United Nations

Report of the Committee on the Rights of Persons with Disabilities

Twenty-fourth session
(8 March–1 April 2021)

Twenty-fifth session
(16 August–14 September 2021)

Twenty-sixth session
(7–25 March 2022)

Twenty-seventh session
(15 August–9 September 2022)

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Report of the Committee on the Rights of Persons with Disabilities

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Note

Symbols of United Nations documents are composed of letters combined with figures. Mention of such a symbol indicates a reference to a United Nations document.
# Contents

**Chapter** | **Page**
---|---
I. Organizational and other matters | 1
   A. States parties to the Convention | 1
   B. Meetings and sessions | 1
   C. Membership and attendance | 1
   D. Election of officers | 1
   E. General comments and guidelines | 1
   F. Statements of the Committee | 2
   G. Accessibility of information | 2
   H. Adoption of the report | 3
II. Methods of work | 3
III. Consideration of reports submitted in accordance with article 35 of the Convention | 3
IV. Activities carried out under the Optional Protocol to the Convention on the Rights of Persons with Disabilities | 3
V. Cooperation with relevant bodies | 4
   A. Cooperation with other United Nations organs and departments | 4
   B. Cooperation with other relevant bodies | 4
VI. Conference of States Parties to the Convention | 4
Annex | 5
   Overview of the jurisprudence of the Committee during the reporting period | 5
I. Organizational and other matters

A. States parties to the Convention

1. As at 9 September 2022, the closing date of the twenty-seventh session of the Committee on the Rights of Persons with Disabilities, there were 185 States parties to the Convention on the Rights of Persons with Disabilities and 100 States parties to the Optional Protocol thereto. The lists of States parties to these instruments are available on the website of the Office of Legal Affairs of the Secretariat.\(^1\)

B. Meetings and sessions

2. The Committee held its twenty-fourth session from 8 March to 1 April 2021, its twenty-fifth session from 16 August to 14 September 2021, its twenty-sixth session from 7 to 25 March 2022 and its twenty-seventh session from 15 August to 7 September 2022. The fifteenth session of the Committee’s pre-sessional working group was held from 28 March to 1 April 2022 and its sixteenth session from 12 to 16 September 2022. The twenty-fourth and twenty-fifth sessions of the Committee were held virtually, and the other sessions were held in a hybrid format, with participation in person in Geneva and remotely online.

C. Membership and attendance

3. The Committee is composed of 18 independent experts. A list of Committee members, indicating the duration of their terms of office, is available on the Committee’s web page.\(^2\)

D. Election of officers

4. On 8 March 2021, during the Committee’s twenty-fourth session, the following members were elected for a term of two years:

   Chair: Rosemary Kayess (Australia)
   
   Vice-Chairs: Amalia Eva Gamio Ríos (Mexico)
               Kim Mi Yeon (Republic of Korea)
               Jonas Ruskus (Lithuania)

   Rapporteur: Odelia Fitoussi (Israel)

E. General comments and guidelines

5. At its twenty-fourth session, the Committee held a day of general discussion as part of its preparation of a draft general comment on the right of persons with disabilities to work and employment. A broad consultation process on the draft general comment took place at the end of 2021. At its twenty-seventh session, the Committee adopted its general comment No. 8 (2022) on the right of persons with disabilities to work and employment.

6. Also at its twenty-seventh session, the Committee decided to establish a working group to prepare a draft general comment on article 11 of the Convention, on situations of risk and humanitarian emergencies.

7. From January to June 2021, the Committee conducted seven online regional consultations on the issue of deinstitutionalization, including in emergencies. At its twenty-sixth session, the Committee endorsed a draft of the guidelines and decided to launch a

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\(^2\) See www.ohchr.org/EN/HRBodies/CRPD/Pages/Membership.aspx.
consultation process. At its twenty-seventh session, the Committee adopted its guidelines on the deinstitutionalization of persons with disabilities, including in emergencies. The guidelines complemented and should be read in conjunction with the Committee’s general comment No. 5 (2017), on living independently and being included in the community, and the Committee’s guidelines on the right to liberty and security of persons with disabilities.

F. Statements of the Committee

8. In June 2021, the Committee sent an open letter, jointly with the Special Rapporteur on the Rights of Persons with Disabilities, to the Secretary-General of the Council of Europe, the Committee of Ministers, the Committee on Bioethics, the Steering Committee for Human Rights, the Commissioner for Human Rights, the Parliamentary Assembly of the Council of Europe and other organizations and entities of the Council of Europe. In the open letter, the Committee and the Special Rapporteur recommended that the Council of Europe withdraw the draft additional protocol to the Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine, as it was incompatible with the provisions of the Convention.

9. At its twenty-sixth session, the Committee issued a joint statement with the Committee on the Rights of the Child on the rights of children with disabilities.

10. At its twenty-seventh session, the Committee issued a joint statement with the United Nations Office for Disaster Risk Reduction on the situation of persons with disabilities affected by flooding in Pakistan.

G. Accessibility of information

11. Remote captioning was available in all the Committee’s public and private meetings. International Sign interpretation and webcasting were available in the Committee’s public meetings. National sign language interpretation was provided during the dialogues with States parties whose official languages included English, French and Spanish.

12. No plain language or Easy Read versions of documents were available during the sessions covered by the present report. This gap, which has existed since the Committee was established in 2009, has not been corrected through the approval of budgetary entitlements by competent United Nations bodies.

13. The accessibility of conference and other facilities at the Palais des Nations in Geneva was hampered, mainly owing to the unfolding strategic heritage plan of the United Nations Office at Geneva. The twenty-sixth session of the Committee and part of its twenty-seventh session were held in inaccessible rooms at the Palais des Nations, which restricted the mobility of wheelchair users and persons with disabilities accompanied by personal assistants.

14. Committee members continued to face travel challenges owing to the limited understanding and insufficient implementation of standards of accessibility and reasonable accommodation among the entities concerned.

15. At its twenty-fourth and twenty-fifth sessions, which were held virtually, members with visual impairments had to continue to rely on third-party intervention, through personal assistants. The work of such personal assistants was not acknowledged as reasonable accommodation, mainly owing to the lack of funding for reasonable accommodation in the Secretariat.

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3 CRPD/C/5.
4 A/72/55, annex.
5 The Committee’s statements are available on its web page. See https://www.ohchr.org/en/treaty-bodies/crpd/statements-declarations-and-observations.
H. Adoption of the report

16. At its 650th meeting, the Committee adopted its seventh biennial report to the General Assembly and the Economic and Social Council, covering its twenty-fourth, twenty-fifth, twenty-sixth and twenty-seventh sessions.

II. Methods of work

17. At its twenty-fourth session, the Committee decided that its working languages during the biennium 2021–2022 would be English, French and Spanish.

18. The decision by United Nations conference services to limit remote interpretation to 30 minutes during three-hour hybrid meetings negatively affected the online participation of persons with intellectual disabilities and persons with psychosocial disabilities, as they required more time, on grounds of reasonable accommodation, to express their views.

19. The current meeting time allocated to the Committee – seven weeks of plenary meetings and 1.9 weeks of meetings of the pre-sessional working group – has not increased since 2014. However, the number of States parties to the Convention has increased from 130 to 186 in the period from 2013 to 2023. Likewise, an average of 12 reports are now being submitted to the Committee yearly. As a result of the lack of sufficient meeting time and staff resources, it now takes an average of six years from the submission of initial reports to their consideration by their Committee, and an average of four years for periodic reports. The Committee has the largest backlog among the treaty bodies of reports pending its consideration (74 reports at the end of 2022).

III. Consideration of reports submitted in accordance with article 35 of the Convention

20. The Committee adopted concluding observations on the initial reports submitted by the following States parties: Bangladesh, Djibouti, Estonia, France, Indonesia, Jamaica, Japan, Lao People’s Democratic Republic, Singapore, Switzerland and Venezuela (Bolivarian Republic of). It also adopted concluding observations on combined second and third periodic reports submitted by the following States parties: China, including Hong Kong, China, and Macao, China; Hungary; Mexico; New Zealand; and Republic of Korea.

21. The initial reports of the following States parties have been due for more than 10 years: Guinea, Lesotho, Malaysia, Saint Vincent and the Grenadines, San Marino, Syrian Arab Republic, United Republic of Tanzania and Yemen.

22. The initial reports of the following States parties have been due for more than five years: Barbados, Belize, Cabo Verde, Cambodia, Congo, Côte d’Ivoire, Dominica, Grenada, Guinea-Bissau, Nauru and Papua New Guinea.

