



# Convention on the Rights of Persons with Disabilities

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## Conference of States Parties to the Convention on the Rights of Persons with Disabilities

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New York, 11–13 June 2019

### Summary record of the 4th meeting

Held at Headquarters, New York, on Wednesday, 12 June 2019, at 3 p.m.

*President:* Ms. Bogyay (Vice-President) ..... (Hungary)

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*In the absence of Mr. Gallegos Chiriboga (Ecuador), Ms. Bogyay (Hungary), Vice-President, took the Chair.*

*The meeting was called to order at 3.05 p.m.*

## **Agenda item 5: Matters related to the implementation of the Convention (continued)**

### **(a) General debate (continued)**

1. **Mr. Moraru** (Moldova) said that efforts to achieve the Sustainable Development Goals, including the targets of promoting healthy lives and full access to information and communications technology, should help bring about the full inclusion and empowerment of persons with disabilities in society. Moldova was fully committed to that aim. It had ratified the Convention on the Rights of Persons with Disabilities in 2010, submitted its initial report on implementation to the Committee on the Rights of Persons with Disabilities and strengthened the country's normative and legislative framework. The 2017–2022 national programme for the social inclusion of persons with disabilities was the main framework for disability policy. The Government had adopted a national programme for 2018–2026 on the deinstitutionalization of persons with intellectual and psychological disabilities. It had also approved a set of indicators to monitor implementation of the Convention that would facilitate the collection of data from relevant institutions and consolidate the national and international reporting process.

2. As yet, however, persons with disabilities participated in the political, economic and cultural life of the country only to a limited extent. Physical barriers and limited access to information and communications technology, digital technologies and cultural activities were among the obstacles preventing them from fully enjoying their rights. Moldova was determined to address those challenges, in line with the objectives of the Convention, through effective implementation of existing policy frameworks.

3. **Ms. Mlakar** (Slovenia) said that her country was committed to respecting its obligations under the Convention and believed that persons with disabilities and their representative organizations should be actively engaged in all stages of implementation. In Slovenia, the Convention had been made available in accessible formats and published on the website of the Ministry of Labour, Family, Social Affairs and Equal Opportunities, as it was vital that all persons with disabilities, including the blind, the partially sighted, the deaf, the hard of hearing and persons with intellectual disabilities, be properly informed.

4. Slovenia had adopted measures to ensure that persons with disabilities were included, to combat stereotypes, prejudices and harmful practices and to protect the rights of persons with disabilities to vocational rehabilitation and employment. In addition, the Government had enacted legislation aimed at improving the quality of life of persons with disabilities and their families.

5. **Ms. White-Jennings** (Jamaica) said that her country had adopted a systematic and strategic approach to the development and empowerment of persons with disabilities through its national development plan “Vision 2030”, aligned with the Sustainable Development Goals. It was guided by six codes of practice for inclusion and would soon be establishing a disability rights tribunal to hear cases of discrimination against such persons.

6. Technology, digitalization and information and communications technology were engines for social and economic advancement nationally and globally, and were particularly so for persons with disabilities. Through its efforts to develop a knowledge-based and digital society, Jamaica was seeking to empower them to contribute to innovation and entrepreneurship and enhance their quality of life. The Government's efforts to that end included better Internet connectivity in more publicly accessible spaces in underserved communities, installation of computers with voice recognition software in public libraries, enhanced access to information on services and modernization of six special education institutions for persons with disabilities.

7. Programmes were being implemented to strengthen health care and provide access to essential medicine for persons with disabilities, particularly through the incorporation of accessibility features in the refurbishing or construction of new health facilities. Efforts were also being made to ensure that national sports facilities were accessible to such persons, to enable them to participate in sports activities such as blind cricket, the Special Olympics World Games and the Paralympic Games. In addition, the Jamaica Council for Persons with Disabilities had stepped up its national awareness campaign to educate the public about the Disabilities Act and efforts had been made to improve the access of persons with disabilities to information on health and nutrition.

8. **Mr. Hassan** (Iraq) said that persons with disabilities were often deprived of their rights to employment, independent living, freedom of movement and participation in sports and cultural activities and faced obstacles to access to the legal system and other basic services. Iraq therefore urged the international community

to move away from a charity-based model of disability in favour of a rights-based approach. His delegation considered the term “persons with special needs” to be more appropriate and accurate than the term “persons with disabilities”, as persons with disabilities had demonstrated great capacity for improving their lives.

9. Persons with psychological disabilities were at risk of violence, abuse and sexual harassment. They had also been victims of human trafficking by terrorist groups. Such groups also exploited persons with intellectual disabilities for use in suicide bombings and as human shields. The media, particularly social media, played an important role in raising awareness of the rights of persons with disabilities, combating discrimination and promoting their participation in public life. Many persons with disabilities themselves were unaware of their rights, and women with disabilities often faced particular discrimination. His delegation called on the international community to provide support for the treatment of disabilities that resulted from land mines, explosive materials and terrorist attacks and to improve specialized health care.

10. **Mr. Lauer** (Luxembourg) said that, as part of its efforts to improve the situation of persons with disabilities and include them in society, the Government of Luxembourg was currently preparing a second national plan of action for the implementation of the Convention, in cooperation with the organizations directly concerned. One cross-cutting theme of the plan of action was universal design, which was a prerequisite for an inclusive society. In that spirit, the Government had recently submitted a bill on universal accessibility of public spaces, defined as all public and private places for collective use, such as cinemas, restaurants and sports stadiums. It provided for major changes to public roads and also new accessibility-aware collective housing, with a view to gradually increasing the volume of accessible accommodation throughout the country.

11. Another bill recently submitted to the Chamber of Deputies, on the promotion of disability-inclusive employment, provided for the possibility of employers having free recourse to the services of an outside expert for up to three years to assist in the on-site occupational integration of persons with disabilities. There was also a law on the recognition of sign language that granted hard-of-hearing or deaf children the right to learn German sign language and to receive basic and secondary education in that language, thus improving the social inclusion of such persons.

