



# Convention on the Rights of Persons with Disabilities

Distr.: General  
2 September 2015

Original: English

---

## Committee on the Rights of Persons with Disabilities

### Fourteenth session

#### Summary record of the 219th meeting

Held at the Palais Wilson, Geneva, on Thursday, 27 August 2015, at 10 a.m.

*Chairperson:* Ms. Cisternas Reyes

## Contents

Consideration of reports submitted by parties to the Convention under article 35  
(*continued*)

*Initial report of Qatar* (continued)

---


This record is subject to correction.

Corrections should be submitted in one of the working languages. They should be set forth in a memorandum and also incorporated in a copy of the record. They should be sent *within one week of the date of the present document* to the English Translation Section, room E.6040, Palais des Nations, Geneva (trad\_sec\_eng@unog.ch).

Any corrections to the records of the public meetings of the Committee at this session will be consolidated in a single corrigendum, to be issued shortly after the end of the session.

GE.15-14679 (E) 010915 020915



Please recycle 



*The meeting was called to order at 10 a.m.*

**Consideration of reports submitted by parties to the Convention under article 35**  
(continued)

*Initial report of Qatar (continued) (CRPD/C/QAT/1; CRPD/C/QAT/Q/1 and Add.1)*

1. *At the invitation of the Chairperson, the delegation of Qatar took places at the Committee table.*

*Articles 11-20*

2. **Ms. Al-Abdalla** (Qatar), replying to a question raised by the Chairperson at the previous meeting, said that Qatar had ratified many international human rights instruments. Those not yet ratified were currently under consideration by the Government.

3. **Mr. Al-Yarboui** (Qatar), replying to questions posed at the previous meeting, said that provision had been made and funding allocated under public procurement policies for persons with disabilities.

4. **Mr. Mansor Al-Saadi** (Qatar), after giving examples of organizations of persons with disabilities, said that such organizations were provided for by law and that persons with disabilities were thus free to join them.

5. **Ms. Al-Yazeedi** (Qatar) said that premarital testing was routine and was used as a means of detecting diseases prior to marriage. Intermarriage between tribes was not uncommon in Qatar and it was thought to be a factor in the prevalence of various conditions, such as diabetes and cystic fibrosis. Examinations took place in private and, upon receiving their results, a couple was free to decide whether or not to proceed to marry. Similarly, the testing of migrant workers for HIV/AIDS was a routine, preventive measure, and such tests were often carried out before the persons concerned travelled to Qatar.

6. **Mr. Mansor Al-Saadi** (Qatar) said that the legislation made no explicit reference to any requirement for a male guardian to provide consent before a woman could take up employment.

7. **Mr. Al-Kohaji** (Qatar), responding to a question on the mechanisms in place to ensure equal access to services for migrant workers with disabilities and the children with disabilities of migrant workers, said that under Qatari law there was no distinction between Qatari and non-Qatari citizens. Every person in Qatar was thus accorded equal access to all services, which included free health care and education.

8. **Mr. Al-Dosari** (Qatar) said that the safety of all citizens, including persons with disabilities, was taken into consideration during situations of risk and humanitarian emergencies. In that connection, disaster management mechanisms included the establishment of emergency shelters to accommodate persons who were at risk.

9. **Mr. Mansor Al-Saadi** (Qatar) added that at a forum in 2012, which had been organized by the Shafallah Centre, various high-level, international participants had discussed ways to protect persons with disabilities during natural disasters and other emergency situations as well as to ensure that the human rights of refugees were safeguarded in times of conflict.

10. **Mr. Al-Yarboui** (Qatar), responding to a question on equal recognition before the law, said that effective measures were in place to guarantee the rights of persons with disabilities to control their own financial affairs and to define the conduct of any

legal guardians. Minors under legal guardianship were entitled to inherit their estate, in whole or in part, and guardians were prohibited from, inter alia, disposing of any part thereof, mortgaging the estate or leasing the estate after the person concerned had reached the age of majority. Under the Civil Code, where a person was deemed to have insufficient capacity to make legal decisions, a court could appoint a proxy.

