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**Matters related to the implementation of the Convention:
round-table discussions**

Protecting the rights of persons with disabilities in armed conflict and humanitarian emergencies

Note by the Secretariat

The present note was prepared by the Secretariat in consultation with United Nations entities, representatives of civil society and other relevant stakeholders to facilitate the round-table discussion on the theme “Protecting the rights of persons with disabilities in armed conflict and humanitarian emergencies”. The Secretariat hereby transmits the note, as approved by the Bureau of the Conference, to the Conference of States Parties to the Convention on the Rights of Persons with Disabilities at its fourteenth session.

* [CRPD/CSP/2021/1](#).



I. Introduction

1. Armed conflict and humanitarian emergencies have a significant impact on the lives of persons with disabilities. Nevertheless, persons with disabilities often remain invisible in their endeavours to flee violence, to obtain and be involved in the planning and delivery of humanitarian support and assistance, and to secure their rights to employment and services such as education and health.

2. With persons with disabilities making up about 15 per cent of the world's population,¹ estimates suggest that, of the 235 million people who need humanitarian protection and assistance in 2021,² 35 million are persons with disabilities. Of the 79.5 million people who have been forcibly displaced as a result of conflict, persecution and human rights violations, approximately 12 million are persons with disabilities.³ For persons with disabilities who are living in, or fleeing from, conflict zones, displacement is a complicating factor that poses numerous threats to their physical and mental health and well-being, further aggravating existing disabilities or leading to secondary ones.

3. Health crises reinforce unequal power dynamics and deep structural inequalities. The global coronavirus disease (COVID-19) pandemic presents further challenges for persons with disabilities, in particular those forcibly displaced, who often live in crowded conditions, with little access to national services. Resources for disability support services are being diverted to curb the pandemic,⁴ making it even more difficult for persons with disabilities to obtain access to health care and rehabilitation services. Women and girls with disabilities are at risk of being exposed to intersecting forms of discrimination, exploitation and gender-based violence as a result of lockdown measures and the loss of livelihoods.

4. Humanitarian responses are focused on meeting the immediate basic needs of the average population and therefore tend to neglect the specific needs of persons with disabilities. There is also little evidence of systematic engagement with persons with disabilities and their representative organizations in humanitarian response delivery.⁵

II. Relevant international frameworks

5. International humanitarian law and international human rights law are the main international bodies of law governing the protection by States and non-State actors of the rights of persons with disabilities in armed conflict and humanitarian emergencies.

¹ World Health Organization (WHO) and World Bank, *World Report on Disability 2011* (WHO, 2011), p. 30. This percentage is likely to be much higher in crisis-affected countries. For example, 27 per cent of the population in the Syrian Arab Republic (aged 12 years and above) have a disability and up to 80 per cent of the population surveyed in Afghanistan (aged 18 years and above) have some form of disability, see Humanitarian Needs Assessment Programme, "Disability: prevalence and impact – Syrian Arab Republic", 2019; and Asia Foundation, *Model Disability Survey of Afghanistan 2019* (2019).

² United Nations, Office for the Coordination of Humanitarian Affairs, *Global Humanitarian Overview 2021* (2020).

³ Office of the United Nations High Commissioner for Refugees (UNHCR), *Global Trends: Forced Displacement in 2019* (Copenhagen, 2020).

⁴ Since the onset of the pandemic, 22 countries have reported a 25 per cent decline in disability support and services. See United Nations, Office for the Coordination of Humanitarian Affairs, *Global Humanitarian Response Plan: COVID-19 – July Update* (2020).

⁵ CBM International, Humanity and Inclusion and International Disability Alliance, *Case Studies Collection 2019: Inclusion of persons with Disabilities in Humanitarian Actions* (2019), p. 21.

International humanitarian law and international human rights law are complementary bodies of law, as they both seek to protect human life and dignity.

6. The principal purpose of international humanitarian law⁶ is to limit the suffering caused by warfare and to alleviate its effects. International humanitarian law provides general protection to civilians and persons hors de combat. The Geneva Conventions of 12 August 1949 and their Protocols Additional of 1977, ratified by 196 States parties, are the core instruments of protection for victims of armed conflict. However, international humanitarian law employs the outdated medical model of disability and does not recognize the diversity of disability or the specific needs, rights and capabilities of persons with disabilities in conflict and humanitarian settings.⁷

7. During a public health emergency, such as the global COVID-19 pandemic, the international humanitarian law framework governing humanitarian access continues to apply. In situations of armed conflict, humanitarian organizations can offer their services to help to fulfil the basic needs of the crisis-affected population, including health-care services, vaccines and other services to mitigate the socioeconomic impact of a public health emergency.⁸

8. The adoption of the Convention on the Rights of Persons with Disabilities, in 2006, marked a break from the charity and medical models of disability. The Convention embraces a social model of disability, according to which barriers in the environment, whether social, physical, communication or other, inhibit the full participation of persons with disabilities in their communities. The Convention thus embraces a rights-based approach. While general humanitarian principles include humanity (addressing human suffering and protecting life), neutrality (not favouring any sides involved in conflicts), impartiality (providing aid on the basis of needs) and independence (from political, economic, military or other objectives),⁹ disability-informed human rights principles extend to the dignity, equality, empowerment, inclusion, non-discrimination and participation of persons with disabilities.¹⁰ All 182 States parties¹¹ to the Convention have an obligation to promote, protect and ensure the full enjoyment of human rights for all persons with disabilities within their territory.

9. Article 11 of the Convention affirms that the Convention applies in situations of risk and humanitarian emergencies and calls for international humanitarian law to be interpreted in accordance with the social model and the human rights-based approach to reflected in the Convention. Article 11 stipulates that States parties shall take “all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters”. Compliance with article 11 requires observation of other provisions of the Convention that inform the application of international humanitarian law to persons with disabilities, such as the provisions of article 4 (General obligations), paragraph 3, to ensure that persons with disabilities are closely consulted and actively involved in decision-making; article 5 (Equality and non-discrimination), to ensure inclusive laws, policies and practices in emergency situations, including through the provision of reasonable accommodation;

⁶ International humanitarian law applies to international and non-international armed conflict. A more limited range of rules applies to internal armed conflict. See International Committee of the Red Cross (ICRC), “What is international humanitarian law”, 2004.