12. **Mr. Clarke** (Observer for Standing Voice) said that, as a non-governmental organization fighting to defend the rights of persons with albinism in Africa,

Standing Voice welcomed the recent reports of the United Nations Independent Expert on the enjoyment of human rights by persons with albinism. In Tanzania and Malawi, many people with albinism were shut out of civil participation and unable to access the most basic opportunities and services. Because of appalling misconceptions about albinism, 209 persons with albinism had been murdered and 587 attacked in 28 African countries since 2006. The issue was far too complex and too multifaceted for a single response; it called for holistic action and the matching of the needs of people with albinism with a diversity of interventions. Through its work in health, education, advocacy and economic empowerment, Standing Voice supported 5,500 people with albinism across Tanzania and Malawi.

13. People with albinism in Africa were among the furthest behind. To put an end to the discrimination and violence they faced, renewed commitment from all stakeholders was required, together with more accurate data. The need was for mobilization, for learning from each other and for paying more than just lip service to the goal of leaving no one behind. Everyone must have a seat at the table, and people with albinism must be given the space to define their own needs and to lead the design and delivery of programmes to address those needs.

14. **Ms. Álvarez** (Costa Rica) said that her country remained committed to the standards of equality and opportunity set out in the Convention. Under a 2016 law, the legal equality of persons with disabilities had been ensured through the removal of restrictions on their legal capacity, such as guardianship, pursuant to article 12 of the Convention. Currently, efforts were focusing on the training of judicial personnel and the empowerment of the population for full and effective compliance with that law, which provided for individual assistance to persons in situations of disability and poverty. A disability-related poverty line had been established to measure the poverty of persons with disabilities, based not only on general basic needs but also on basic needs arising from disability and the costs of individual assistance.

15. The effectiveness of action depended on reliable data. In 2014 the Government had therefore started to build a national disability information system and network. Just recently, the national disability survey had revealed that some 18.2 per cent of the population, 61 per cent of whom were women, lived with a disability. Those findings would make it possible to evaluate the impact and efficiency of the Government's policies in support of all the rights enshrined in the Convention. Costa Rica had also improved the access of persons with disabilities to information and

communications technology through the free provision of technology kits. Aware, however, that the path towards achieving equality was long and difficult, her Government called for continued efforts to strengthen international mechanisms to promote the political, economic and social participation of persons with disabilities and at last translate into reality the call for “nothing about them without them”.

16. **Ms. Aldana Salguero** (Guatemala) said that, as a middle-income country, Guatemala was continuing to contend with structural gaps, such as low productivity, social segregation and shortfalls in health care and access to basic services and education. Everyone was affected, but particularly children, young people and persons with disabilities. For the Sustainable Development Goals to be achieved, every form of inequality must be addressed through a combination of policies. Her country had seen a collective struggle for the recognition of the rights of persons with disabilities, attested to by developments such as the adoption of amendments to Guatemalan copyright law, pursuant to the Marrakesh Treaty to Facilitate Access to Published Works for Persons Who Are Blind, Visually Impaired, or Otherwise Print Disabled.

17. The Guatemalan National Council for Persons with Disabilities had promoted the active participation of persons with disabilities in disaster risk prevention, mitigation, preparedness, response and recovery, in accordance with the Sendai Framework for Disaster Risk Reduction. It had also developed, together with the institutions concerned, a consensual road map on the deinstitutionalization of children and adolescents with disabilities. In the current electoral process in Guatemala, persons with disabilities, together with key partners, were creating better conditions for them to vote and to seek elective office. As a member of the Central American Parliament, Guatemala supported the proposed establishment of a regional body to promote the rights of persons with disabilities in Central America and the Dominican Republic.

18. **Mr. Kim Song** (Democratic People’s Republic of Korea) said that his Government attached great importance to the protection of the rights of persons with disabilities, as reflected in the Constitution and in the provisions of several relevant laws. The Central Committee of the Korean Federation for the Protection of Persons with Disabilities had been founded in 1998 to assist the Government in the implementation of its policy to that end. Since 2015, in line with the country’s universal 12-year compulsory education system, persons with disabilities could receive education through the distance education system at national or local universities.

19. The Democratic People’s Republic of Korea had submitted its initial report on its implementation of the Convention in 2018, following a visit by the Special Rapporteur on the rights of persons with disabilities in May 2017. That visit had contributed to the development of constructive relations between his country and international organizations. His country remained committed to the promotion of dialogue and cooperation for the protection and promotion of human rights but totally rejected any attempt, through politicization, selectivity or the imposition of double standards, to exploit related issues for political ends to overthrow the Governments of sovereign States. It would continue to meet its obligations and contribute to international efforts for implementation of the Convention through increased exchange and cooperation with the Committee on the Rights of Persons with Disabilities and other international organizations and countries.

20. **Mr. Eshaqzai** (Afghanistan) said that his Government was committed to mainstreaming disability issues in public policies and programmes, focusing on the needs of persons with disabilities and the difficulties they faced. It had taken a number of legislative and policy measures to advance their rights. For many years it had provided them with services through the Ministry of Labour, Social Affairs, Martyrs and Disabled and in 2019 had established a dedicated State Ministry of Disabled and Martyrs Affairs. It had also established a committee and secretariat for the protection of the rights of persons with disabilities, under the direct supervision of the President, and taken steps to promote the inclusion of disability in the mandates of more than 35 entities in the country.

21. Earlier in the year, Afghanistan had taken a significant step towards implementation of the Convention by amending the Rights and Benefits of Persons with Disabilities Act, which promoted the integration of persons with disabilities into public and social life, prohibited discrimination against them and provided them with financial aid. His Government was currently developing a five-year national policy and strategy for persons with disabilities, which would include measures to improve their access to education, employment, justice, protection, care, social insurance and social assistance. It was also working to make the school system inclusive for all, increase public health services to better serve persons with disabilities and provide vocational training and employment opportunities for them.

22. **Mr. Koba** (Indonesia) said that his Government had over the past decade taken steps to strengthen the legal and institutional framework for the promotion and protection of human rights for the population, which

included some 20 million persons with disabilities. It mainstreamed a rights-based perspective in development planning and budgeting and in the implementation of policies and programmes to combat discrimination and empower persons with disabilities. It had taken concrete steps to advance their democratic rights, providing accessible voting facilities in the recent national election, together with ballots in Braille and personal assistance.

