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**Promoción y protección de todos los derechos humanos,
civiles, políticos, económicos, sociales y culturales,
incluido el derecho al desarrollo**

Visita a Georgia

Informe del Relator Especial sobre los derechos de las personas con discapacidad, Gerard Quinn*

Resumen

El Relator Especial sobre los derechos de las personas con discapacidad, Gerard Quinn, realizó una visita a Georgia del 4 al 14 de septiembre de 2023. En su informe, destaca los progresos realizados mediante la reforma de leyes y políticas, en particular tras la aprobación de la Ley sobre los Derechos de las Personas con Discapacidad en 2020. La mayoría de los ingredientes clave para el cambio y el progreso ya existen en el país: la determinación de alejarse del modelo médico de la discapacidad, el objetivo de la desinstitucionalización, la voluntad de aplicar las normas internacionales pertinentes y de aprender de las mejores prácticas existentes, una comunidad de personas con discapacidad dinámica y que se hace oír, y el apoyo de la comunidad internacional. El principal desafío que se plantea ahora es el de rediseñar en la práctica las políticas sociales y económicas para lograr avances tangibles, de modo que las personas con discapacidad puedan ejercer sus derechos, especialmente en lo relativo a la capacidad jurídica, el acceso a la justicia, la vida independiente, la accesibilidad, la educación, la atención de la salud y la rehabilitación, y el empleo. A tal fin, el Relator Especial formula recomendaciones y hace especial hincapié en la importancia de contar con un mecanismo de coordinación eficaz que respalde la reforma racional y con unos mecanismos de aplicación robustos, así como de garantizar que se tengan en cuenta las voces de las personas con discapacidad menos escuchadas.

* El resumen del informe se distribuye en todos los idiomas oficiales. El informe propiamente dicho, que figura en el anexo, se distribuye únicamente en el idioma en que fue presentado.



Anexo

Informe del Relator Especial sobre los derechos de las personas con discapacidad, Gerard Quinn, acerca de su visita a Georgia

I. Introduction

1. The Special Rapporteur on the rights of persons with disabilities visited Georgia, at the invitation of the Government, from 4 to 14 September 2023.
2. He met with representatives of ministries, the parliament, public agencies, civil society organizations, United Nations agencies and international donors, service providers, businesses and many others.¹ The Special Rapporteur thanks the Government of Georgia for its invitation and the excellent cooperation and frank exchanges during the visit. He particularly thanks all the persons with disabilities with whom he met and who shared their own situations, concerns, aspirations and desire for change, including women with disabilities and youth leaders with disabilities who were full of energy and optimism for a new future. The Special Rapporteur is also grateful for the strong support from the United Nations country team.
3. In addition to meetings in Tbilisi, the Special Rapporteur travelled to the Mtskheta-Mtianeti and Kakheti regions. He visited a residential institution for persons with disabilities in Dusheti, a day-care centre in Saguramo, the Qedeli community for adults with disabilities in Signaghi, the independent living centre in Telavi, public school No. 9 in Tbilisi and the Tbilisi mental health centre.
4. A distinguishing feature of Georgia is the rupture left by armed conflict. The armed conflicts in 1991–1993 and 2008 resulted in destruction and the displacement of persons from Abkhazia, Georgia, and Tskhinvali region/South Ossetia, Georgia. In 2022, nearly 300,000 internally displaced persons were still registered in Georgia, many of whom have a disability. Consistent with his overall thematic focus on conflict and disability, the Special Rapporteur endeavoured to enter Abkhazia and Tskhinvali region/South Ossetia to assess the situation of persons with disabilities living there for himself. He regrets that this was not possible. Data on the number of persons with disabilities living in the two regions and information on the services and support available to them is not readily available. The Special Rapporteur is especially concerned that people with disabilities, and particularly older persons with disabilities, may face significant additional barriers to exercising their basic rights in those regions.
5. In general terms, Georgia is making great strides to move away from a medicalized model of disability, which locates the problem within the person, to the biopsychosocial model, which locates the problem in how society responds to the human difference of disability. That represents a profound cultural shift. It helps to reset cultural norms and expectations, even within persons with disabilities themselves. It acts as a solvent to clear away stigma and it leads to a completely new agenda, removing the legacy of the past and creating a much more inclusive Georgia of tomorrow. That new framing of inclusion is touching nearly every policy sphere in Georgia, education, employment and health care to

¹ The Special Rapporteur met with representatives of the Ministry of Foreign Affairs, the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs, the Ministry of Regional Development and Infrastructure, the Ministry of Culture, Sport and Youth, the Ministry of Education and Science, the Ministry of Justice, the Ministry of Economy and Sustainable Development, the Ministry of Internal Affairs, the Ministry for Reconciliation and Civic Equality, the Human Rights Secretariat of the Administration of the Government, the Office of the Prosecutor General, the High Council of Justice, the Central Election Commission, the Legal Aid Service, the Office of the Public Defender, the municipalities of Mtskheta and Signaghi and members of parliament, including members of the Human Rights and Civil Integration Committee.

name a few. The move towards inclusion means that service models developed many decades ago need to be wholly transformed. That is not unique to Georgia but it is acute in the country.

6. Georgia has an Association Agreement in place with the European Union since 2016 and officially applied to become a member in March 2022. That holds out the prospect of catalysing the process of change by aligning Georgia with the legislative and policy achievements of the European Union in the domain of disability rights.

II. Dynamics of change and institutional architecture

7. Georgia ratified the Convention on the Rights of Persons with Disabilities in 2014 and the Optional Protocol in 2021. During discussions with the Special Rapporteur, the Government indicated its intention to ratify the Marrakesh Treaty to Facilitate Access to Published Works for Persons Who Are Blind, Visually Impaired or Otherwise Print Disabled. That is welcome and eagerly anticipated.

8. Georgia submitted its initial report to the Committee on the Rights of Persons with Disabilities in 2016. In its concluding observation, the Committee welcomed the legislative and policy measures that had been adopted to promote the rights of persons with disabilities. It highlighted the need to strengthen the participation of persons with disabilities, through their representative organizations, including women with disabilities and self-advocacy organizations, and improve data collection about persons with disabilities and the barriers that they face in exercising their rights. It also emphasized the need to reinforce the capacity, resources and mandates of the national implementation and monitoring mechanisms.²

9. Georgia has made progress on strengthening its legal framework to protect the rights of persons with disabilities. In 2017, the Constitution was amended, giving the State the responsibility to create special conditions for persons with disabilities to exercise their rights and interests (art. 11 (4)). The 2014 Law on the Elimination of All Forms of Discrimination specifically mentions disability as one of the grounds of discrimination (art. 1). It designates the Public Defender of Georgia (Ombudsman) as the mechanism for monitoring and handling individual complaints. In 2022, 13 per cent of the 153 cases examined by the Public Defender concerned alleged discrimination based on disability. The Public Defender is authorized to bring cases to the Constitutional Court when domestic legislation contradicts the fundamental rights protected by the Constitution and has done so with respect to the rights of persons with disabilities.