⁷ Alice Priddy, *Disability and Armed Conflict*, Academy Briefing, No. 14 (Geneva, Geneva Academy of International Humanitarian Law and Human Rights, 2019).

⁸ ICRC, “IHL rules on humanitarian access and COVID-19”, 8 April 2020.

⁹ See General Assembly resolutions [46/182](#) (humanity, neutrality and impartiality) and [58/114](#) (independence).

¹⁰ See [A/HRC/31/30](#).

¹¹ As at 12 March 2021.

article 9 (Accessibility), to ensure equal access to the physical environment, including access to water and sanitation facilities and to timely information and communications technology, even amid a global pandemic; article 12 (Equal recognition before the law), to empower persons with disabilities to exercise their legal capacity and participate in decision-making on their finances, health and living arrangements; article 18 (Liberty of movement and nationality), to ensure that persons with disabilities are not deprived of their right to liberty of movement; article 19 (Living independently and being included in the community), to ensure that support or shelter services offered in crisis situations are inclusive and do not separate, segregate, institutionalize or discriminate against persons with disabilities; article 21 (Freedom of expression and opinion, and access to information), to ensure that all persons with disabilities are able to seek, receive and impart information in Braille, sign language and alternative formats; article 25 (Health), to ensure equal access to health and rehabilitation services; article 31 (Statistics and data collection), to understand the barriers faced by persons with disabilities in humanitarian crises; and article 32 (International cooperation), to involve all actors, including humanitarian and development actors, in response and recovery efforts. It is also important to note that the Convention applies in the territorial jurisdiction of a State party irrespective of the nationality of the individuals with disabilities in need of protection, and the obligations of States parties under the Convention therefore extend to persons with disabilities on the move.¹²

10. The Convention is one of the only human rights instruments to expressly note that human rights principles and international humanitarian law apply to civilians with disabilities during armed conflict. The only other one that does so is the Convention on the Rights of the Child (art. 38). The Committee on the Rights of the Child urges States and humanitarian actors to give high priority to refugee and internally displaced children with disabilities for preventative assistance and access to adequate health and social services, including psychosocial recovery and social integration.¹³

11. The Committee on the Rights of Persons with Disabilities has also developed guidance and standards, including through its general comments¹⁴ and concluding observations on the reports of States parties,¹⁵ to underscore the importance of addressing risk affecting persons with disabilities during armed conflict and other

¹² Input from UNHCR; and see also Priddy, *Disability and Armed Conflict*, p. 35.

¹³ Committee on the Rights of the Child, general comment No. 9 (2006) on the rights of children with disabilities, para. 79.

¹⁴ For instance, the Committee, in its general comment No. 6 (2018) on quality and non-discrimination, calls for States to ensure the principle of non-discrimination in all their programmes and actions and “to include on an equal basis persons with disabilities in national emergency protocols, to fully recognize persons with disabilities in evacuation scenarios, to provide for accessible information and communication helplines and hotlines ... and to ensure that water, sanitation and hygiene facilities ... are available and accessible”; in its general comment No. 3 (2016) on women and girls with disabilities, highlights the additional risks that women and girls with disabilities in situations of risk and humanitarian emergencies face, with an increased risk of sexual violence, compounded by unequal access to rehabilitation services and/or access to justice; and, in its general comment No. 7 (2018) on the participation of persons with disabilities, including children with disabilities, through their representative organizations, in the implementation and monitoring of the Convention, calls upon States to “ensure the active participation of and ... meaningful consultation with organizations of persons with disabilities, including those at all levels representing women, men and children with disabilities of all ages”.

For more information, see www.ohchr.org/EN/HRBodies/CRPD/Pages/GC.aspx.

¹⁵ For example, see [CRPD/C/AZE/CO/1](#), para. 25; [CRPD/C/EU/CO/1](#), para. 35; and [CRPD/C/UKR/CO/1](#), para. 23.

humanitarian emergencies. The Committee calls for a more systematic human rights-based approach to disability in armed conflict and other humanitarian emergencies.¹⁶

12. The increased complexity and duration of conflict and the more frequent extreme weather events around the world demand comprehensive international frameworks and policy coherence among the peace and security, humanitarian and development sectors. The 17 Sustainable Development Goals, which address the social, economic and environmental dimensions of development, reflect the pledge by Member States for a peaceful and inclusive society in which no one will be left behind, including persons with disabilities and people on the move. They are accompanied by a number of targets relating to situations of risk and humanitarian emergencies that are relevant to the inclusion of persons with disabilities, including target 1.5 (building the resilience of those in vulnerable situations and reducing their exposure to climate-related extreme events and other economic, social and environmental shocks and disasters), target 11.5 (significantly reducing the number of deaths and the number of people affected by disasters, with a focus on protecting people in vulnerable situations) and target 13.1 (strengthening resilience and adaptive capacity to climate-related hazards and natural disasters). These goals are relevant to ensuring the protection, inclusion and development of all persons with disabilities. Achieving sustainable development is therefore central to addressing humanitarian needs and fostering peaceful societies.¹⁷

13. To promote a disability-inclusive approach to humanitarian action, relief and recovery efforts, over 70 stakeholders developed the Charter on Inclusion of Persons with Disabilities in Humanitarian Action,¹⁸ which was launched during the 2016 World Humanitarian Summit. The following five actionable commitments are set out in the Charter: non-discrimination; participation; inclusive policies; inclusive responses and services; and cooperation and coordination. Following the commitment made at the Summit to develop globally endorsed, system-wide guidelines, the Inter-Agency Standing Committee launched its guidelines on the inclusion of persons with disabilities in humanitarian action in November 2019, with a view to providing practical strategies and recommended actions for disability inclusion in humanitarian settings.¹⁹ The guidelines are designed to promote the implementation of high-quality humanitarian programmes in all contexts and across all regions, and to establish and increase both the inclusion of persons with disabilities and their meaningful participation in all decisions that concern them. In 2020, a reference group on the inclusion of persons with disabilities in humanitarian action was established to advance disability-inclusive humanitarian action, including through the implementation of the guidelines.²⁰

14. In December 2018, the General Assembly affirmed the global compact on refugees. The compact provides a blueprint for Governments, international

¹⁶ See, for instance, general comment No. 6, paras. 43–44, in which the Committee emphasized the principle of non-discrimination in relation to article 11, stating that “non-discrimination must be ensured in situations of risk and humanitarian emergencies, based also on obligations in international humanitarian law, including humanitarian disarmament law”, and noted the increased risk to persons with disabilities of discrimination in such situations.