IV. Activities carried out under the Optional Protocol to the Convention on the Rights of Persons with Disabilities

23. During the reporting period, the Committee registered 19 communications. The Committee found violations in seven communications: *Sherlock v. Australia*, *Rékasi v.*

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6. CRPD/C/BGD/CO/1, CRPD/C/CHE/CO/1, CRPD/C/DJI/CO/1, CRPD/C/EST/CO/1, CRPD/C/FRA/CO/1, CRPD/C/IDN/CO/1, CRPD/C/JAM/CO/1, CRPD/C/JPN/CO/1, CRPD/C/LAO/CO/1, CRPD/C/SGP/CO/1 and CRPD/C/VEN/CO/1.


8. CRPD/C/24/D/20/2014.


26. The Committee considered matters related to its communication procedures and inquiry proceedings pursuant to articles 6 and 7 of the Optional Protocol.

V. Cooperation with relevant bodies

A. Cooperation with other United Nations organs and departments

27. The Committee continued its interaction with other human rights treaty bodies and with United Nations agencies and programmes, particularly concerning the adoption of a human rights-based approach to disability in efforts to achieve the 2030 Agenda for Sustainable Development. In 2021 and 2022, the Committee submitted written contributions regarding the 2030 Agenda in response to a call for input by the high-level political forum on sustainable development.

B. Cooperation with other relevant bodies

28. The Committee continued to engage with national human rights institutions, independent monitoring frameworks, regional organizations, civil society organizations, and organizations of persons with disabilities during the reporting period.

VI. Conference of States Parties to the Convention

29. The Committee was represented remotely by its Chair at the fourteenth session of the Conference of States Parties to the Convention, held in New York in 2021. The Chair also participated remotely in the fifteenth session of the Conference of States Parties, held in New York in 2022.
Annex

Overview of the jurisprudence of the Committee during the reporting period

I. Positive measures in the implementation of the Convention

1. The Committee commended States parties for the measures taken to implement the Convention, 24 including legislative measures to promote the rights of persons with disabilities;25 the establishment of an independent mechanism to monitor the implementation of the Convention;26 the adoption of a national strategy on disability;27 the adoption of legislation recognizing denial of reasonable accommodation as a form of disability-based discrimination;28 their cooperation with organizations of persons with disabilities, including through public funding;29 amendments made to legislation to promote inclusive education;30 the recognition of sign languages as official languages;31 and their accession to or ratification of the Optional Protocol to the Convention.32

II. General principles and obligations (arts. 1–4)

2. The Committee expressed concern about the lack of harmonization of legislation and policies with the Convention; the lack of disability-related action strategies and of coordination between all levels of government; the perpetuation of the medical model of disability across legislation, regulations and practices, including in relation to disability certification and the use of derogatory terminology; the limited consultation mechanisms for involving persons with disabilities in decision-making processes; the insufficient support for organizations of persons with disabilities; reprisals against persons with disabilities; and the limited ratification of the Optional Protocol.

3. The Committee recommended that the States parties abandon the welfare and medical model and replace it with the human rights model of disability;33 adopt a comprehensive disability strategy for implementing the rights of persons with disabilities in the Convention across all government sectors and levels;34 eliminate the regional and municipal gaps in the provision of the services and assistance necessary to persons with disabilities in the community;35 strengthen capacity-building programmes for the relevant stakeholders on the rights of persons with disabilities;36 strengthen mechanisms for the meaningful and active involvement of persons with disabilities, through their representative organizations, in public decision-making processes, including for monitoring the implementation of the Sustainable Development Goals;37 ensure the availability of adequate financial and other necessary support for organizations of persons with disabilities;38 prohibit reprisals against individuals

For example, CRPD/C/JAM/CO/1, para. 4, and CRPD/C/VEN/CO/1, para. 4.
25 For example, CRPD/C/FRA/CO/1, para. 4, and CRPD/C/SGP/CO/1, para. 4.
26 For example, CRPD/C/JAM/CO/1, para. 4, and CRPD/C/JPN/CO/1, para. 6 (f).
27 For example, CRPD/C/HUN/CO/2-3, para. 5 (a), and CRPD/C/LAO/CO/1, para. 5 (a).
28 For example, CRPD/C/FRA/CO/1, para. 4 (e), and CRPD/C/JPN/CO/1, para. 5 (b).
29 For example, CRPD/C/JAM/CO/1, para. 4, and CRPD/C/LAO/CO/1, para. 5 (f).
30 For example, CRPD/C/JAM/CO/1, para. 4, and CRPD/C/LAO/CO/1, para. 5 (f).
31 For example, CRPD/C/JAM/CO/1, para. 4, and CRPD/C/LAO/CO/1, para. 5 (f).
32 For example, CRPD/C/NZL/CO/2-3, para. 4 (a).
33 For example, CRPD/C/DJI/CO/1, para. 6 (a), and CRPD/C/JAM/CO/1, para. 6 (a).
34 For example, CRPD/C/CHE/CO/1, para. 8 (a) and (b).
35 For example, CRPD/C/JPN/CO/1, para. 8 (c), and CRPD/C/EST/CO/1, para. 8 (c).
36 For example, CRPD/C/JPN/CO/1, para. 8 (e), and CRPD/C/MEX/CO/2-3, para. 10.
37 For example, CRPD/C/JAM/CO/1, para. 7 (c).
38 For example, CRPD/C/CHE/CO/1, para. 10 (b), and CRPD/C/EST/CO/1, para. 10 (b).
and organizations promoting the rights of persons with disabilities,\textsuperscript{39} and ratify the Optional Protocol.\textsuperscript{40}

### III. Specific rights (arts. 5–30)

#### A. Equality and non-discrimination (art. 5)

4. The Committee expressed concern about the absence of legislation to prohibit disability-based discrimination; the limited awareness about the right of persons with disabilities to request reasonable accommodation; the lack of recognition of the denial of reasonable accommodation as a form of disability-based discrimination and of multiple and intersectional discrimination; and the absence of legal remedies, complaints procedures and redress mechanisms for persons with disabilities subjected to discrimination, and the failure to punish perpetrators.

5. The Committee recommended that States parties repeal all laws and policies that were discriminatory against persons with disabilities, including persons affected by leprosy, persons with intellectual and persons with psychosocial disabilities;\textsuperscript{41} adopt a definition of reasonable accommodation that was consistent with the Convention;\textsuperscript{42} recognize the right of persons with disabilities to request reasonable accommodation in all areas of life and the denial of reasonable accommodation as a form of discrimination on the basis of disability;\textsuperscript{43} prohibit multiple and intersectional discrimination on grounds of disability and its intersection with other grounds, and adopt strategies to eliminate multiple and intersectional discrimination;\textsuperscript{44} and establish mechanisms allowing persons with disabilities exposed to discrimination to gain access to redress, including compensation, and rehabilitation and ensure that perpetrators were sanctioned.\textsuperscript{45}

#### B. Women with disabilities (art. 6)

6. The Committee expressed concern about the lack of disaggregated data on the situation of women and girls with disabilities; the failure to include a disability perspective in gender-related legislation and policies; the lack of measures to prevent multiple and intersectional discrimination against women and girls with disabilities; the lack of empowerment programmes for women and girls with disabilities; the limited number of organizations of women and girls with disabilities, and the failure to consult with women and girls with disabilities, through their representative organizations, in decision-making processes.

7. The Committee recommended that States parties ensure that data-collection systems and impact assessments of legislation and policies included indicators and disaggregated data concerning women and girls with disabilities;\textsuperscript{46} mainstream the rights of women and girls with disabilities into all gender-related legislation and policies, and gender perspectives into disability policies and programmes;\textsuperscript{47} address multiple and intersectional forms of discrimination against women and girls with disabilities;\textsuperscript{48} ensure the representation and inclusion of women with disabilities in all spheres of life and in decision-making processes;\textsuperscript{49} develop strategies, including financial resourcing, to support women and girls with disabilities.