10. The enactment of the more specific Law on the Rights of Persons with Disabilities in 2020 represents significant progress. It contains key rights and obligations, such as the right to live independently and awareness-raising. However, the concept of “reasonable accommodation”, which is integral to the prohibition of discrimination on the ground of disability, is not sufficiently developed within Georgian law. The legislation does, however, provide a clear basis for a shift from the medical model to the biopsychosocial model of disability.

11. The National Human Rights Strategy for the period 2022–2030 aims to provide a unified framework for strengthening human rights in the country and touches on a range of topics, including disability rights. That has the salutary effect of embedding disability as a core human rights issue. Officially, therefore, the medical model of disability has been displaced. The strategy also serves as a bridge to connect disability to other human rights fields, including business and human rights. That is key to how the service economy is reshaped. What is clear from experience of human rights action plans elsewhere in the world is that benchmarks and timelines are required for effective implementation.

12. The Special Rapporteur is encouraged that, consistent with the 2020 Law on the Rights of Persons with Disabilities, many ministries and all municipalities have developed their own sectoral action plans to strengthen the protection and fulfilment of the human rights of persons with disabilities.

² CRPD/C/GEO/CO/1.

13. Robust coordination and monitoring are paramount for setting priorities and translating the recent legal and policy reforms into action. That is why the Interagency Coordination Committee on the Rights of Persons with Disabilities, established in 2021, is so important. The Committee is supported by the Human Rights Secretariat of the Administration of the Government of Georgia, which serves as the focal point for the implementation of the Convention on the Rights of Persons with Disabilities (art. 33 (1)). Since it was established, the Committee has held four meetings and created two thematic working groups, one on inclusive education and the other on coordination with municipalities. The role and resources of the Committee need to be sufficient to ensure it is effective in ensuring implementation of the Convention.

14. One characteristic feature of Georgian disability law and policy is the extent to which access to services is made dependent on a prior determination and assessment of disability which leads to “disability status”. Consistent with the historical development of disability policy and the law on medical and social examination of 2001, a range of services are then provided to those officially designated as having a disability. Access to services therefore depends on formal designation and disability status is based solely on a medical diagnosis carried out by a medical institution. This highly medicalized system perpetuates stereotypes about persons with disabilities as being sick and unable to live independently, and only reinforces stigma and exclusion. Furthermore, the disability assessment process appears to be inaccessible to some, owing to a lack of reasonable accommodation, insufficient information and a lack of human rights knowledge among health professionals, together with geographical and other barriers. The net effect is presumably to exclude many people with disabilities from essential benefits and support.

15. In early 2023, the Government adopted a three-year action plan that deals mainly with creating the relevant legislative and institutional mechanisms and the guidelines needed for the transition away from the medical model of disability. The main objective is to prepare for that transition to commence after 2025. That is welcome and fits with the overall policy of removing vestiges of the medical model. However, some key elements remain vague, such as what the exact link will be between the biopsychosocial model and social benefits and services. Here, the Special Rapporteur emphasizes that the exercise should not be exclusively about the numbers of persons with disabilities who qualify for benefits and services, for example increasing prevalence from 3 per cent to 7 per cent, but about disability as understood more broadly in terms of the enjoyment of human rights.

16. Effective policy decision-making and public spending is driven by facts and data. Data on disability in Georgia is primarily based on the number of beneficiaries of cash disability benefits who comprise around 3 per cent to 4 per cent of the total population. That too is a remnant of the medical model. That number is far below the worldwide estimate of 15 per cent of the population living with a disability, or the results of the 2014 census, in which 18 per cent of respondents indicated that they were living with a functional limitation, based on the short set of questions posed by the Washington Group on Disability Statistics. That discrepancy means that the needs of many persons with disabilities are still largely invisible. The 2024 census should provide more accurate data. The Special Rapporteur emphasizes that data should be used not only to measure the prevalence of disability but also to assess the barriers to participation in society faced by persons with disabilities.

17. The intersectional dimension of disability is largely missing in both the 2020 Law on the Rights of Persons with Disabilities and the National Strategy on Human Rights but could be accommodated under both. Certain groups, such as women with disabilities, those living in remote and rural areas, older people and persons with disabilities from ethnic minorities, face significant barriers to exercising their rights, including accessing disability status assessments and related benefits and services. The Special Rapporteur was also struck by accounts he heard about strong stigma (even in the disability community) against lesbian, gay, bisexual, trans and other gender-diverse persons, including those with disabilities. Georgia has an obligation to address multiple and intersectional discrimination against persons with disabilities.

18. The joint production of policy should characterize the disability field. The Convention requires that States closely consult and actively involve persons with disabilities, through their representative organizations, when planning, drafting and adopting laws, and making key decisions. The Special Rapporteur notes that the inter-agency coordination mechanism, the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social affairs, the Ministry of Justice and the Office of the Public Defender have established consultative councils with organizations of persons with disabilities. In line with the 2020 law, municipalities are also required to ensure the participation of persons with disabilities in decision-making and the elaboration of relevant projects and programmes. The Special Rapporteur was given many examples of strategies and action plans developed with significant inputs from organizations of persons with disabilities. That said, the criteria for who is included and the procedures for managing the consultations need to be made clearer.

19. The commitment, knowledge and activism of persons with disabilities, their representative organizations and civil society in Georgia are impressive. It is therefore with alarm that the Special Rapporteur heard concerns about a possible shrinking of the civic space and allegations of harassment of some disability rights defenders, especially after the introduction of a draft law “on transparency of foreign influence” in the parliament in February 2023. The draft law would have required all civil society and media organizations that receive more than 20 per cent of their funding from other countries and international organizations to be registered as “agents of foreign influence”. The proposal was rejected by the parliament in March 2023. Organizations of persons with disabilities should be free to seek and secure funds and resources from national and international donors and States should in effect promote and facilitate their access to foreign funding as part of international cooperation and development aid pursuant to article 32 of the Convention.³

20. In its general comment No.7 (2018), the Committee on the Rights of Persons with Disabilities outlined how Governments should support representative organizations of persons with disabilities, particularly to strengthen their capacity and thus ensure effective participation. That is distinct from funding projects and services for persons with disabilities.⁴ It is vital to ensure that those within the disability community who face multiple forms of discrimination are included, such as women, youth, children, ethnic minorities, older persons, lesbian, gay, bisexual, trans and other gender-diverse persons, refugees and people with intellectual and psychosocial disabilities. The Special Rapporteur recalls that the 2020 Law on the Rights of Persons with Disabilities promises that the State will promote the operation of representative organizations in general (art. 14 (4)) and at the level of municipalities in relation to independent living (art. 35 (2)).

21. The Special Rapporteur was heartened by the level of activity of the international community and donors in Georgia supporting the rights of persons with disabilities. A deep understanding of key issues requiring reform is shared among the donors, who are especially supportive in domains such as independent living, social inclusion, rehabilitation and inclusive education. The Special Rapporteur was particularly impressed by the ongoing support for disability reform undertaken by the United Nations country team, a model worth replicating.