¹⁷ It is estimated that almost two-thirds of the world’s extreme poor will be living in conflict-affected countries by 2030. See www.worldbank.org/en/topic/fragilityconflictviolence/overview.

¹⁸ Endorsed by more than 250 stakeholders, the Charter calls for organizational commitments to disability inclusion in humanitarian action.

¹⁹ The guidelines build on other humanitarian standards, such as the *Core Humanitarian Standard on Quality and Accountability*, *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response* and the *Humanitarian Inclusion Standards for Older People and People with Disabilities*.

²⁰ For more information, see www.internationaldisabilityalliance.org/drg. The group has more than 140 members to date.

organizations and other stakeholders to ensure that measures taken benefit both refugees and host communities.²¹ The Global Refugee Forum that followed in 2019 has led to a number of commitments and pledges, including to promote the rights of persons with disabilities in displacement contexts.²²

15. In June 2019, the Security Council unanimously adopted resolution [2475 \(2019\)](#),²³ marking a historic turning point with the recognition of disability rights in the peace and security pillar of the United Nations. It brought attention to the – too often omitted – protection and assistance needs of persons with disabilities in armed conflict and related humanitarian crises. Core to the resolution is the power shift to persons with disabilities as agents of change, participating and leading in decision-making “in humanitarian action, conflict prevention, resolution, reconciliation, reconstruction and peacebuilding”. In the resolution, the Council also emphasized the importance of capacity- and knowledge-building for United Nations peacekeeping and peacebuilding actors, and the need to strengthen data collection and monitoring for persons with disabilities, and urged Member States to enable the meaningful participation and representation of persons with disabilities and their representative organizations.

III. Key issues and challenges

16. Persons with disabilities face disproportionate risk in situations of armed conflict and humanitarian emergencies. They are often overlooked; their needs and priorities are not identified; and they are deprived of their protections and rights. Persons with disabilities face multiple barriers to safe movement, including the absence of assistive devices; they are more likely to be left behind or abandoned during displacement; and they can be among the first to be targeted during attacks on villages by non-State armed groups.²⁴ Some acquire disabilities while fleeing from armed conflict, and many experience psychological distress with longer-term impacts.

17. Persons with disabilities who are able to escape a given situation encounter attitudinal, environmental and institutional barriers to achieving the full enjoyment of their rights.²⁵ Older persons, women and girls, indigenous persons and children with disabilities face intersecting and multiple forms of discrimination, further excluding them from access to humanitarian support and services to keep them safe from violence and exploitation.

²¹ [A/73/12 \(Part II\)](#).

²² For more information, see www.unhcr.org/programme-and-practical-information.html.

²³ In the resolution, the Security Council called upon all parties to armed conflict to provide inclusive and accessible assistance to civilians with disabilities, including women and children with disabilities; to ensure that persons with disabilities have equal access to basic services, including education, health-care services, transportation and information and communications technologies and systems; and to prevent violence and abuses and eliminate discrimination against persons with disabilities and ensure their access to justice.

²⁴ UNHCR, *Putting People First: UNHCR Age, Gender and Diversity Accountability Report 2018–2019* (2019), p. 18. For example, in Yemen, it was found that internally displaced persons had reported leaving behind family members with disabilities owing to active hostilities, see Global Protection Cluster, “Silver linings: mental health and wellbeing in the COVID era”, February 2021. Moreover, where crimes against humanity, genocide and serious war crimes are being committed during armed conflicts, extrajudicial killings, forced displacement, hostage-taking, sexual violence, torture and other inhuman treatment or punishment can be directed against those with disabilities (inputs from the civil society coordination mechanism).

²⁵ Inter-Agency Standing Committee, *Guidelines: Inclusion of Persons with Disabilities in Humanitarian Action* (2019), pp. 12–16.

18. Persons with disabilities are also largely excluded from peacebuilding efforts, often owing to prejudice. Their voices are not heard, hence their needs are not adequately addressed. Persons with disabilities must be intentionally included in peace processes to enable them to actively participate in the formulation and implementation of agreements, to share knowledge and skills, to form movements and associations, and to become part of the peacebuilding process.

19. As the COVID-19 pandemic devastates the world, persons with disabilities already living in overcrowded camps and urban locations or remote rural areas with poor water and sanitation facilities and limited access to health care find the situation “too much to bear”,²⁶ as they are unable to implement any measures to mitigate the spread of COVID-19. In the Global Humanitarian Response Plan for COVID-19, which sets out the key priorities for the humanitarian response to the pandemic, persons with disabilities were recognized among the most affected populations groups in 63 countries.²⁷ In addition to the risk of infection and death, there are also the long-term impacts of isolation and the loss of socioeconomic safety nets as a result of the pandemic.

20. Many countries still do not have data disaggregated by age, sex and disability, particularly in humanitarian emergencies. For instance, the Office of the United Nations High Commissioner for Refugees, in its report on global trends in forced displacement in 2018, found that 131 countries had reported at least some sex-disaggregated data and 125 countries had reported some age-disaggregated data, while hardly any disability-disaggregated data had been reported.²⁸ Meanwhile, notwithstanding some recent promising progress in humanitarian action,²⁹ data on the needs and capacities of persons with disabilities are not yet systematically collected and used in the data systems of humanitarian actors. This limits the ability of national and international efforts to design and implement inclusive and targeted measures addressing the specific needs of, and barriers facing, persons with disabilities and the specific challenges facing them because of their age and gender, including during a pandemic.

