Special Olympics | ASIA PACIFIC

LEADING CHANGE INSPIRING INCLUSION

REGIONAL ATHLETE CONGRESS 2026 REPORT





"In life, we don't believe in failure, we believe in the opportunity for learnings. We are more than a medical diagnosis, we yearn to be heard and understood."

David Lee Sullivan & Ryan Paul Smith,
Special Olympics New Zealand

Foreword

Welcoming Special Olympics Athlete Leaders with intellectual and developmental disabilities (IDD) from 15 programs across Asia Pacific to Singapore for the 2026 Special Olympics Asia Pacific Regional Athlete Congress has been a genuine highlight of my career.

This landmark platform was inspired directly by our athletes. Its central theme— *'Leading Change, Inspiring Inclusion'*—was crafted by the Regional Athlete Leadership Council to build a clear, athlete-led roadmap for inclusion across the areas of health, education, and employment.
For too long, people with IDD have lacked a seat at policy and leadership tables, often resulting in decisions that deepen exclusion. This Congress disrupts that underrepresentation by placing Athlete Leaders at the very front to drive their own future.

True systemic change requires centering authentic lived experience to address critical gaps. Over four transformative days, these Athlete Leaders from across our diverse region gathered to map out concrete recommendations for systemic change. Their lived experiences differ drastically. Some have access to quality education, healthcare, and employment opportunities. Others had spent years navigating barriers in these areas. Some were experienced advocates, while others were only beginning to find their voice.

Watching them exchange ideas, learn from one another, and speak with confidence about the future very clearly demonstrated to me the critical importance of understanding experiences and perspectives to build communities where everyone has the opportunity to thrive.

"Nothing about us, without us" is not just a slogan, it is an operational necessity when designing systems that work. It demands that we recognize people with IDD as the true experts in their own lives. When organizations practice this genuinely, every sector transforms.

As you read this report, I encourage you to view it not merely as a summary of past discussions, but as an urgent blueprint shaped directly by leaders with IDD.

There are millions of people with IDD across Asia Pacific whose voices are still not being heard. For many, the opportunity to influence decisions that affect their lives remains the c exception rather than the norm. Our collective challenge is to ensure that inclusion is not something we do *for* people, but something we build *with* them.

This approach requires all of us, whether as governments, employers, healthcare practitioners, educators or indeed family members – each of us as individuals – to listen more carefully, create more opportunities for people with intellectual and developmental disabilities to lead, and recognize that they have an essential role to play in shaping the communities in which they live.

The ideas contained in this report were developed by Athlete Leaders from across our region. The challenge now is not whether we agree with them. It is whether we are prepared to act on them.

None of this would be possible without the visionary support of our vital partners whose commitment has transformed Athlete Leadership into scalable, regional impact.

Thank you for walking this journey with us and for standing alongside our athletes as they lead the way toward a truly inclusive future.

Dipak Natali
President & Managing Director
Special Olympics Asia Pacific

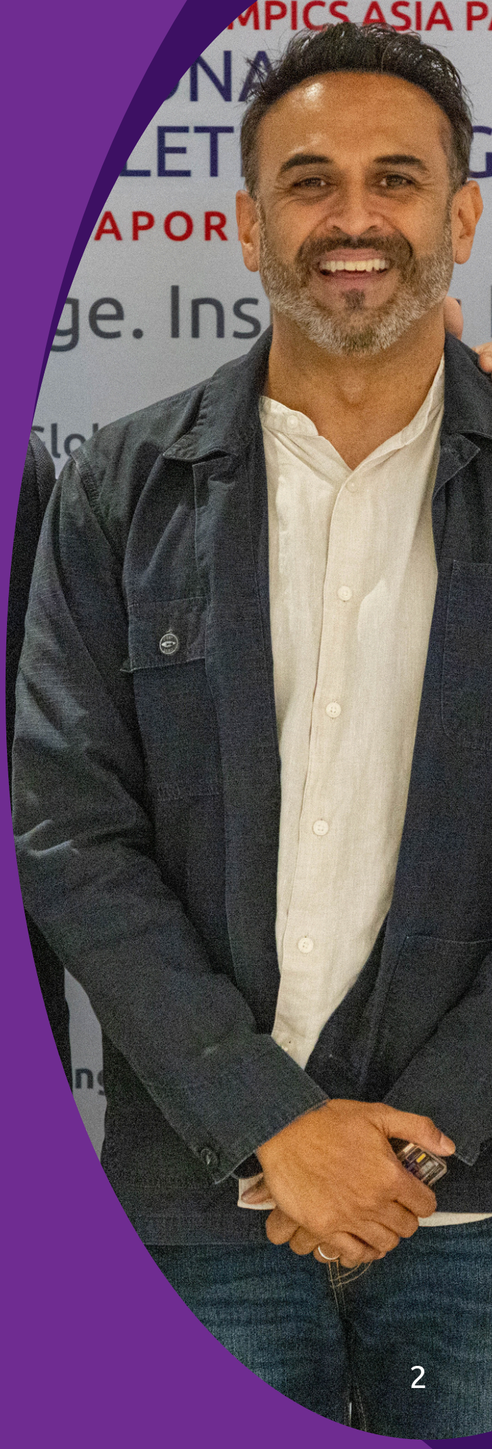




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Terms

Term	Definition
Athlete Leader(s)	A Special Olympics athlete with IDD who takes on meaningful leadership roles within Special Olympics and their communities. In this report, this term refers to those participated in the Congress.
Convention on the Rights of Persons with Disabilities (CRPD)	A United Nations human rights treaty that sets out the rights of persons with disabilities and the responsibilities of governments to respect, protect and fulfil those rights.
Easy English	A writing style that helps people who find it hard to read or understand English. It uses extremely short sentences (3-5 words). Every sentence or key point is paired with an image or picture.
Easy Read	A writing style that helps people who find it hard to read or understand English. It uses short sentences (approximately up to 10 words). In this report, Easy Read summaries support accessibility for PWIDDs who may benefit from clearer language.
Intellectual and Developmental Disabilities (IDD)	A broad term used to describe intellectual disability and related developmental disabilities that may affect learning, communication, daily living, decision-making or participation.
Nothing About Us Without Us	A principle meaning that policies, programs and decisions that affect persons with disabilities should be shaped with their direct participation and leadership.
Organization of Persons with Disbilities (OPD)	An organization led by and representing persons with disabilities. OPDs play an important role in advocacy, policy development, monitoring and community support.
People with Intellectual and Developmental Disabilities (PWIDDs)	People who have intellectual and/or developmental disabilities. In this report, the term is used to refer to the community whose lived experiences, rights and inclusion priorities are central to the findings.
Persons with Disabilities (PWDs)	A rights-based term used to describe people with disabilities. This broader term includes, but is not limited to, PWIDDs.

Terms

Term	Definition
Reasonable Accommodation	Changes or supports that enable a person with disability to participate on an equal basis with others, unless doing so would create a disproportionate or undue burden.
Simple English or Plain English or Everyday English	A writing style that uses only common words and simple sentences.
Special Olympics Asia Pacific (SOAP)	The Asia Pacific regional office of Special Olympics. It supports Special Olympics Programs across the region to promote respect, inclusion and human dignity for people with intellectual and developmental disabilities through sport, health, education, leadership and community engagement.
Special Olympics East Asia (SOEA)	The East Asia regional structure of Special Olympics.
State Party	A country or government that agrees to meet the requirements in an international treaty or convention. In this report, it is the UN CRPD.
Sustainable Development Goals (SDGs)	The 17 global goals of the United Nations that guides action on sustainable development. This report focuses on SDG 3, SDG 4 and SDG 8 because of their direct impact on PWIDD health, education and employment.
Universal Design	The design of places, services, information and systems so they can be used by as many people as possible, without needing separate or special arrangements.
Universal Design for Learning (UDL)	An approach to teaching and learning that offers different ways for students to access information, show what they know and stay engaged.

Executive Summary

A regional call to turn inclusion commitments into everyday reality. This report brings together the priorities for action identified through the 2026 Special Olympics Asia Pacific (SOAP) Regional Athlete Congress. Across health, education and employment, Athlete Leaders (ALs) named the barriers they continue to face, described what meaningful inclusion should look like, and developed recommendations for stakeholders to consider and act on.

The Congress surfaced a clear and consistent message: People with Intellectual and Developmental Disabilities (PWIDDs) face barriers in systems that are not created with them. Social attitudes they encounter continue to be shaped by a lack of awareness and low expectations of PWIDDs. This means that people they interact with in healthcare, education, and the workplace settings are often not equipped to support or work with them. ALs spoke of being left out of decisions about their health, excluded from full participation in education, and being underestimated when employed. These experiences affect confidence, dignity, well-being, and future opportunities.

The report focuses on three Sustainable Development Goals (SDGs) that shape the daily lives and future pathways of PWIDDs in the region: SDG 3 on high-quality health and well-being, SDG 4 on quality education, and SDG 8 on decent work and economic growth. Across all three areas, the Congress findings pointed to an implementation gap. Laws, policies and commitments may exist, but they are not yet implemented fully or consistently.

Key findings from the Congress include:

- Health services must be easier to navigate and trust. ALs called for clear communication, disability-trained professionals, person-centered care, which means involving PWIDDs in decisions about their own health.
- Education systems should not segregate PWIDDs. ALs highlighted the need for inclusive schools, trained educators, accessible materials, protection from bullying, and pathways from education to employment.
- Employment must provide real opportunities. ALs called for inclusive recruitment, full-time employment, job trials, fair pay, reasonable accommodations, workplace training and opportunities to progress.
- A lack of communication is a barrier across all SDGs. PWIDDs are too often spoken about rather than spoken with, protected rather than empowered, and included only after decisions have been made for them.