III. Key policy domains

A. Legal capacity and access to justice

22. The paradigm shift away from the medical model entails centring persons with disabilities in their own lives and making life decisions for themselves. That is why the issue of legal capacity is so central, both symbolically and practically, for personhood.

³ Committee on the Rights of Persons with Disabilities, general comment No. 7 (2018), paras. 61 and 64.

⁴ *Ibid.*, paras. 60–64.

23. The 2015 legal reforms amending the Civil Code and 67 other laws move in the right direction by ostensibly implementing supported decision-making. However, as observed by the Committee on the Rights of Persons with Disabilities, legislation and practices within Georgia “continue to deny legal capacity for persons with intellectual disabilities and persons with psychosocial disabilities considered to have ‘antisocial personality disorder’”.⁵ The Committee also highlighted the problematic reliance on a medical assessment of legal capacity by the National Forensics Bureau in appointing support staff, delays in implementing supported decision mechanisms and limited public awareness of the equal recognition of persons with disabilities before the law and of supported decision-making.

24. The Special Rapporteur echoes the conclusions of the Committee on the Rights of Persons with Disabilities and observes that the concept of supported decision-making is insufficiently developed in Georgia. It is not about guiding or directing a person, it is about a process of revealing a person’s wishes and preferences and respecting them. In Georgia, the National Forensics Bureau is the only institution mandated to carry out psychosocial needs assessments to determine the need for supported decision-making.⁶ However, the relevant assessments are effectively functional assessments that can lead to determinations of legal incapacity. That is another remnant of the medical model. Such assessments seem at odds with supported decision-making as envisaged in the Convention. Clear and detailed guidance on what supported decision-making is (and what it is not) is required and would be fully consistent with the intention of the 2015 reforms.

25. The first interaction most individuals, including persons with disabilities, have with the justice system is with law enforcement officials. The Special Rapporteur notes progress at the Ministry of Internal Affairs and in its training initiatives to ensure that police officers understand the rights of persons with disabilities and how to respond to their needs. That is a positive step towards raising awareness and reducing stigma and discrimination among law enforcement personnel. Even so, the Special Rapporteur is deeply concerned by the practice of the police and/or emergency medical service personnel, when responding to an incident, of bringing a person with a psychosocial disability to a mental health institution, even when the individual concerned expresses disagreement. The potential for direct and indirect coercion in situations involving law enforcement or emergency medical services is high, especially without the appropriate support services.

26. Furthermore, in line with the Criminal Procedure Code, individuals with psychosocial and intellectual disabilities are burdened with an effective presumption against their legal capacity in judicial proceedings. In particular, articles 50 (2), 75 (1) and 191 of the Criminal Procedure Code are contrary to the rights established by articles 12 and 13 of the Convention. Those articles were frequently highlighted by diverse stakeholders, as they can prevent persons with psychosocial and intellectual disabilities from giving testimony based on a determination by the National Forensics Bureau. That is particularly concerning in cases where a victim with a disability, especially in a case concerning gender-based violence, might not be able to testify and therefore seek redress and remedies. The Special Rapporteur applauds the prosecution service for recognizing the incongruence of the law with article 12 of the Convention and attempting to address the issue. However, that solution is not sustainable in the long term, as it depends on judicial discretion to suspend the law. The automatic termination of criminal proceedings if the accused is found insane by a court, based on assessments by forensic experts, is concerning, as the accused can be placed under compulsory psychiatric treatment for years without a determination of responsibility for the crime.

27. People with disabilities also face barriers in terms of access to physical infrastructure and to information and communication in order to access justice. For instance, people with visual impairments cannot file legal claims with the courts owing to the lack of an accessible form. As observed by the Committee on the Rights of Persons with Disabilities, accessible and effective procedural accommodations are lacking.⁷ Persons with disabilities have the

⁵ CRPD/C/GEO/CO/1, para. 25 (c).

⁶ See the Law on Psychosocial Needs Assessment (2015), available from matsne.gov.ge/en/document/view/2788241?publication=0.

⁷ CRPD/C/GEO/CO/1, para. 27.

right to appropriate procedural accommodations to guarantee effective and equal participation in all legal proceedings, as is envisaged by the 2020 Law on the Rights of Persons with Disabilities.

28. The Special Rapporteur is encouraged by promising steps taken, such as the access to free legal aid for all persons with disability status through the Legal Aid Service. That institution also aims to deploy mobile legal clinics throughout the country. The Special Rapporteur welcomes the initiatives of the prosecution service and the High Council of Judges in 2021 to adopt specific guidelines and methodology on working with persons with disabilities in judicial proceedings.

B. Independent living and community-based services

29. The 2020 Law on the Rights of Persons with Disabilities introduces important provisions on independent living, including the right of a person with disabilities to choose a place of residence. That said, until now the deinstitutionalization process has been implemented in a fragmented way, leaving some large residential institutions operating, while community and home-based services remain underdeveloped, especially outside Tbilisi. In line with the National Human Rights Strategy, the deinstitutionalization process should be completed by 2030.

30. A deinstitutionalization strategy and a related action plan on independent living and deinstitutionalization for the period 2023–2025 were adopted in early 2023. They should provide an impetus to move coherently ahead. The action plan takes a holistic approach by addressing the prevention of institutionalization through a better referral and case management system, mapping existing services and needs and increasing access to alternative housing services, improving services, including by developing monitoring tools and complaint mechanisms, and awareness-raising targeting different stakeholders. However, no dedicated budget appears to be attached to its implementation. Development of the workforce to assist in independent living is one element requiring sustained attention and investment, as the Special Rapporteur consistently heard about the challenge of finding and retaining qualified professionals.

31. In line with the 2020 Law on the Rights of Persons with Disabilities, municipalities have been given a key role in implementing programmes and services that support the independent living of persons with disabilities, including the provision of personal assistants. That is part of a wider process of decentralization in Georgia, whereby more and more responsibilities for economic and social development are transferred from central Government to municipalities. Again, the direction is positive but assurance is needed that municipalities will be provided with sufficient funding, guidance, oversight mechanisms and capacity-building to be able to perform satisfactorily.

32. The Special Rapporteur visited one of the remaining larger institutions in Dusheti and smaller-scale residences, such as the Qedeli community in Signaghi. He was impressed with the improvements and with the general attitude of the management in the larger institution in favour of alternative community options. While smaller family-type houses can provide better support to develop independent living skills than large institutions, they should only be viewed as a transitional measure and do not constitute an independent living arrangement. The Special Rapporteur is of the view that the focus on family-type houses should not be to the detriment of the longer-term goal of developing quality and accessible support and services in the community.

33. The 2020 law does not expressly refer to the right to adequate housing and there is currently no national housing strategy or unified standards for providing social housing. Social housing is managed at the municipal level, leading to diverse practices that mostly do not take into account the individual needs of persons with disabilities and make it difficult for them to apply for housing in another municipality. That is particularly limiting for students wishing to study in a different region. Moreover, poor conditions and the lack of adaptable housing render the social housing stock inadequate and inaccessible for people with disabilities. In addition, there is no programme for subsidizing home renovations and the equipment needed to enable persons with disabilities to live in the community.