21. In armed conflict and other humanitarian emergencies, persons with disabilities face barriers to their right of access to adequate food and nutrition, clothing, housing, education and work and employment, as established in articles 24, 27 and 28 of the Convention.

22. Displaced persons with disabilities are more likely to experience food insecurity and malnutrition than those without disabilities. For instance, they may not have access to food distribution points; their rations may be stolen; they may not be able to benefit from food that is distributed if they have difficulties swallowing or chewing and the food has not been adapted to their needs; or they may be separated from those who would normally provide assistance.³⁰ Moreover, unemployment rates are higher among displaced persons with disabilities, as they frequently miss work opportunities

²⁶ Mark Lowcock, Izumi Nakamitsu and Robert Mardini, “Conflict and COVID-19 are a deadly mix”, United Nations, Office for the Coordination of Humanitarian Affairs, 27 May 2020.

²⁷ United Nations, Office for the Coordination of Humanitarian Affairs, *Global Humanitarian Response Plan: COVID-19*, pp. 50–51.

²⁸ UNHCR, *Global Trends: Forced Displacement in 2018* (Geneva, 2019), pp. 59–63. Included in the statistics are refugees, asylum seekers, internally displaced persons, returned refugees, returned internally displaced persons, individuals under the UNHCR mandate regarding statelessness and other groups of concern.

²⁹ For instance, almost all United Nations humanitarian needs overviews and humanitarian response plans in 2020 include disability-disaggregated data for persons in need (input from the United Nations Children’s Fund (UNICEF)). For more information, see www.humanitarianresponse.info/en/programme-cycle/space.

³⁰ See A/HRC/44/41.

owing to stigma and inaccessible working environments.³¹ At the same time, they may need to incur further costs relating to their disabilities, adding to their already substantial financial pressure.³² In addition, during the pandemic, many household earners, including households with persons with disabilities, lost their source of income and are consequently not able to meet all the food needs of their households. Food rationing was found to be inadequate, leading families of persons with disabilities to purchase food on credit, use their savings or sell their assets, with many young people with disabilities worrying about insufficient food supplies.³³

23. Persons with disabilities living in camp settings or other communal shelters and informal settlements experience environmental barriers on a daily basis in access to water, sanitation and hygiene facilities. Too often, infrastructure has not been built with consideration of the needs of persons with different types of disabilities or with the involvement of persons with disabilities from the design stage. For instance, latrines and water facilities are placed too far away; latrines have insufficient space for those requiring personal assistance; water taps are placed too high; and there are no ramps or grab bars.³⁴ Persons with disabilities also experience negative attitudes and stigma when seeking access to water, sanitation and hygiene facilities. They may take longer to use the facilities or have to rely on family members to gain access to them. Worse, they may have to resort to open defecation, increasing the possibility of sexual violence and other adverse safety or health issues.³⁵ The lack of safe access to water, sanitation and hygiene facilities contravenes article 28 (Adequate standard of living and social protection), in particular the right of persons with disabilities to clean water services, and article 9 (Accessibility) of the Convention, which has detrimental effects on their health, safety and dignity.

24. Persons with disabilities already report generally poorer health than persons without disabilities.³⁶ They face barriers to access to health care and rehabilitation services, which is provided for in article 25 of the Convention, and have problems obtaining long-term rehabilitation, physical therapy and prosthesis support and other assistive devices.³⁷ This is exacerbated in situations of conflict and humanitarian emergencies that disrupt health-care services and destroy health infrastructure. The inaccessibility of health care often faced by persons with disabilities can be compounded by their legal status in situations of conflict and/or displacement. Survivors of conflict may need additional health care owing to acquired disabilities, especially those with mental health and psychological needs. However, existing

³¹ Only 42 per cent of persons with disabilities (aged 18 years and above) have worked in the past months, compared with 52 per cent of those without disabilities. See Humanitarian Needs Assessment Programme in Syria, “Spring 2020 report series: disability overview”, 2020, p. 4.

³² Inter-Agency Standing Committee, *Guidelines: Inclusion of Persons with Disabilities in Humanitarian Action*, p. 93. For instance, households with disabilities in Jordan have higher doctor and pharmacy fees per capita. See Harry Brown and others, *Vulnerability Assessment Framework: Population Study 2019* (Amman, UNHCR, 2019), p. 8.

³³ Humanity and Inclusion, “COVID-19 in humanitarian contexts: no excuses to leave persons with disabilities behind! Evidence from HI’s operations in humanitarian settings”, June 2020.

³⁴ United Nations, Office for the Coordination of Humanitarian Affairs, “Self-reported barriers to activities of daily living of persons with disabilities living in IDP sites in northwest Syria”, November 2020. It was found that persons with disabilities could not obtain access to toilet facilities and were in need of additional hygiene supplies.

³⁵ *Disability and Development Report: Realizing the Sustainable Development Goals by, for and with Persons with Disabilities* (United Nations publication, Sales No. 19.IV.4), p. 125.

³⁶ *Ibid.*, p. 50 (evidence from 43 countries).

³⁷ *Ibid.*

services to support persons with psychological or intellectual disabilities are often inadequate or non-existent.³⁸

25. The outbreak of the global pandemic in 2020 is contributing to increased risk for persons with disabilities living in fragile and conflict-affected settings. Some persons with disabilities have underlying medical conditions that make them susceptible to health complications. Common mitigation measures, such as social distancing, are not possible for those living in high-density living arrangements or those relying on others for personal assistance. At the same time, persons with disabilities are being denied the right to receive critical public health information in alternative and appropriate formats, such as sign language interpretation, captioning, plain language and easy-read format, in accordance with articles 9 (Accessibility), 21 (Freedom of expression and opinion, and access to information) and 25 (Health) of the Convention. Health resources are being diverted to mitigate the pandemic, and health workers are often unable to travel owing to preventative measures, leaving many persons with disabilities with unmet health needs.³⁹ In addition, the pandemic has led to increased reports of psychological distress and mental health concerns among those in need of protection assistance.⁴⁰ Access to relevant psychosocial support programmes may not be inclusive of, or accessible to, persons with disabilities. Persons with disabilities in conflict and humanitarian settings are also more likely to face additional barriers to access to the limited supplies of COVID-19 vaccines.