Four priorities now require collective action:

1. Governments should implement disability commitments with dedicated budgets, coordination across agencies, and be held accountable.
2. Health workers, educators, and workers need to develop inclusive services and environments, which are co-designed with PWIDDs.
3. Physical, digital, learning, healthcare, and workplace environments must be accessible, safe, and usable in practice.
4. PWIDDs must be included in leadership, policy making, program delivery, and measuring success.

Executive Summary (continued)

The report identifies practical areas where resources, expertise, and networks can accelerate change.

For governments, it offers PWIDD-led priorities that can strengthen policy implementation and service design for more inclusive societies.

For the public, it offers a simple invitation: to see inclusion not as charity, but as the shared work of building communities where every person can participate, contribute, and belong.

Beyond the recommendations, the Congress demonstrated the power of meaningful connection. The Congress showed us the importance of public-private-people partnerships when working on systems change. SOAP's corporate partners had the opportunity to listen to the lived experiences of the ALs. This created genuine empathy and respect beyond spoken solidarity. By witnessing the abilities and determination of the ALs, limiting beliefs and stereotypes of PWIDDs were shattered. This experience gave partners key messages, skills, and motivation to further include PWIDDs in their own organizations and networks.

The recommendations in this report will be used to engage governments, policymakers, partners, and other decision-makers. It will bring the experiences and recommendations of PWIDDs into leadership conversations about what needs to change. To close the inclusion gap, we as a society must take on clear roles and lead alongside people with IDD.

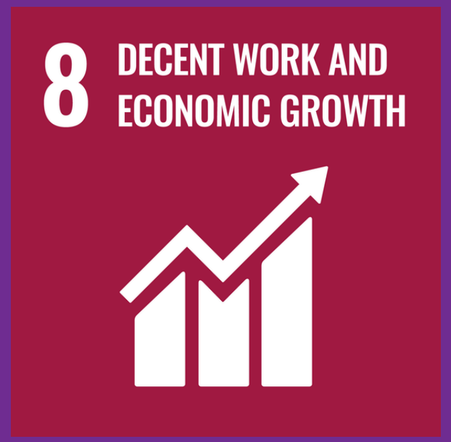


Congress Overview

In August 2026. 44 Athlete Leaders (ALs) from 15 Special Olympics Asia Pacific and East Asia Programs met in Singapore. They gathered to create a better future focused on health, education, and employment for PWIDD. The leaders shared personal experiences, named key challenges, and dveloped recommendations of what need to change. They then envisioned a world called “Unity”, showing what a fully inclusive world looks like.









Congress Overview

Special Olympics has been in Asia for 50 years and its mission to include PWIDDs is aligned with the UN Sustainable Development Goals. SOAP's Athlete Leaders identified three SDGs that impact the lives of PWIDDs in Asia Pacific most deeply. They are SDG 3 (Good Health and Well-Being), SDG 4 (Quality Education) and SDG 8 (Decent Work and Economic Growth).

Currently, through dedicated sports, fitness, and Healthy Athlete health screenings, SOAP improves the physical and emotional well-being of PWIDDs while expanding healthcare access and professional training. Through programmes such as the Unified Champion Schools and Youth Leadership Summits, it promotes inclusive education and leadership across school communities with the Unified Leadership approach. Additionally, SOAP also equips its athletes through the Athlete Leadership programme, building critical workplace and leadership skills, such as communication, adaptability and project management.

Over 3 - 6 August 2026, 44 ALs and 43 mentors gathered in Singapore. They represented 13 SOAP programs— across Australia, Bangladesh, Bharat (India), Indonesia, Nippon (Japan), Malaysia, New Zealand, Pakistan, Papua New Guinea, Pilipinas (The Philippines), Thailand, Singapore and Vietnam; as well as two Special Olympics East Asia programs, Hong Kong and Korea.



The Approach

At the Congress, each AL selected an SDG that they were passionate to advocate for. They were joined by mentors and corporate partners. The SDG groups gained an understanding of systemic gaps through listening to the lived experiences of every AL. Patterns began forming across the wide range of experiences. Throughout their journeys, the ALs encountered both champions and obstacles — helpful people and supportive systems propelled them forward, while bullying and restrictive authority figures limited their potential. The stories offered glimpses of how much ALs had already overcome in their lives and pointed to the work to be done.

Moving from life stories, the ALs analysed and named the challenges. A problem statement was created to capture the biggest barriers holding back the full inclusion of PWIDDs. The SDG groups then developed recommendations on what should change to remove the barriers. To do this, the ALs and partners each took on a stakeholder role, for instance, the relevant government ministry, service provider or an Organization for PWDs (OPDs). The ALs then presented the recommendations they created.

On the third day, the Congress engaged in a future scenario exercise of a country that is fully IDD-inclusive. The country was called “Unity,” a name selected from various AL submissions. The visioning exercise identified the most impactful outcomes. Each SDG group then summarised three days of discussion using creative presentation formats involving all 44 ALs.

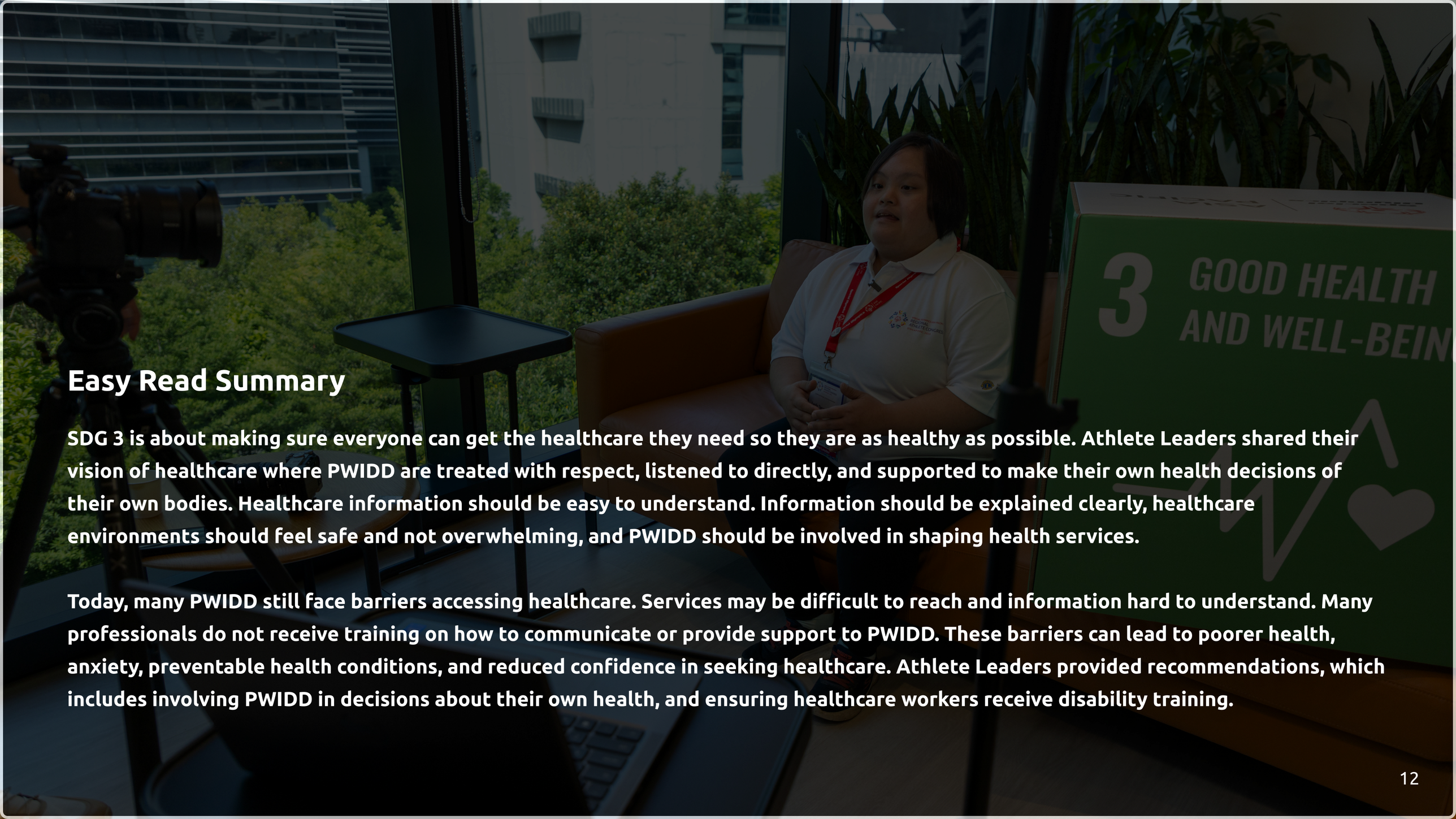
Mentors and corporate partner volunteers played an important role in supporting the ALs. They facilitated discussions, provided translation and communication support, and helped to document and consolidate the findings. Mentors and volunteers also ensured that the ideas and recommendations originate from the ALs. The ALs took the lead in delivering presentations, icebreakers and reflections throughout the Congress.

On the last day, the Congress concluded with an SDG Gallery Walk displaying each SDG goal, vision, problem statement, challenges, recommendations and lived experiences on the walls. Participants were given time to visit each SDG Gallery to learn from other SDGs. The ALs were also asked to vote for their top challenges and recommendations, providing SOAP with a high-level sensing of priority areas.