23. Indonesia was at the final stage of establishing a human rights commission for persons with disabilities and already had a national disability-related complaints mechanism, put in place by the existing national human rights commission. It had set up a vocational training centre in West Java to enable persons with disabilities to become financially self-supporting. It also contributed actively to the promotion of their rights in multilateral forums.

24. **Mr. Morgan** (Observer for Leprosy Mission International), welcoming the United Nations Disability Inclusion Strategy, said that there were ways in which it could be further strengthened. With regard to strategic planning and management, it was critical that United Nations country teams envisaged the participation of persons with disabilities in the formulation of United Nations Development Assistance Frameworks. It would also be useful to know how many such teams had consulted persons with disabilities and their representative organizations on the basis of existing guidelines during the preparations of their Frameworks.

25. In the matter of organizational culture, it was important to have online training on disability inclusion for United Nations staff at pre-entry level, following the example of some agencies in respect of gender issues, ethics and legal frameworks. Lastly, to further empower country teams to support national Governments in implementing the 2030 Agenda and to build their own disability mainstreaming capacity, it might be useful to introduce a “disability equality seal” along the lines of the United Nations Development Programme’s “gender equality seal”, which offered an incentive for country offices to incorporate gender equality in all aspects of their development work.

26. **Mr. Suan** (Myanmar) said that since acceding to the Convention, Myanmar had taken significant steps towards its full implementation. One milestone had been a law to protect and promote the rights of persons with disabilities, enacted in 2015. In 2017, the National Committee on the Rights of Persons with Disabilities and the Myanmar Federation of Persons with Disabilities had been established. The Government was also undertaking legislative reforms, including the incorporation into the children’s rights law of a chapter on the rights of children with disabilities.

A national strategic master plan for people with disabilities (2020–2025), in line with the 2030 Agenda, was being drafted and was expected to be completed by the end of the year. It would complement the Myanmar Sustainable Development Plan and would aim to build an inclusive society by significantly increasing opportunities for persons with disabilities to participate in all areas. The Government had also framed an inclusive education policy with special educational programmes for children with disabilities. Schools for children with special needs and disability care centres had been set up across the country and caregiver training sessions had been organized for the parents of such children. In 2018, a handbook had been issued on the employment of persons with disabilities, providing guidance on the creation of accessible employment opportunities for them. Myanmar was also active in regional-level initiatives, including through the Association of Southeast Asian Nations.

27. **Ms. Stepanyan** (Armenia) said that the Convention continued to be the guiding international document for the legislation and policies of Armenia in respect of persons with disabilities. The protection of their rights and dignity and their social inclusion were among her Government’s priorities. Armenia aimed to elaborate more targeted State employment policies and introduce new programmes to make persons with disabilities more competitive through better linkage between education and the labour market. The law gave them priority for inclusion in State-run vocational training programmes and established a quota system for their employment in all organizations. The Armenian Ministry of Labour and Social Affairs cooperated closely with United Nations partners to provide high-quality services and information to persons with disabilities, in particular through a website that also served as a means of assessing and addressing existing gaps. To ensure a more accessible urban environment, a revision of normative and technical documents and monitoring mechanisms was under way.

28. The Government based its policies of inclusion, equality and assistance for persons with disabilities on a human rights approach and pursued those policies in collaboration with civil society organizations, which were viewed as core partners and drivers for change in the country. Its members included leading advocates for disability rights. Currently, one of its major priorities was the deinstitutionalization of children with disabilities and the organization of childcare in the family environment. As the incoming Chair of the Commission on the Status of Women, Armenia looked forward to the adoption of a forward-looking approach and commitment to the empowerment of women and girls with disabilities.

29. **Mr. Vongxay** (Lao Democratic People's Republic) said that, since becoming a party to the Convention in 2009, his country had enacted legislation to protect the rights of persons with disabilities, including a decree pursuant to the Convention in 2009 and, just recently, a Persons with Disabilities Act. A number of related bodies had also been established, including the National Committee for Persons with Disabilities, the Lao Disabled People's Association, the Lao Disabled Women's Development Centre, the Lao Association of the Blind, the Lao Autism Association and the Lao Association of the Deaf. The Government was working with those organizations, as well as development partners, international organizations and non-governmental organizations, to promote and protect the rights of persons with disabilities and ensure their direct and indirect participation in national development and political, economic and social life. In his country, unexploded ordnance was a major cause of disabilities. Between 1964 and 2008, more than 50,000 people had fallen victim to such devices; 30,000 of them had died and, of the 20,000 who had survived, 13,000 had been left with a disability.

30. In 2016, the Lao People's Democratic Republic had submitted its initial report to the Committee on the Rights of Persons with Disabilities, reaffirming that the purpose of the Convention was in line with its Constitution and its related laws and policies. He called on the international community to provide enhanced support for developing countries, particularly the least developed among them, like his own, which faced numerous disability-related challenges in their pursuit of sustainable development.

31. **Mr. Ugarelli** (Peru) said that his country remained firmly committed to leaving no one behind in its efforts to achieve the Sustainable Development Goals. It valued persons with disabilities as part of human diversity and recognized the contributions they could make to development. Peru had taken significant steps to protect their rights. The Civil Code had been amended to recognize the full legal capacity of persons with disabilities, including those who might need reasonable adjustments or support to express their wishes, to take autonomous decisions about their lives. Judiciary regulations had been adopted for transitioning towards a support system in compliance with the social disability model and regulations were also being developed with the active participation of organizations of persons with disabilities to determine procedures for establishing means of support and safeguards.

32. Education policies were directed towards combating the stigmatization of disability and the undervaluing of persons with disabilities. Educational institutions were

required by law to take steps to ensure the suitable provision of accessible education services to persons with disabilities and to develop individualized education plans for students with special needs at no extra cost. Similarly, a law had been passed to include persons with disabilities in scientific research programmes and promote projects to raise their standard of living. Early in 2019, a national five-year plan had been adopted to protect and promote the rights of persons with autism spectrum disorders. Peru reaffirmed its commitment to continuing to implement cross-cutting disability-aware policies in pursuance of the Convention and the Sustainable Development Goals.