26. Article 24 of the Convention stipulates that States parties shall take appropriate measures to ensure that persons with disabilities have access to inclusive education and lifelong learning on an equal basis with others. Children with disabilities are more likely to be excluded from education and be out of school, and are less likely to complete primary, secondary and tertiary education, than children without disabilities.⁴¹ This situation is compounded in humanitarian settings, where national systems are under stress and inclusive education options are more limited. Children with disabilities in armed conflict and other humanitarian crises may struggle to obtain access to education services or face difficulties in learning, as the system may not be responsive to their specific needs.⁴² With many schools closed amid the pandemic, children with disabilities are at risk of falling even further behind, as remote learning modalities may not be inclusive of, or accessible to, them and they may never return to school. This has lifelong implications, affecting their ability to secure a good socioeconomic status in the future, as well as their role within their families and communities as a whole. Education and learning opportunities are important means to strengthen their resilience to current and future shocks.

27. In addition to facing inaccessible infrastructure, support and services, displaced persons with disabilities are often not provided with reasonable accommodation, which is in breach of their rights, inter alia, under articles 5 (Equality and non-discrimination), 14 (Liberty and security of person), 24 (Education) and 27 (Work and employment) of the Convention. In addition, the right of persons with

³⁸ Humanity and Inclusion, “Death sentences to civilians: the long-term impact of explosive weapons in populated areas in Yemen”, May 2020, p. 19. The study found that “after five years of conflict and the corresponding rate of conflict-related injuries, rates of psychological trauma and malnutrition have risen substantially”. There is also generally a lack of qualified psychologists or relevant professionals that could provide relevant services in these situations (input from the International Organization for Migration (IOM)).

³⁹ Humanity and Inclusion, “COVID-19 in humanitarian contexts”.

⁴⁰ In February 2021, the Global Protection Cluster found that this is the highest risk concern across all their operations and that there is a critical need for greater investment in mental health services. See Global Protection Cluster, “Silver linings”.

⁴¹ *Disability and Development Report*, pp. 76–89.

⁴² See, for example, Asia Foundation, *Model Disability Survey of Afghanistan 2019*.

disabilities to social protection is enshrined in article 28 of the Convention. In some countries, however, social protection programmes may not account for refugees and asylum seekers with disabilities, or they may contain residency or prior employment requirements. In some cases, case workers and/or integration and resettlement services are not aware of the support programmes available for persons with disabilities, such as programmes to support their employment or access to assistive technologies.⁴³

28. The right to equality and non-discrimination is enshrined in article 5 of the Convention. However, prejudices against persons with disabilities persist. Culturally or socially imposed “ableism” relies on misperceptions and assumptions of what persons with disabilities can or cannot do. For instance, displaced persons with disabilities are sometimes kept “hidden” from society owing to cultural stigma and/or addressed in derogatory language, and they are less likely to receive opportunities for paid work.⁴⁴ Migrants, including migrants with disabilities, in conflict-affected populations also face the additional risk of xenophobic racism,⁴⁵ which prevents them from integrating into the community and receiving protection and opportunities on an equal basis with others.

29. Although progress has been made since the adoption of the Convention in national laws, policies and practices to eliminate multiple and intersecting forms of discrimination, the Convention has not yet resulted in adequate protection for persons with disabilities. Disability-based discrimination can be experienced by persons with disabilities when applying for citizenship through naturalization laws or comparable procedures. For instance, the laws of several countries explicitly bar people with mental or physical disabilities from acquiring citizenship. More often, however, vague language leaves room for discriminatory interpretations. These intersecting forms of discrimination can hamper access to refugee status, decreasing the possibilities of reaching durable solutions, including resettlement.⁴⁶ Moreover, humanitarian policies and programmes that are not disability inclusive or rooted in human rights-based approaches reinforce existing bias, stigma and discrimination.

30. By its very nature, displacement triggers the breakdown of social networks, social isolation and the loss of protective community networks for migrants, refugees and displaced persons with disabilities. This may lead to an increased risk of violence, exploitation, abuse and abandonment. Migrants, refugees and displaced persons with disabilities are also less likely to report violence and abuse for fear of retaliation by family or community members, who are often the perpetrators or caregivers, for fear of not being believed or because of stigma.⁴⁷ Furthermore, violations against persons with disabilities are often underreported and, consequently, go unexamined in international criminal law and processes.

31. Persons with disabilities also face discrimination on the basis of sex, age, race, religion or belief, indigenous origin, social origin, sexual orientation, ethnicity and minority status, among others, which should be taken into consideration in situations of risk. For instance, women and girls with disabilities are at an increased risk of experiencing gender-based violence, including physical, sexual and emotional violence, owing to the intersecting forms of discrimination that they face, and they

⁴³ Input from UNHCR.

⁴⁴ See [A/HRC/44/41](#).

⁴⁵ Input from IOM.

⁴⁶ UNHCR, “Background note on the denial, loss or deprivation of nationality on discriminatory grounds” (forthcoming).

⁴⁷ Humanity and Inclusion, “COVID-19 in humanitarian contexts”.

are up to 10 times more likely to experience sexual violence.⁴⁸ Many of them live in humanitarian settings with limited access to prevention and response services, including reporting mechanisms, or to justice. The global pandemic serves only to reinforce such risk for marginalized persons with disabilities.⁴⁹ Women with disabilities who were previously engaged in the informal sector have lost their jobs. Others who were relying on personal assistance now have to depend on their partner or family members, which has contributed to increased domestic violence.

32. Among the most affected population groups during conflict and crisis situations are older persons with disabilities. Worldwide, almost half (46 per cent) of persons aged 60 years and above have some form of disability, and the prevalence of disability increases with age and for women.⁵⁰ The challenges of older persons with disabilities, which have been well documented,⁵¹ are exacerbated in emergency situations. It is important that the rights of older persons with disabilities not be neglected and that their knowledge, role in the community and resilience be positively recognized. The rights of persons with disabilities in humanitarian settings cannot be upheld unless the high levels of disability among older people are taken into account and assistance is tailored appropriately.