The Congress closed with group reflection with the ALs sharing what they have learnt and what they would be taking back to their home Special Olympics programmes.



SDG 3: GOOD HEALTH AND WELL-BEING



Easy Read Summary

SDG 3 is about making sure everyone can get the healthcare they need so they are as healthy as possible. Athlete Leaders shared their vision of healthcare where PWIDD are treated with respect, listened to directly, and supported to make their own health decisions of their own bodies. Healthcare information should be easy to understand. Information should be explained clearly, healthcare environments should feel safe and not overwhelming, and PWIDD should be involved in shaping health services.

Today, many PWIDD still face barriers accessing healthcare. Services may be difficult to reach and information hard to understand. Many professionals do not receive training on how to communicate or provide support to PWIDD. These barriers can lead to poorer health, anxiety, preventable health conditions, and reduced confidence in seeking healthcare. Athlete Leaders provided recommendations, which includes involving PWIDD in decisions about their own health, and ensuring healthcare workers receive disability training.

Vision for Good Health and Well-Being

Good health and well-being underpin participation in every aspect of life. The ability to learn, work, lead, and participate meaningfully in society depends on having equitable access to healthcare. However, the exclusion that PWIDD experience in health services continues to lead to severe health disparities, premature mortality, and preventable secondary complications that burden public health systems and deepen social exclusion.

When asked to develop a vision for SDG 3, Athlete Leaders described a healthcare system with features where:

- PWIDD feel accepted, respected, and are empowered to make their own health decisions and care for themselves.
- All healthcare professionals undergo mandatory, community-based IDD-awareness training.
- PWIDD are involved in shaping health policies and clinical standards with healthcare leadership.
- Healthcare facilities are calm, safe and welcoming environments staffed by empathetic personnel who dedicate sufficient time to each patient.
- Information is communicated clearly using pictures, videos, Easy Read or Easy English materials.
- Technology helps them to understand their healthcare, including medication, appointments and procedures.

Ultimately, this system trusts and enables PWIDD to take ownership of their health and well-being for self-determination.



Understanding the Challenges

The ALs represent 15 SO programmes across the region. All 15 countries are “State Parties” to the UN CRPD and have committed to providing access to the highest attainable standard of health without discrimination. They have national legislation or health policies that mandate healthcare access for PWDs, which includes physical accessibility, reasonable accommodation and disability awareness training for healthcare workers. Where public health insurance exists, they cover PWDs. However, for private insurers, only Australia has an act that denies discrimination on the basis of disability (Australian Human Rights Commission, Dec 2005).

On the ground, whether due to gaps in implementation or support for IDD, PWIDDs continue to experience poorer access to healthcare and well-being as compared to persons without IDD:

- PWIDDs disproportionately experience a variety of health challenges, such as obesity, diabetes, heart and respiratory diseases, and mental health conditions (Special Olympics Health, 2025)
- PWIDDs are still dying 16 - 20 years sooner than the general population, mostly due to preventable health conditions (Special Olympics Health, 2025)
- A UK study found that 40% of deaths were preventable (e.g. pneumonia, epilepsy) (Yu, M.K.L. et al., 2026)
- A South Korean study found that persons with intellectual disabilities were dying 26 years sooner (Kim, Y-S. et al., 2022)

The following sections report on the challenges and barriers identified at the Congress, mapped to the commitments for CRPD. For consistency, they mirror the categories found in the Special Olympics Health 2025 report “Focusing on the Invisible”:

1. Governance & Inclusive Infrastructure (“Governance, Leadership and Engagement” in the report);
2. Person-Centered Care (by the same name in the report);
3. Workforce Capacity Building & Training (“Health and Care Workforce” in the report).

A. Governance & Inclusive Infrastructure (CRPD 25 a-c)

CRPD monitoring reports across the Asia Pacific region reveal deep structural, financial, and geographical inequities in healthcare governance and infrastructure.

Accessibility to Healthcare

PWIDDs living in rural, remote areas, or those from low-income families face severe exclusion or are forced to rely on under-resourced clinics. CRPD reports reflect that healthcare facilities for PWIDDs are limited in rural areas in India, Indonesia, Pakistan, Bangladesh, Thailand, the Philippines and Vietnam. Furthermore, public transportation infrastructure across most State Parties lacks universal design, visual wayfinding, and financial subsidies for accompanying support persons, creating high costs and travel burdens for families.

At the Congress, ALs agreed that access to relevant healthcare was often an issue for PWIDDs. Not only was transportation a significant barrier, PWIDDs may not get their health checked until symptoms have significantly worsened. The ALs highlighted that their families or support people do not always have the health information they need to help them. An AL from Australia outlined the severe logistical and financial barriers she faced, how accessing her healthcare team required a six-hour drive, or otherwise costly air travel. While they choose to drive, driving is also physically taxing for her family.

PWIDD Inclusion in Policy Formation

The ALs also highlighted how PWIDDs are not included in improving healthcare systems and policies. Their healthcare experiences show that physical spaces, medical information, and experiences with healthcare professionals are not developed with their needs in mind. This is consistent with the Special Olympics Health's recommendation to allow meaningful participation of PWIDD in health policy processes, to ensure that no decisions about healthcare for PWIDDs are made without their involvement (Special Olympics Health, 2025).

The next area focuses on what happens inside healthcare experiences for PWIDDs.



B. Person-Centered Care (CRPD 25 d)

Healthcare delivery frequently do not provide PWIDDs with agency over their own bodies and health decisions. CRPD reviews — including those for India, Bangladesh, Pakistan, the Philippines, and Korea — highlight systemic failures in providing accessible health information and environments, citing examples of Plain English and Easy Read.

Communicating directly with PWIDDs.
Healthcare professionals routinely ignore patients with IDD, preferring to communicate with parents or guardians. This practice infringes upon CRPD Article 25d which requires “health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care.”

During the Congress, ALs all agreed that they cannot always make their own health decisions, are not listened to or spoken to directly. They described it as, “They talk like I am not there. I feel invisible.” An AL from Pakistan expressed, “I was the one in pain, but they would talk to my parents instead. I could explain better because only I knew what it feels like.” Another AL from Australia expressed similarly, “This is my body and I want to be included.” They perceive that healthcare professionals think PWIDDs are incapable and useless, while the issue is that health information is not explained in a way they understand.



Ricardo “Fourth” Errazo Jambalos IV
Special Olympics Pilipinas

"Four nurses were holding me down, they did not explain to me what they needed to do. I got really scared. I hope we have more doctors who are kind and understanding... so that check-ups wouldn't be as traumatic."

B. Person-Centered Care (CRPD 25 d)

The lack of IDD-sensitive communication protocols, sensory accommodations, and step-by-step explanations frequently induces severe anxiety and medical trauma. Congress discussions also highlighted that healthcare workers often speak too fast and use big words, causing them to face confusion, anxiety, and fear. This environment makes it difficult for PWIDDs to speak, and they feel discouraged from seeing the doctor.

The lived experiences shared by ALs strongly reflected CRPD findings:

- An AL from Bangladesh who lives with diabetes and hearing loss explained that healthcare workers often speak too quickly, fail to speak with him directly and instead speaks with his father. He needs clinicians to speak clearly and grant him sufficient time to process information.
- An AL from Indonesia who also manages a hypothyroid condition, shared how medical information is often confusing and overwhelming, but becomes easily understandable when doctors listen patiently and explain diagnosis and treatment options directly to her.
- An AL from Australia recounted how an environment filled with loud noise, crowding, and uncommunicated healthcare procedures triggered an acute anxiety reaction that resulted in a seizure. Following this event, the healthcare team adjusted by placing her in a dimmed, quiet room and explained procedures slowly, demonstrating that environmental and communication accommodations are essential for patient safety and clinical success.

Person-centered care requires a healthcare workforce that understands IDD and knows how to make reasonable adjustments. The final challenge area therefore turns to the professional capability needed to make respectful and safe healthcare consistent.

C. Workforce Capacity Building & Training (CRPD 25d)

A primary driver of health inequity is the absence of IDD content in medical, and allied health education. CRPD documents for India and Pakistan highlight concerns that mainstream healthcare curricula contain insufficient training on caring for patients with IDD. The Special Olympics Health "Focusing on the Invisible" report similarly highlights the lack of mandatory IDD training for medical professionals.

Consequently, healthcare professionals graduate without the competencies required to differentiate between behavioural manifestations of distress, intellectual disability, and physical illnesses. This is experienced by the ALs as healthcare encounters where they are not listened to, are not respected, are not supported to use healthcare services. The sharing by the ALs vividly illustrate how the lack of workforce training directly impairs the quality, safety, and outcome of clinical care:

- An AL from Singapore illustrated the contrasting outcomes resulting from worker attitudes and training. At age 17, following a leg injury, a doctor examined the wrong leg because he refused to listen to the AL's explanation. Conversely, he had a different medical experience where doctors and pharmacy personnel provided clear guidance, large print medication labels, and respected his autonomy. This enabled him to successfully manage his health and overcome early diabetes through physical activity and structured routine.
- An AL from Papua New Guinea highlighted that medical facilities and physicians in his country lacked specialized training to diagnose or manage conditions such as Attention Deficit Hyperactivity Disorder (ADHD) or developmental challenges beyond basic physical diagnosis, leaving individuals without essential developmental support or clinical guidance.



CONCLUSION

While there has been progress, significant gaps remain between commitment and experience. Barriers in accessibility, environment design, communication, and workforce capability continue to prevent PWIDDs from receiving the highest attainable standard of health. The sharing from the ALs also demonstrate that this standard is possible when healthcare professionals are trained to support PWIDDs.