\textsuperscript{39} For example, CRPD/C/CHN/CO/2-3, para. 9 (b), and CRPD/C/HUN/CO/2-3, para. 9 (c).
\textsuperscript{40} For example, CRPD/C/CHE/CO/1, para. 6, and CRPD/C/JAM/CO/1, para. 7 (d).
\textsuperscript{41} For example, CRPD/C/BGD/CO/1, para. 12 (b), and CRPD/C/LAO/CO/1, para. 9 (a).
\textsuperscript{42} For example, CRPD/C/EST/CO/1, para. 12 (d), and CRPD/C/SGP/CO/1, para. 10 (b).
\textsuperscript{43} For example, CRPD/C/JPN/CO/1, para. 13 (b) and (c), and CRPD/C/MEX/CO/2-3, para. 16 (b).
\textsuperscript{44} For example, CRPD/C/DJI/CO/1, para. 8 (a), and CRPD/C/FRA/CO/1, para. 12 (a).
\textsuperscript{45} For example, CRPD/C/EST/CO/1, para. 12 (c), and CRPD/C/MEX/CO/2-3, para. 16 (c).
\textsuperscript{46} For example, CRPD/C/FRA/CO/1, para. 14 (a), and CRPD/C/MEX/CO/2-3, para. 22.
\textsuperscript{47} For example, CRPD/C/DJI/CO/1, para. 10 (a), and CRPD/C/IDN/CO/1, para. 13 (b).
\textsuperscript{48} For example, CRPD/C/BGD/CO/1, para. 14 (a), and CRPD/C/LAO/CO/1, para. 11 (b).
\textsuperscript{49} For example, CRPD/C/JAM/CO/1, para. 13 (e), and CRPD/C/SGP/CO/1, para. 12 (d).
disabilities to develop their own representative organizations;\textsuperscript{50} and ensure close consultation and active involvement of women and girls with disabilities.\textsuperscript{51}

C. **Children with disabilities (art. 7)**

8. The Committee expressed concern about the exposure of children with disabilities to poverty, stereotypes and multiple and intersectional forms of discrimination; the absence of mechanisms to consult with children with disabilities and to enable them to express their views in all matters concerning them; the exclusion of children with disabilities from early intervention services, technical aids and social rehabilitation; violence and abuse against children with disabilities, including corporal punishment; the lack of accessible complaints and redress mechanisms for children with disabilities who had experienced discrimination; and the institutionalization of children with disabilities, and their lack of access to community-based services.

9. The Committee recommended that States parties address discrimination, harmful practices and stereotypes against children with disabilities;\textsuperscript{52} address poverty among children with disabilities, implement appropriate social protection programmes and support children with disabilities and their families;\textsuperscript{53} ensure the availability of inclusive social and educational services and facilities to children with disabilities on an equal basis with other children;\textsuperscript{54} establish mechanisms that respect the evolving capacity of children with disabilities to ensure that they could form their own views and express them freely in all matters affecting them;\textsuperscript{55} ensure the application of the concept of the best interests of the child and respect for the evolving capacities of children with disabilities in strategies and programmes on the rights of the child;\textsuperscript{56} ensure the availability, accessibility and quality of inclusive early intervention services, and access to mobility aids, devices and assistive technologies for children with disabilities;\textsuperscript{57} adopt legislation to protect children with disabilities from exploitation, abuse and violence, including from corporal punishment;\textsuperscript{58} repeal provisions that allowed for the institutionalization of children with disabilities;\textsuperscript{59} and put in place programmes to ensure the inclusion of children with disabilities in family life.\textsuperscript{60}

D. **Awareness-raising (art. 8)**

10. The Committee expressed concern about stigmatization, ableist policies and harmful practices against persons with disabilities; portrayal of persons with disabilities in the media from the perspective of the charity or medical models; the limited awareness about the rights of persons with disabilities and limited involvement of their representative organizations in awareness-raising campaigns; and the lack of information made available on the Convention.

11. The Committee recommended that States parties implement strategies based on the human rights model of disability to eliminate negative stereotypes that devalue persons with disabilities, including in respect of the use of prenatal genetic testing;\textsuperscript{61} carry out media campaigns aimed at eliminating prejudices, stereotypes and harmful practices in respect of persons with disabilities;\textsuperscript{62} introduce training and awareness-raising modules about the rights of persons with disabilities at all levels of education, in accessible formats;\textsuperscript{63} conduct

\textsuperscript{50} For example, CRPD/C/NZL/CO/2-3, para. 10 (b).
\textsuperscript{51} For example, CRPD/C/CHE/CO/1, para. 14 (b), and CRPD/C/FRA/CO/1, para. 14 (b).
\textsuperscript{52} For example, CRPD/C/BGD/CO/1, para. 16 (b).
\textsuperscript{53} For example, CRPD/C/EST/CO/1, para. 16 (a).
\textsuperscript{54} For example, ibid., para. 16 (a), and CRPD/C/HUN/CO/2-3, para. 15 (c).
\textsuperscript{55} For example, CRPD/C/CHE/CO/1, para. 16 (c), and CRPD/C/FRA/CO/1, para. 16 (c).
\textsuperscript{56} For example, CRPD/C/CHE/CO/1, para. 16 (a), and CRPD/C/HUN/CO/2-3, para. 15 (a).
\textsuperscript{57} For example, CRPD/C/FRA/CO/1, para. 16 (b).
\textsuperscript{58} For example, CRPD/C/DJI/CO/1, para. 12 (c), and CRPD/C/JPN/CO/1, para. 18 (c).
\textsuperscript{59} For example, CRPD/C/HUN/CO/2-3, para. 15 (b), and CRPD/C/MEX/CO/2-3, para. 24 (b).
\textsuperscript{60} For example, CRPD/C/VEN/CO/1, para. 17 (b).
\textsuperscript{61} For example, CRPD/C/CHE/CO/1, para. 18 (c), and CRPD/C/FRA/CO/1, para. 18 (a).
\textsuperscript{62} For example, CRPD/C/HUN/CO/2-3, para. 17, and CRPD/C/VEN/CO/1, para. 15 (b).
\textsuperscript{63} For example, CRPD/C/CHE/CO/1, para. 18 (c), and CRPD/C/JAM/CO/1, para. 17 (b).
awareness-raising programmes, including training, for policymakers, administrative staff, the judiciary, law enforcement officers, health professionals and the media to promote the human rights model of disability;\(^\text{64}\) and ensure the effective participation of persons with disabilities, through their representative organizations, in the design and implementation of public awareness-raising campaigns.\(^\text{65}\)

E. **Accessibility (art. 9)**

12. The Committee expressed concern about the lack of an accessibility strategy to eliminate barriers in all areas, such as information and communications technology, the physical environment and public transport, particularly in rural areas; the absence of sanctions for non-compliance with accessibility standards; the inaccessible infrastructure and public transportation provided or open to the public; the limited provision of sign language interpretation; the lack of accessible housing; the absence of training for architects and engineers on accessibility standards and universal design; and the lack of inclusion of persons with disabilities, through their representative organizations, in the design and monitoring of accessibility standards.

13. The Committee recommended that States parties adopt a national strategy on accessibility including all areas described in the Convention and strengthen its mechanisms for monitoring accessibility at the municipal level;\(^\text{66}\) establish a system of sanctions for non-compliance with accessibility standards, and complaints mechanisms for persons with disabilities;\(^\text{67}\) reinforce mechanisms to make public transportation accessible;\(^\text{68}\) ensure that accessibility plans include, among others, measures to provide, in building and other facilities open to the public, signage in Braille and in Easy Read, forms of live assistance and intermediaries, and silent hours in public spaces;\(^\text{69}\) ensure universal access to digital technology;\(^\text{70}\) bring educational and health facilities, and other buildings, into line with accessibility standards;\(^\text{71}\) adopt the principle of universal design and commit to a target of 100-per-cent accessibility for newly built public housing and introduce mandatory accessibility requirements for new housing constructed by the private sector;\(^\text{72}\) enhance capacity-building programmes on universal design and accessibility standards for architects, designers and engineers;\(^\text{73}\) and seek to consult persons with disabilities, through their representative organizations, before adopting legislation on the construction of a barrier-free environment.\(^\text{74}\)

14. In *Henley v. Australia*,\(^\text{75}\) concerning failure to provide audio description on free-to-air television, the Committee found that the measures taken by the State party, including through research, two trials and funding for the main television broadcasters, were insufficient and did not reveal the existence of a strategy to progressively and effectively take the necessary steps to provide audio description in a sustainable manner to persons with visual impairments, thus amounting to failure to discharge its duty to ensure accessibility.

F. **Right to life (art. 10)**

15. The Committee expressed concern about the insufficient protection of the right to life of persons with disabilities in guidelines on decisions regarding resuscitation; the high suicide

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\(^\text{64}\) For example, CRPD/C/CHN/CO/1, para. 18 (b), and CRPD/C/DJI/CO/1, para. 14 (b).

\(^\text{65}\) For example, CRPD/C/DJI/CO/1, para. 14 (c), and CRPD/C/SGP/CO/1, para. 16 (b).

\(^\text{66}\) For example, CRPD/C/BGD/CO/1, para. 20 (a), and CRPD/C/JPN/CO/1, para. 22 (a).

\(^\text{67}\) For example, CRPD/C/DJI/CO/1, para. 16 (a), and CRPD/C/MEX/CO/2-3, para. 28 (c).

\(^\text{68}\) For example, CRPD/C/FRA/CO/1, para. 20 (c), and CRPD/C/JAM/CO/1, para. 19 (c).

\(^\text{69}\) For example, CRPD/C/FRA/CO/1, para. 20 (d), and CRPD/C/VEN/CO/1, para. 17 (b).

\(^\text{70}\) For example, CRPD/C/FRA/CO/1, para. 20 (e), and CRPD/C/JAM/CO/1, para. 19 (d).