34. In terms of service development, much is expected from the introduction of a personal assistance programme foreseen by the 2020 law. At the time of the visit, the Government had adopted related standards and it will be piloting the programme in five municipalities in 2024. Much will depend on securing public funding and attracting and training prospective assistants, as well as on coordinating and supporting municipalities to have the capacity and resources to roll out the programme.

35. Other key services, such as assistive technology, merit close attention. Despite recent progress in standard-setting, unmet needs for assistive technology remain high.⁸ Access to quality assistive technology is hindered by the fact of disability status being a prerequisite for obtaining some devices, the limited number and models of State-funded assistive products, the small number of registered providers (and in some cases very narrow criteria to register as a provider), and limited access to service providers outside the main cities. Access is also affected by insufficient public funding, long waiting lists, a lack of related support services and limited awareness among potential beneficiaries and health practitioners. Many persons with disabilities therefore end up paying out of their own pockets for assistive technology, assuming, that is, that they can afford it.

36. Many persons with disabilities do not benefit from the support and social protection measures that are available, owing to a lack of awareness, especially in rural and remote areas and among those from ethnic minorities. The Special Rapporteur repeatedly heard about families hesitating to even apply to obtain disability status for their children because of stigma and misconceptions. In that context, the role of community-based organizations to build connections, share information and assist in identifying needs and support is vital. Outstanding good practice was demonstrated to the Special Rapporteur in meetings with representatives of the independent living centres in Telavi and Lagodekhi. Continuous support to community-based organizations is important and the Special Rapporteur welcomes the recent adoption by the Government of related standards that would allow for public funding to be disbursed for the operation of independent living centres.

37. In the absence of quality and accessible services to enable independent living, the onus is often placed on families to care for and support family members with disabilities. In Georgia, the Special Rapporteur was particularly struck by experiences shared by parents of children with disabilities, mainly women, with one mother telling him that “families are living in hell”. A recent study found that the cost of goods and services required for raising a child with disabilities are out of reach for most families in Georgia.⁹ Support and services to help children with disabilities transition into adult life are missing. Going forward, care and support services must take the rights of carers into account and ensure there are support and respite services for families.

38. More active family support measures are also important as a preventative measure against abandonment and institutionalization, especially for children with intellectual and psychosocial disabilities. While large institutions for children with disabilities have been closed, they remain overrepresented in institutional care, such as in boarding schools for children, where they might be at risk of abuse and violence. The Special Rapporteur was told of a case in 2023, in which doctors advised parents to place their newborn child with intellectual disabilities in institutional care. Family separations due to a child’s impairments must be prevented, otherwise the cycle of institutionalization will continue. Parents must be empowered and supported, so that children with disabilities have the best chance of leading a life in the community.

C. Accessibility

39. Accessibility to the physical, informational and digital environments is essential to ensure equal and full participation in society and independent living. This means that

⁸ For a more detailed analysis see [World Health Organization \(WHO\), “A situation assessment of assistive technology in Georgia” \(2023\)](#).

⁹ United Nations Children’s Fund (UNICEF), [The Cost of Raising a Child with Disabilities in Georgia](#) (2023).

everything from transportation to technology, to services needs to be accessible to and useable by persons with disabilities.

40. In that context, the approval by the Government in decree No. 732 of national accessibility standards in 2020 is a very positive step forward, especially as they are based on “universal design” principles. The standards apply to the construction of new buildings in both the private and public sectors. The law will only be effective if there are strong implementation and enforcement mechanisms, particularly at the municipal level, and a national accessibility strategy is developed with clear time frames, benchmarks and dedicated funding.

41. Persons with disabilities regularly shared experiences with the Special Rapporteur of how changes made to the physical environment (for example, ramps, textured tiles and crosswalk audio cues) were at times unusable, incomplete or incorrectly calibrated. The reported net effect was to leave things in some instances even more inaccessible than before. It was further reported that complaints were only addressed after the fact, once the issue was posted on social media. Insufficient enforcement of the accessibility standards was also raised in conversation with the Legal Aid Service. The Service highlighted several cases where the construction of a building had been halted, owing to non-compliance with accessibility standards, or to compel the retrofitting of the necessary accessibility measures, such as elevators or ramps, in an already completed building. Such cases would probably not have occurred if enforcement had been more robust.

42. The Ministry of Economy and Sustainable Development has oversight and enforcement mechanisms in place for buildings of special importance, while municipalities have responsibility for other construction projects. It appears that more work needs to be done to assist municipalities in monitoring and enforcing compliance with the national accessibility standards. Of note is the fact that the plan to retrofit older buildings in line with the accessibility standards, as envisaged by government resolution 732 (art. 3), remains to be developed.

43. While much attention has rightly been paid to ensuring physical accessibility, insufficient effort has been made regarding the complementary obligation of reasonable accommodation. Pending the improved accessibility of all buildings, services delivered in inaccessible buildings could be provided in other ways to people with disabilities. Reasonable accommodation might entail simple solutions, such as relocating essential services to the ground floor or bringing mobile services to people with disabilities, as is already done in some cases. That makes greater clarity on how reasonable accommodation is defined even more urgent.

44. The Special Rapporteur was pleased to hear about plans to effectively transpose European Union directives on web accessibility into national law.

45. The Special Rapporteur greatly welcomes private sector initiatives with respect to accessibility. He is particularly appreciative of the policy developed by Liberty Bank, a major private financial institution, which aims to provide equal access to services, increase the participation of persons with disabilities in the financial sphere and build capacity and awareness within the company itself. That is commendable and serves as a model for all businesses.

D. Inclusive education

46. Inclusive education is essential to human development, enhancing tolerance for differences and ensuring that the conditions are right for sustainable economic growth. The Special Rapporteur noted that the Ministry of Education had a deep understanding of and commitment to inclusive education.

47. Georgia has taken important steps towards inclusive education for persons with disabilities. The stated goal of the 2022 Unified National Strategy for Education and Science is to provide equal access to inclusive and quality education within the framework of the Sustainable Development Goals. Article 33 of the Law on General Education provides the necessary legal basis and requires general education institutions to undertake an individual

assessment of the needs of students with disabilities to “create the necessary learning conditions for them”. The enactment of the proposed amendments to the law in support of inclusive education would further strengthen the positive legal and policy direction.

48. During a visit to public school No. 9 in Tbilisi – a model inclusive environment – the Special Rapporteur met with parents and teachers to learn first-hand about the positive impact that assessments of individual needs have on creating favourable learning conditions for children with disabilities. The increased acceptance of children with disabilities in mainstream education and the efforts made to include and support parents are apparent and welcome. The experience of this school shows what coordination and support from the Ministry of Education, international donors and local partners can achieve.