11. **Mr. Al-Kohaji** (Qatar) said that, to facilitate financial independence for persons with visual impairments, the Qatar Central Bank had issued banking guidelines on, inter alia, providing information in Braille, carrying out financial transactions and safeguarding the privacy of persons with visual impairments. Banks had specialized counters on the premises for persons with visual impairments, as well as accessibility arrangements and dedicated parking.

12. **Mr. Al-Yarboui** (Qatar) said that equal access to justice was enshrined in the Constitution of Qatar and applied to all persons in the State party. The Office of the Public Prosecutor could stand in for a person with intellectual disabilities where there was a conflict of interests between the person concerned and his or her representatives. Provision had also been made for legal assistance to be provided to persons with disabilities who lacked sufficient capacity to express their will or perform certain legal functions. Other reasonable accommodations included the use of sign language interpreters in court proceedings and police interviews, dedicated investigation rooms and adapted vehicles for transporting persons with disabilities to courts and other locations.

13. **Ms. Al-Yazeedi** (Qatar) said that no person could be unlawfully arrested, searched or otherwise deprived of their liberty or freedom of movement. Persons with disabilities had the right to choose their place of residence and were not compelled to have special living arrangements. The absolute freedoms previously exercised by doctors had been curtailed; consequently, involuntary institutionalization was no longer permitted on the basis of a purely medical diagnosis.

14. A review was under way to bring the provisions contained in the Criminal Code concerning persons with psychosocial disabilities into line with the Convention on the Rights of Persons with Disabilities. In that connection, steps had been taken towards the introduction of an outright ban on the use of institutionalization. Dedicated units and rooms in hospitals and psychosocial health-care centres had been established, and the needs of the person concerned, as well as familial and environmental factors, were currently taken into consideration when deciding on treatment. A coordinated approach had been taken to ensure effective cooperation between medical professionals and law enforcement in cases where it was suspected that individuals with disabilities were being held against their will. Awareness-raising activities had been carried out in communities to help families of persons with disabilities gain a better understanding of their needs and to aid their integration in the community.

15. The right to privacy, confidentiality, personal safety and security were enshrined in law and extended to all persons in Qatar. In that connection, all patients had the right to full disclosure in terms of medical treatment for research purposes. Their free and informed consent had to be provided, and they had the right to refuse to participate without it negatively affecting their medical treatment. Persons with psychosocial disabilities could be excluded from all such experiments.

16. **Mr. Mansor Al-Saadi** (Qatar) said that, in line with the recommendations of a committee which had identified areas for improvement in national policies and legislation as regards domestic violence and abuse, a two-pronged approach had been adopted. A standing committee to combat domestic violence had been established and an awareness-raising campaign launched to inform the public about domestic violence and its consequences and to train health-care workers to detect signs of abuse.

17. **Ms. Al-Yazeedi** (Qatar), after describing the legal sanctions penalizing any person — including medical professionals and the woman herself — found to have administered an abortion or to have triggered a miscarriage by some other means, said that abortion was prohibited in all forms, except in cases where maintaining the pregnancy would endanger the woman’s life. A woman could reject such medical advice and, provided that she did so in writing, doctors were legally obliged to respect her wishes. Such provisions were applied equally to women with disabilities and non-disabled women. Hysterectomies were not performed on women with disabilities without prior consent. In that connection, medical practitioners only performed hysterectomies where there was a risk to life or in cases of cancer.

18. Turning to psychosocial health-care treatment, she said that a human rights-based approach had been established to include persons with psychosocial disabilities in the decision-making process. A monitoring committee oversaw the activities of public and private hospitals. Treatment could take place without the patient’s consent only if the person concerned had been rendered unconscious. That was the only instance in which a person could be considered as being totally incapacitated.