33. **Mr. Charwath** (Austria) said that the potential of people with disabilities was clearly underutilized in most areas of society, including the labour market, contrary to the principle of inclusion enshrined in the Convention. That situation must be addressed so that they could participate in all discussions and decision-making processes affecting them. Participation was accordingly at the core of the Austrian national action plan on disability. Work had begun to prepare a new such plan to replace the current one, which would be expiring in 2020; persons with disabilities would be fully involved in the process. The Ministry of Social Affairs had begun to put in place 25 teams composed of government and civil society experts, stakeholders and interest groups, including organizations of persons with disabilities, tasked with developing proposals for objectives and indicators as well as for concrete measures to ensure that the renewed action plan would be as sustainable and widely accepted as possible.

34. It was important to ensure that people with learning disabilities had access to the full text of the Convention rather than publish summarized versions, as had been the previous practice of his country and many other States parties. Earlier in the year, Austria had published a new easy-to-read version in German, developed in cooperation with people with learning disabilities. It contained the complete text of the Convention and was freely available on the Internet. Austria called on States parties to follow its example and make the full text of the Convention available to everyone.

35. **Mr. Derera** (Observer for Special Olympics International) said that the Special Olympics offered athletes with intellectual disabilities from all over the world an opportunity to participate in a variety of Olympic sports and thus promoted their inclusion in all spheres of life. Drawing on his personal experience, he stressed the importance of health workers being able to communicate effectively with persons with intellectual disabilities, who were often not immediately identifiable

as such and might have difficulty describing their symptoms. He called on Member States to adopt policies to provide health workers with suitable training. He also appealed to States to pass laws requiring all companies to employ at least one person with an intellectual disability. Such persons needing help to make a living; they also needed to be equipped with the skills to participate actively in social media and in the digital society. They must not be left behind in an increasingly technology-driven world. The world would become more inclusive if everyone chose to include.

**(b) Round-table discussions** (*continued*)

**(ii) Social inclusion and the right to the highest attainable standard of health**

36. *Ms. Bogyay (Hungary), Vice-President, and Ms. Swaffer (civil society) presided as Co-Chairs.*

37. **Ms. Bogyay** (Hungary), Co-Chair, said that the enjoyment of the highest attainable standard of health was a fundamental human right for all people and that the Convention reaffirmed that right for persons with disabilities. However, access to health services remained a challenge for those persons owing to numerous barriers concerning availability, accessibility, affordability and health insurance, as well as legal, institutional and attitudinal barriers and stigma within the health care system. The current round table was an opportunity to discuss some of the key issues and challenges faced by persons with disabilities and at the same time to share good practices and experience in advancing their access to good-quality, effective and affordable health information and services.

38. When making their presentations and engaging in the ensuing interactive discussion, panellists should bear in mind the following questions. First, what factors needed to be considered to improve access by persons with disabilities to good-quality, non-discriminatory and affordable health care services? Second, what actions, laws and policies were needed to ensure free and informed consent and to further raise awareness among health professionals and empower persons with disabilities by providing them with the information they needed to make free and informed health care decisions? Third, how could Governments and other stakeholders address unequal access to health technologies and ensure appropriate access to essential health care in order to achieve the highest attainable standard of physical and mental health for all? Fourth, why and how had community-based rehabilitation and inclusive development helped to make health facilities and services more accessible to and inclusive of all persons with disabilities? And, lastly, what specific

measures could be taken by Governments, international organizations and civil society to increase opportunities for all persons with disabilities to have their health care needs met?

39. **Mr. Jo** (Professor, Department of Social Welfare, Daegu University), panellist, said that, in his country, a law guaranteeing the right to health and access to medical services for persons with disabilities, in force since the end of 2017, sought to bridge gaps in health and access to health care between persons with and without disabilities. It specified that national and local governments could provide appropriate accommodation and transportation to help persons with disabilities use medical institutions and implement home-visit care programmes for persons with disabilities who had difficulty in using such institutions directly.

40. Pursuant to that Act, the Ministry of Health and Welfare had been carrying out pilot projects for a system that would allow persons with severe disabilities to select a physician to oversee all of their care, in order to provide them with sustained and comprehensive care. The same Act stipulated that approved medical institutions could be designated as medical check-up institutions or rehabilitation hospitals for persons with disabilities; they could also be designated as central or local health care centres for such persons. Notwithstanding numerous issues still to be ironed out, the results thus far gave grounds for being optimistic that persons with disabilities could better enjoy their right to health if States parties put in place specific legal frameworks to guarantee their access to health care. The Act further required that health care personnel and pharmacists be educated about the right to health of persons with disabilities and that programmes be implemented to enhance their understanding of different types of disability and the relevant treatments.

41. The general public also needed to gain an understanding of disability and the right to health of persons with disabilities. In the Republic of Korea, such persons had been stigmatized as a group because of recent sensationalized media reports of murder suspects affected or alleged to be affected by mental illness, even though most persons with psychosocial disabilities did not commit crimes. Because of the stigma, many persons with psychosocial disabilities had avoided hospital treatment and thus lost the chance for early diagnosis and treatment. Resulting calls for forced hospitalization were in fact a shirking of social responsibility. An effective preventive solution required not only the establishment of an emergency response system but also a smooth progression from hospital treatment to the community and a support system within that community. The concern must be not simply how to

quarantine such persons but rather how to successfully include them.

42. Persons with disabilities and their representative organizations had a critical role to play not only in educating health care personnel, the media and the public but also in providing medical and health information and counselling to peers with disabilities and their families. The health care system, through an appropriate increase in financial assistance from national and local governments, should hire persons with disabilities to be peer counsellors. It was increasingly believed that preventive medicine, including such peer-based non-medical support, was more effective than curative medicine, especially for persons with psychosocial disabilities.

43. **Mr. Duttine** (Public Health Leader, Pan American Health Organization), panellist, said that Sustainable Development Goal 3, which sought to ensure healthy lives and promote well-being for all at all ages, reflected an important shift in how the World Health Organization (WHO) and the wider health community were thinking about health. The new approach involved a more balanced, holistic and broader focus on health and well-being. The WHO strategy for achieving health for all involved universal health coverage to ensure that everyone received the health services they needed without suffering financial hardship; that included persons with disabilities. Yet those persons faced greater barriers and inequality in access to everyday health services as well as the specialized health services that they might require.