49. Resource rooms for use by children with disabilities have been created in a few schools in Georgia to support inclusion. However, it appears that in some cases, students with disabilities are effectively separated in resource rooms without significant interaction with other students.

50. There are currently three specialized schools for children with visual and hearing impairments. One challenge to moving towards inclusion in the mainstream system is that staff in mainstream schools can only receive training on teaching and learning strategies for children with visual and hearing impairments once such children are enrolled in their schools. That said, the Ministry of Education and Science is working on transforming the specialized schools into resource centres that would support mainstream schools. Some mainstream schools, such as public school No. 3 in Batumi, have started including children with visual impairments, a practice that should be scaled up.

51. The Ministry of Education and Science noted that the development of inclusive education was driving increased demand for highly qualified staff that could not currently be met by higher education institutions. To address that gap, a special teacher training programme will be launched in the 2024–2025 academic year by the Ministry, in collaboration with four domestic and foreign universities and civil society. The programme will include developing training courses for future teachers on inclusive education. A pending amendment to the law on higher education will, if adopted, mandate the integration of an inclusive education teacher training module in undergraduate and graduate teacher training programmes. That should make a major difference and is welcome.

52. There are still gaps in accessibility to higher education for students with disabilities. The Ministry of Education and Science awarded study grants to 77 students with disabilities seeking BA and MA degrees in the 2022–2023 academic year. That is one positive step towards making higher education more affordable for persons with disabilities. However, students with disabilities reported to the Special Rapporteur that the lack of accessibility and the absence of reasonable accommodation were key barriers to higher education. One visually impaired student had to use his screen reader to convert physical books, as the university had not made those materials accessible for him. Another student reported that a request for additional time as reasonable accommodation during examinations was denied because the university administration felt that would provide an unfair advantage. Yet another student noted that while she had been provided with a personal assistant, their skills were insufficient to provide the necessary assistance. In some instances, the daily difficulties in accessing facilities, classrooms and study materials led students with disabilities to abandon their studies. More needs to be done to make higher education more inclusive as the economic well-being of the country depends on it.

E. Economic empowerment, employment and social protection

53. Economic independence is foundational to independence in other domains of life. Persons with disabilities face significant obstacles in integrating into the open labour market in Georgia. The employment rate of persons with disabilities is reportedly alarmingly low, especially for women. The Special Rapporteur heard that most employers continue to view disability as a charity or medical issue. The value of reasonable accommodation as a tool to advance labour market inclusion is not well understood. Indeed, the Special Rapporteur

learned of serious discrimination in recruitment procedures, for example, persons with disabilities being turned away from interviews once their impairment became known.

54. Active labour measures and support for economic empowerment, for example through self-employment and social enterprises, should therefore be prioritized as a way not only to increase participation in the workforce, but also to eliminate stigma and discrimination. The Special Rapporteur was encouraged to find guarantees in the law on the rights of persons with disabilities to protect the right to work and for freedom from discrimination, as well as the responsibility for the Government to provide equal employment opportunities. That said, other pieces of legislation contain problematic language by considering persons with severe disabilities as “unable to work”.

55. The Government is implementing several programmes to promote the employment of socially vulnerable groups, including persons with disabilities. They include using employment consultants, temporarily subsidizing the salaries of employees with disabilities and vocational training programmes. However, although well-intentioned, these programmes were described as ineffective by persons with disabilities. An example commonly given was the lack of retention of employees with disabilities once their wage subsidy ends. The data available suggest a declining number of persons with disabilities is employed through such programmes, while the number of job seekers is much higher.¹⁰

56. Private businesses can themselves promote inclusive employment. The Special Rapporteur learned of such an initiative at the Hilton Batumi hotel over the last decade, which has resulted in an appreciable increase in the recruitment of employees with disabilities holding different job profiles. The hotel also offers practical experience to students through cooperation with vocational schools. That is a highly encouraging example that can be replicated by other employers in Georgia.

57. Social protection is fundamental for the active participation of persons with disabilities, especially considering the elevated risks of socioeconomic exclusion and poverty. In Georgia, persons with recognized disability status qualify for a disability cash benefit (the social package), with the amount varying, depending on the severity of their impairments. However, the current amount of the benefit is low and below the subsistence minimum for persons with moderate disabilities, a point echoed by the Committee on the Rights of Persons with Disabilities, which has observed that social benefits are insufficient to secure an adequate standard of living.¹¹

58. Once a person with disability reaches retirement age, they must decide between receiving a disability benefit or a pension and cannot therefore accumulate contributions for both. That raises questions about the intended purpose of the disability benefit, namely whether it is meant to cover disability-related expenses or as a (partial) income replacement. Disability-related costs do not disappear when a person reaches retirement age. In addition, asylum-seekers and refugees with disabilities are excluded from receiving the disability benefit, although they can apply for disability status. They are also excluded from municipal programmes and services for persons with disabilities.

59. Regarding poverty alleviation, households are eligible for targeted social assistance based on a vulnerability score. Calculations are made through a formula which factors in disability within a household but does not examine individual needs. According to information shared with the Special Rapporteur, 36,000 persons with disabilities receive targeted social assistance. The Government is currently preparing to roll out a revised methodology for targeted social assistance, which is welcome, as the procedures currently in place seem complex and a significant number of families do not apply because of communication and information barriers or a lack of trust in the system.¹² Being a beneficiary

¹⁰ See Public Defender’s Office, “Alternative report on the replies of Georgia to the list of issues in relation to its initial report” submitted to the twenty-eighth session of the Committee on the Rights of Persons with Disabilities (2023), para. 67.

¹¹ CRPD/C/GEO/CO/1, para. 55.

¹² See UNICEF, “A detailed analysis of targeted social assistance and child poverty and simulations of the poverty-reducing effects of social transfers” (2019).

of targeted social assistance is a prerequisite to receiving social assistance at the municipal level, including the personal assistant programme.

F. Access to health care and rehabilitation

60. The health-care system in Georgia has undergone significant privatization and deregulation in past decades. Most health-care services are provided by for-profit private institutions and most costs are covered by the State through a universal health-care programme that reaches more than 90 per cent of the population.

61. The health-care programme mainly covers various primary and secondary health-care services, limited essential drugs and rehabilitation in very specific cases. It does not cover assistive products or family planning services. The beneficiaries themselves co-finance services and medicines, while some are available for free to persons with disabilities and older persons. Some municipalities cover the cost of co-financing for persons with disabilities. Nevertheless, public spending on health remains low and nearly half the spending on health care in the country is made out of individuals' pockets.¹³ Persons with disabilities and their families expressed concern to the Special Rapporteur about the difficulties of paying for their health-care needs.

62. Publicly funded rehabilitation services are provided through a generic voucher system, which is not focused on individual needs and treatment outcomes. The services are mainly available for children with disabilities and funded through social programmes. Many parents expressed concern about the discontinuity of rehabilitation services once children with disabilities reach adulthood, especially for those with severe disabilities. To mitigate the situation, some service providers continue assisting young adults or persons with severe disabilities, although they do not have adequate resources to do so. Day-care centres are thinly spread and do not exist in all municipalities.