\(^\text{71}\) For example, CRPD/C/JAM/CO/1, para. 19 (b), and CRPD/C/NZL/CO/2-3, para. 16 (a).

\(^\text{72}\) For example, CRPD/C/NZL/CO/2-3, para. 16 (c).

\(^\text{73}\) For example, CRPD/C/JPN/CO/1, para. 22 (b).

\(^\text{74}\) For example, CRPD/C/CHN/CO/2-3, para. 23 (a) and CRPD/C/NZL/CO/2-3, para. 16 (d).

\(^\text{75}\) CRPD/C/27/D/56/2018.
rate among persons with disabilities; the high risk of death of persons with disabilities in institutions and the lack of investigation and prosecutions concerning such deaths; substituted decision-making applied in matters of termination or withdrawal of life-sustaining treatment and care; the application of the death penalty to persons with disabilities; and infanticide on the basis of impairment.

16. The Committee recommended that States parties develop human rights-based decision-making guidelines to ensure that decisions regarding resuscitation did not discriminate on the basis of disability; ensure close consultation and active involvement of persons with disabilities, through their representative organizations, and implement a national strategy for the prevention of suicide; initiate emergency deinstitutionalization of persons with disabilities, and prevent any form of involuntary treatment of persons with disabilities; conduct thorough and independent investigations into the causes and circumstances of the cases of deaths in psychiatric hospitals and provide remedies and redress to the families of victims; train health-care professionals on procedures to ensure that the consent of persons is sought as a requirement to terminate or withdraw their medical treatment; abolish the death penalty for persons with intellectual disabilities, persons with psychosocial disabilities and autistic persons; and take appropriate legal and policy measures to protect children with disabilities from infanticide on the basis of impairment.

G. Situations of risk and humanitarian emergencies (art. 11)

17. The Committee expressed concern about the lack of a disability-inclusive response to the coronavirus disease (COVID-19) pandemic, including barriers in gaining access to emergency information and devices, to vaccines and to economic and social programmes; the disproportionate effect of the pandemic on persons with disabilities, in particular those in institutions; the absence of a comprehensive national plan on emergencies and disaster risk reduction to support persons with disabilities, such as the lack of evacuation protocols, reasonable accommodation, accessible information, early warning systems and shelters; and the limited inclusion of organizations of persons with disabilities in the planning and monitoring of disaster risk reduction and climate change.

18. The Committee recommended that States parties mainstream disability into COVID-19 response and recovery plans, including ensuring equal access to vaccines and to other economic and social programmes; implement support programmes for persons with disabilities to address the aggravated consequences of the pandemic; deinstitutionalize persons with disabilities in times of emergency and provide them with appropriate support to live in the community; ensure access for persons with disabilities to information through alternative modes of communication and information; design and disseminate, in accessible formats, information on early warning mechanisms, protection systems and community crisis response networks; identify accessible shelters; train civil defence staff in addressing issues of security and protection for persons with disabilities; provide persons with disabilities living in refugee or asylum-seeker camps with access to emergency accommodation and humanitarian assistance; and closely consult and actively involve populations with disabilities.

76 For example, CRPD/C/CHE/CO/1, para. 22.
77 For example, CRPD/C/FRA/CO/1, para. 22 (a).
78 For example, ibid., para. 22 (b), and CRPD/C/IDN/CO/1, para. 21.
79 For example, CRPD/C/HUN/CO/2-3, para. 21, and CRPD/C/JPN/CO/1, para. 24 (b).
80 For example, CRPD/C/CHN/CO/2-3, para. 25.
81 For example, CRPD/C/SGP/CO/1, para. 20.
82 For example, CRPD/C/BGD/CO/1, para. 22.
83 For example, CRPD/C/DJI/CO/1, para. 18 (b), and CRPD/C/EST/CO/1, para. 22 (a).
84 For example, CRPD/C/MEX/CO/2-3, para. 34 (b).
85 For example, CRPD/C/JPN/CO/1, para. 26 (f), and CRPD/C/SGP/CO/1, para. 24 (b).
86 For example, CRPD/C/EST/CO/1, para. 22 (d), and CRPD/C/JAM/CO/1, para. 23 (d).
87 For example, CRPD/C/MEX/CO/2-3, para. 32 (b).
88 For example, CRPD/C/JPN/CO/1, para. 26 (b), and CRPD/C/MEX/CO/2-3, para. 32 (b).
89 For example, CRPD/C/JPN/CO/1, para. 26 (c), and CRPD/C/MEX/CO/2-3, para. 32 (c).
90 For example, CRPD/C/FRA/CO/1, para. 24 (d), and CRPD/C/HUN/CO/2-3, para. 23 (a).
persons with disabilities, through their representative organizations, in designing and implementing plans for disaster risk reduction and climate change adaptation at all stages of the process,\(^{91}\) and adopt a comprehensive strategy in accordance with the Sendai Framework for Disaster Risk Reduction 2015–2030.\(^{92}\)

II. **Equal recognition before the law (art. 12)**

19. The Committee expressed concern about the deprivation of persons with disabilities – particularly persons with intellectual and persons with psychosocial disabilities – of their legal capacity on the basis of impairment, in all areas of life; the persistence of substituted decision-making regimes, such as guardianship, conservatorship and wardship; the lack of safeguards for persons with disabilities in the exercise of their legal capacity; the limited training of the judiciary in that area; and the limited involvement of persons with disabilities in legal reform.

20. The Committee recommended that States parties guarantee the right of all persons with disabilities to equal recognition before the law and establish supported decision-making mechanisms in all areas of life;\(^ {93}\) repeal guardianship regimes and develop a system of supported decision-making for all persons with disabilities;\(^ {94}\) repeal laws and policies that denied persons with disabilities their right to enter into a contract or inherit property, to control their own financial affairs and to have equal access to bank loans, mortgages and other forms of financial credit;\(^ {95}\) implement a nationally consistent supported decision-making framework that respected the autonomy, will and preferences of persons with disabilities;\(^ {96}\) adopt the human rights model of disability ensuring the equal recognition of persons with disabilities before the law;\(^ {97}\) develop awareness-raising campaigns and capacity-building programmes for all stakeholders;\(^ {98}\) and ensure the participation of persons with disabilities, through their representative organizations, in reform processes.\(^ {99}\)

21. In *Rékasi v. Hungary*,\(^ {100}\) concerning the exercise of legal capacity in financial matters, the Committee found that the decision of the guardianship authority to authorize the author’s guardian to conclude a life insurance contract on behalf of the author, without having made significant efforts to determine her will or preferences, or the “best interpretation” of her will and preferences, amounted to a violation of article 12 of the Convention.

I. **Access to justice (art. 13)**

22. The Committee expressed concern about substituted decision-making regimes that prevented persons with disabilities from participating in legal proceedings; the limited provision of procedural and age-appropriate accommodation and legal aid for persons with disabilities; the barriers faced by persons with disabilities, including women with disabilities and institutionalized persons with disabilities, in gaining access to justice, such as disregard for their testimony and intimidation; the lack of information in accessible formats throughout legal proceedings; lack of accessibility of justice facilities; and insufficient training of justice professionals.

23. The Committee recommended that States parties refer to the International Principles and Guidelines on Access to Justice for Persons with Disabilities and ensure full recognition of the legal capacity of persons with disabilities and of their right to gain access to justice on an equal basis with others, including throughout proceedings before courts, tribunals and

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\(^{91}\) For example, CRPD/C/EST/CO/1, para. 22 (c), and CRPD/C/JAM/CO/1, para. 21 (b).

\(^{92}\) For example, CRPD/C/IDN/CO/1, para. 27, and CRPD/C/SGP/CO/1, para. 22 (b).

\(^{93}\) For example, CRPD/C/BGD/CO/1, para. 26 (b), and CRPD/C/IDN/CO/1, para. 31.

\(^{94}\) For example, CRPD/C/EST/CO/1, para. 24 (b).

\(^{95}\) For example, CRPD/C/BGD/CO/1, 26 (a).

\(^{96}\) For example, CRPD/C/NZL/CO/2-3, para. 22.

\(^{97}\) For example, CRPD/C/FRA/CO/1, para. 26 (a).

\(^{98}\) For example, CRPD/C/DJI/CO/1, para. 20 (b).

\(^{99}\) For example, CRPD/C/CHN/CO/2-3, para. 29 (c), and CRPD/C/VEN/CO/1, para. 23 (b).

