country comparability of SDG outcomes for PWDs	Advanced tools for cross-country comparability of SDG outcomes for PWDs
1.1	by 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day		Satisfactory if disaggregated by disability	- Population-based survey/census that incorporates the Washington Group short set of questions	- Population-based survey/census that incorporates the Washington Group extended set of questions
1.2	by 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions		Satisfactory if disaggregated by disability	- Population-based survey/census that incorporates the Washington Group short set of questions	- Population-based survey/census that incorporates the Washington Group extended set of questions
1.3	implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable		Satisfactory if disaggregated by disability	- Population-based survey/census that incorporates the Washington Group short set of questions	- Population-based survey/census that incorporates the Washington Group extended set of questions
1.4	by 2030 ensure that all men and women, particularly the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership, and control over land and other forms of property, inheritance, natural resources, appropriate new technology, and financial services including microfinance		Satisfactory if disaggregated by disability	- Population-based survey/census that incorporates the Washington Group short set of questions	- Population-based survey/census that incorporates the Washington Group extended set of questions

GOAL 2. END HUNGER, ACHIEVE FOOD SECURITY AND IMPROVED NUTRITION, AND PROMOTE SUSTAINABLE AGRICULTURE

	Target	Potential Additional Indicators	Comments	Minimum tools for cross-country comparability of SDG outcomes for PWDs	Advanced tools for cross-country comparability of SDG outcomes for PWDs
2.1	by 2030 end hunger and ensure access by all people, in particular the poor and people in vulnerable situations including infants, to safe, nutritious and sufficient food all year round		Satisfactory if disaggregated by disability	- Population-based survey/census that incorporates the Washington Group short set of questions	- Population-based survey/census that incorporates the Washington Group extended set of questions
2.2	by 2030 end all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons		Satisfactory if disaggregated by disability	- Population-based survey/census that incorporates the Washington Group short set of questions	- UNICEF/WG Module on Child Functioning and Disability, which will be finalised soon - Population-based survey/census that incorporates the Washington Group extended set of questions

GOAL 3. ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES

	Target	Potential Additional Indicators	Comments	Minimum tools for cross-country comparability of SDG outcomes for PWDs	Advanced tools for cross-country comparability of SDG outcomes for PWDs
3.1	by 2030 reduce the global maternal mortality ratio to less than 70 per 100,000 live births		Satisfactory if disaggregated by disability	- Population-based survey/census that incorporates the Washington Group short set of questions	
3.3	by 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases		Satisfactory if disaggregated by disability	- Population-based survey/census that incorporates the Washington Group short set of questions	- Through administrative data systems, that should include the short set of WG questions.
3.4	by 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing		Satisfactory if disaggregated by disability	- Population-based survey/census that incorporates the Washington Group short set of questions	
3.6	by 2020 halve global deaths and injuries from road traffic accidents		Satisfactory if disaggregated by disability	- Population-based survey/census that incorporates the Washington Group short set of questions	
3.c	increase substantially health financing and the recruitment, development and training and retention of the health workforce in developing countries, especially in LDCs and SIDS		Satisfactory if disaggregated by disability	- Population-based survey/census that incorporates the Washington Group short set of questions	

GOAL 4. ENSURE INCLUSIVE AND EQUITABLE QUALITY EDUCATION AND PROMOTE LIFE-LONG LEARNING OPPORTUNITIES FOR ALL

	Target	Potential Additional Indicators	Comments	Minimum tools for cross-country comparability of SDG outcomes for PWDs	Advanced tools for cross-country comparability of SDG outcomes for PWDs
	[ADD NEW TARGET] By 2020 countries to adopt a national plan to achieve quality education for children with disabilities	Percentage of countries with a national plan to achieve quality education for children with disabilities		-	
4.1	by 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes		Satisfactory if disaggregated by disability	- Population-based survey/census that incorporates the Washington Group short set of questions	Population-based survey/census that incorporates the Washington Group/UNICEF short set of questions for children
4.2	by 2030 ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education		Satisfactory if disaggregated by disability	- Population-based survey/census that incorporates the Washington Group short set of questions	Population-based survey/census that incorporates the Washington Group/UNICEF short set of questions for children
4.3	by 2030 ensure equal access for all women and men to affordable quality technical, vocational and tertiary education, including university		Satisfactory if disaggregated by disability	- Population-based survey/census that incorporates the Washington Group short set of questions	Population-based survey/census that incorporates the Washington Group/UNICEF short set of