Achieving SDG 3 for PWIDDs requires a fundamental shift and dedicated resources to be put towards transforming entire health systems towards person-centered care that specifically includes PWIDDs. The following recommendations are therefore aimed at creating systems where PWIDDs are placed at the centre of care.

"Medical info can be confusing but becomes easier when explained. See the person and listen to what we say. Small acts make a difference. Everyone must be treated with respect and included."

Stephanie Handojo
Special Olympics Indonesia



Recommendations

The recommendations are organised around the three challenge areas identified at the Congress: (A) Governance & Inclusive Infrastructure, (B) Person-Centered Care, and (C) Workforce Capacity Building & Training.





Area 1: Governance & Inclusive Infrastructure

Recommendation 1
Governments to implement laws, policies, and regulations to support equitable inclusion for PWIDDs, with reporting and enforcement mechanisms. Ensure formal representation of PWIDDs for policy creation.

Recommendation 2
Governments to ensure all public and private healthcare facilities meet universal design standards, to be inclusive of PWIDDs, including simple visual wayfinding, or sensory-friendly quiet spaces.

Area 2: Person - Centered Care

"Patience, listening and understanding—there are no limits to what we can achieve. Supporting kids like me brings me joy."

Austin Le Trong Nguyen
Special Olympics Vietnam

Action Stakeholders: Healthcare institutions, working with family & support persons, OPDs, PWIDDs

Recommendation 3
Require healthcare providers to use accessible clinical protocols. This includes using accessible language; creating healthcare materials in simple language; using visual mediums or interactive means of communication; and using interactive methods like "teach-back." *(Asking patients to explain diagnosis or next steps in their own words.)*

Recommendation 4
Government and healthcare institutions to implement patient-led accommodation mechanisms, for example discrete identification, that signal individual support needs without compromising privacy.



Area 3: Workforce Capacity Building & Training

Action Stakeholders: Government health ministries, healthcare education institutions, professional accreditation bodies, working with OPDs, PWIDDs

Recommendation 5
Healthcare education institutions to provide mandatory disability awareness training for all doctors, with the training co-designed with PWIDDs.

Recommendation 6
Governments or global health institutions to develop disability healthcare as a standardized specialization for doctors.

Recommendation 7
Healthcare authorities to implement mechanisms, such as audits or standards, that make psychological safety a key aspiration in all healthcare interactions.

Recommendation 8
Healthcare institutions to enable the global sharing of best practices for treating PWIDDs amongst doctors.

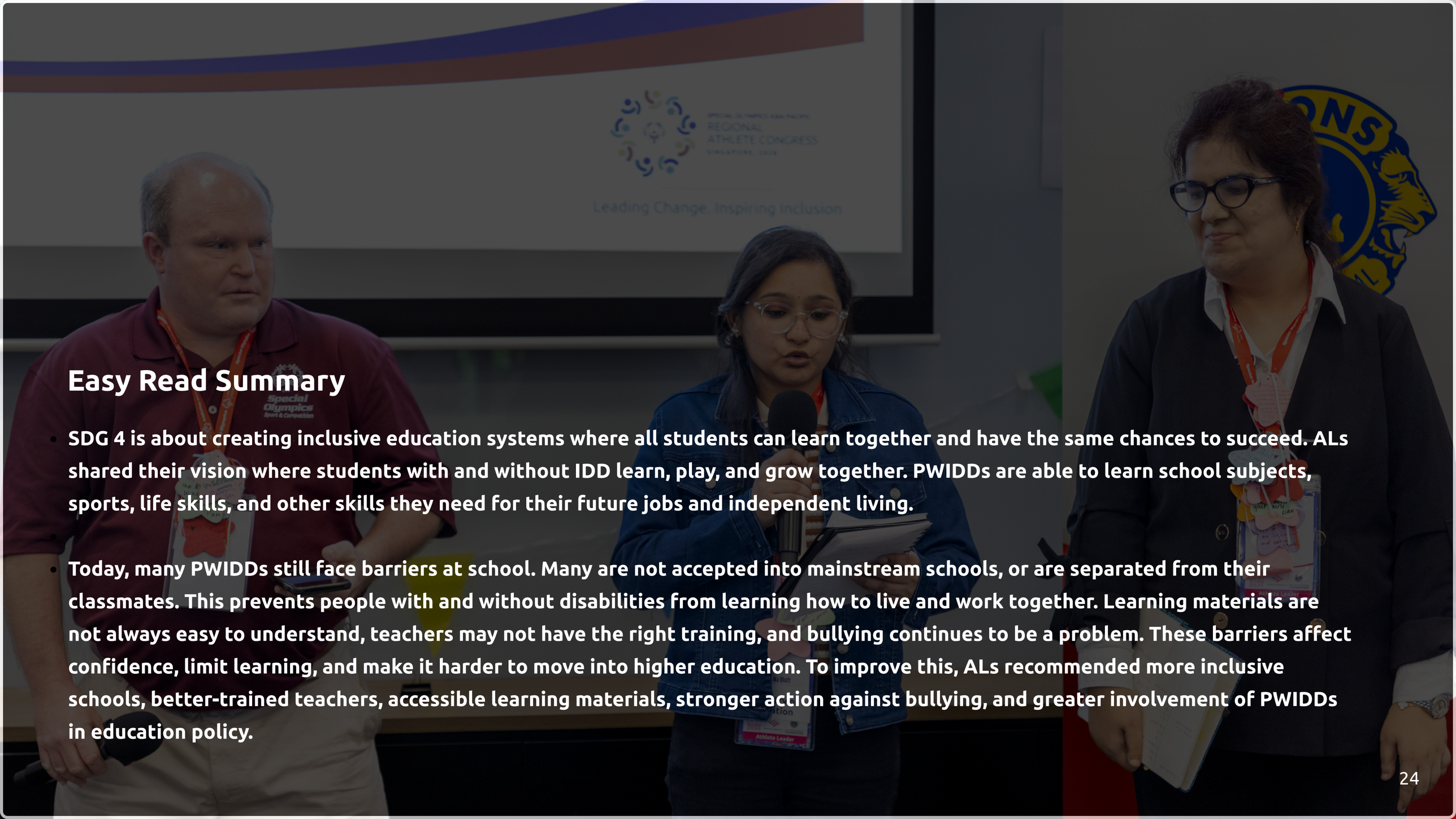


"I was the one in pain but they would talk to my parents instead. I could explain better because only I knew what it felt like. I felt ignored."

Syeda Humaira Kazim
Special Olympics Pakistan



SDG 4: QUALITY EDUCATION



Easy Read Summary

- SDG 4 is about creating inclusive education systems where all students can learn together and have the same chances to succeed. ALs shared their vision where students with and without IDD learn, play, and grow together. PWIDDs are able to learn school subjects, sports, life skills, and other skills they need for their future jobs and independent living.
- Today, many PWIDDs still face barriers at school. Many are not accepted into mainstream schools, or are separated from their classmates. This prevents people with and without disabilities from learning how to live and work together. Learning materials are not always easy to understand, teachers may not have the right training, and bullying continues to be a problem. These barriers affect confidence, limit learning, and make it harder to move into higher education. To improve this, ALs recommended more inclusive schools, better-trained teachers, accessible learning materials, stronger action against bullying, and greater involvement of PWIDDs in education policy.

Vision of Quality Education

Inclusive education is an obligation under Article 24 of the UN CRPD. Across the region, excluding PWIDD from quality education creates lifelong economic dependency, restricts labor market supply, and inflates state social expenditure. Transforming education systems is a priority for governments seeking a resilient and diverse future workforce.

At the Congress, the ALs articulated a vision of quality education:

- Quality education is inclusive of everyone. Students of all abilities learn and play together, where shared learning spans academic, sports, and life skills.
- Everyone has access to the tools, and the peer and educator support they need to reach their full potential.
- Realising this vision requires a fundamental shift in societal mindset to recognize every person’s potential, to ensure that all learners can progress, graduate, transition to paid employment, and other opportunities.



Mapping the Challenges

For most PWIDDs across the region, the vision of quality education remains the exception rather than the norm. The Congress highlighted that educators lack disability training and accessible learning materials are limited. The educational experiences of many PWIDDs are marked by discrimination and bullying, resulting in lower confidence and fewer opportunities for higher education, employment and independent living.

In terms of access, PWDs are nearly 50 percent more likely to have never attended school, than their peers without disabilities (UNICEF). In low to middle-income countries, they are five times more likely to be out of school (Jodi, J. & Bian, M., 2019):

- In South Korea, only 48.4% of PWDs complete secondary school, as compared to 98.6% of general population. (Worldbank, MOHW data, 2023)
- In Australia, only 45.3% of PWDs complete secondary school, as compared to 81.7% of general population. (Worldbank, ABS data, 2022)
- In Indonesia, only 11.5% of PWDs complete secondary school, as compared to 59% of general population. (Worldbank, 2019; Rezkiawaty, 2025)

Across all Special Olympics programs represented at the Congress, key challenges lie in moving to genuinely inclusive education. This requires aligning state commitments with the lived realities of PWIDDs. The gaps identified at the Congress are presented as:

1. Discriminatory Admissions & Segregation
2. Educator Capability Deficits, Misconceptions & Safety
3. Inaccessible Curricula and Lack of Accommodations
4. Broken Transition Pathways



A. Discriminatory Admissions & Segregation (CRPD Article 24.1 - 24.2a)

In most Asia Pacific territories, government policies require medical certification or approval before a student can access educational services. IDD-exclusive admission procedures, which include IQ tests and medical assessments, as seen in Bangladesh, India and Thailand, allow mainstream institutions to justify denying enrolment to children with disabilities.

