

Portfolio:	Fellowship Engagement	Ref. No.	POL-3150
Department:	RACS Global Health		
Title:	Disability Inclusiveness		

1. PURPOSE

The Royal Australasian College of Surgeons (RACS) is committed to promoting disability inclusion as an important aspect of its international development work through the Global Health Program. RACS believes in providing equal opportunities and participation for all people, including people with disabilities, and understands that equality is both a human right, and a driver of sustainable development.

This policy provides a framework for defining and promoting inclusion of people with disabilities (PWD) in the context of the RACS Global Health Program. It is an integral part of RACS Global Health's commitment and accountability to the local partners and communities across the Asia-Pacific region that it works with and supports.

In order to carry out RACS Global Health vision 'That safe surgical and anaesthetic care is available and accessible to all' RACS Global Health supports the principle of **reasonable accommodation** and makes necessary and appropriate modifications and adjustments to its programs to ensure people with disabilities can exercise all human rights and fundamental freedoms on an equal basis with others and have equitable access to the services provided under the RACS Global Health Program.

2. SCOPE

All people associated that contribute to the RACS Global Program have a responsibility to promote and implement disability inclusion.

This policy applies to all **people** who contribute to RACS Global Health programs and activities, including:

- Council Members;
- staff;
- volunteers;
- consultants; and
- program partners.

3. DEFINITIONS

Disability:

A disability is a long-term physical, mental, intellectual or sensory impairment which in interaction with various barriers may hinder the full and effective participation of a person in society on an equal basis with others. Disability does not refer only to the impairment, but also the disadvantage and exclusion which may arise as an outcome of the interactions between people who have impairments and their environments.

Disability Inclusiveness and Participation:

People with disabilities have traditionally lacked a voice on the global social, political and economic stage. For development to reach and benefit all, people with disabilities must be included as active participants in, and equally entitled recipients of, international development initiatives.

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Disability inclusiveness involves promoting, protecting and ensuring that PWD can have full and equal enjoyment of political, public, cultural and recreational life. Within the context of the Global Health Program, RACS understands that disability inclusion involves the intentional identification and removal of possible barriers to participation, to ensure all people can actively participate in, and equally benefit from programs.

Twin-Track Approach:

Where possible, RACS considers the twin-track approach to implement concurrent activities that include disability-specific initiatives targeted at people with disabilities, as well as disability mainstreaming initiatives ensuring that all development programs are inclusive of people with disabilities

Representation of Disabled Persons Organisations:

The mantra of the disability movement is “nothing about us without us” which expresses a desire from PWDs that they are represented and have a voice in activities and decisions that affect them. Disabled Peoples Organisations (DPOs) are representative organisations run by and for people with disabilities and provide a way for the voices of people with disabilities to be heard and their perspectives included. DPOs are critical partners for RACS in its disability inclusive Global Health programming.

Discrimination:

Discrimination means treating a person with an identified attribute or personal characteristic differently from a person who does not have the attribute or personal characteristic. Such characteristics and personal attributes may be related to gender or gender identification; physical or mental capacity; age; race; language; sexual, political or religious orientation and national or social origin

4. CONTEXT

The link between disability and poverty is often underestimated. Twenty per cent of the world's population- an estimated 1.2 billion people - are living with disability and 80 per cent of these people live in developing countries (2018 figures)¹. In Asia and the Pacific region, this translates to more than 650 million people, across all communities. Disability can result in barriers to education and skills development, job loss and reduced earnings, familial and social exclusion and a myriad of other challenges that can lead to systematic social and economic deprivation and hardship. Income poverty in particular limits access to health care and preventative services and increases the likelihood of a person living and working in an environment that negatively impacts on health.

In low-income countries, 22.1% of women have a disability compared to 14.4% in high-income countries.²

¹ DFAT, *Development for All: Strategy for strengthening disability-inclusive development in Australia's aid program 2015-2020*, <http://dfat.gov.au/about-us/publications/Documents/development-for-all-2015-2020.pdf>

² CBM, 2019 <https://www.cbm.org.au/our-work/advocacy/women-and-girls/>

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Women with disabilities living in poverty face multiple barriers that can prevent them from accessing health care, education and better livelihoods. These barriers can include a lack of safe, private and disability -accessible sanitation facilities; an absence of interpreters when accessing sexual and reproductive health services or the justice system; increased risk of sexual abuse and exploitation; and perceptions that women and girls are helpless and dependent, which keeps girls out of school and women out of work.

Despite these barriers, women with disabilities make positive contributions to their community, whether in businesses, on farms, as entrepreneurs or employees, or by doing unpaid care work in their communities and at home.

5. LEGISLATIVE FRAMEWORK AND STANDARDS

RACS is committed to the following international and Australian goals, industry standards, and legislation, in relation to its Global Health Program:

- (a) The Sustainability Development Goals (SDGs): Goal 3: Ensure healthy lives and promote wellbeing for all at all ages. RACS Global Health recognises that disability inclusion is mainstreamed across all SDGs;
- (b) The Australian Council for International Development (ACFID) Code of Conduct, and specifically Commitment 2.4: We promote the empowerment of people with disabilities;
- (c) The Australian Government Department of Foreign Affairs and Trade '*Development for All, 2015-2020: Strategy for strengthening disability-inclusive development in Australia's Aid Program*'. The Global Health Program activities are aligned with this strategy;
- (d) The following Australian legislation and international conventions and frameworks:
 - The Universal Declaration of Human Rights, and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD);
 - Federal anti-discrimination laws such as the Human Rights and Equal Opportunity Commission Act 1986;
 - Equal Opportunity Act 2010;
 - Disability Discrimination Act 1992; and
 - 2013-2022 Incheon Strategy to "Make the Right Real" for Persons with Disabilities in Asia and the Pacific.

6. POLICY COMMITMENTS FOR DISABILITY INCLUSIVENESS IN RACS GLOBAL HEALTH PROGRAMS

RACS Global Health will:

- (a) recognise that for development to reach all, inequalities relating to disability must be addressed, and will therefore commit to promoting equal access and creating awareness, where appropriate and reasonable, for both men and women of differing abilities across RACS Global Health Programs.
- (b) ensure that the design, implementation, monitoring and evaluation of RACS Global Health programs is guided by the principle that all people are equal and

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endowed with inalienable rights, which form the basis of a free and dignified existence;

- (c) ensure that disability inclusion is addressed as a cross-cutting issue in all programs and projects;
- (d) incorporate disability assessment (analysis of local context and barriers to full participation) into all situation analyses and consult DPO's in this process;
- (e) ensure project-level risk assessments consider the risks facing PWDs, especially children with a disability;
- (f) ensure program designs and proposals are reviewed/appraised to ensure disability inclusion has been adequately addressed;
- (g) use disability-inclusive monitoring evaluation and learning approaches (including data disaggregation and information about barriers to inclusion); and
- (h) ensure any advocacy agendas not only empower but also protect and include the most vulnerable in a community.

7. ASSOCIATED DOCUMENTS

Child Safeguarding Policy

Complaints Handling Policy

Gender Equality Policy

Partnership Engagement Policy

Prevention of Sexual Exploitation Abuse and Harassment Policy

RACS Workforce Conduct Policy

RACS Code of Conduct

Whistleblower Policy

Approver International Engagement Committee

Authoriser Council

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