33. Lastly, children with disabilities also face specific and heightened risks during armed conflict and other humanitarian emergencies owing to the intersection of disability and age-related factors. They are more likely to be malnourished, underweight and stunted than children without disabilities.⁵² One factor contributing to this is the fact that children and young people with disabilities are less likely to benefit from school-based nutrition or food security programmes because they are less likely to attend school than their peers without disabilities, including in emergency education settings.⁵³ Children with disabilities are also at greater risk than other children of experiencing violence and abuse. These risks are exacerbated in humanitarian contexts, where children are more likely to be separated from their carers and other support networks.⁵⁴

⁴⁸ United Nations Population Fund (UNFPA) and others, *Women and Young Persons with Disabilities: Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights* (New York, UNFPA, 2018), p. 50. See also UNFPA, “Reporting on gender-based violence in humanitarian settings: a journalist’s handbook”, 2nd ed., March 2020.

⁴⁹ For more information, see CARE International, “Inclusive approaches to GBV prevention and response in humanitarian emergencies: learning from women at the frontlines of humanitarian action and disability rights advocacy”, webinar side event during the thirteenth session of the Conference of States Parties to the Convention on the Rights of Persons with Disabilities, 3 December 2020.

⁵⁰ UNFPA and HelpAge International, *Ageing in the Twenty-First Century: a Celebration and a Challenge* (New York and London, 2012), p. 61. See also Inter-Agency Standing Committee, “Humanitarian action and older persons: an essential brief for humanitarian actors”, October 2008.

⁵¹ For example, see [CRPD/CSP/2020/3](#); and HelpAge International, “Older people in emergencies: identifying and reducing risks”, May 2012. For instance, some older people are resorting to selling their belongings owing to blocked access to pensions, social services or medicines, see Global Protection Cluster, “Silver linings”.

⁵² Input from UNICEF.

⁵³ See for example, CBM Australia and others, “Disability inclusion in drought and food crisis emergency response”, July 2011.

⁵⁴ John H. Pearn, “The cost of war: child injury and death”, in *Contemporary Issues in Childhood Diarrhoea and Malnutrition*, 1st ed., Zulfiqar A. Bhutta, ed. (Pakistan, Oxford University Press, 2000).

IV. The way forward: priorities and opportunities for ensuring the rights of persons with disabilities in situations of armed conflict and humanitarian emergencies

34. In designing and implementing COVID-19 response and recovery, the nexus between humanitarian and development work, including its operational synergies and coordination, is more relevant and critical than ever.⁵⁵

35. Within the United Nations system, the United Nations Disability Inclusion Strategy, launched by the Secretary-General in 2019, signalled the highest level of commitment from United Nations entities to the inclusion of persons with disabilities.⁵⁶ The Strategy provides guidance to enable United Nations support and facilities, including in areas of armed conflicts and humanitarian settings, to be inclusive and accessible to all persons. It provides an institutional framework for the United Nations to support Member States in implementing the 2030 Agenda for Sustainable Development, the Convention on the Rights of Persons with Disabilities and Security Council resolution 2475 (2019), as well as other international humanitarian and human rights instruments. Efforts are under way to finalize the guidelines that will support the inclusion of persons with disabilities at the country level and to make the humanitarian programming cycle tools disability inclusive. The Strategy will shape action in the United Nations peacekeeping, humanitarian and development sectors to be more disability inclusive, increase coherence and collaboration at the country level and build the capacity of staff working to ensure human rights in humanitarian contexts. In the light of the global pandemic, the Secretary-General issued two policy briefs, one on a disability-inclusive response to COVID-19 and another on the impact of COVID-19 on people on the move,⁵⁷ in which he called for a stronger disability-inclusive response to the pandemic.⁵⁸ The Special Rapporteur on the rights of persons with disabilities included, in one of his key thematic reports, the issue of building back better in the context of armed conflict.⁵⁹

36. In order to advance the rights of persons with disabilities in armed conflict and other humanitarian emergencies, priority could be given to the actions described below.

A. Disability-inclusive humanitarian assistance and disaster response in coronavirus disease (COVID-19) response and recovery

37. National and local coordination mechanisms and preparedness response plans must be disability inclusive. It is particularly important to ensure that humanitarian needs overviews, humanitarian response plans and refugee response plans are developed with persons with disabilities and include specific actions to ensure that persons with disabilities are reached across all sectors, with adequate resourcing, monitoring and adjustments, as required. Interventions could include:

- (a) Improving the accessibility of water, sanitation and hygiene facilities;

⁵⁵ United Nations, “A United Nations framework for the immediate socioeconomic response to COVID-19”, April 2020, p. 34.

⁵⁶ See [A/75/314](#).

⁵⁷ United Nations, “Policy brief: a disability-inclusive response to COVID-19”, May 2020; and United Nations, “Policy brief: COVID-19 and people on the move”, June 2020.

⁵⁸ See also Inter-Agency Standing Committee, “Key messages: COVID-19 response – applying the IASC guidelines on inclusion of persons with disabilities in humanitarian action”, June 2020.

⁵⁹ See [A/HRC/46/27](#).

- (b) Improving the accessibility of information on humanitarian assistance, including COVID-19 prevention and treatment measures;
- (c) Distributing additional or disability-specific hygiene items and supplies;
- (d) Providing targeted shelter assistance for at-risk individuals to allow for physical distancing, such as accessible shelters and support with shelter construction;
- (e) Providing alternative arrangements for the distribution of food and non-food items to households of persons with disabilities;⁶⁰
- (f) Ensuring the continuity of support services to enable independent living;
- (g) Identifying and monitoring barriers to meaningful participation;
- (h) Deploying specific measures to ensure the accessibility of gender-based violence prevention and response programmes, including reporting mechanisms;
- (i) Giving priority in the vaccine distribution within countries to those who “are at risk of experiencing greater burdens from the COVID-19” pandemic, which includes persons with disabilities in conflict settings and humanitarian emergencies.⁶¹