In addition, accessible schools are concentrated in urban areas in Bangladesh, Thailand, India, the Philippines, Vietnam and Indonesia, creating geographical barriers for those in remote areas. The secondary school completion rate in India for PWDs is 19.3%, falling to 14.9% in rural areas (Worldbank, MOSPI data, 2018). In Pakistan, only 34.2% of PWDs have ever attended school (Worldbank, 2020).

Congress testimonies affirmed that discriminatory admissions kept PWIDDs from quality education:

- An AL from Papua New Guinea recounted starting his primary education in a public school where educators lacked understanding of IDD, resulting in discriminatory admission hurdles as well as an unwelcoming environment.
- An AL from India shared that she was rejected from almost 20 schools before being accepted at an integrated school.

Admission is only the first barrier. For those who successfully enrol, many find themselves separated from their peers through segregated settings or having limited access to the full educational experience.

A. Discriminatory Admissions & Segregation (CRPD Article 24.1 - 24.2a)

Institutional and Curricular Segregation

Amongst the key challenges in SDG 4 identified at the Congress, systems frequently place them in separate classrooms or special education (SPED) institutions, including those of New Zealand, Indonesia, Hong Kong, and Singapore. While specialized facilities offer targeted resources and learning support, ALs expressed how this creates an exclusive environment that denies people with and without disabilities the chance to understand each other. Non-segregated schooling allows people with and without disabilities to learn how to work together and grow empathy for each other.
An AL from Thailand experienced severe physical and learning struggles in a mainstream school where he faced relentless bullying, eventually he transferred to a specialized facility. While special education provided a safe environment and physical therapy that enabled him to walk independently by Grade 7, it underscored the inability of mainstream schools to accommodate diverse needs.

ALs also reported being intentionally left out of main curricula, after-school sports, school clubs, social outings and other peer learning activities, as teachers assumed they would "slow down the group." This is consistent with CRPD reports from Philippines, India, Japan, Australia and Pakistan showing that PWDs face significant exclusion from full academic participation, with a lack of accessible instructional methods, materials and trained educators. The ALs also added at the Congress that such segregation lowers their self-confidence and interest in learning, making it more difficult for them to do well later in life.

Conversely, research shows that PWIDDs achieve better academic outcomes in mainstream education (Freeman, S. F. N., & Alkin, M. C., 2000; Krämer. S. et al., 2021). While the Special Olympics Unified Champion Schools® program models integrated schooling, system-wide change is required for meaningful participation, progression and belonging of PWIDDs.
Simply placing PWIDDs in mainstream settings is insufficient. Meaningful inclusion enables PWIDDs to engage, learn, and demonstrate their abilities on an equal basis with others. The next area examines exclusion in education environments

B. Disability Training for Educators & Unsafe Cultures (CRPD Art. 24.4 & 24.2b)

The CRPD submissions for Korea, India, Australia, Vietnam highlight a lack of trained educators, and the subsequent inability to properly support students with disabilities. (Training may include reasonable adjustments, inclusive pedagogy, to disability awareness, and how to handle bullying.) The submission from Disabled People's Organisations, a civil society in Australia, captures this, "Students with disability routinely experience discrimination, lack of resources and supports, inadequately trained teachers, a lack of expertise and a deeply entrenched systemic culture of low expectations."

This area drew much sharing at the Congress, with ALs expressing that many educators do not know how to teach or support them. Experiences include:

1. The lack of appropriate teaching methods that left ALs confused as they do not understand what the teacher is teaching.
2. Teachers expressed that PWIDDs would disrupt the class if they were part of it.
3. ALs often did not receive additional help from teachers and found it difficult to learn.
4. Teachers did not understand how IDD minds work and misinterpreted their learning difficulties as laziness or not putting effort into their studies.
5. Educators were quick to label PWIDDs as lacking in ability. ALs highlighted that teachers regularly expressed low expectations of PWIDDs.

An AL from India shared, "Learning was difficult in a school that was not understanding of my learning needs. When I joined an integrated school, my learning needs were taken care of and for the first time I could understand what I was learning."

An AL from Pakistan recounted that a teacher decided that she could not do maths, and her teachers thought she would not graduate. Her ability to learn maths improved significantly when two teachers stepped in to teach her using blocks and visual activities.

B. Disability Training for Educators & Unsafe Cultures (CRPD Art. 24.4 & 24.2b)

Unsafe Cultures

PWIDDs continue to encounter bullying in both mainstream and segregated schools. CRPD documents for Australia, Philippines, and Indonesia highlight that PWDs are at elevated risks of physical abuse and bullying when there are no protective policies or enforcement.

The ALs shared experiences of being bullied by students with and without IDD, and even teachers. An AL from Australia detailed suffering severe peer bullying in primary school, including a traumatic incident where he was urinated on by classmates in the second grade. ALs also shared that teachers frequently “turned a blind eye” to peer harassment and mistreatment. These experiences have brought about a sense of deep disappointment and a profound lack of trust in those teachers. There is a desire for their teachers to believe in their abilities. However, many teachers do not or cannot help them learn.

Such educator behaviour comes from a lack of training. The ability to create inclusive education environments depends heavily on whether educators have the knowledge, skills, and confidence to support diverse learners.

C. Inaccessible Materials and Lack of Accommodations (CRPD 24.3 & 24.2c-e)

CRPD commitments require State Parties to deliver reasonable accommodations, individualized support, and accessible learning materials. However, state and civil society reports from almost all State Parties note significant gaps due to a lack of dedicated funding.

ALs' experiences supported the observations. They shared how lessons were difficult to understand as schools did not provide step-by-step guidance, visual aids, and Easy Read materials. An AL from India recalled she was asked to memorize textbook chapters, question sets, and abstract mathematical concepts, which posed insurmountable obstacles in a mainstream school. Her learning improved dramatically when she transferred to an integrated school using practical and visual teaching methods, and positive encouragement. An AL from HK pursuing his higher diploma faced rigid deadlines and a lack of tailored instructions, requiring him to navigate complex technical tools independently.

The ALs advocated for education systems to be designed with students with IDD. Students must feel safe, respected, and welcomed in their school communities. Without a sense of belonging, academic participation is significantly more difficult. The final challenge examines transition pathways to higher education.



D. Broken Transition Pathways (CRPD Art. 24.5)

CRPD reports show that the transition from secondary education towards higher education or employment remains one of the most significant bottlenecks across the region. Lack of entrance accommodations, campus support, and decisions made by parents on behalf of PWIDDs prevent them from pursuing further education.

ALs reported similar limitations. An AL from the Philippines shared that he decided not to pursue college because colleges lacked accommodations and would be excessively difficult. Some were excluded from decision-making on their Individualized Education Plans (IEPs) and future learning pathways. On the bright side, an AL's tertiary study was successful converted to a part-time study when the school coordinated meetings between Disability Support Services, her transition coordinator, and her family.



"Going to school was hard because I was bullied. Students pushed me, laughed at me, and called me names. Lessons were too fast and full of big words... Teachers were not supportive and did not understand my condition."

Pauline Paul
Special Olympics Papua New Guinea

CONCLUSION

Taken together, these findings reveal barriers at every stage of the educational journey — being denied access, inadequate resourcing, inaccessible materials, limited reasonable accommodations, unsafe cultures and low expectations. For students in remote areas, these gaps are even wider, with fewer trained staff, lower accessibility, and weaker support services.

The consequence is lower progression into higher education; as well as loss of confidence and agency. The recommendations that follow call for system-wide inclusion, where every learner is supported, protected, and prepared to thrive.

"I firmly believe that when we unite to promote inclusive and accessible education for everyone, no obstacle is insurmountable, and anyone can transform their life, just as I did."

Chanchai Kaemkaew
Special Olympics Thailand



Recommendations



The recommendations are organised around four challenge areas identified at the Congress; (A) Inclusive Infrastructure & Policies, (B) Educator Training & Safe Cultures, (C) Accessible Materials and Accommodations, and (D) Broken Transition Pathways:

Area 1: Inclusive Infrastructure & Policies

Recommendation 1
Governments should allocate budgets for inclusive education. This includes accessible learning materials, tools, and school personnel with disability expertise.

Recommendation 2
Education Ministries should mandate school facilities to be accessible and inclusive of PWIDDs. Provide budget to retrofit schools that are not accessible.

Recommendation 3
Education Ministries should set up Inclusive Committees to review and audit implementation of inclusion, including establishing limits of teacher-to-student ratios for PWIDDs. These committees should have PWIDDs on them.

Area 2: Educator Training & Safe Cultures

Action Stakeholders: Educator institutes, certification bodies, working with OPDs



Recommendation 4
Education Ministries should ensure that all leaders of educational institutions receive compulsory inclusive education training. All teachers should also be trained in inclusive pedagogy to create and deliver lessons to enable all students to understand, with an annual training refresher.

Recommendation 5
Education Ministries should mandate compulsory practical experience within disability services or students as a core requirement for all teacher certification programs.

Recommendation 6
Vocational institutions should build competency in educators for Universal Design for Learning (UDL), equipping them to tailor instruction, pacing, and utilize structured repetition.

Recommendation 7
Implement zero-tolerance anti-bullying policies in all schools with clear, accessible reporting channels to hold staff and peers accountable.

Recommendation 8
Schools should cultivate inclusive environments through school-wide awareness campaigns, peer-buddy programs, and platforms celebrating the accomplishments of PWIDDs.