44. In her 2018 report, the Special Rapporteur on the rights of persons with disabilities ([A/73/161](#)) had focused specifically on the right to health. It highlighted the barriers within health services, such as accessibility, attitudes and discrimination by health care providers, and barriers in health insurance coverage. A recent study suggested that health facilities were the least accessible public spaces in some countries. That was unacceptable and must change. The Special Rapporteur had also recognized the social determinants of health such as poverty, to which persons with disabilities were often more exposed. Public toilets and sanitary facilities, which were necessary for the enjoyment of the basic human rights to health, personal hygiene and dignity, were all too often unavailable, inaccessible or inappropriate for people with disabilities.

45. WHO was committed to ensuring that the Convention was fully implemented across the world. In accordance with its global disability action plan 2014–2021, adopted by the World Health Assembly in 2014, it was actively working to ensure universal health

coverage for persons with disabilities. The plan sought to remove barriers and improve access to health services and programmes. To that end, WHO was seeking to tackle discrimination in health care settings and develop organization-wide standards of care for the provision of non-discriminatory health care based on the best available evidence. The plan also aimed to strengthen and extend habilitation, rehabilitation, assistive technology, assistance and support services and community-based rehabilitation. WHO provided guidance on the provision of rehabilitation services, including through the publication of its first list of priority assistive products in 2016, and was also working to facilitate the inclusion of rehabilitation in universal health coverage. Lastly, the plan sought to strengthen the collection of relevant and internationally comparable data on disability and support research on disability and related services.

46. WHO had developed a model disability survey in collaboration with the World Bank and continued to push for the use of health data and measurement incorporating the International Classification of Functioning, Disability and Health. Unfortunately, services like rehabilitation, assistive technology and mental health programmes remained underfunded and more underprioritized in the health agenda compared to other public health services. In spite of recent signs of greater recognition of those issues through initiatives like the WHO programmes Rehabilitation 2030 and Global Cooperation on Assistive Technology, much more needed to be done. With the current shift in emphasis within the global health community towards health for all and a greater focus on health equity, there were greater opportunities for designing and implementing inclusive health programming to ensure that nobody would be left behind.

47. **Ms. Devandas-Aguilar** (Special Rapporteur on the rights of persons with disabilities), panellist, said that discussions about the rights of persons with disabilities had long turned almost exclusively around matters of health. They had been seen only as “patients” who needed to be “cured” and “rehabilitated”, and their opinions had usually been disregarded in favour of those of “experts”, health professionals for the most part. Consequently, for several generations, persons with disabilities had been segregated, institutionalized and abandoned.

48. Since the 1960s, the medical model of disability had begun to give way to a human rights model; disability had come to be viewed as a social construct shaped by the differences between persons and a hostile environment. That important paradigm shift was not irrelevant to how the right to health was addressed, since



it allowed a better focus on the barriers to the exercise of that right by persons with disabilities. Having a disability did not mean being in poor health: persons with disabilities could lead a long, active, productive and healthy life. Nevertheless, owing to a number of structural factors, such persons had a worse record of health than the general population, in all regions of the world. They were at high risk of falling sick, developing secondary diseases, having an accident or being victims of violence. At the same time, they had more limited access to health care and were more subject than the population at large to such negative social determinants of health as educational exclusion, unemployment and poverty.

49. Often, children with disabilities did not receive basic treatment for common childhood diseases and, perhaps even more alarming, a high number of newborns with congenital defects, such as spina bifida and hydrocephalus, died in their first month through lack of specialized treatment. Such was not the ineluctable result of being born or living with a disability, but the result of the failure of States to act. There still remained a number of barriers to be surmounted to enable persons with disabilities to enjoy the highest attainable standard of health, including stigma and discrimination, lack of health literacy, barriers to primary and secondary care, unavailability or poor quality of specialized services and different forms of violence, ill-treatment and abuse in health services.

50. To enable those persons to exercise their right to health, the Convention required States to take a variety of measures. They should, at the very least, review their legal and political frameworks, progress towards universal health coverage, improve the accessibility of services, prevent discrimination against persons with disabilities, ensure their inclusion and mobilize the funding necessary for all of those measures. It was essential, in particular, that States incorporate the rights and needs of persons with disabilities in primary and specialized health care policies and programmes. They should also strengthen and expand habilitation and rehabilitation services and programmes at all levels of health care, including through the use of assistive devices and technologies, currently available to between only 5 per cent and 15 per cent of persons with disabilities in many low- and medium-income countries. States must ensure suitable good-quality services without detriment to the exercise of the rights of persons. Health without human rights was not inclusion but oppression. Health was essential for sustainable development: a healthy population studied more, was more productive and enjoyed better opportunities. The

targets of Sustainable Development Goal 3 could not be achieved unless they included persons with disabilities.

51. **Mr. Earle** (President, People First of Canada), panellist, said that his organization was the national voice for persons with intellectual disabilities in Canada. For persons with disabilities, social inclusion – which involved a sense of belonging in the community, acceptance and participation in community life and activities, and relationships with others based on personal choices and common interests – was closely related to health. Many persons with disabilities still struggled under the medical model of disability, as others did not look beyond the disability. As a child, being labelled “disabled” had led to exclusion and isolation, but he had become happier and more able to achieve his goals when his circumstances had changed and he had been included. People who felt socially included were more likely to be healthy, happy and less isolated, while studies showed that loneliness had the same effect on health as smoking 15 cigarettes per day. Good health was not only an absence of sickness, but also an ability to cope with life’s challenges.

52. Persons with intellectual disabilities tended to die younger than their peers, sometimes from preventable causes. They often did not receive the health care they needed because medical professionals assumed that all their health problems were a result of the disability and had not received adequate training on how to include persons with disabilities in decisions about their own treatment. People First provided its members with tools and resources to advocate for themselves and had developed presentations on health and well-being for its members and for front-line health care workers. It had created a resource to teach health and dental care providers how to better accommodate patients with intellectual disabilities. Self-advocacy by persons with disabilities was critical to mitigating the adverse effects of social exclusion on their health.