\(^{100}\) CRPD/C/25/D/44/2017.
administrative authorities, and recognize the right of persons with disabilities to seek restoration of their legal capacity and legal assistance to pursue their claims;\textsuperscript{101} take age-appropriate and gender-sensitive legal measures, such as procedural accommodation, to guarantee access to justice for persons with disabilities, provide effective remedies to persons with disabilities living in institutions, and ensure that children with disabilities were heard in any proceedings affecting them;\textsuperscript{102} provide age-appropriate accommodation and access to legal aid, and develop alternative and augmentative means of information and communication for use throughout legal proceedings;\textsuperscript{103} eliminate barriers faced by women with disabilities, including intimidation, so that the judicial process was disability- and gender-sensitive;\textsuperscript{104} provide individualized support and procedural accommodation for persons with disabilities who wished to act as lawyers, judges and jurors and in other roles in the judicial system;\textsuperscript{105} and strengthen training on the Convention for justice and law enforcement officials.\textsuperscript{106}

J. Liberty and security of the person (art. 14)

24. The Committee expressed concern about deprivation of liberty on grounds of disability and the perceived dangerousness of persons with disabilities; the lack of safeguards to protect the right of persons with disabilities to informed consent, and the fact that involuntary or forced admission was still allowed; reports of the detention in vocational education and training centres of persons with disabilities belonging to the Uighur and other Muslim minorities; the fact that persons with intellectual disabilities and persons with psychosocial disabilities had frequently been the subject of declarations of non-liability in criminal proceedings; and the overrepresentation of persons with disabilities in prisons and the absence of accessibility and reasonable accommodation in such settings.

25. The Committee recommended that States parties repeal legal provisions allowing for involuntary treatment and restrictions of liberty on the grounds of psychosocial impairment or perceived dangerousness;\textsuperscript{107} repeal legal provisions legitimizing non-consensual psychiatric treatment on the grounds of perceived or actual impairment, establish a monitoring mechanism and ensure safeguards to protect the right of persons with disabilities to free and informed consent;\textsuperscript{108} release Uighur and other Muslim minority persons with disabilities deprived of their liberty in vocational education and training centres, and ensure that all disability-related needs of persons with disabilities still in detention were met;\textsuperscript{109} guarantee the due process rights of persons with disabilities in processes leading to deprivation of liberty, whether as indicted persons, victims or witnesses;\textsuperscript{110} guarantee accessibility and procedural accommodation for persons with disabilities at penitentiary institutions;\textsuperscript{111} and develop a disability justice strategy to address the overrepresentation of persons with disabilities in prisons.\textsuperscript{112}

K. Freedom from torture or cruel, inhuman or degrading treatment or punishment (art. 15)

26. The Committee expressed concern about the lack of protection for persons with disabilities, including women and girls with disabilities, who were victims of exploitation, violence or abuse; the subjection of persons with disabilities to forced treatment in

\textsuperscript{101} For example, CRPD/C/EST/CO/1, para. 26 (a).
\textsuperscript{102} For example, CRPD/C/MEX/CO/2-3, para. 38 (a)–(c).
\textsuperscript{103} For example, CRPD/C/EST/CO/1, para. 26 (c) and (d).
\textsuperscript{104} For example, CRPD/C/BGD/CO/1, para. 28 (b).
\textsuperscript{105} For example, ibid., para. 28 (c).
\textsuperscript{106} For example, CRPD/C/IDN/CO/1, para. 33 (d).
\textsuperscript{107} For example, CRPD/C/CHN/CO/2-3, para. 29 (a), and CRPD/C/FRA/CO/1, para. 30 (a).
\textsuperscript{108} For example, CRPD/C/JPN/CO/1, para. 32 (b) and (c).
\textsuperscript{109} For example, CRPD/C/CHN/CO/2-3, para. 33 (c).
\textsuperscript{110} For example, CRPD/C/MEX/CO/2-3, para. 40 (a).
\textsuperscript{111} For example, CRPD/C/FRA/CO/1, para. 30 (d), and CRPD/C/HUN/CO/2-3, para. 29 (d).
\textsuperscript{112} For example, CRPD/C/NZL/CO/2-3, para. 24 (a).
institutions, including the use of seclusion, restraint, forced medication, overmedication and electroconvulsive therapy; and the lack of complaints mechanisms and impunity in cases of torture and other cruel, inhuman or degrading treatment.

27. The Committee recommended that States parties take measures to protect persons with disabilities from torture and other cruel, inhuman or degrading treatment, including protocols to ensure free consent concerning medical treatment; \(^{113}\) review legislation and policies that allowed involuntary confinement and forced treatment; \(^{114}\) eliminate the use of restraint for reasons relating to disability; \(^{115}\) set up mechanisms for reporting cruel, inhuman or degrading treatment, establish redress and remedy measures for victims, and ensure the prosecution and punishment of perpetrators; \(^{116}\) and protect persons with disabilities, particularly women and girls with disabilities, from torture and cruel, inhuman or degrading treatment or punishment and provide adequate and free or affordable quality legal advice, counselling and compensation to victims.\(^ {117}\)

28. In Z.H. v. Sweden,\(^ {118}\) concerning deportation of the author to Afghanistan where he would be at risk of lack of access to adequate medical treatment, the Committee found that the author’s removal to his country of origin would, if implemented, violate his rights under article 15 of the Convention. The Committee considered that there were serious doubts as to whether the author would have access in Afghanistan to adequate medical treatment to prevent a violation of his rights under article 15, and that it was therefore unable to conclude that the domestic authorities’ assessment had not been arbitrary regarding the existence of a real risk of irreparable harm for the author in his country of origin.

L. Freedom from exploitation, violence and abuse (art. 16)

29. The Committee expressed concern about cases of violence, including sexual violence, and abuse against persons with disabilities, particularly in institutions; the absence of data and accessible complaints mechanisms and shelters, especially for women and girls with disabilities who were survivors of gender-based violence; the lack of mechanisms for identifying, investigating and prosecuting cases of exploitation, violence and abuse against persons with disabilities; and the lack of remedies for persons with disabilities facing violence.

30. The Committee recommended that States parties ensure the availability of accessible and inclusive support services for the recovery of persons with disabilities who were victims of abuse;\(^ {119}\) ensure that data collected on violence against persons with disabilities identified all instances of gender-based violence against women and girls with disabilities;\(^ {120}\) establish a complaints mechanism to ensure the investigation and prosecution of cases and conduct capacity-building programmes for law enforcement officials on the identification of and response to abuse and violence against victims with disabilities;\(^ {121}\) ensure the accessibility of shelters for victims of violence and the services provided therein;\(^ {122}\) systematically monitor and collect disaggregated data on the locations and prevalence of exploitation, violence and abuse against persons with disabilities, including women and girls with disabilities who were victims of domestic violence, trafficking and forced marriage;\(^ {123}\) adopt a comprehensive strategy, in close consultation with persons with disabilities, to prevent and respond to all

\(^{113}\) For example, CRPD/C/CHN/CO/1, para. 27 (a).

\(^{114}\) For example, CRPD/C/JAM/CO/1, para. 31 (a).

\(^{115}\) For example, CRPD/C/FRA/CO/1, para. 33 (c).

\(^{116}\) For example, ibid., para. 33 (b).

\(^{117}\) CRPD/C/DJI/CO/1, para. 26 (a).

\(^{118}\) CRPD/C/CHN/CO/2-3, para. 37 (c).

\(^{119}\) For example, CRPD/C/EST/CO/1, para. 33 (b).

\(^{120}\) For example, CRPD/C/DJI/CO/1, para. 28 (b).

\(^{121}\) For example, CRPD/C/HU/CO/2-3, para. 34 (d), and CRPD/C/MEX/CO/2-3, para. 44 (c).

\(^{122}\) For example, CRPD/C/CHN/CO/2-3, para. 37 (a).
forms of exploitation, violence and abuse, including specific gender- and age-sensitive measures;\textsuperscript{124} and adopt a strategy to prevent violence and abuse.\textsuperscript{125}

M. Protecting the integrity of the person (art. 17)

31. The Committee expressed concern about forced sterilization and abortion among women and girls with disabilities; the subjection of intersex persons to medical interventions without their consent; harmful practices perpetrated against women and girls with disabilities, including forced marriage; the subjection of autistic children to treatment aimed at rendering them “non-autistic” and to the practice of “packing”; and the lack of measures to protect the integrity of persons with disabilities, particularly in mental health institutions, including against forced medical treatment and use of drugs.