					questions for children
4.4	by 2030, increase by x% the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship		Satisfactory if disaggregated by disability	- Population-based survey/census that incorporates the Washington Group short set of questions	Population-based survey/census that incorporates the Washington Group/UNICEF short set of questions for children
4.5	by 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples, and children in vulnerable situations		Satisfactory if disaggregated by disability	- Population-based survey/census that incorporates the Washington Group short set of questions	Population-based survey/census that incorporates the Washington Group/UNICEF short set of questions for children
4.a	build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive, [ADD] accessible and effective learning environments for all		Add 'accessible' to target language	- Population-based survey/census that incorporates the Washington Group short set of questions	Population-based survey/census that incorporates the Washington Group/UNICEF short set of questions for children
4.d			Disaggregation by EMISs (reported to UNESCO) must include information on accessibility		

GOAL 5. ACHIEVE GENDER EQUALITY AND EMPOWER ALL WOMEN AND GIRLS

	Target	Potential Additional Indicators	Comments	Minimum tools for cross-country comparability of SDG outcomes for PWDs	Advanced tools for cross-country comparability of SDG outcomes for PWDs
5.1	end all forms of discrimination against all women and girls everywhere		Satisfactory if disaggregated by disability	- Population-based survey/census that incorporates the Washington Group short set of questions	Population-based survey/census that incorporates the Washington Group extended set of questions
5.2	eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation	Add indicator on institutional abuse	Satisfactory if disaggregated by disability	- Population-based survey/census that incorporates the Washington Group short set of questions	Population-based survey/census that incorporates the Washington Group extended set of questions
5.3	eliminate all harmful practices, such as child, early and forced marriage and female genital mutilations		Satisfactory if disaggregated by disability	- Population-based survey/census that incorporates the Washington Group short set of questions	Population-based survey/census that incorporates the Washington Group extended set of questions
5.5	ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic, and public life		Satisfactory if disaggregated by disability	- Population-based survey/census that incorporates the Washington Group short set of questions	Population-based survey/census that incorporates the Washington Group extended set of questions
5.6	ensure universal access to sexual and reproductive health and reproductive rights as agreed in		Satisfactory if disaggregated by	- Population-based survey/census that incorporates the	Population-based survey/census that

	accordance with the Programme of Action of the ICPD and the Beijing Platform for Action and the outcome documents of their review conferences		disability	Washington Group short set of questions	incorporates the Washington Group extended set of questions
5.a	undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance, and natural resources in accordance with national laws		Satisfactory if disaggregated by disability	- Population-based survey/census that incorporates the Washington Group short set of questions	Population-based survey/census that incorporates the Washington Group extended set of questions
5.b	enhance the use of enabling technologies, in particular ICT, to promote women's empowerment		Satisfactory if disaggregated by disability	- Population-based survey/census that incorporates the Washington Group short set of questions	Population-based survey/census that incorporates the Washington Group extended set of questions
5.c	adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels		Satisfactory if disaggregated by disability	- Population-based survey/census that incorporates the Washington Group short set of questions	Population-based survey/census that incorporates the Washington Group extended set of questions

GOAL 6. ENDUTR AVAILABILITY AND SUSTAINABLE MANAGEMENT OF WATER AND SANITATION FOR ALL

	Target	Potential Additional Indicators	Comments	Minimum tools for cross-country comparability of SDG outcomes for PWDs	Advanced tools for cross-country comparability of SDG outcomes for PWDs
6.1	by 2030, achieve universal and equitable access to safe and affordable drinking water for all		Add: recognizing the unique challenges of persons with disabilities in accessing water and sanitation in both urban and rural areas Satisfactory if disaggregated by disability	- Population-based survey/census that incorporates the Washington Group short set of questions	Population-based survey/census that incorporates the Washington Group extended set of questions
6.2	by 2030, achieve access to adequate and equitable sanitation and hygiene for all, and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations		Satisfactory if disaggregated by disability	- Population-based survey/census that incorporates the Washington Group short set of questions	Population-based survey/census that incorporates the Washington Group extended set of questions
6.6	by 2020 protect and restore water-related ecosystems, including mountains, forests, wetlands, rivers, aquifers and lakes		Connects to goal 13, requires targets and programme intervention to be disability-inclusive	- Population-based survey/census that incorporates the Washington Group short set of questions	