53. **Ms. Damayanti** (Board Member, Transforming Communities for Inclusion of Persons with Psychosocial Disabilities Asia and Founder, Indonesian Mental Health Association), panellist, said that health services were often the mechanism whereby persons with psychosocial disabilities were excluded from society. In many Asian countries, health services for persons with psychosocial disabilities were provided in closed institutions such as mental hospitals, where abuses such as arbitrary detention, physical and sexual violence, forced contraception or sterilization and involuntary treatment took place. She had visited a social care institution near Jakarta where hundreds of patients had received antipsychotic injections every two weeks without their consent.

54. Persons with psychosocial disabilities were often denied the right to informed consent, which was a violation of medical ethics and human rights law. Institutions must uphold a zero-coercion policy and ban all forms of involuntary treatment. Furthermore, the practice of institutionalization itself violated the Convention and other human rights instruments and must be ended. For that to happen, the mental health Acts of many States must be amended, as they frequently provided the basis for practices such as forced treatment or the opening of more psychiatric hospitals.

55. The mental health system also controlled and restricted the exercise of the rights of persons with psychosocial disabilities living in the community. In Indonesia, health care workers erected barriers to social inclusion for persons with psychosocial disabilities. For example, applicants to government and some private sector jobs must submit a certificate of mental fitness, which was obtained after passing a series of psychiatric tests. Any indication of a mental illness rendered the candidate ineligible for the certificate, and, hence, the job. That psychiatric examination was also widely used for candidates for promotions, public office and parliament. One of its other functions was to block persons with psychosocial disabilities from voting in elections.

56. The global trend of viewing medication as the sole means of addressing the needs of persons with disabilities was worrying. Priority must be placed on enabling persons with psychosocial disabilities to live independently through the provision of proper housing, employment and income, so that they could be included in society. Furthermore, persons with psychosocial disabilities must be allowed to choose their treatment, and treatments other than psychiatric medications, such as counselling, must be offered. In cases where persons with psychosocial disabilities chose to take medication, a generic version of the medication with the fewest side effects must be provided. It was regrettable that the human rights model of disability had still not replaced the medical model when it came to psychosocial disability.

57. **Ms. Katani** (Finland) said that under the Convention, States parties must provide persons with disabilities with the same quality and standard of sexual and reproductive health care as provided to others. However, the rights of persons with disabilities in that area were typically overlooked, and stigma, stereotypes and taboos concerning disability and sexuality were widespread. Moreover, restrictions on and lack of access to comprehensive sexual education and services created significant barriers for persons with disabilities.

Promoting gender equality and sexual and reproductive health and rights, which were critical for sustainable development, were long-standing elements of the development policy of Finland. Unfortunately, in the current political climate, there had been increasing attempts to restrict those rights and weaken existing normative frameworks. She asked what States parties could do to ensure that issues related to the intersections of gender, disability and age were incorporated into sexual and reproductive health legislation, policies and services.

58. **Mr. Banners** (Observer for the International Federation for Spina Bifida and Hydrocephalus) said that the Federation functioned as the umbrella organization for over 60 spina bifida and hydrocephalus associations around the world and represented thousands of persons living with those conditions. With the proper treatment and support, children living with spina bifida and hydrocephalus could thrive. Although birth registration was a fundamental right set out in the Convention of the Rights of Persons with Disabilities, the Convention on the Rights of the Child and Sustainable Development Goal 16, children with disabilities were not registered at the same rates as their peers, which put them at greater risk for neglect, institutionalization and premature death.

59. Legal existence was critically important for inclusion in later life. A study conducted by the Federation had found that many more children were born with spina bifida than were accounted for in official statistics. Another study had found that humane treatment and acceptance from others was more important for the survival of children with spina bifida and hydrocephalus than any medical intervention. Social inclusion could only be achieved through concerted efforts to change outdated beliefs, remove stigma and promote humane treatment.

60. **Mr. McGrath** (Ireland) said that Governments could take practical steps to address the issues that had been raised by the panellists. Every government ministry must invest in its disability and health services and begin to prioritize services for persons with disabilities, even when it meant imposing higher taxes. Disability services should be reformed in such a way as to prioritize the individual. Nurses, doctors, dentists and personal assistants should receive education on disability issues as a component of their professional training, and persons with disabilities should be directly involved in that process. Finally, given the importance of exercise for overall health, physical education programmes should be provided for all children with disabilities.

61. **Ms. Kavetuna** (Namibia) said that her Government had placed a high priority on social inclusion and the right to the highest attainable standard of health for persons with disabilities. Such persons had access to free medical care and items such as sunscreen, for people with albinism, and orthopaedic assistive devices. Disability grants were available and social workers made home visits to support children with disabilities and persons with mental disabilities. The Ministry of Health and Social Services was examining policies related to consent by persons with disabilities to sexual and reproductive health services and was considering amending mental health legislation to be more inclusive of persons with disabilities and address their major concerns. She asked what States parties could do to ensure that mental health issues received due attention in discussions at the national level.

62. **Ms. Alrustamani** (United Arab Emirates) said that universal health coverage for all citizens ensured that persons with disabilities, or “people of determination”, as they were called in the United Arab Emirates, had access to the highest attainable standard of health care. The Government had implemented policies and programmes, overseen by the Minister of State for Happiness, to promote well-being and positivity and had worked to provide for the needs of persons with disabilities and their families through programmes administered by the Ministry of Community Development and the Ministry of Health. By providing high-quality, effective and affordable health care and ensuring access to information, her Government aimed to ensure that persons with disabilities could live their lives to the fullest and enjoy the best possible health. A 2006 federal law on persons with disabilities protected their right to live with dignity and specifically stipulated that special needs could not be used as a basis for depriving anyone of rights or services. The Ministry of Health issued persons with disabilities with disability assessment reports, accredited medical reports and assessments of fitness for work. Persons with disabilities could obtain assistance in medical emergencies by contacting a special hotline.