Area 3: Accessible Materials

Action Stakeholders: governments, researchers, with OPDs and corporate partners

Recommendation 9
PWIDDs should be included in mainstream education. Education Ministries should implement flexible and inclusive curricula standards, with interactive learning adapted to varied intellectual profiles, and accompanied by continuous assessment.

Recommendation 10
Education Ministries should create accessible learning materials that are visual, engaging, and in Easy English, Easy Read or equivalent.

Recommendation 11
Governments should require educational publishers to involve PWIDDs in the testing and evaluating of learning materials before it is rolled out.



Ben Haack
Special Olympics Australia

"If we do want education to become more inclusive but also to better educate, then the entire education structure needs to get better on focusing on the student and not curriculum."

Area 4: Transition Pathways

Action Stakeholders: Leaders at educational institutes, families, working with OPDs and corporate partners

Recommendation 12
Require schools to partner directly with families and learners with IDD to co-create Individualized Education Plans or transition pathways that support autonomy.

Recommendation 13
Establish structured transition frameworks connecting secondary or special education institutions with corporate employers, offering supported internships, job trials, and skill-matching programs.

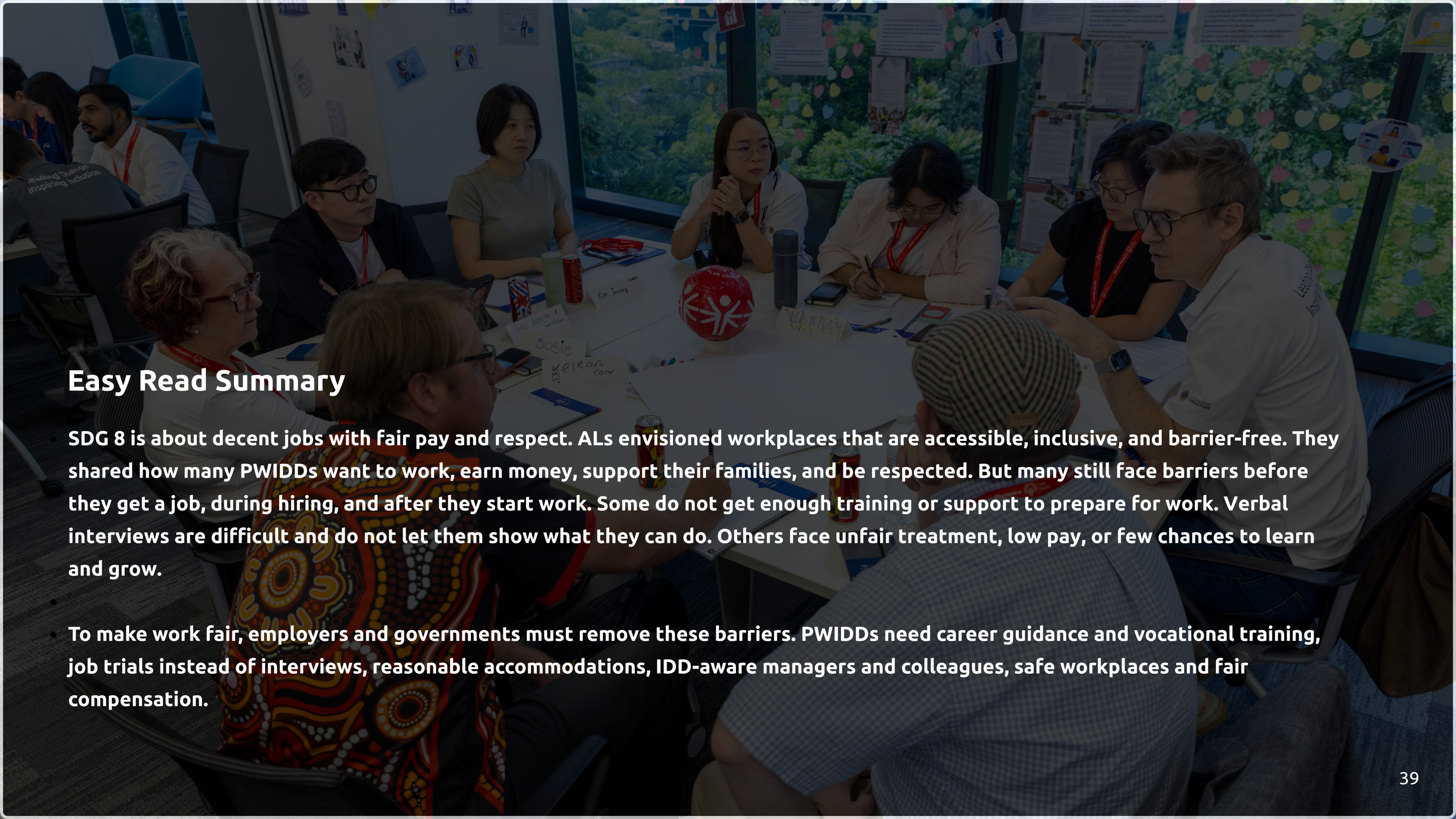
"The same teacher who had once doubted me later became one of my biggest supporters and told me how proud she was. When people believe in our abilities instead of focusing on our disabilities, amazing things can happen."

Ashi Nagori
Special Olympics Bharat





SDG 8: DECENT WORK & ECONOMIC GROWTH



Easy Read Summary

- SDG 8 is about decent jobs with fair pay and respect. ALs envisioned workplaces that are accessible, inclusive, and barrier-free. They shared how many PWIDDs want to work, earn money, support their families, and be respected. But many still face barriers before they get a job, during hiring, and after they start work. Some do not get enough training or support to prepare for work. Verbal interviews are difficult and do not let them show what they can do. Others face unfair treatment, low pay, or few chances to learn and grow.
-
- To make work fair, employers and governments must remove these barriers. PWIDDs need career guidance and vocational training, job trials instead of interviews, reasonable accommodations, IDD-aware managers and colleagues, safe workplaces and fair compensation.

Vision for Decent Work and Economic Growth

Being employed is an important cornerstone of human dignity and active citizenship. For PWIDDs, securing a full-time job provides far more than a pay check – it is a source of self and family pride, as well as a mark of independence. Across the region, unenforced legal protections and pervasive social stigma continue to deny PWIDDs of equal access to jobs, leaving many trapped in economic dependency and poverty.

Vision for Decent Work and Economic Growth

The ALs want an inclusive employment system rooted in accessibility, fairness, and mutual respect. PWIDDs have a voice, equal opportunities to grow, and necessary support to thrive in an environment free from societal barriers and stigma. There are laws to protect them. At work, there is patience in listening and understanding, and provisions for well-being. The right support enables them to work effectively and independently. They are valued, accepted, and contribute as equal members of society.



Mapping the Challenges

While 13 of 15 State Parties have anti-discrimination laws specific to disability, significant gaps exist between legislative intent and daily reality. A report recorded an average difference of 35% between the employment rates of people with and without IDDs across 23 countries in the Asia Pacific (ESCAP, 2023).

The key challenge is to enable equal access to decent work in the open labor market. CRPD reports consistently points to lower employment, lower pay, insecure or vulnerable work, inaccessible workplaces and recruitment, and persistent employer prejudice. These constraints intersect with gender, rural locations, ethnicity and age, further narrowing access to training, decent work and progression for many PWDs. Taken with Congress discussion, these reveal five challenge areas:

1. Limited Access to Jobs and Vocational Preparation
2. Inaccessible Hiring Practices
3. Absence of Reasonable Accommodations and Support
4. Workplace Harassment
5. Compensation and Progression Disparities



A. Limited Access to Jobs and Vocational Preparation (CRPD 27.1 d - h, k)

Under CRPD, State Parties must ensure access to vocational guidance, placement services, and employment opportunities for PWDs. However, regional CRPD reports expose a shortage of employment pathways for PWDs, especially in rural areas. New Zealand civil society called for sufficiency of employment services, while India and Pakistan highlight very limited vocational training in rural areas. In addition, while several countries have disability hiring quotas, compliance remains low, leaving entrepreneurship or informal family labor as the only option for many PWIDDs.

At the Congress, ALs confirmed that job supply for PWIDDs falls drastically short of demand. In addition, the underestimation of abilities has led to a very range of jobs available for PWIDDs. There is a widespread lack of vocational training and career guidance, leaving PWIDDs without basic workplace readiness. Requirements for jobs are often unclear to them.

The experiences of the community affirm CRPD findings:

- An AL shared that despite proving his adaptability across three different jobs — working as a barista, a library assistant, and at a post office — finding employment remains extremely difficult due to the shortage of roles for PWIDDs.
- An AL from Indonesia expressed that despite Indonesia's 2% workforce quota regulation, many companies still fail to provide opportunities for PWIDDs. Although he studied fish farming at a university, he eventually went on to establish his own successful perfume business.

Vocational support and inclusive employers enable PWIDDs to secure full-time jobs. An AL from Indonesia shared that while finding employment with a disability was tough, her 12-year career at Uniqlo was made possible because of Special Olympics' Athlete Leadership Program, where volunteers prepared her for interviews.

The next area examines how hiring practices create barriers before PWIDDs even enter the workplace.

B. Inaccessible Hiring Practices (CRPD 27.1 a)

CRPD prohibits discrimination on the basis of disability. However, recruitment processes rely heavily on spoken interviews and abstract aptitude tests, and fail to offer practical work trials for skills demonstration. These create immediate barriers for job seekers with IDD and reinforce assumptions that PWIDDs are incapable of doing the work.