B. Meaningful participation and leadership of persons with disabilities and their representative organizations

38. Under article 4, paragraph 3, of the Convention, the participation of persons with disabilities through their representative organizations is required in decision-making concerning laws, policies and programmes. Participation and inclusion is also a general principle of the Convention under article 3, which underscores the legal basis of the global disability rights movement, namely, the principle of “nothing about us without us”. In its resolution [2475 \(2019\)](#), the Security Council recognized the critical contributions of persons with disabilities and their representative organizations to conflict prevention and resolution, reconciliation, reconstruction and peacebuilding and to addressing the root causes of conflict (seventh preambular paragraph). Governments and other stakeholders may wish to consider the following:

- (a) Ensuring the participation of persons with disabilities at all levels of decision-making and beginning from the earliest stages – from needs assessments, design and budgeting to implementation, monitoring and evaluation and post-conflict recovery, reconstruction planning and peacebuilding processes;
- (b) Creating opportunities to empower persons with disabilities to participate and take a lead in decision-making, including in peacekeeping and peacebuilding processes;
- (c) Employing a rights-based approach in all community activities to strengthen the resilience of persons with disabilities and their families and communities to current and future shocks, including by creating a community-based protection system;
- (d) Consulting persons who experience multiple and intersecting forms of discrimination, who are often underrepresented, such as older persons, women and girls, children, indigenous peoples, members of ethnic and religious minorities, persons living in camps for refugees and internally displaced persons, lesbian, gay,

⁶⁰ United Nations, “Policy brief: a disability-inclusive response to COVID-19”.

⁶¹ WHO, “WHO Strategic Advisory Group of Experts on Immunization values framework for the allocation and prioritization of COVID-19 vaccination”, 14 September 2020, p. 11.

bisexual, transgender, queer and intersex persons, persons with sensory impairments, persons with intellectual disabilities and persons with psychosocial disabilities;⁶²

(e) Engaging with organizations of persons with disabilities, which can serve as key resources in the identification and removal of barriers and in combating stigma and discrimination, including supporting such organizations in strengthening their capacities at the community level;⁶³

(f) Supporting and funding the capacity-building of organizations of persons with disabilities, including in good governance, financial stability, growth, advocacy and operations, and ensuring their effective participation in the independent monitoring framework and processes.⁶⁴

C. Twin-track approach: mainstreamed and targeted approaches to disability inclusion

39. Recovering better from situations of crisis requires a twin-track approach, namely, one that is mainstreamed and targeted, to address the needs of persons with disabilities, remove the barriers facing them and protect their rights in humanitarian response and post-conflict recovery processes. The Convention, in the seventh preambular paragraph, recognizes the importance of mainstreaming disability issues as an integral part of relevant strategies of sustainable development, which includes COVID-19 recovery strategies. Governments and other stakeholders may wish to consider the following:

(a) Strengthening national laws and policies and other national and local mechanisms by adopting a human rights-based approach to promote the inclusion, priority protection⁶⁵ and safety of persons with disabilities;⁶⁶

(b) Fostering and strengthening collaboration among national and local authorities and humanitarian partners, including with organizations of persons with disabilities, “with a view to strengthening local and national service systems inclusive of persons with disabilities”;⁶⁷

(c) Delivering disability-inclusive policies, programming and budgeting, including the removal of accessibility barriers in all aspects of humanitarian interventions, policies, services and practices. For instance, accessibility and universal design principles must be incorporated into camp management, infrastructure design and risk communications, and targeted access must be provided to specialized services, such as assistive technologies;⁶⁸

⁶² CBM International, Humanity and Inclusion and International Disability Alliance, *Case Studies Collection 2019*, p. 32.

⁶³ For more information, see [A/HRC/44/4](#); and Inter-Agency Standing Committee, *Guidelines: Inclusion of Persons with Disabilities in Humanitarian Action*, pp. 33–35.

⁶⁴ Inputs from the civil society coordination mechanism and IOM.

⁶⁵ In laws in Burkina Faso, for instance, priority is given to persons with disabilities in the prevention and management of risks, humanitarian crises and disasters. Similarly, in Nepal, persons with disabilities are given priority in rescue operations and the provision of security and protection in times of armed conflict, states of emergency or disasters.

⁶⁶ At the same time, the humanitarian principles of humanity, impartiality, neutrality and independence cannot be compromised in situations of conflict, see United Nations, “A United Nations framework for the immediate socioeconomic response to COVID-19”, p. 34.

⁶⁷ Charter on Inclusion of Persons with Disabilities in Humanitarian Action, para. 2.5.b.

⁶⁸ For examples of good practices, see Inter-Agency Working Group on Disability-Inclusive COVID-19 Response and Recovery, “COVID-19 response in humanitarian settings: examples of good practices for including persons with disabilities”, July 2020.

(d) Continuing to work towards making humanitarian needs overviews and humanitarian response plans disability inclusive, including by establishing working groups within the cluster system;

(e) Addressing the compartmentalization of humanitarian, development and peace funding streams through the active engagement of the donor community, promoting funding only for programmes that are inclusive of, and accessible for, persons with disabilities, and strengthening disability inclusion in pooled funding;

(f) Implementing a collaborative, systematic and integrated approach to disability inclusion, guided by the Convention and the United Nations Disability Inclusion Strategy, in all United Nations country teams, humanitarian country teams and peacekeeping and peacebuilding operations by ensuring disability inclusion from the beginning of an emergency and during the early recovery and reconstruction phases;

(g) Raising the awareness of, and increasing training for, international and national humanitarian workers and national and local authorities to further strengthen their capacities and skills to identify and include persons with disabilities in humanitarian response and recovery,⁶⁹ to disseminate adequate, timely and accessible information, and to help to combat stigma and stereotyping on the basis of disability;

(h) Utilizing the human rights indicators for article 11 of the Convention to measure progress in the protection and safety of persons with disabilities in situations of conflict and humanitarian emergencies.⁷⁰

D. Data collection, monitoring and reporting by disability

40. The impact of the current gap in systematic reporting by disability status has been laid bare during the global pandemic, hindering the ability of States and other stakeholders to make targeted responses for persons with disabilities. Persons with disabilities are one of the groups most affected by the pandemic. However, the lack of disaggregated data, as well as lack of data on barriers and risks, makes it difficult to understand the needs of persons with disabilities and to measure the impact of any responses. Governments and other stakeholders may wish to consider the following:

(a) Strengthening national laws, policies and strategies to collect, analyse and disseminate timely, and maintain and monitor high-quality, data and statistics, both quantitative and qualitative, as stipulated in article 31 of the Convention, in order to identify and address the barriers faced by persons with disabilities in exercising their rights;

(b) Partnering with organizations of persons with disabilities in the collection of data disaggregated by sex, age and disability and in monitoring processes, and building their capacity to survey their communities in current and future emergencies;

(c) Collecting data disaggregated by disability at the national, subnational and local levels using internationally recognized methods, such as the Washington Group short set of questions on disability, the World Health Organization model disability survey and the United Nations Children's Fund/Washington Group module on child functioning, including in assessing the impact of the COVID-19 pandemic on persons

⁶⁹ Charter on Inclusion of Persons with Disabilities in Humanitarian Action.