GOAL 8. PROMOTE SUSTAINED, INCLUSIVE AND SUSTAINABLE ECONOMIC GROWTH, FULL AND PRODUCTIVE EMPLOYMENT AND DECENT WORK FOR ALL

	Target	Potential Additional Indicators	Comments	Minimum tools for cross-country comparability of SDG outcomes for PWDs	Advanced tools for cross-country comparability of SDG outcomes for PWDs
8.4	improve progressively through 2030 global resource efficiency in consumption and production, and endeavour to decouple economic growth from environmental degradation in accordance with the 10-year framework of programmes on sustainable consumption and production with developed countries taking the lead	Disability indicators should be included in LFS	Disaggregation by UNICEF/WG questions	- Population-based survey/census that incorporates the Washington Group short set of questions	
8.8	protect labour rights and promote safe, secure,[ADD] and accessible working environments of all workers, including migrant workers, particularly women migrants, and those in precarious employment		Add ‘accessible’ working environments	- Population-based survey/census that incorporates the Washington Group short set of questions	Accessibility audit

GOAL 10. REDUCE INEQUALITY WITHIN AND AMONG COUNTRIES

	Target	Potential Additional Indicators	Comments	Minimum tools for cross-country comparability of SDG outcomes for PWDs	Advanced tools for cross-country comparability of SDG outcomes for PWDs
10.1	by 2030 progressively achieve and sustain income growth of the bottom 40% of the population at a rate higher than the national average			- Population-based survey/census that incorporates the Washington Group short set of questions	Population-based survey/census that incorporates the Washington Group extended set of questions
10.2	by 2030 empower and promote the social, economic and political inclusion of all irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status			- Equiframe for policy analysis - Population-based survey/census that incorporates the Washington Group short set of questions	Population-based survey/census that incorporates the Washington Group extended set of questions
10.3	ensure equal opportunity and reduce inequalities of outcome, including through eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and actions in this regard			- Equiframe for policy analysis - Population-based survey/census that incorporates the Washington Group short set of questions	Population-based survey/census that incorporates the Washington Group extended set of questions
10.4	adopt policies especially fiscal, wage, and social protection policies and progressively achieve greater equality			- Equiframe for policy analysis - Population-based survey/census that incorporates the Washington Group short set of questions	

GOAL 11. MAKE CITIES AND HUMAN SETTLEMENTS INCLUSIVE, SAFE, RESILIENT AND SUSTAINABLE

	Target	Potential Additional Indicators	Comments	Minimum tools for cross-country comparability of SDG outcomes for PWDs	Advanced tools for cross-country comparability of SDG outcomes for PWDs
11.3	by 2030 enhance inclusive, [ADD] accessible, and sustainable urbanisation and capacities for participatory, integrated and sustainable human settlement planning and management in all countries		Add ‘accessible’ Infrastructure should consider accessibility standards	<ul style="list-style-type: none"> - Population-based survey/census that incorporates the Washington Group short set of questions - Equiframe for policy analysis 	All data collected on life in cities i.e. housing, transportation should include a disability component
11.c	support least developed countries, including through financial and technical assistance, for sustainable, [ADD] accessible, and resilient buildings utilizing local materials		Add ‘accessible’ Infrastructure should consider accessibility standards	<ul style="list-style-type: none"> - Population-based survey/census that incorporates the Washington Group short set of questions - Equiframe for policy analysis 	All data collected on life in cities i.e. housing, transportation should include a disability component

GOAL 16. PROMOTE PEACEFUL AND INCLUSIVE SOCIETIES FOR SUSTAINABLE DEVELOPMENT, PROVIDE ACCESS TO JUSTICE FOR ALL AND BUILD EFFECTIVE, ACCOUNTABLE AND INCLUSIVE INSTITUTIONS AT ALL LEVELS

	Target	Potential Additional Indicators	Comments	Minimum tools for cross-country comparability of SDG outcomes for PWDs	Advanced tools for cross-country comparability of SDG outcomes for PWDs
16.1	significantly reduce all forms of violence and related death rates everywhere, [ADD] especially those most exposed to violence: women, men and children with disabilities		Mention groups most exposed to violence: women, men and children with disabilities		
16.10	ensure public access to [ADD] accessible information and protect fundamental freedoms, in accordance with national legislation and international agreements		Change to ‘accessible information’		