19. **Mr. Al-Dosari** (Qatar) said that a special department had been established to assist migrants with disabilities, who were exempt from fees for certificates and who were entitled, if detained or deported, to adapted vehicles and travel arrangements and specialist monitoring of their treatment. Legislation on road traffic established accessibility requirements for vehicles for persons with disabilities and, in 2015, the fine for non-disabled persons who parked in disabled spaces had been increased. Staff of the Traffic Department of the Ministry of the Interior received disability awareness training.

20. **Ms. Al-Yazeedi** (Qatar) said that the Ministry of Social Affairs provided financial support to persons with disabilities. Legislation on human resources, which was applicable to Qatari and foreign nationals, granted special leave and exemptions to women who had a child with disabilities. No shelters existed for persons with disabilities, who were placed in medical facilities if they needed to use medical equipment. Since 2014, access to necessary medical equipment for persons with disabilities had been guaranteed and adapted cars had been exempted from import tariffs.

21. Migrant workers enjoyed the same rights as Qatari nationals and foreign workers with disabilities, and their children received the same level of health insurance and care as nationals and enjoyed access to hospitals and medical treatment free of charge. Migrant workers’ children were integrated in the mainstream education system. An independent committee had been established in 2013 to monitor the rights of migrant workers with disabilities and, where necessary, to oversee the treatment of cases brought before the courts and to liaise with the diplomatic representatives of migrant workers’ countries of origin. Women and men receive equal protection from the committee. The “Safe Home” project, which would be adopted in late 2015, would establish a shelter for migrant workers in need of social assistance and help them integrate into society.

22. **Ms. Ali Hassan** (Qatar) said that the Shafallah Centre for Children with Special Needs used adapted buses to transport children to the Centre from their homes and provided students with wheelchairs. Changes had been made to buildings, parks, places of worship and public transport to facilitate access for persons with disabilities, and accessibility requirements for public sector facilities and private homes had been amended. A mechanism had been established to assess applications by persons with disabilities to use private transportation and ensure that vehicles were adapted for their needs. The Qatar Mobility Innovations Center was working with partners in Sweden to evaluate, adapt and certify vehicles for persons with disabilities.

23. Private homes were assessed by a team that recommended suitable adaptations for persons with disabilities. Assistance and assistive technologies were provided free of charge to persons with disabilities and professionals received training on how to teach persons with disabilities to use public roads and facilities.

*Articles 21-33*

24. **Ms. Pavey** asked the delegation to describe the measures and timeline for the introduction of an inclusive education system and to state whether there were plans to provide individually tailored support to children with disabilities in order to ensure that they could attend school and obtain a higher education. She asked whether the State party intended to establish an independent national body that conformed to the principles relating to the status of national institutions for the promotion and protection of human rights (Paris Principles) and how organizations of persons with disabilities were involved in decision-making.

25. **Mr. Tatić** said that he wished to receive more information on the “Barrier-free city” project referred to in the initial report. He asked what measures were being taken to encourage persons with disabilities to engage in self-employment and entrepreneurship. The delegation should indicate whether tourist sites were accessible and whether special funds had been allocated to encourage accessible tourism, and whether all courts used for tennis tournaments in Qatar were accessible to spectators with disabilities.

26. **Mr. Lovász**y requested examples of the free provision of sign language interpretation in contexts other than law enforcement and health care, for example when dealing with local administrative matters. He asked whether the State party offered incentives to encourage the adoption of newly-born infants with disabilities.

27. **Ms. Quan-Chang** asked whether women with disabilities were free to marry and start a family and whether their rights in that area differed from those of non-disabled women. She asked whether sexual and reproductive health services were fully accessible, whether health professionals were trained to use sign language or interpreters, whether information was available in Braille and accessible formats and whether clinics were fitted with accessible furniture and fittings. The delegation should clarify whether a focal point had been appointed for implementation of the Convention and how organizations of persons with disabilities were involved in monitoring the application of the Convention.