32. The Committee recommended that States parties prohibit the forced sterilization and termination of pregnancies among women with disabilities based on third-party requests, including from guardians or tutors, and raise awareness about the legal prohibition;\textsuperscript{126} prohibit the practice of subjecting intersex persons to medical interventions without their consent;\textsuperscript{127} prevent harmful practices such as forced marriage;\textsuperscript{128} eliminate the use of “normalizing” treatments for autistic children, and take measures to redress the rights of children and adults with disabilities who had been subjected to such treatment\textsuperscript{129} establish safeguards to ensure the protection of the integrity of persons with disabilities, especially persons with intellectual disabilities and persons with psychosocial disabilities, and to ensure respect for the free and informed consent of persons with disabilities regarding medical treatment and interventions.\textsuperscript{130}

N. Liberty of movement and nationality (art. 18)

33. The Committee expressed concern about the lack of reasonable accommodation and support for asylum-seekers and refugees with disabilities; barriers faced by persons with disabilities, including refugees and asylum-seekers with disabilities, to obtaining official documentation; the fact that some children with disabilities were still not registered at birth; the lack of freedom of movement of persons with disabilities; the denial of entry of persons with intellectual disabilities and persons with psychosocial disabilities to the territory; and discriminatory health requirements under immigration rules.

34. The Committee recommended that States parties ensure accessibility, reasonable accommodation and support measures for asylum-seekers and refugees with disabilities;\textsuperscript{131} take measures, with budget allocations, to ensure that refugees and asylum-seekers with disabilities had access to official documentation, on an equal basis with others, and enforce the registration of newborn children with disabilities at birth;\textsuperscript{132} ensure that migrants with disabilities were able to exercise their rights on an equal basis with others, and establish monitoring and assessment mechanisms at borders for the identification, processing and protection of migrants with disabilities;\textsuperscript{133} ensure freedom of movement for persons with disabilities, in particular refugees with disabilities;\textsuperscript{134} revise provisions that permitted the denial of entry of persons with intellectual disabilities and persons with psychosocial disabilities to the State party;\textsuperscript{135} and amend immigration and asylum legislation and
administrative rules to ensure that persons with disabilities did not face discrimination during immigration and asylum procedures.\textsuperscript{136}

35. In \textit{Sherlock v. Australia},\textsuperscript{137} concerning freedom of movement and access to a work visa, the Committee found that the fact that the national authorities had decided that the author did not meet the requirement for a subclass 457 visa on the basis of her multiple sclerosis, in application of the Migration Regulations 1994, amounted to indirect discrimination on the basis of disability and constituted an obstacle to her freedom of movement and freedom to choose her own residence.

O. Living independently and being included in the community (art. 19)

36. The Committee expressed concern about the absence of a deinstitutionalization strategy for persons with disabilities; the lack of awareness of the right of persons with disabilities to live independently and be included in the community; the limited provision of individualized support and personal assistance for persons with disabilities; regulations, structures and budgets that promoted the placement of persons with disabilities in segregated settings, particularly children with disabilities, persons with intellectual disabilities, persons with psychosocial disabilities and persons with leprosy; and the lack of data on the number of persons with disabilities living in institutions.

37. The Committee recommended that States parties refer to its general comment No. 5 (2017), on living independently and being included in the community, and to its guidelines on deinstitutionalization, including in emergencies (2022),\textsuperscript{138} and launch, in consultation with organizations of persons with disabilities, a legal framework and national strategy with time-bound benchmarks, and human, technical and financial resources, aimed at the effective transition of persons with disabilities from institutions into independent living in the community;\textsuperscript{139} adopt a strategy that would include awareness-raising activities to promote understanding of the right to choose and self-determination of persons with disabilities concerning their living arrangements;\textsuperscript{140} develop a system for self-managed personal assistance that would include person-directed tools to support persons with disabilities to live independently in the community;\textsuperscript{141} increase the availability of community-based services aimed at enabling persons with disabilities to live independently and participate in the community;\textsuperscript{142} and collect disaggregated data on the number of persons with disabilities, including children with disabilities and persons affected by leprosy, still living in institutions.\textsuperscript{143}

38. In \textit{S.K. v. Finland},\textsuperscript{144} regarding access by a person with physical and intellectual disabilities to a personal assistant, the Committee found that the domestic authorities’ rejection of the author’s application for personal assistance on the basis of the resources criterion constituted indirect discrimination against persons with intellectual disabilities, as it had the effect of impairing or nullifying the author’s enjoyment and exercise, on an equal basis with others, of the right to live independently and to be included in the community.

P. Personal mobility (art. 20)

39. The Committee expressed concern about the lack of access for persons with disabilities to quality and affordable mobility aids and assistive devices and technologies; the inaccessibility of public transport; the absence of locally made aids and devices, leading to

\textsuperscript{136} For example, CRPD/C/NZL/CO/2-3, para. 38 (a).
\textsuperscript{137} CRPD/C/24/D/20/2014.
\textsuperscript{138} CRPD/C/5.
\textsuperscript{139} For example, CRPD/C/JPN/CO/1, para. 42 (d).
\textsuperscript{140} For example, CRPD/C/EST/CO/1, para. 39 (a) and CRPD/C/JAM/CO/1, para. 35 (a).
\textsuperscript{141} For example, CRPD/C/EST/CO/1, para. 39 (c) and CRPD/C/FRA/CO/1, para. 41 (d).
\textsuperscript{142} For example, CRPD/C/JAM/CO/1, para. 35 (b), and CRPD/C/MEX/CO/2-3, para. 51 (b).
\textsuperscript{143} For example, CRPD/C/LAO/CO/1, para. 35 (c).
\textsuperscript{144} CRPD/C/26/D/46/2018.
importation at high prices; and the “good health” certificate as a requirement for driving licence applications.

40. The Committee recommended that States parties ensure access to quality mobility aids and assistive devices and technologies for all persons with disabilities irrespective of their registration status, in particular those who were unemployed or were low-income earners;\(^{145}\) ensure the accessibility to persons with disabilities of transport and of forms of live assistance and intermediaries, including by making them free or affordable;\(^{146}\) ensure the affordability of assistive devices, including by adopting tax and customs exemptions for the purchase of mobility aids and assistive devices and technologies, and provide financial and capacity support for local enterprises to manufacture aids for the local market;\(^{147}\) and remove discriminatory requirements in driving licence applications that excluded persons with disabilities.\(^ {148}\)

Q. Freedom of expression and opinion, and access to information (art. 21)

41. The Committee expressed concern about the barriers faced by persons with disabilities in gaining access to public information and communications; the lack of access to sign language interpretation and speech-to-text services, particularly in the areas of education, employment and health; the lack of official recognition of the national sign language and the limited number of sign language interpreters; and the pressure on disability rights defenders in relation to their advocacy work and reprisals against them.

42. The Committee recommended that States parties develop legally binding information and communications standards to ensure the accessibility of information provided to the public, and allocate sufficient funding for the development, promotion and use of accessible communication formats, including subtitling, Braille, Easy Read, plain language and tactile, augmentative and alternative means of communication, in relation to public services;\(^ {149}\) ensure access to sign language interpretation and speech-to-text services for deaf and hard-of-hearing persons in all areas of life;\(^ {150}\) recognize sign language as an official language, recognize the professional status of sign language interpreters and develop training to strengthen their capacities;\(^ {151}\) and recognize the role of civil society organizations, in particular organizations of persons with disabilities, as human rights defenders, prohibit any reprisals against individuals and organizations and take effective measures to protect the free exchange of ideas in the civic space.\(^ {152}\)

R. Respect for privacy (art. 22)

43. The Committee expressed concern about the lack of protection of the personal data of persons with disabilities, particularly in the health-care system and in institutions; and the collection of information by service providers about persons with disabilities without their consent and without a reasonable purpose.

44. The Committee recommended that States parties ensure that the privacy of the personal data of persons with disabilities was comprehensively protected by data protection laws, including through right of action and access to a remedy;\(^ {153}\) ensure the privacy of persons with disabilities, in particular persons with intellectual disabilities and persons with psychosocial disabilities, including the confidentiality of information and of their personal medical records, in institutions and mental health systems and services;\(^ {154}\) and ensure that

\(^ {145}\) For example, CRPD/C/JAM/CO/1, para. 37 (a).
\(^ {146}\) For example, CRPD/C/FRA/CO/1, para. 43 (a)–(c).
\(^ {147}\) For example, CRPD/C/IDN/CO/1, para. 47.
\(^ {148}\) For example, CRPD/C/LAO/CO/1, para. 37 (b).
\(^ {149}\) For example, CRPD/C/CHE/CO/1, para. 42 (b) and (c).
\(^ {150}\) For example, CRPD/C/EST/CO/1, para. 43 (a).
\(^ {151}\) For example, CRPD/C/FRA/CO/1, para. 45 (b) and (c).
\(^ {152}\) For example, CRPD/C/SGP/CO/1, para. 40.
\(^ {153}\) For example, CRPD/C/CHN/CO/2-3, para. 47.
\(^ {154}\) For example, CRPD/C/LAO/CO/1, para. 41.
data collection was limited to specifically relevant data and that personal data was disclosed with the consent of the individual only.\textsuperscript{155}

S. Respect for home and the family (art. 23)

45. The Committee expressed concern about laws that restricted the right of persons with disabilities, particularly persons with intellectual disabilities and persons with psychosocial disabilities, to marry and to found a family; legislation permitting divorce on the grounds of disability; the insufficiency of in-home and inclusive community services to support parents of children with disabilities, or parents with disabilities to carry out parental responsibilities; and the separation of children from their parents, and their institutionalization, on the basis of their or their parents’ disabilities.