63. In a positive development, in February 2023, the Government adopted the first unified strategy for the development of rehabilitation services for the period 2023–2027, with technical support provided by the World Health Organization (WHO). The strategy aims to integrate rehabilitation services into the national health-care system, build capacities, strengthen rehabilitation services and improve access to data. Much is to be gained from its implementation.

64. Women of all ages with disabilities face barriers in obtaining information and accessing sexual and reproductive health services, particularly in mental health and residential care institutions. Stereotypes among medical professionals, who also lack knowledge of disability-inclusive health-care provision are pervasive. Women with disabilities emphasized that medical facilities and equipment were not accessible or adapted, which made gynaecological examinations degrading, if not impossible. Similarly, the needs of women with disabilities are not taken into account in family planning or antenatal care, during birth or in postnatal care.

G. Right to family life

65. The Special Rapporteur was concerned to hear about cases of parents with disabilities living in residential care institutions and not able to live with their children. That issue was highlighted by the Committee on the Elimination of Discrimination against Women in 2023.¹⁴ Children can be placed in State care facilities or foster care away from their parents, preventing regular contact. As part of the deinstitutionalization process and moving residents to smaller-scale institutions, conditions must be put in place to facilitate contact and promote family reunification according to the wishes of parents and children and in line with the best interests of the child.

¹³ See WHO, *Can People Afford to Pay for Health Care? New Evidence on Financial Protection in Georgia* (2021).

¹⁴ CEDAW/C/GEO/CO/6, paras. 43 and 44.

66. Existing studies show that, unlike men with disabilities, women with disabilities are subject to negative stereotypical perceptions about their capacity and suitability to form relationships, marry, bear children and undertake parental responsibilities.¹⁵ Women with psychosocial disabilities, in particular, are more likely to have their parental rights restricted. The lack of support for and economic empowerment of mothers with disabilities represents a significant challenge for their enjoyment of the right to family life.

H. Mental health

67. At the global level, the mental health field is moving towards community-based and human rights-compliant services. In that context, the Special Rapporteur was pleased to learn about the focus on strengthening community-based services and promoting deinstitutionalization in the national mental health strategy, 2021–2030. These themes were already highlighted in the national mental health strategy for the period 2015–2020, which was, however, unevenly implemented. It is therefore even more important for the Government to prioritize practical implementation of the current strategy, including transparent monitoring and evaluation. The Special Rapporteur encourages Georgia to use the guidance on mental health, human rights and legislation issued by WHO and the Office of the United Nations High Commissioner for Human Rights (OHCHR) in 2023, to ensure that laws and policies on mental health follow a rights-based approach.

68. Many existing challenges are linked to the entrenched stigma surrounding psychosocial disabilities, as manifested by the rejection of person with such disabilities from families and communities, medicalization and segregation.

69. In Georgia, mental health is not part of primary health care and not covered under the universal health-care scheme. Most people must pay out of pocket unless they get free support from the State mental health programme, which has underdeveloped outpatient and community-based services. General practitioners are not usually trained to detect or manage mental health issues, which also inhibits efficient referral. A lot needs to be done on prevention and early intervention, and it is positive that the current strategy prioritizes this area and that reform of the primary health-care system envisages the integration of mental health services.

70. There is a shortage of mental health-care professionals, which undermines the accessibility and availability of mental health services. That said, the Special Rapporteur was highly encouraged by the professionals he met with in the field of mental health, particularly the younger generation, who are eager to follow international practice and human rights standards.

71. Despite a significant increase in funding for community-based centres and services in the last decade, 58 per cent of the budget of the State mental health programme was still allocated to psychiatric institutions in 2020.¹⁶ Some reports have pointed to the funding system for mental health not being viable for multi-profile hospitals or smaller medical facilities to offer inpatient and outpatient mental health services.¹⁷ In recent years, the trend has therefore been towards fewer alternatives to large psychiatric institutions, where people with psychosocial disabilities are segregated from the rest of the population, often for extensive periods of time. It is hoped that changes in the funding system for inpatient mental health services, introduced in 2023, will be a step towards reversing that trend.

72. There are serious concerns over the poor conditions in psychiatric institutions, which are overcrowded, with the result that there is a serious risk of neglect, abuse and violence. Treatments are mainly pharmaceutical, with very limited access to psychosocial

¹⁵ See, for example, Norwegian Ministry of Foreign Affairs and the United Nations Entity for Gender Equality and the Empowerment of Women, “[Assessment of the needs of women and girls with disabilities and the state of protection of their rights in Georgia](#)” (2022).

¹⁶ National mental health strategy, 2021–2030.

¹⁷ See, for example, https://socialjustice.org.ge/uploads/products/covers/Mental_Health_and_Human_Rights_ENG_16392_98076.pdf.

rehabilitation. The Special Rapporteur heard that patients often do not know about the medications they are given and the related side effects, a fact that was also documented by the national preventive mechanism.¹⁸ Physical health is insufficiently monitored and managed, and patients may struggle to access specialist and long-term treatments leading to worsening of health conditions and even death.¹⁹ Doctors have broad authority to significantly restrict patients' communication with their families and the outside world, including receiving visitors, using the telephone, or leaving the facility for short periods of time.²⁰ There are disturbing reports that institutions arbitrarily take away patients' telephones and that patients must obtain a doctor's permission to make a telephone call.²¹ All such practices are cause for alarm and only reinforce segregation and stigmatization, in violation of the rights of persons with psychosocial disabilities.

73. In that context, the Special Rapporteur was surprised to learn that admissions to psychiatric institutions are predominantly on a voluntary basis. While the 2006 Law on Psychiatric Care establishes that written informed consent is required for voluntary hospitalization and treatment, in practice patients are asked to sign informed consent forms without being provided with accurate and comprehensive information and, in some cases, are even facing pressure and threats to sign.²² It is vital that institutions ensure that patients are regularly informed about their rights in formats that are accessible and easy to understand and that they have access to confidential complaint mechanisms. In that regard, the Special Rapporteur recalls that the involuntary commitment and treatment of persons with disabilities in mental health institutions based on health-care grounds is in contravention of the Convention on the Rights of Persons with Disabilities according to the Committee on the Rights of Persons with Disabilities.²³

74. A number of stakeholders, including staff at the Tbilisi mental health centre, explained to the Special Rapporteur that people with psychosocial disabilities remain in psychiatric institutions, even when they do not need inpatient care, owing to the lack of family and community-based support services. That tends to undermine deinstitutionalization efforts, which constitute an important element of the national mental health strategy, 2021–2030. Here again, care needs to be taken not to focus on transitioning from large to small-scale institutions but to have in place sustainable, accessible and quality community-based mental health services, as well as raising awareness and fighting stigma, so that institutions can be closed.