28. **Mr. Buntan** asked whether disabled persons’ organizations in Qatar included persons with disabilities or were primarily charities comprised of non-disabled persons acting in a spirit of goodwill. Given the sustainability of languages with legal status, he asked what legal status was enjoyed by Braille and Qatari sign language in the State party. The delegation should indicate whether special educational facilities had been reformed to support the development of inclusive education and whether the State party intended to sign and ratify the Marrakesh Treaty to Facilitate Access to Published Works for Persons Who Are Blind, Visually Impaired, or Otherwise Print Disabled.

29. **Mr. Babu** asked what measures had been introduced to guarantee the right to individual, free and informed consent in all decisions relating to the health of persons with disabilities; how a rights-based approach was promoted among medical professionals; and how organizations of persons with disabilities were consulted on measures designed to ensure free and informed consent. The delegation should explain the practice of imposing compulsory HIV tests on pregnant women, migrant workers and women with disabilities belonging to ethnic minorities and comment on whether the practice complied with the Convention. He asked how free emergency medical

care was provided to migrant women from ethnic minorities, victims of rape and women with disabilities.

30. **Mr. Langvad**, referring to the comments by the delegation on abortion, asked how written consent to medical procedures was obtained from persons who could not write due to disability. He asked how schools worked with families to ensure that they understood the behaviour of children with disabilities and to ensure that children were not subjected to corporal punishment because of their disabilities.

31. **Mr. Basharu** asked what action would be taken to eliminate the special rooms reserved by the judiciary for the use of persons with disabilities and to make all court rooms accessible. He asked whether health professionals received training on how to treat persons with disabilities, in particular women with disabilities who were pregnant or wished to access sexual and reproductive health services. He asked whether a person who was entitled, under Decree No. 17 of 1998, to communicate his or her choice in elections orally, communicated that choice to staff at the polling station, which could affect the credibility of the electoral process.

32. **Mr. Kim Hyung Shik**, noting that the paragraphs of the State party's report dealing with article 21 of the Convention referred only to steps taken to guarantee the freedom of expression and opinion and access to information of students with disabilities, asked what the Government was doing to guarantee those freedoms to persons with disabilities in general. He would be interested to know, for example, whether the State party had considered advising the television news channel Al Jazeera to offer sign language interpretation of its programmes.

33. In the light of reports concerning numerous workplace accidents involving migrant workers, particularly those employed in the construction industry, he would like to know what steps were being taken to collect data on migrant workers who acquired a disability during the course of their employment in the State party. He asked what kind of rehabilitation and retraining support was provided to assist injured migrant workers, whether fair procedures were in place to enable them to obtain compensation and whether they were permitted to remain in the State party after acquiring a disability.

34. Turning to article 28, he wondered whether the generous allowances available under the Social Security Act might in some cases deter persons with disabilities from seeking employment. It would be interesting in that regard to have information on the unemployment rate in the State party among persons with disabilities.

35. **Ms. Kingston** said that it was regrettable that the Committee had not received adequate replies to a number of questions that had been raised at the previous meeting. She was also seriously concerned about the presence earlier in the session of a member of the State party's delegation at a private briefing meeting held by the Committee for disabled persons' organizations. As such meetings were not open to States parties, she asked the delegation for clarification in that regard.

36. She was deeply concerned about the initiative launched by the Supreme Council for Family Affairs, in collaboration with the League of Arab States, to standardize sign language, inasmuch as it was detrimental to the national sign language of Qatar. She would therefore like to know about the steps the Government was taking to promote the use of the national sign language and the involvement of deaf people in that process. With regard to international cooperation, she asked about the State party's level of commitment to supporting a disability-inclusive post-2015 development agenda.

37. **Mr. Parra Dussan** asked what measures the Government had taken to promote the participation of persons with disabilities in the political and social life of the State party.

38. **Mr. Al-Tarawneh** (Country Rapporteur) asked whether international cooperation efforts to assist in the achievement of the Millennium Development Goals were fully compliant with Convention rights in terms of process, goals and outputs. He would like to know what the State party was doing to ensure inclusive and accessible international cooperation and development through consultation with disabled persons' organizations in target countries. Lastly, he enquired what steps were being taken to designate a mechanism, in accordance with the Paris Principles, for monitoring implementation of the Convention.