CRPD reports for Singapore highlight that accommodations during recruitment are not mandatory, which places the burden of navigation on applicants. Reviews for India and the Philippines show that their disability quota system faced issues in implementation and limited PWDs from accessing quotas. The review for Philippines specifically recommended reasonable accommodation in recruitment processes.

Congress discussions echoed these barriers, with ALs expressing that PWIDDs are frequently not selected for interviews, and when they are, spoken interviews do not allow them to show their ability to do the work. Spoken interviews are a major hurdle as they are conducted non-inclusively with fast dialogue, confusing questions, and complex language.

An AL from India recounted that despite showing high performance through winning a World Games Gold Medal in 2015, securing his position as a Sorting Assistant at the India Post took nearly ten years. Another AL from Bangladesh shared that he found it difficult to find a job and that spoken interviews were difficult. He was able to demonstrate his abilities through a job trial, and he now works as a fully contributing team member at a lifestyle company.

Once hired, many PWIDDs continue to face barriers in workplaces that are not inclusive of their needs.

C. Absence of Reasonable Accommodations and Support (Articled 27.1 i)

While 12 out of 15 State Parties require reasonable accommodation in compliance with the CRPD, there are gaps in employer awareness and workplace support. Examples include:

1. Lack of clear task instructions and sensory accommodations (Singapore)
2. Lack of employer awareness (The Philippines)
3. Work tasks mismatched to capabilities (Indonesia)
4. Insufficient workplace training (Thailand)

The ALs similarly observed that employers are often unable to effectively train PWIDDs. Training may be insufficient or not provided in accessible formats. Many managers and colleagues do not know how to communicate or work with PWIDDs or do not provide them with the tools or time needed. An AL from New Zealand shared that his workplace expected employees to work in a manner and pace that is very stressful for someone with IDD and there was a lack of training.

Training to serve customers effectively is especially needed. ALs shared accounts where customers were using difficult words, speaking too fast, or managing angry customers without adequate training.

On a positive note, ALs also shared their successes when provided with accommodations. An AL from Japan has a successful eight-year tenure as an inspector because his workplace provided clear inspection standards, continuous support, and affirmations that respected and made use of his deep technical knowledge and experience.

Accommodations help people perform their jobs, but a positive work culture is also necessary. The next section explores how hostile environments affect the experiences of PWIDDs at work.

D. Workplace Harassment (CRPD 27.1 a-c, 27.2)

CRPD reports and ALs' lived experiences reveal a prevalence of workplace stigma, peer bullying, and tokenism, where PWIDDs are seen to be hired to fill the disability quota. CRPD requires State Parties to prohibit harassment, enforce anti-discrimination protections, and promote inclusive workforce policies. However, workplace harassment often goes unaddressed (Eg. India, Korea). Lack of indirect discrimination protections may leave subtle bullying and social exclusion unchecked.

At the Congress, several ALs shared experiences where managers and colleagues did not treat them equally, did not believe in their ability or respect them. They identified that social stigma and misconceptions about IDD can lead colleagues to be uncooperative, exclude or bully them:

- An AL from New Zealand shared that he was suddenly asked to leave the job without reason as he did not have a formal contract, and the managers perceived his disability as an unacceptable liability.
- An AL from Australia shared a harrowing experience when assigned to a new facility. A co-worker accused him of being a "diversity hire" employed to fulfill a quota, made false complaints to management, and threatened his physical safety. Terrified, he spent the remainder of his shift locked in a toilet stall. He refused to return to that facility for months and incurred income loss. While the individual who threatened him was eventually fired for other reasons and employer-funded counseling helped the AL recover, the incident shows the critical need for anti-harassment safeguards.

Even when PWIDDs are employed, they may not receive equal pay or progression. The final challenge area examines these structural barriers that limit economic progression.

E. Compensation and Progression Gaps (CRPD 27.1 b & e)

CRPD protects the right of PWIDDs to fair work conditions, including equal pay for work of equal value. Nevertheless, CRPD committee reviews expose persistent wage exploitation and career stagnation affecting PWIDDs. In South Korea, the Minimum Wage Act excludes PWDs, even those without severe disabilities, resulting in below-minimum compensation. Across the region, PWIDDs are overrepresented in part-time or informal roles, leaving them without pension entitlements, medical benefits, or structured appraisal systems.

ALs agree that PWIDDs are frequently paid less than non-disabled peers doing the same tasks. Some ALs shared that their work performance is not reviewed as regularly as colleagues without IDD or not reviewed with the same process. They also raised that many PWIDDs faced promotional ceilings, and difficulties in securing full-time roles, which is needed to receive pensions in some countries. ALs also shared their job progression and promotions, showing there are employers valuing their work quality.



Conclusion

The workplace success stories of the ALs are evidence of progress of SDG 8 for PWIDDs. However, barriers continue to exist for PWIDDs. Across the Asia Pacific, protective legislation requires strengthening, hiring processes adapted, reasonable accommodations guaranteed, progressions planned, equal pay enforced, and PWIDDs respected as equal partners in driving sustainable economic growth.



"Having a job allows me to support myself, my family, and continue to grow as a person. Success is not only about winning but also having the courage to keep trying, not fearing mistakes, and never giving up."

Naruqilah Fatin Binte Swat
Special Olympics Singapore

Recommendations

The recommendations are organised around the five challenge areas identified: (A) Access to Jobs and Vocational Preparation, (B) Accessible Hiring Practices, (C) Reasonable Accommodations and Support, (D) Workplace Safety, and (E) Equal Pay and Progression.



Area 1: Access to Jobs and Vocational Preparation

Action Stakeholders: Governments, employment agencies, education and vocational institutions, OPDs, employers, and PWIDDs

Recommendation 1
Companies should provide training, such as Unified Leadership, for people without IDD to understand strengths/abilities of PWIDDs

Recommendation 2
Governments and OPDs should provide sufficient job-trial opportunities



Recommendation 3
Governments should create a compulsory employment act or law to employ PWIDDs.

Recommendation 4
Governments and businesses should provide sufficient training to prepare PWIDDs for full-time roles.

Recommendation 5
Governments, OPDs, and business leaders should provide pathways to transition from education to employment.

Area 2: Accessible Hiring Practices

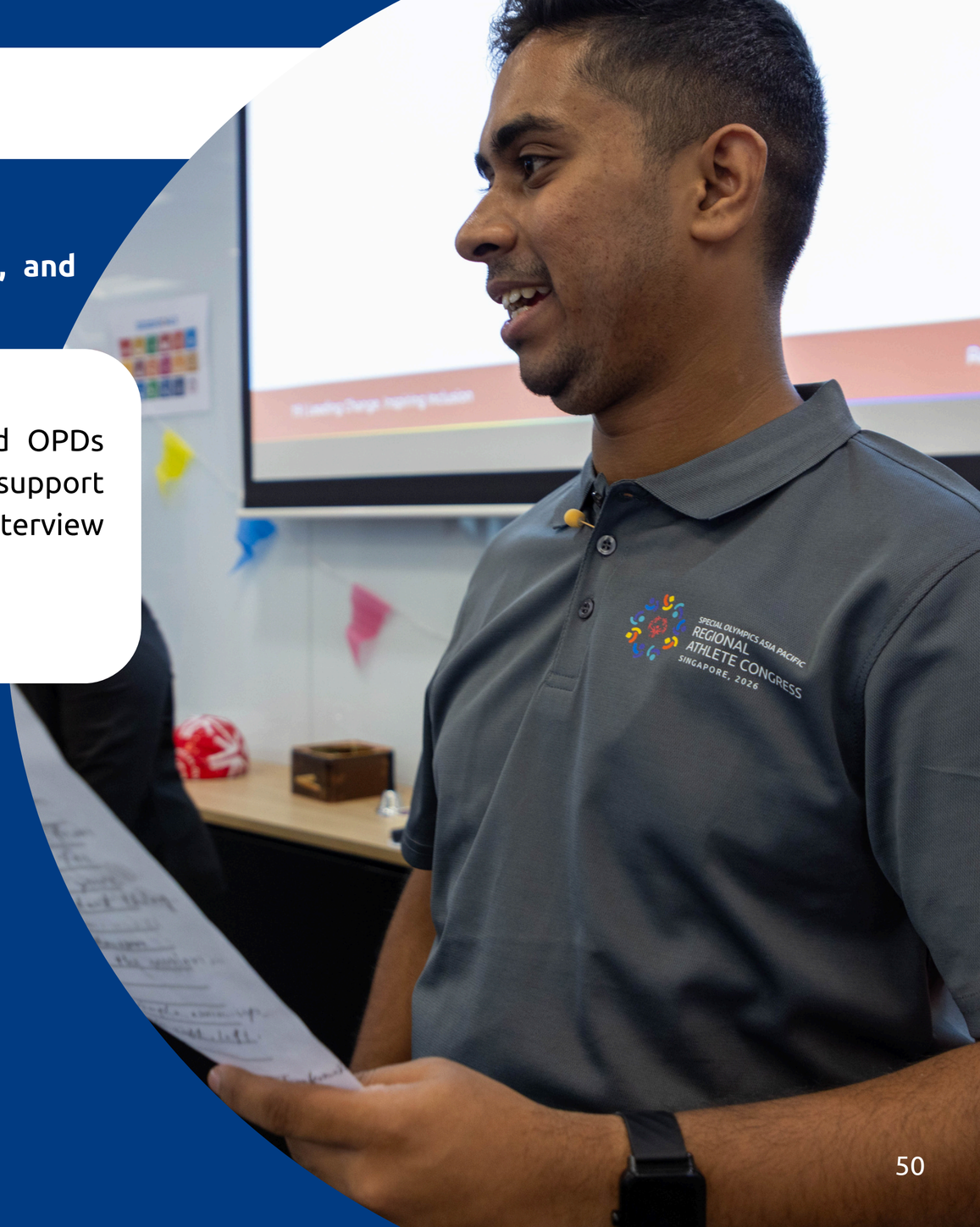
Action Stakeholders: Governments, Employers, recruitment agencies, OPDs, and PWIDDs

Recommendation 6
Businesses and managers should be required to focus on skills, provide flexible interview formats, and not just verbal or written interviews.