46. The Committee recommended that States parties repeal discriminative laws that limited the enjoyment by persons with disabilities of their right to marry and to start a family on an equal basis with others;\textsuperscript{156} repeal discriminatory legal provisions that set psychosocial disability as grounds for divorce;\textsuperscript{157} prohibit the separation of children from their parents on the basis of their or their parents’ disabilities, and set up supportive frameworks to promote a safe family environment for such children to thrive within their families;\textsuperscript{158} and implement strategies to increase family placements for children with disabilities and to ensure that siblings could remain together in such placements.\textsuperscript{159}

T. Education (art. 24)

47. The Committee expressed concern about segregated special educational settings for persons with disabilities; the poor level of education provided to blind or visually impaired and deaf or hard-of-hearing students, students with psychosocial disabilities and students with intellectual disabilities; the absence of data to monitor progress on inclusive education; the lack of resources to support inclusive education; the inaccessibility of school infrastructure, curricula, transport and learning materials; the lack of trained teachers; the refusal to admit children with disabilities into mainstream schools on the basis of their impairment; bullying of children with disabilities at school; the exclusion from the education system of asylum-seeking and refugee children with disabilities and children with disabilities in an irregular migration situation; and the absence of inclusive education policies in vocational and higher education.

48. The Committee recommended that States parties prohibit separated special education for persons with disabilities, and adopt laws and policies recognizing the right to high-quality inclusive education for all persons with disabilities, with specific targets and sufficient budget allocations at all levels;\textsuperscript{160} develop an inclusive education strategy to transition funding and resources from specialist education to inclusive education, to prioritize inclusive education in teacher training, to establish inclusive education guidelines and to develop an inclusive curriculum;\textsuperscript{161} ensure continuous training for teaching and support staff on inclusive education, and ensure that awareness-raising curricula were based on the human rights model of disability;\textsuperscript{162} facilitate individualized support and reasonable accommodation in mainstream education for students with disabilities at all levels, including tertiary education and vocational centres;\textsuperscript{163} adopt systems for parents and legal tutors to complain and seek redress in cases of refusal to admit their children to a school on the basis of their

\textsuperscript{155} For example, CRPD/C/CH/E/CO/1, para. 44 (a).
\textsuperscript{156} For example, CRPD/C/HUN/CO/2-3, para. 47 (a), and CRPD/C/VEN/CO/1, para. 41.
\textsuperscript{157} For example, CRPD/C/ES/CO/1, para. 50 (a).
\textsuperscript{158} For example, CRPD/C/EST/CO/1, para. 45 (c), and CRPD/C/MEX/CO/2-3, para. 53 (b).
\textsuperscript{159} For example, CRPD/C/NZL/CO/2-3, para. 46 (b).
\textsuperscript{160} For example, CRPD/C/CH/E/CO/1, para. 48 (a) and (b).
\textsuperscript{161} For example, CRPD/C/NZL/CO/2-3, para. 48 (a).
\textsuperscript{162} For example, CRPD/C/JAM/CO/1, para. 43 (d), and CRPD/C/SGP/CO/1, para. 48 (c).
\textsuperscript{163} For example, CRPD/C/JAM/CO/1, para. 43 (a) and (b), and CRPD/C/JPN/CO/1, para. 52 (c) and (f).
impairment;\(^\text{164}\) and ensure that children with disabilities, including asylum-seeking and refugee children with disabilities and children with disabilities in an irregular migration situation, had access to education, address bullying in schools, and collect disaggregated data on enrolment in and attendance at school among children with disabilities.\(^\text{165}\)

U. **Health (art. 25)**

49. The Committee expressed concern about the barriers faced by persons with disabilities in access to health-care facilities, services and equipment, especially in rural areas; the absence of accessible forms of communication for users of health services; the lack of information in accessible formats and of age-appropriate sexual and reproductive health services and education; the limited knowledge of the rights of persons with disabilities, and prejudices held against persons with disabilities, among health-care professionals; the lack of enforcement of the duty to obtain the free and informed consent of persons with disabilities with respect to medical treatment; the increase in post-traumatic stress disorder, anxiety and depression and the rising rate of suicide among persons with disabilities; and the lack of community-based and non-coercive mental health services.

50. The Committee recommended that States parties adopt comprehensive policies, with clear targets and sufficient budget allocation, to ensure the provision of high-quality public health-care facilities and services to persons with disabilities, and provide health-care information in accessible formats;\(^\text{166}\) ensure the accessibility of health services for persons with disabilities, particularly by developing public health programmes to reach out to the most marginalized persons with disabilities and by providing accessible transportation to health-care centres;\(^\text{167}\) provide women and girls with disabilities with access to appropriate sexual and reproductive health care, information on HIV/AIDS prevention and counselling, especially in rural areas and in refugee camps;\(^\text{168}\) ensure the provision of family planning education and information on sexual and reproductive health in accessible and age-appropriate formats;\(^\text{169}\) integrate the rights-based approach to disability into the training curriculum of health-care professionals, emphasizing the right to respect for free and informed consent to medical treatment;\(^\text{170}\) and develop, in close consultation with organizations of persons with psychosocial disabilities, non-coercive, community-based mental health support, and take the necessary measures to dismantle systems that separated mental health care from general medical care.\(^\text{171}\)

V. **Habilitation and rehabilitation (art. 26)**

51. The Committee expressed concern about the shortage of community-based habilitation and rehabilitation programmes, particularly in rural areas; the low level of awareness of and access to assistive products and rehabilitation services; the limited nature of specialized services within rehabilitation services to meet the needs of persons with intellectual disabilities and persons with psychosocial disabilities, autistic persons, and persons who required intensive support; and the insufficient number of trained professionals in that area.

52. The Committee recommended that States parties ensure the promotion of community-based habilitation and rehabilitation services, particularly in the areas of health, employment, education, and social services;\(^\text{172}\) expand habilitation and rehabilitation systems, taking into account the human rights model of disability, and ensure that all persons with disabilities

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\(^{164}\) For example, CRPD/C/FRA/CO/1, para. 51 (b), and CRPD/C/JPN/CO/1, para. 52 (b).

\(^{165}\) For example, CRPD/C/FRA/CO/1, para. 51 (a) and (g).

\(^{166}\) For example, CRPD/C/CHN/CO/2-3, para. 53 (a), and CRPD/C/DJI/CO/1, para. 44 (a) and (d).

\(^{167}\) For example, CRPD/C/FRA/CO/1, para. 53 (a).

\(^{168}\) For example, CRPD/C/BD/CO/1, para. 50 (b), and CRPD/C/FRA/CO/1, para. 53 (d).

\(^{169}\) For example, CRPD/C/JAM/CO/1, para. 45 (b).

\(^{170}\) For example, CRPD/C/DJI/CO/1, para. 44 (c).

\(^{171}\) For example, CRPD/C/JPN/CO/1, para. 54 (d).

\(^{172}\) For example, CRPD/C/JPN/CO/1, para. 56 (a).
have access to those services on the basis of their individual requirements;\textsuperscript{173} and enhance awareness-raising activities to disseminate information in accessible formats on the importance and availability of rehabilitation services, and strengthen the training of professionals working in rehabilitation centres.\textsuperscript{174}

W. Work and employment (art. 27)

53. The Committee expressed concern about the high rate of unemployment and part-time employment among persons with disabilities; sheltered workshops for persons with disabilities; discrimination against persons with disabilities in the context of work and employment, including unequal treatment in recruitment, lack of individualized support and the denial of reasonable accommodation; the attitudinal, physical, communication and environmental barriers that prevented access to employment, particularly affecting women with disabilities and persons with intellectual disabilities and persons with psychosocial disabilities; the limited professional training for persons with disabilities; sexual harassment of persons with disabilities in the workplace; and forced labour among persons with disabilities.

54. The Committee recommended that States parties refer to its general comment No. 8 (2022), on the right of persons with disabilities to work and employment, and adopt legislation and time-bound policies and benchmarks to ensure that persons with disabilities had access to work and employment in the open labour market, on an equal basis with others, and move towards eradicating sheltered workshops;\textsuperscript{175} amend employment legislation to align it with the rights-based approach to disability and to prohibit the denial of reasonable accommodation in the workplace;\textsuperscript{176} provide persons with disabilities with vocational and professional training;\textsuperscript{177} implement affirmative action programmes to ensure job placement and job retention for persons with disabilities in the public and private sectors;\textsuperscript{178} and intensify efforts to prevent and punish sexual harassment in the workplace, forced labour, exploitation, and trafficking for the purposes of labour exploitation of persons with disabilities.\textsuperscript{179}

55. In M.R. i V. v. Spain,\textsuperscript{180} concerning the dismissal of a police officer on the basis of disability, the Committee found that the domestic authorities had assessed and rejected the author’s application for assignment to modified duty on the basis of the medical model of disability, without examining the possibility of providing reasonable accommodation, which amounted to a violation of article 27 of the Convention and constituted both direct discrimination and denial of reasonable accommodation.