39. **Mr. Ruskus** said that he would like the delegation to provide more comprehensive replies to the questions he had asked at the previous meeting about State support for families that included a member with a psychosocial disability, the level of institutionalization in the State party and measures to promote deinstitutionalization.

40. **The Chairperson**, speaking in her personal capacity, asked what action the Government was taking to enshrine the concept of reasonable accommodation in national legislation and to recognize denial of reasonable accommodation as a form of discrimination. She would also like to know whether health services were available to persons with disabilities living in remote areas.

*The meeting was suspended at 11.35 a.m. and resumed at 11.55 a.m.*

41. **Mr. Mansor Al-Saadi** (Qatar) said that the Council of Ministers had established a special department under the Supreme Council for Education in order to ensure the inclusiveness of the education system. School curricula had been adapted to meet the specific needs of pupils with disabilities, and training courses were provided for educators to ensure that they were suitably qualified. In addition, teaching assistants were available in all schools to provide additional classroom support. As a result, children with disabilities were fully integrated into the mainstream school system.

42. **Ms. Hassan** (Qatar) said that a unified Arabic sign language dictionary had been adopted by Arab countries with a view to enabling all Arabic-speaking persons with disabilities to follow television news broadcasts. The dictionary, which had been compiled following broad consultations with both governmental and non-governmental bodies, was available in book and DVD formats and was distributed to nationals and non-nationals free of charge.

43. **Mr. Al-Kohaji** (Qatar) said that Mada, the Qatar Assistive Technology Centre, worked in cooperation with the Supreme Council for Education to ensure that children with disabilities were able to make the best possible use of assistive technologies throughout their education and beyond.

44. **Mr. Al-Saadi** (Qatar) said that a training department had been established under the Shafallah Centre for Children with Special Needs to facilitate access to the labour market for young persons with disabilities upon completion of their studies. The Centre worked closely with major employers in the State party, such as Qatar Airways, to increase the employment rates of young persons with disabilities.

45. **Ms. Al-Yazeedi** (Qatar) said that all health services, including reproductive health services, were equally available to all without discrimination of any kind. The Hamad Medical Corporation offered training workshops in order to raise awareness of reproductive health issues among girls and women with disabilities. Special assistance was provided to ensure that persons with disabilities understood fully the concept of premarital examinations, and sign language interpreters were available in reproductive

health clinics on prior request. Persons with psychological disabilities could enter into marriage provided that the other party had given his or her consent.

46. **Mr. Mansor Al-Saadi** (Qatar) said that migrant workers who suffered workplace injuries were entitled to compensation under applicable insurance schemes and in accordance with the Labour Act. Injured workers were also entitled to the payment of repatriation expenses should they wish to return to their home countries.

47. **Ms. Al-Yazeedi** (Qatar) said that the State party took a human rights-based approach to disability, including with regard to migrant workers with disabilities. Employers were required to ensure that migrant workers continued to receive their salary and other entitlements during hospitalization and rehabilitation throughout the period of their residence in Qatar. The competent authorities ensured that a case manager was appointed to oversee the provision of necessary services, including appropriate transport arrangements and accommodation in suitable, accessible housing. Migrant workers who had sustained an injury as a result of a workplace accident remained in the State party until they had received all compensation due to them. However, in the event that a worker wished to return home before all such payments had been made, a family member or consular official could be authorized to represent him or her before the courts pending settlement of the claim. Severely injured workers were repatriated by air and accompanied by medical personnel.

48. **Mr. Al-Kohaji** (Qatar), referring to a question raised at the previous meeting, said that, in order to ensure the equality of all before the law, all courtrooms were fully accessible to persons with disabilities.