⁷⁰ Available at www.ohchr.org/EN/Issues/Disability/Pages/SDG-CRPD-Resource.aspx.

with disabilities;⁷¹ where this is not possible, collecting reliable secondary data sources and building the capacity of communities for citizen-generated data.⁷²

E. Opportunities

41. The adoption of Security Council resolution [2475 \(2019\)](#) demands more synergies among the peace and security, development and humanitarian pillars of the United Nations, in particular for persons with disabilities in armed conflict and related humanitarian crises. In this regard, the United Nations Disability Inclusion Strategy provides a system-wide strategy for mainstreaming disability inclusion, through a rights-based approach, across all pillars of the work of the United Nations, including in supporting Member States. Governments, United Nations entities and other stakeholders may wish to consider the following:

(a) Ensuring that persons with disabilities are participants in, and beneficiaries of, the international peace and security agenda, for instance, by monitoring progress in the protection of persons with disabilities in armed conflict and incorporating disability inclusion in the work of relevant United Nations entities, and through the United Nations reports on the protection of civilians in armed conflict and children in armed conflict;⁷³

(b) Strengthening cooperation, collaboration and coordination between development activities and humanitarian assistance and peacebuilding efforts at the national level.

42. Implementing the Strategy requires ambitious system-wide changes by the United Nations, supported by all stakeholders, in order to better respond to the COVID-19 crisis and to get back on track in realizing the 2030 Agenda. During the global pandemic, new areas of concern as well as innovation have been identified. Governments, United Nations and other stakeholders may wish to consider:

(a) Creating an enabling environment of digital inclusion for persons with disabilities, including women and girls, by ensuring that they are included in policymaking and design processes, investing in digital skills and the use of the Internet, making technology such as mobile Internet and telephone services affordable, developing network coverage and connectivity, and improving the accessibility of digital technologies;⁷⁴

⁷¹ This includes, inter alia, collecting disaggregated data on persons in need and including targeted figures in response plans; collecting disaggregated data on internally displaced persons, refugees, asylum seekers, returnees and stateless persons; collecting disaggregated needs assessment data; and ensuring that disability is reflected in the monitoring frameworks of humanitarian emergency response plans (inputs from UNICEF and UNHCR).

⁷² See United Kingdom of Great Britain and Northern Ireland, Department for International Development, “Guidance on strengthening disability inclusion in humanitarian response plans”, 2019.

⁷³ In its resolution [2475 \(2019\)](#), the Security Council requested the Secretary-General to include “information and related recommendations on issues of relevance to persons with disabilities, in the context of armed conflict, in thematic and geographic reports and regular briefings to the Council” (para. 9), with the aim of promoting disability-inclusive approaches in conflict settings.

⁷⁴ For more information, see, for instance, United Nations, Department of Economic and Social Affairs, report of the expert group meeting on the theme “Socially just transition towards sustainable development: the role of digital technologies on social development and well-being of all”, August 2020; and *Technology and Innovation Report 2021: Catching Technological Waves – Innovation with Equity* (United Nations publication, Sales No. E.21.II.D.8), p. 71. With regard to displaced populations, see GSMA, “Bridging the mobile disability gap in refugee settings”, September 2019.

(b) Strengthening international cooperation to support developing countries in the development and use of frontier technologies;

(c) Promoting laws, policies and programmes, with predictable funding, to increase the availability, accessibility, acceptability and quality of mental health services that respond to the will and preferences of the person concerned and of rehabilitation and individualized support services.⁷⁵

V. Guiding questions for consideration by the round table

43. The following questions are submitted for consideration at the round-table discussion:

(a) What legal, policy and practical measures at the national level are necessary to promote a rights-based and disability-inclusive approach to respect, protect and fulfil the rights of persons with disabilities in armed conflict and other humanitarian emergencies and persons with disabilities living in forced displacement, including in COVID-19 vaccination, response and recovery?

(b) What are the next practical actions to advance the implementation of Security Council resolution [2475 \(2019\)](#)? What can Member States and other stakeholders do, through intergovernmental processes, including the Economic and Social Council, the Security Council and the General Assembly, to enhance the visibility of the protection, needs and rights of persons with disabilities affected by global crises, humanitarian emergencies and armed conflict?

(c) What practical measures may be required for Governments and other stakeholders to adopt and implement policies, programmes and innovative practices at the national level to empower persons with disabilities to participate and take the lead in activities that support humanitarian action, conflict prevention, reconstruction and peacebuilding processes in order to recover better? Are there any particular recommendations or lessons learned that may be considered to increase the protection of such persons?

(d) What can Governments, civil society and other stakeholders do to address the multiple and intersecting forms of discrimination faced by persons with disabilities on any grounds in conflict and humanitarian situations?

(e) What legal, policy and innovative measures and actions by Governments, the United Nations and other stakeholders are necessary to promote the collection and monitoring of data, to be disaggregated by age, sex and disability, in armed conflict and other humanitarian emergencies?

(f) How can Governments, the United Nations and other stakeholders help to build synergies among the peace and security, development and humanitarian operations of the United Nations through the effective implementation of the United Nations Disability Inclusion Strategy?

⁷⁵ For instance, establishing and maintaining online as well as home-based rehabilitation support and services and online health support services, including mental health services, especially for children and girls with disabilities.