75. Some positive initiatives have been taken, such as the roll-out of over 30 mental health mobile teams across the country since 2015, which include peer support, but which were operating without unified standards at the time of the Special Rapporteur's visit. To ensure the protection of rights and quality care based on individual needs, proper standards for the functioning of different types of community-based and outpatient mental health services need to be developed, including adequate monitoring mechanisms. Special areas of concern are the existing gaps in addressing the mental health needs of children and young people, which are not well identified and analysed. Fragmented and limited programmes for rehabilitation and therapy exist at the municipality level, for example for children with autism. In that context, it is worrying to see that services catering to children are closing, which is at odds with the priority given to the creation of comprehensive mental health services for children and adolescents in the national mental health strategy. Support mechanisms for parents of children with psychosocial disabilities are also missing, as are specialized professionals.

¹⁸ Public Defender of Georgia, *The Report of the National Preventive Mechanism*, 2021, p. 122.

¹⁹ *Report of the Public Defender of Georgia on the Situation of Protection of Human Rights and Freedoms in Georgia 2021*, pp. 24 and 25.

²⁰ Law of Georgia on Psychiatric Care, art. 15 (3).

²¹ *Report of the Public Defender of Georgia on the Situation of Protection of Human Rights and Freedoms in Georgia 2021*, p. 104.

²² Public Defender of Georgia, *The Report of the National Preventive Mechanism*, 2021, p. 109.

²³ *Guidelines on the right to liberty and security of persons with disabilities* (A/72/55, annex), para. 10.

I. Political participation

76. All democratic societies provide meaningful opportunities to reform law and public policy when found wanting. That, however, assumes equal access to the political life of the nation, which includes running for elected office, joining a political party and voting.

77. The establishment of a working group focused on improving electoral access for persons with disabilities by the Central Election Commission of Georgia is a positive development. The amendments made in 2023 to the statute of the working group, in response to the concluding observations of the Committee on the Rights of Persons with Disabilities, to include women and young people with disabilities in the working group is also welcome. Whereas most activities related to the electoral process appear to target persons with physical impairments, some efforts have been put into making it inclusive of persons with intellectual and psychosocial disabilities and should be further expanded.

78. It is encouraging that the strategic action plan of the Central Election Commission for 2023 explicitly includes persons with disabilities as one of the target groups for improving the electoral environment through public awareness and education campaigns. According to the Commission, adaptation of polling stations for use by persons with physical disabilities is an ongoing process. While there are no services to provide transport for persons with disabilities to the limited number of adapted polling stations, the Commission did emphasize that mobile ballot boxes are used to bring polling stations to those individuals who are unable to come to the physical locations. The 2022 amendment to the electoral code of Georgia that allows for electronic elections to take place could, if implemented appropriately, improve electoral access for persons with disabilities.

79. Outreach and dissemination efforts by the Central Election Commission regarding election assistance and technologies specifically for voters with disabilities living in the mountainous regions of the country show promise. The Commission also noted that it was actively working with organizations of persons with disabilities to reach certain persons with disabilities who would otherwise be excluded from their outreach efforts. Those outreach and dissemination efforts, coupled with planned accessibility improvements (for example, modifications to ballots for individuals with visual impairments, videos for individuals with auditory impairments and booklets for individuals with intellectual disabilities) to services and information on elections, if properly supported, demonstrate a holistic approach to increasing the opportunity for persons with disabilities to exercise their equal right to participate in political and public life.

80. The upcoming parliamentary elections in 2024 provide an opportunity to gauge the impact and effectiveness of efforts to improve access to elections. Work is still needed among political parties to ensure that lists of candidates are inclusive of persons with disabilities, especially women with disabilities.

IV. Conclusions and recommendations

A. Conclusions

81. Georgia is at a key inflection point, where legal and policy reforms to advance and ensure the rights of persons with disabilities are in place. Efforts to consciously distance public policy from the legacy of the medical model are impressive and the Special Rapporteur was particularly encouraged by the consensus among policymakers on the need to move to a biopsychosocial model that focuses on the societal barriers experienced by persons with disabilities. That means creating a much more inclusive Georgia of tomorrow, sector by sector.

82. Since the adoption of the Law on the Rights of Persons with Disabilities in 2020, the Government has developed various strategies and action plans, created a central governmental coordination mechanism and established consultative mechanisms with persons with disabilities and their representative organizations. That manifests a clear commitment to change and a willingness to learn from good practices around the world.

83. The priority focus should be on timely implementation and robust enforcement mechanisms to advance disability rights. Numerous barriers need to be removed, including barriers to physical and informational accessibility, ineffective supported decision-making, the uneven availability and accessibility of community-based services, mental health law and services reform, greater levels of inclusion in higher education and active labour market measures.

84. There is great potential to translate the general policy framework into something tangible for persons with disabilities. The Special Rapporteur is confident that, with the close and meaningful participation of persons with disabilities and cooperation with international donors, as well as progressive alignment with European Union legislation and policy, Georgia has all the pieces in place to enable persons with disabilities to live in dignity and thrive as active citizens. The Special Rapporteur found that the work of the United Nations country team in supporting change was outstanding and a model for others. As always, change can best be done by reaching out to the most excluded, including women with disabilities, persons with intellectual and psychosocial disabilities and persons with disabilities from ethnic minorities.

B. Recommendations

85. Regarding legislation, policy, institutional arrangements, participation and data collection, the Special Rapporteur recommends that the Government:

(a) Urgently develop a detailed action plan to operationalize the National Human Rights Strategy and configure it so that it effectively amounts to a national strategy to implement the Convention on the Rights of Persons with Disabilities. Ensure it addresses multiple and intersecting discrimination faced by different groups within the disability community;

(b) Strengthen the capacity and resources of the Interagency Coordination Committee on the Rights of Persons with Disabilities to allow it to help clarify where the reforms are heading, assess progress and identify challenges in implementation;

(c) Develop clear and transparent terms of reference and procedures for regular and necessary governmental consultative mechanisms across the public sector with the full spectrum of the disability community;

(d) Support the strengthening of organizations of persons with disabilities through public funding, in line with general comment No. 7 (2018) of the Committee on the Rights of Persons with Disabilities and the 2020 Law on the Rights of Persons with Disabilities;

(e) Develop clear and detailed guidance on the duty to provide reasonable accommodation for both State and non-State actors and technical and other assistance for implementation of reasonable accommodation measures;

(f) Expedite the transition towards a human rights-based model of disability, while meaningfully consulting persons with disabilities;

(g) Systematically collect and analyse data about persons with disabilities, and especially the barriers they face in exercising their rights, as a prerequisite for all policy decisions.