49. **Ms. Al-Yazeedi** (Qatar) said that she wished to emphasize that persons with disabilities were not used as medical research subjects in Qatar. As for medical care, if a person with, for example, a psychological disability refused medication, medical workers would first attempt to make the person aware of the purpose of the medication. If the person continued to refuse, and if it was determined that not administering the medication could lead to loss of life, a team of three experts could decide whether to administer the medication. In short, preserving life could constitute the grounds for administering medication to an unwilling patient. As a very small country, Qatar had no remote, inaccessible regions, so that medical services, including rehabilitation services, were easily accessible to all. Public facilities featured reasonable accommodation for persons with disabilities.

50. **Mr. Mansor Al-Saadi** (Qatar), replying to a question about support for the families of autistic children, said that the Shafallah Centre worked to help parents understand their children's behaviour and assist them in ways that complemented the education and rehabilitation services they received. A specialized library there offered current publications on disability issues. They were also available in various accessible formats, including Braille.

51. **Mr. Abdulaziz Ali Al-Saadi** (Qatar) said that schools in Qatar worked to increase awareness among parents and guardians of children with disabilities, including autism, of the issues of domestic violence and other forms of abuse. School therapists and social workers also provided support in that regard.

52. **Ms. Al-Sulaiti** (Qatar), replying to a question about international cooperation, said that her country provided foreign development assistance in the framework of its National Vision 2030, which was a road map for the country's economic, social, human and environmental development. In 2012 Qatar had contributed some 22 million riyals in assistance and in 2013 some 23 million riyals. The aid targeted around 100 countries, with some of it going to projects benefiting persons with disabilities.



53. **Ms. Al-Yazeedi** (Qatar) said that her country had, in cooperation with Slovenia, implemented a project enabling children in the Gaza Strip who had lost limbs because of the conflict there to travel to Slovenia to receive prosthetic devices and rehabilitation services. Qatar was also financing the construction of a centre in Gaza itself that would provide such services to both children and adults.

54. **Mr. Mansor Al-Saadi** (Qatar) said that the Shafallah Centre kept confidential all information about the students it registered. A committee headed by a representative of Qatar University ensured that such confidentiality was maintained.

55. **Mr. Al-Khohaji** (Qatar) said that, with regard to the right to marry, the Family Code made no distinction between women with disabilities and those without. Regarding the role of persons with disabilities in NGOs, he said that there was no legislation preventing such persons from setting up NGOs, or prohibiting the establishment of NGOs that defended the rights of such persons. Some NGOs were in fact headed by persons with disabilities or involved such persons in their management. Regarding the accessibility of public and private sports facilities, he said that the Ministry of Youth and Sports was implementing a strategy that included support for persons with disabilities. Measures were planned to make it easier for such persons to use sports facilities and to enjoy sports events as spectators.

56. **Mr. Abdulaziz Ali Al-Saadi** (Qatar), replying to a question about reasonable accommodation in education, said that he would give examples of how his Government promoted accessible education. The capacities of children with disabilities were evaluated before they entered a school in order to facilitate an individualized approach. State schools provided adapted curricula and had specialists trained to deal with disabilities. School premises were accessible to all persons with disabilities, and the Government provided all necessary equipment free of charge. Private schools that were not accessible to students with disabilities and nevertheless enrolled such students were given time to conform to prevailing legislation. If they did not comply, they risked sanctions up to and including suspension of the authorization to function.

57. **Ms. Al-Abdalla** (Qatar), replying to a question about tourism, said that her Government attached great importance to free enterprise. The Ministry of Labour and Social Affairs had a department to support small businesses and the Qatar Foundation for Social Work included a business development institution. Any citizen or other Qatari resident with a business project could turn to one of those institutions for assistance with a feasibility study and later apply to the Qatar Development Bank for a loan. Many persons with disabilities started small businesses with Government support.

58. **Ms. Al-Yazeedi** (Qatar) said that her country participated actively in various international partnerships for development. For example, it was a member of the United Nations Educational, Scientific and Cultural Organization (UNESCO), the Arab League Educational, Cultural and Scientific Organization and the Islamic Educational, Scientific and Cultural Organization. Qatar had initiated various projects of international scope on behalf of persons with disabilities. One such programme would enable 100,000 children with disabilities to enroll in special schools where they would learn constructive behaviour through sports.