X. Adequate standard of living and social protection (art. 28)

56. The Committee expressed concern about high numbers of persons with disabilities living in extreme poverty; the absence of social protection systems guaranteeing access for persons with disabilities and their families to an adequate standard of living, particularly in rural areas; disparities on the grounds of age between support measures available to persons with disabilities; the lack of support to cover disability-related costs; the increased risk of homelessness for persons with disabilities who had been institutionalized; and the lack of involvement of persons with disabilities in the development of social protection policies.

57. The Committee recommended that States parties review their social protection strategies to strengthen the social protection and poverty reduction schemes for persons with disabilities, with sufficient budget allocations to ensure that disability-related expenses were

\textsuperscript{173} For example, CRPD/C/JAM/CO/1, para. 47, and CRPD/C/JPN/CO/1, para. 56 (b).
\textsuperscript{174} For example, CRPD/C/LAO/CO/1, para. 49 (d).
\textsuperscript{175} For example, CRPD/C/SGP/CO/1, para. 52 (a).
\textsuperscript{176} For example, CRPD/C/DJI/CO/1, para. 48 (a)
\textsuperscript{177} For example, ibid., para. 48 (c).
\textsuperscript{178} For example, CRPD/C/LAO/CO/1, para. 51 (b).
\textsuperscript{179} For example, CRPD/C/MEX/CO/2-3, para. 61 (c).
\textsuperscript{180} CRPD/C/26/D/48/2018.
covered, while focusing on the situation of older persons with disabilities, persons with disabilities living in refugee camps and persons with disabilities living in rural areas;\textsuperscript{181} ensure equal access to support for all persons with disabilities, regardless of their age or the nature of their disability;\textsuperscript{182} establish and implement legally binding accessibility standards for housing, and strengthen the social protection system to guarantee an adequate standard of living for persons with disabilities and to cover disability-related expenses;\textsuperscript{183} ensure the full and effective participation of organizations of persons with disabilities in the design of social protection policies and programmes;\textsuperscript{184} increase assistance to persons with disabilities, in particular those in the poorest areas, in rural areas and in impoverished ethnic groups, and improve information packages about social protection services in accessible formats;\textsuperscript{185} and carry out a survey on the economic situation of persons with disabilities during and after the COVID-19 pandemic, and increase the amount of the benefits granted to them.\textsuperscript{186}

58. In Bellini et al. v. Italy,\textsuperscript{187} concerning lack of legal recognition and social support for family caregivers, the Committee found that the State party did not recognize social protection or insurance for family caregivers and that, as a result, families of persons with disabilities, including the author’s family, were at high risk of poverty and were therefore in particular need of social protection in terms of resources, time and services. The Committee also noted that the lack of legal recognition of family caregivers had serious consequences for the right of persons with disabilities to live independently in the community, including for the author and her family.

Y. Participation in political and public life (art. 29)

59. The Committee expressed concern about discriminatory legislation that excluded persons with disabilities from voting, standing as candidates and participating in the electoral process; the physical inaccessibility of polling centres, voting procedures, facilities and materials, and the lack of accessible information regarding the electoral process; the low level of representation and political participation of persons with disabilities, particularly women with disabilities; the absence of secrecy in the voting process; and the lack of training for election officers to respond to the needs of persons with disabilities.

60. The Committee recommended that States parties repeal discriminatory provisions that denied the right to vote and to participate in the electoral process for persons with intellectual disabilities, persons with psychosocial disabilities and persons deprived of their legal capacity;\textsuperscript{188} ensure that electoral and voting procedures, facilities and election material were appropriate and accessible for all persons with disabilities;\textsuperscript{189} promote the participation of persons with disabilities, particularly women with disabilities, in political life and public administration;\textsuperscript{190} ensure that persons with disabilities were guaranteed secrecy in the voting process;\textsuperscript{191} guarantee that persons with disabilities and their representative organizations were able to participate in political life and public decision-making processes on an equal basis with others;\textsuperscript{192} and develop information and training for election officers to ensure appropriate response to the needs of persons with disabilities.\textsuperscript{193}
Z. Participation in cultural life, recreation, leisure and sport (art. 30)

61. The Committee expressed concern about obstacles faced by persons with disabilities in access to cultural services and recreational, leisure and sporting activities; and the limited ratification of the Marrakesh Treaty to Facilitate Access to Published Works for Persons Who Are Blind, Visually Impaired or Otherwise Print Disabled.

62. The Committee recommended that States parties promote and protect the right of persons with disabilities, particularly children with disabilities, to participate in cultural life, recreation, leisure and sport on an equal basis with others; eliminate social and environmental barriers hindering the participation of persons with disabilities, in particular women and children with disabilities belonging to ethnic groups, in cultural life and in recreational and sports activities, and encourage their participation on an equal basis with others; and ratify, where not already done so, and implement the Marrakesh Treaty to Facilitate Access to Published Works for Persons Who Are Blind, Visually Impaired or Otherwise Print Disabled, in close consultation with organizations of persons with disabilities.

AA. Statistics and data collection (art. 31)

63. The Committee expressed concern about the lack of collection of disaggregated data on the situation of persons with disabilities in all areas of life, including persons with disabilities in residential institutions and psychiatric hospitals; and the absence of involvement of persons with disabilities in designing and monitoring data collection systems on disability.

64. The Committee recommended that States parties refer to the Washington Group short set of questions on disability and to the policy marker on the inclusion and empowerment of persons with disabilities developed by the Development Assistance Committee of the Organisation for Economic Co-operation and Development, and develop data-collection systems and databases on persons with disabilities in all areas of life, disaggregated by a range of factors, such as age, sex, type of impairment, type of support required, sexual orientation and gender identity, socioeconomic status, ethnicity, and place of residence, including residential institutions and psychiatric hospitals; establish more inclusive data-collection mechanisms to collect statistics and data on persons with disabilities; and support independent and participatory research, both quantitative and qualitative, to inform disability-related policies.

BB. International cooperation (art. 32)

65. The Committee expressed concern about the failure to incorporate a disability perspective into national implementation and monitoring of the 2030 Agenda for Sustainable Development; and the lack of the active participation of organizations of persons with disabilities, including organizations of women and girls with disabilities, in the planning, implementation, monitoring and evaluation of international cooperation activities.

66. The Committee recommended that States parties mainstream the rights of persons with disabilities into their implementation and monitoring of the 2030 Agenda; and ensure the full and effective participation and inclusion of and consultations with persons with disabilities.

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194 For example, CRPD/C/DJI/CO/1, para. 54.
195 For example, CRPD/C/LAO/CO/1, para. 57 (b).
196 For example, CRPD/C/FRA/CO/1, para. 61 (a).
197 For example, CRPD/C/JPN/CO/1, para. 66.
198 For example, CRPD/C/JAM/CO/1, para. 9 (b).
199 For example, CRPD/C/EST/CO/1, para. 61 (c).
200 For example, CRPD/C/JPN/CO/1, para. 68 (a).
disabilities, through their representative organizations, in the design, implementation monitoring and evaluation of all international cooperation programmes and projects.\textsuperscript{201}

**CC. National implementation and monitoring (art. 33)**

67. The Committee expressed concern about the lack of support to ensure independent monitoring of implementation of the Convention, in compliance with the principles relating to the status of national institutions for the promotion and protection of human rights (the Paris Principles); and the limited participation of persons with disabilities in monitoring of implementation of the Convention.

68. The Committee recommended that State parties establish national human rights institutions with a broad mandate on the protection of human rights and with adequate human, technical and financial resources, in full compliance with the Paris Principles;\textsuperscript{202} strengthen governmental mechanisms for coordinating implementation of the Convention and build the capacity of disability focal points;\textsuperscript{203} and ensure the involvement and full participation of civil society, in particular a broad range of organizations of persons with disabilities, in monitoring of implementation of the Convention.\textsuperscript{204}

\textsuperscript{201} For example, CRPD/C/FRA/CO/1, para. 65.
\textsuperscript{202} For example, CRPD/C/JPN/CO/1, para. 70.
\textsuperscript{203} For example, CRPD/C/HUN/CO/2-3, para. 65 (a).
\textsuperscript{204} For example, CRPD/C/SGP/CO/1, para. 62 (b).