63. **Ms. Minkowitz** (Observer for the Center for the Human Rights of Users and Survivors of Psychiatry), speaking also on behalf of the World Network of Users and Survivors of Psychiatry, said that forced intervention was prohibited by the Convention, and positive policies were recommended. Mental health crises must be removed from the category of medical emergencies and recognized instead as personal and social in nature. Mental health services free from coercion could provide some support, but they must not play a supervisory role. Interventions such as psychotropic drugs or detention

should be replaced by decision-making support that addressed the individual’s specific situation. Rather than being labelled as a danger to themselves and subjected to coercive interventions, persons experiencing mental health should be given support to manage practical matters and maintain their safety and well-being, in accordance with their preferences. Such persons who were also victims of crime or accused of committing offences should be treated with fairness by the police and justice systems, rather than automatically being considered a danger to others, and should have access to conflict resolution mechanisms to handle interpersonal disagreements. Such policies would complement States’ actions to comply with their immediate duty to abolish substitute decision-making and arbitrary detention. The approach she advocated would position mental health crises fully with the social model of disability.

64. **Mr. Garriga** (Observer for Red de Asistencia Legal y Social) said that his civil society organization was engaged in efforts to overcome the barriers affecting the lives of persons with disabilities in Argentina. Health insurance should cover any special education or assistive devices they might need. He himself, deaf from birth, had been able to complete his education through having the opportunity to learn lipreading. There could be no social inclusion of persons with disabilities so long as administrative and medical barriers prevented them from having access to education and achieving social equality.

65. The problems experienced by persons with disabilities were particularly acute in cases of low income. Better job opportunities should be provided for such persons. It should also be made easier for them to travel. Airlines should take into account their needs and not add to their difficulties by denying them access to aircraft, for example for reasons of overbooking. They should be able to enjoy autonomy in decision-making. In matters of health also, they should not suffer delays in treatment because of discriminatory health insurance. He called for an end to State interference in matters of private health insurance and for the monitoring of public policies to ensure due implementation of the Convention, with the participation of organizations like his own, to ensure that no one was left behind.

66. **Mr. Turdiev** (Observer for the Association of Disabled People of Uzbekistan) said that he was ambivalent about delivering a statement on behalf of his country as the voices of persons with disabilities should be expressed and presented by persons with disabilities themselves, not an able-bodied representative. Unfortunately, because of a lack of resources, persons with disabilities in Uzbekistan had

remained unheard and invisible at the Conference, proving that the principle of “nothing about us without us” had yet to be put into practice. Uzbek organizations of persons with disabilities were affiliated with either Asian or European disability movements, but neither region had extended a platform to Uzbek organizations of persons with disabilities.

67. Member States and the United Nations system should invest in enhancing the capacity of organizations of persons with disabilities so that their members could meaningfully engage in decision-making processes. International development organizations and the donor community should move away from tokenistic approaches towards an inclusive model in the design, planning, implementation and evaluation of assistance programmes, and their employees and national partners should demonstrate an inclusive approach in their actions, attitudes, principles and communication. Organizations of persons with disabilities and related non-governmental organizations were concerned that the results of a situational analysis of persons with disabilities undertaken by the United Nations Children’s Fund in 2016 were still not available.

68. **Ms. Nzenza** (Zimbabwe) said that the challenges faced by persons with disabilities in her country, particularly in rural areas, related mainly to stigma, discrimination and a lack of understanding and were compounded by poverty and unemployment. Recently, the aftermath of a devastating cyclone in Zimbabwe had exacerbated the suffering of persons with disabilities. The Government had focused on building houses for persons with disabilities, particularly in the countryside, and had given priority to their voices. Zimbabwe took seriously the need to combat stigma against persons with disabilities and the need to promote primary and specialized health care.

69. **Mr. Ole Sankok** (Kenya) said that most of his country’s prison population suffered from psychosocial disabilities and needed medical attention rather than confinement. He asked the panellists if they could provide examples of best practices with respect to prisoners. National health insurance should include coverage of assistive devices, such as wheelchairs, calipers and crutches, and sunscreen. He asked what the alternative to the medical model should be, as there seemed to be a contradiction between advocating for health support for persons with disabilities and the view, expressed by panellists, that disability should not be considered a health problem.

70. **Ms. Damayanti** (Board Member, Transforming Communities for Inclusion of Persons with Psychosocial Disabilities Asia and Founder, Indonesian Mental

Health Association) said that the imprisonment of persons with disabilities was a serious problem that had not been seriously addressed in many countries. The lives of persons with psychosocial disabilities should not be viewed exclusively through a medical lens. The global mental health movement tended to focus on medication to the detriment of other needs, such as housing, jobs, families, social interaction, political participation and cultural life. Until those needs were met, persons with psychosocial disabilities would be excluded from public life.

71. **Ms. Placencia Porrero** (European Union) said that the European Disability Strategy 2010–2020 was aimed at ensuring equal access to health care. The protection of the health and safety of workers was a key element of European Union labour law and efforts had been made to improve the accessibility of health care, including for persons with disabilities. The European Union had developed an action plan to anticipate the professional skills that would be needed by health care professionals in the future, with special attention given to community-based care and the increasing number of older persons with chronic diseases and age-associated disabilities. While the European Union had invested in research into disability and health, it recognized that knowledge, services and the exchange of expertise related to rare diseases and their associated disabilities needed strengthening. She asked the panellists what policy priorities were needed to help improve health standards for persons with disabilities.

72. **Ms. Ní Fhlatharta** (Observer for the International Women’s Health Coalition), speaking also on behalf of Creating Resources for Empowerment in Action, said that respect for sexual and reproductive health rights was enshrined in article 23 of the Convention, which provided that persons with disabilities had the right to decide freely and responsibly on the number and spacing of their children. Although the Convention mandated that health care professionals must provide the same quality of care to persons with disabilities as to others, that simply was not the reality when it came to sexual and reproductive health care. Women, transgender men and non-binary persons with disabilities were particularly affected by the failures of the medical community to meet the requisite standards of care, and the health inequalities that resulted from those failures were multifaceted and complex.