59. **Mr. Al-Dosari** (Qatar) said that Act No. 2 of 2004 concerning persons with special needs outlined the rights of persons with disabilities, including their political rights, which were constitutional. Decree No. 17 of 1998 affirmed their right to stand for election in municipal elections and to vote, and specified how they could be assisted in voting, including through Braille ballots and other forms of accommodation. Some persons with disabilities had in fact stood for election in the

municipal elections held in May 2015, and the Social and Cultural Centre for the Blind had organized an awareness campaign to encourage persons with visual impairments to take part in elections. An expert committee monitored elections and voting processes to ensure that applicable requirements were met.

60. **Ms. Al-Yazeedi** (Qatar) said that, according to the 2015 National Human Development Report for Qatar, 1,130 Qatari boys and 698 girls benefited from health services for children with disabilities. The corresponding figures for non-nationals were 1,380 and 880. Those statistics indicated that in fact more non-nationals than nationals benefited from such services.

61. **Ms. Al-Abdalla** (Qatar) said that her country was making unstinting efforts to protect and promote the human rights of persons with disabilities. Her Government looked forward to receiving the Committee's concluding observations, which would be seriously considered and taken into account in drawing up laws and policies for promoting the rights of persons with disabilities in a manner fully compatible with Islamic sharia. Her Government stood ready to cooperate with all United Nations human rights mechanisms, and she hoped that the results of the just-concluded interactive dialogue would serve to promote the rights of persons with disabilities in Qatar.

62. **Mr. Al-Tarawneh** said that the review of Qatar's initial report to the Committee was of particular significance because it was the Committee's first review of a Persian Gulf State. The Committee welcomed the opportunity to better understand how the Convention could be applied in that region. At the same time, if one were to adapt the Convention to suit various countries and contexts, it would lose its legitimacy as an international human rights instrument. The Committee's mandate was, rather, to guide States parties towards implementing the Convention as it stood.

63. The Convention was a new instrument, and it was natural for States parties to face challenges in moving from a medical or charity-based approach to persons with disabilities over to a human rights-based model. Incomplete knowledge of the Convention might be coupled with a lack of relevant technical expertise. The review was an opportunity to discuss how to overcome those challenges. Precisely for that reason, it was important to actively involve and closely consult with independent organizations representing persons with disabilities, and for such organizations to be supported in their advocacy work and to be considered partners in implementing the Convention.

64. It was also of crucial importance to establish a national independent monitoring body in conformity with the Paris Principles. While the Committee had been encouraged by the delegation's assurances that legislative reforms with regard to the status of persons with disabilities were under way, it had not received any specific information regarding those reforms or how they would bring existing legislation into line with the Convention. The Committee was concerned that the State party might harbor some basic misconceptions about the Convention. Rather than focusing on inclusive approaches, Qatar seemed to have many special arrangements for persons with disabilities. Rather than promoting such persons' autonomy and their full and effective participation in decision-making that concerned them, Qatar seemed to emphasize representation and substitute decision-making. And rather than fostering respect for and acceptance of differences, it seemed to focus on prevention and treatment.

65. Furthermore, women, migrants and persons of diverse sexual orientation and gender identity who had disabilities faced multiple barriers in Qatari society. He wished to quote from the opening statement delivered by Ms. Al-Abdalla at the previous meeting, where she had said that it was time for the international community

to recognize that any discrimination against a person with disability was a violation of that person's inherent value and dignity. She had also emphasized the need to recognize that persons with disabilities had the right to be autonomous and self-reliant and to be free to make their own choices and take part in decision-making processes, especially regarding policies and programmes that directly concerned them. He looked forward to seeing that become a living reality for all persons with disabilities in Qatar.

66. **The Chairperson** said that it was encouraging to see, in the concluding remarks by Ms. Al-Abdalla and Mr. Al-Tarawneh, agreement that the review represented an opportunity to establish ongoing constructive cooperation.

*The meeting rose at 1 p.m.*