Recommendation 7
Governments, businesses, and OPDs should provide training and support for PWIDDs for the entire interview process.

"Spoken interviews are hard, but practical hands-on work allows me to demonstrate my real skill. My team trusts my creativity and skill. My happiest moment is when my team uses my design for a real product; it makes me feel proud."

Masrur Ahmed Himel
Special Olympics Bangladesh



Area 3: Reasonable Accommodations & Support

Action Stakeholders: Governments, employers, professional and industry bodies, working with OPDs and PWIDDs

Recommendation 8
Companies should provide continuous training and opportunities at work. The training should be accessible.

Recommendation 9
Business organizations and companies should provide compulsory training for employees to raise awareness, learn to communicate, support, respect, include, and work with PWIDDs.

Recommendation 10
Companies should provide mentoring or support from colleagues.

Recommendation 11
Governments should require companies to provide reasonable support and accommodation for PWIDDs. For example, extra time, Easy Read, visual guides for work etc.



Area 4: Workplace Safety

Action Stakeholders: Governments, employers, industry and labor organizations, working with OPDs and PWIDDs

Recommendation 12
Ministries should mandate laws that explicitly protect PWIDDs against harassment and discrimination, particularly during the recruitment process where barriers are often the highest. There should be IDD-sensitive reporting channels

Recommendation 13
Businesses and business organizations should provide policies and sufficient disability training to ensure safe workplaces for PWIDDs.

Recommendation 14
Governments, business organizations and other stakeholders should include PWIDDs in decisions about them. This is in line with the principle of “Nothing About Us Without Us”.

"I believe people with developmental disabilities do not need special treatment. We need understanding and support. When people explain things in an easy way and give us enough time, we can do our jobs well."

Choi Wonjae
Special Olympics Korea



Area 5: Equal Pay and Progression

Action Stakeholders: Governments, employers, industry and labor organizations, working with OPDs and PWIDDs

Recommendation 15
Governments and OPDs should create guidelines and benefits of fair pay, benefits, and fair advancement of PWIDDs for employers.

Recommendation 16
Governments and OPDs should educate business leaders to understand the abilities of PWIDDS, to advance them in their careers.



"It makes me feel like I'm part of society."

Masahiro Suzaki
Special Olympics Nippon (Japan)

Closing the Gaps

Governments that invest in health, lifelong learning, and inclusive employment create stronger economies, more resilient communities, and more sustainable growth. As countries confront changing demographics, technological disruption, and rising inequalities, advancing the inclusion of PWIDDs become a strategic economic and governance imperative.

Health, education and employment are interconnected spheres. Meaningful participation of PWIDDs in societies begins with equitable access to health and well-being (SDG 3). But they cannot get decent work (SDG 8) and contribute to the economy if they do not have equal access to education (SDG 4). Inclusive education systems also prepare people with and without IDD to work with each other, for a more cohesive society. Inclusive workplaces enhance innovation, creativity and resilience – all skills needed for the changing economy, as identified by the World Economic Forum in 2024. Together, they create pathways for PWIDDs, their families, and extended communities to thrive.

Only governments can align public policy, healthcare and educational institutions, the private sector and civil society, to create the enabling conditions for PWIDDs to be fully included in society via systems that hold schools, companies, healthcare providers, and communities as a whole, accountable.





Pillar 1: SDG 3 Health Equity, Patient-Centered Care & Systemic Capacity Fitness Programming

Recommendation 1.1: Mandate Accessible Clinical Protocols
Develop healthcare protocols requiring medical professionals to communicate directly with patients with IDD using Easy English, Easy Read, visual aids, calm delivery, and "teach-back" methods.
Outcome: Patients with IDD directly understand their health status, actively participate in treatment decisions, and experience significantly reduced clinical anxiety and trauma.

Recommendation 1.2: Invest in IDD Competencies in Healthcare Workforce
Develop compulsory modules on IDD, and adaptive communication into vocational and continuing education for all medical, nursing, and allied health professionals.
Outcome: A clinical workforce capable of accurately diagnosing and treating complex medical conditions in patients with IDD without making clinical assumptions.

Recommendation 1.3: Expand Community Screening & Decentralised Services
Decentralize health infrastructure by enabling early childhood developmental screening and increasing accessibility of rural clinics.
Outcome: Early identification of developmental needs and equitable healthcare access for rural and low-income PWIDD without prohibitive travel costs.

Pillar 2: SDG 4 Investing in Inclusive Education and Learning Environments

Recommendation 2.1: Legislate Mainstream Admission & Eliminate Segregation
Repeal policies permitting mainstream schools to deny enrolment or divert PWIDDs to separate classrooms, establishing a statutory right to education in mainstream schools.
Outcome: Dismantling of segregated education tracks, ensuring all PWIDDs attend local mainstream schools alongside peers without disabilities.

Recommendation 2.2: Standardize Accessible Curricula & Individualized Support
Mandate Universal Design for Learning (UDL) across all national curricula, providing accessible instructional materials and dedicated learning support assistants.
Outcome: Tailored educational delivery that accommodates diverse learning styles and maximizes cognitive and academic growth for every student.

Recommendation 2.3: Build Workforce Capabilities & Enforce Anti-Bullying
Train educators in inclusive pedagogy, implement and enforce anti-bullying policies across all schools.
Outcome: Safe, affirming school cultures free from stigma and low expectations, where PWIDDs fully participate in academic, extracurricular, and athletic activities.



Pillar 3: SDG 8 Creating Inclusive Workplaces and Fair Compensation

Recommendation 3.1: Fund Vocational Training and Reform Hiring Practices
Establish vocational programs suited to PWIDD. Require employers to replace traditional, verbal interviews with practical skill demonstrations, job trials, and internships.
Outcome: Smooth school-to-work transitions and hiring processes that evaluate actual job capabilities, eliminating barriers at job interviews.

Recommendation 3.2: Reasonable Accommodation, Fair Compensation & Progression
Require and support employers to provide reasonable accommodations for PWIDDs, which may include job coaches, job redesign, accessible materials, etc. Eliminate sub-minimum wages, mandate equal pay for equal work, provide equal access to promotions and pensions.
Outcome: PWIDDs can participate fully and productively in the workforce for career advancement, retention, and long-term financial independence.

Recommendation 3.3: Build Inclusive Workplace Cultures and Accountability
Establish measurable disability inclusion standards and monitor workplace inclusion outcomes. Enable employers to create inclusive workplace cultures through leadership commitment, IDD training, and inclusion of PWIDDs in workplace decision-making.
Outcome: Move towards genuine inclusion, reduce discrimination, and build cultures where PWIDDs are respected, valued, and able to contribute to their full potential.



Closing Comments

Throughout this Congress, the Athlete Leaders asked for something simple: not charity, not sympathy, but the opportunity to participate, contribute, and lead. The Athlete Leaders have already shown at the Congress and through their lived experiences, expertise and leadership, that they can contribute effectively to society but only if they are given the chance to do so.

If we are serious about leaving no one behind, then people with IDD cannot remain on the margins of policy, services, or society. Every year that barriers remain in healthcare, education, and employment represents lost human potential, weaker communities, and less resilient societies.

It is time to move from listening to implementation, from commitment to accountability, and from inclusion as an ambition to making it a reality.

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Our Partners































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About Special Olympics Asia Pacific

Our Mission

To provide year-round sports training and athletic competitions in a variety of Olympic-type sports for children and adults with intellectual and developmental disabilities, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy, and participate in a sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community.

Special Olympics is a global movement that harnesses the transformative power of sport to foster inclusion and end discrimination against people with intellectual and developmental disabilities (IDD). Founded in 1968, the organization offers year-round sports training and competitions in over 30 Olympic-type sports, alongside inclusive health, education, and leadership programs. Today, Special Olympics serves over 190 countries and territories, supported by a global network of coaches and volunteers.

With its regional headquarters based in Singapore, Special Olympics Asia Pacific (SOAP) oversees and supports a diverse network of programs across 35 countries (including 5 programs in the process of rebuilding). Beyond sports, SOAP is committed to creating inclusive communities through holistic, evidence-based programming in healthcare, youth empowerment, and athlete leadership — championing the rights, voices, and inclusion of people with IDD in every aspect of life. Unified sports brings people with and without intellectual disabilities together to train and compete on the same team.

In partnership with governments, schools, corporations, and civil society, Special Olympics Asia Pacific advocates for a world where everyone — regardless of ability — is welcomed, respected, and given the opportunity to contribute meaningfully. Through sport and beyond, we are building a future defined by inclusion, compassion, and human potential.

Special Olympics ASIA PACIFIC

ASIA PACIFIC OFFICE
73 Science Park Dr, #03-07/08 Cintech I
Singapore 118254

www.specialolympics.org/regions/special-olympics-asia-pacific

@soasiapacific

info-asiapacific@specialolympics.org



"We are not special; you and I, we are all unique the way we are. We want to be included, whether big or small. It takes everyone's efforts to drive change."

Keiran Mark Corry
Special Olympics Australia