73. Persons with disabilities faced assumptions about their health needs, a lack of understanding of disability issues from medical professionals and barriers in the built environment. In Ireland and the United Kingdom, women with disabilities accounted for 67 per cent of maternal deaths. They also had less access to screenings

for sexually transmitted diseases and cervical cancer, and it was often assumed that such screening was unnecessary. Persons with disabilities were often unable to receive assisted reproduction or fertility treatment on an equal basis with others, and pregnant persons with disabilities were at an elevated risk of obstetric violence. Furthermore, the right to free and informed consent was frequently infringed when persons with disabilities sought reproductive and sexual health care. Forced sterilization, forced abortion and forced birth were all too common. Sexual and reproductive health care was an integral part of any discussion of social inclusion. The will and preferences of persons with disabilities in all areas of sexual and reproductive health care must be respected. When harmonizing national legislation with the Convention, all States must mainstream disability and gender equality into their laws.

74. **Mr. Leicht** (Switzerland) said that the rising incidence of non-communicable diseases, whose effects were experienced disproportionately by persons with disabilities, was currently a growing crisis. Many countries were responding to the risks by investing in health promotion and prevention. The Swiss Federal Bureau for the Equality of People with Disabilities worked with civil society organizations to mainstream access by persons with disabilities to all health promotion programmes.

75. **Mr. Ballinas Valdés** (Mexico) said that his country's general law on the social inclusion of persons with disabilities set out the rights of persons with disabilities, including in relation to health. Moreover, the general law on health defined health as a state of physical, mental and social well-being and not merely the absence of medical conditions or diseases. The Government worked to ensure that persons with disabilities could enjoy the highest possible standard of health, rehabilitation and habilitation, without discrimination, through free or low-cost services and programmes.

76. The public health care sector in Mexico had begun to make its health facilities more accessible to persons with disabilities. The Mexican Government acknowledged the need for national and international coordination mechanisms in order to help national institutions arrive at a comprehensive vision of high-quality care, rehabilitation and habilitation that paid particular attention to the rights of persons with disabilities. He asked the panellists to share their views on the basic elements that should be included in such mechanisms in order to ensure that they promoted a human-rights perspective through the development of appropriate minimum international standards to guide national institutions in tackling challenges.

77. **Mr. Čulík** (Czechia) said that legislation in his country guaranteed equal access to health care for all inhabitants and a specific Act regulated special medical services for persons with limited legal capacity, to ensure that their rights were respected. A 2017 survey in Czechia had shown that while access to health care was formally guaranteed, challenges remained in the areas of communication, medical expertise and awareness among health care personnel. For that reason, the country was developing a national plan that included special measures on training medical staff on communicating with persons with disabilities.

78. **Mr. Dias** (Observer for the Conselho Federal da Ordem dos Advogados do Brasil) said that, for centuries, the lives of persons with disabilities had been viewed through the lens of impairment, which had resulted in practices that had led to segregation and marginalization. The Convention promoted a new approach that attributed barriers to the failure of social structures to accommodate diversity. Health policies must be designed to progressively cover the entire population and prevent the discriminatory practices that led to unequal access to health care. His delegation was greatly concerned about measures taken by the current Government of Brazil that violated democratic ideals and social justice.

79. **Mr. Damasceno** (Observer for the Conselho Federal da Ordem dos Advogados do Brasil) said that the turbulent political situation in his country had a direct impact on the lives of persons with disabilities and other minorities. During the previous year, the Government had implemented exclusionary policies that threatened lesbian, gay, bisexual and transgender persons, women, persons of African descent, indigenous peoples, environmentalist communities and persons with disabilities. He hoped that Brazil, as a leader in the Latin American region, would institute full democracy so that it could effectively implement the Convention.

80. **Mr. Jo** (Professor, Department of Social Welfare, Daegu University) said that the first step in addressing the problems facing persons with disabilities was to raise awareness of the health problems that they had to deal with. The public should be given the opportunity to experience temporary disability, and prejudicial attitudes towards persons with disabilities should be called into question. Second, States parties should provide adequate funding for health care for persons with disabilities, particularly those with intellectual disabilities or psychosocial disabilities, those with multiple disabilities and elderly persons with disabilities, and such funding should be directed to the communities in which those persons lived, not institutions. Furthermore, women with disabilities needed protection from violence and

exploitation and guarantees with respect to their reproductive rights. Cultural prejudices towards women with disabilities must be overcome. Third, the medical model of disability should be replaced by an approach that focused on eliminating the social barriers to health care. Fourth, more emphasis should be placed on what persons with disabilities could do and less emphasis given to their limitations.

81. **Mr. Duttine** (Public Health Leader, Pan American Health Association) said that the issue of disability should be given greater prominence in the discourse on health equity to ensure that legislation and services related to sexual and reproductive health served the needs of all women and girls. Furthermore, decision-makers in the health care system, who relied heavily on data and evidence, needed access to disaggregated data to ensure that the needs of persons with disabilities were taken into consideration.

82. **Ms. Damayanti** (Board Member, Transforming Communities for Inclusion of Persons with Psychosocial Disabilities Asia and Founder, Indonesian Mental Health Association) said that it was important to recognize the legal capacity of all persons with disabilities on an equal basis with others. A fundamental problem faced by persons with psychosocial disabilities was that, owing to a lack of legal capacity, they did not have the right to refuse or accept medical treatment. Furthermore, psychiatric institutions and hospitals must be closed down and all medical treatments for persons with psychosocial disabilities must be administered outside of institutions.

83. **Mr. Earle** (President, People First of Canada) said that labelling, one of the greatest challenges faced by persons with disabilities in the health care system, must end. Persons with disabilities must be allowed to have a say in decisions that affected them, and others involved in their care must support them and act in their best interests. While Canada had closed some of its large institutions, it continued to establish smaller institutions, a practice that also must end.

84. **Ms. Swaffer** (civil society), Co-Chair, said that leaving no one behind was a fundamental principle for upholding the rights of all persons. The time had come for States to take action with respect to all types of disabilities, including those that were less visible. She welcomed the inclusion of persons with disabilities in the round table. It was essential to move away from the medical view of disability based on labelling by health care professionals in order to facilitate access to social services and disability support services.

*The meeting rose at 6.05 p.m.*