86. Regarding legal capacity and access to justice, the Special Rapporteur recommends that the Government:

(a) Repeal all remaining legal provisions allowing substitute decision-making and make sure that all guidance and standards articulating the concept and use of supported decision-making are sufficiently detailed, known and aligned with the standards in the Convention on the Rights of People with Disabilities;

(b) Establish appropriate oversight mechanisms and conduct training for those supporting persons with disabilities with decision-making, law enforcement

personnel, lawyers and judges, to ensure that persons with disabilities are provided with supported decision-making rather than substitute decision-making;

(c) Review and amend the methodology and procedures of psychosocial needs assessments by the National Forensics Bureau to move decisively away from medicalized examinations and align with the human rights model of disability;

(d) Repeal articles 50 (2), 75 (1) and 191 of the Criminal Procedure Code, which restrict the rights of persons with disabilities to participate in judicial proceedings and undermine the right to a fair trial and an effective remedy;

(e) Develop and implement procedural accommodations for persons with disabilities to ensure effective and equal access to judicial procedures. Do so in line with the International Principles and Guidelines on Access to Justice for Persons with Disabilities;

(f) Review and amend the authority of the police and the emergency medical services to bring individuals involuntarily to mental health institutions and strengthen the oversight and training available to those services on informed consent and the rights of persons with all types of disabilities.

87. Regarding independent living, economic empowerment and social protection, the Special Rapporteur recommends that the Government:

(a) Ensure that municipalities have sufficient funding, resources, standards and oversight mechanisms to provide a wide range of quality community-based services, including the personal assistant programme in all regions. That should include awareness-raising about the public services available, especially among particularly excluded groups, such as persons with disabilities from ethnic minorities;

(b) Ensure that services are interconnected between municipalities, so that the overall system is coherent and that persons with disabilities do not face undue barriers when wishing to move from one place to another;

(c) Encourage municipalities to establish a platform that allows more systematic sharing of experiences and best practices in achieving disability inclusion;

(d) Adequately fund and closely monitor the implementation of the deinstitutionalization strategy, in consultation with organizations of persons with disabilities, and focus resources on the development of community-based services;

(e) Ensure that all types of congregate housing arrangements, including family-type houses, are transitional in nature and are phased out as part of the deinstitutionalization process;

(f) Introduce support and respite services for families of persons with disabilities of all ages;

(g) Develop a clear strategy for development of the workforce in the sector, recruiting, training and adequately remunerating care and support service personnel;

(h) Develop a national housing strategy that is inclusive of the rights of persons with disabilities through concrete measures, such as subsidies for home renovations and equipment, to ensure that persons with disabilities can effectively choose their own housing arrangements;

(i) Improve access to assistive technology based on individual needs by focusing on the quality, diversity and accessibility of publicly funded devices and technology;

(j) Assess the impact of existing active labour measures on the employment of persons with disabilities, strengthen and expand such measures to provide equal opportunities, and increase the employment rate of persons with disabilities, especially women with disabilities;

(k) Repeal any discriminatory legal provisions that declare persons with disabilities unable to work;

(l) Engage with employers and labour unions to combat stigma and raise awareness of the rights of persons with disabilities;

(m) Assess and adjust the level of the social package for persons with disabilities to ensure its alignment with the right to an adequate standard of living;

(n) Eliminate discrimination on the basis of disability and age, which denies the eligibility of older persons with disabilities for the social package on reaching retirement age;

(o) Ensure that asylum-seekers and refugees with disabilities are entitled to access social package benefits and other services and support for persons with disabilities;

(p) Simplify the procedures for applying and obtaining targeted social assistance and conduct related awareness-raising campaigns, specifically targeting persons with disabilities.

88. Regarding accessibility, the Special Rapporteur recommends that the Government:

(a) Urgently ratify the Marrakesh Treaty to Facilitate Access to Published Works for Persons Who Are Blind, Visually Impaired or Otherwise Print Disabled;

(b) As a matter of priority, and in consultation with the disability community, develop and adopt a national accessibility strategy and action plan with clear time frames, benchmarks, dedicated funding for implementation and provisions for retrofitting existing stock. It should include measures to strengthen monitoring and enforcement mechanisms for compliance with accessibility standards, ways to provide regular guidance, the provision of expertise and capacity-building to municipalities and the basis and steps for retrofitting older building with accessibility requirements;

(c) Develop detailed guidance on reasonable accommodation for municipalities and others delivering public services, to ensure that their services can be made accessible to persons with disabilities, even where their buildings are currently not accessible;

(d) Develop national standards on informational and digital accessibility.

89. Regarding inclusive education, the Special Rapporteur recommends that the Government:

(a) Improve implementation of the Unified National Strategy for Education and Science by deepening efforts to make all public schools follow a transition path to inclusive education;

(b) Adopt draft amendments to the Law on General Education on inclusive education support systems;

(c) Implement measures to ensure that students with visual and hearing impairments receive the services and support necessary for them to attend their local public schools, instead of specialized schools, if they so choose;

(d) Adopt the pending amendments to the Law on Higher Education that mandate the integration of a special teacher training module on inclusive education in all teacher training programmes and strengthen efforts to generate, train and retain qualified staff supporting quality inclusive education;

(e) Develop accessibility and reasonable accommodation standards for higher education, as well as monitoring and compliance mechanisms, in consultation with persons with disabilities and their representative organizations.

90. Regarding health care and rehabilitation, the Special Rapporteur recommends that the Government:

(a) Significantly expand the scope of publicly funded rehabilitation services for adults and ensure continuity and coherence of those services along the life cycle;

(b) Invest in making rehabilitation services and day-care centres accessible throughout the country, including by supporting accessible transportation;

(c) Provide youth and women with disabilities with accessible sexual education programmes and information regarding sexual and reproductive health and rights;

(d) Develop and implement regular training for medical personnel, especially obstetricians and gynaecologists, the staff of maternity wards and paediatricians, on the rights of persons with disabilities, particularly with respect to informed consent, communication and reasonable accommodation;

(e) Improve the accessibility of health-care facilities, especially for sexual and reproductive health care.

91. Regarding mental health, the Special Rapporteur recommends that the Government:

(a) Integrate mental health and psychosocial support into primary health care;

(b) Prioritize the effective implementation of the national mental health strategy, 2021–2030, and focus on developing and increasing the overall funding of community-based mental health services and ensuring that relevant standards and monitoring tools are in place, including for the mobile mental health teams;

(c) In all legal and policy actions on mental health, apply the new guidance on mental health, human rights and legislation issued by WHO and OHCHR;

(d) Repeal all legislation allowing involuntary deprivation of liberty and treatment on the basis of disability and permitting doctors to arbitrarily restrict patients' rights in mental health facilities;

(e) Introduce strict standards and procedures to ensure patients in mental health facilities are effectively informed of their rights, including the right to informed consent and to refuse medication, and implement staff training on disability rights and independent monitoring and oversight.

92. Regarding political participation, the Special Rapporteur recommends that the Government:

(a) Introduce an evaluation framework to assess, in consultation with persons with disabilities and their representative organizations, whether the addition of services and changes to the electoral code are achieving the goal of improving engagement with and the turnout of persons with disabilities;

(b) Ensure that after each election cycle, the Central Election Commission conducts post-electoral debriefs with persons with disabilities and their organizations to review barriers and plan for their removal;

(c) Expand representation within the working group of the Central Election Commission to ensure the inclusion of persons with intellectual and psychosocial disabilities;

(d) Continue and deepen outreach on election access to persons with disabilities and carry out awareness-raising sessions and training on election access for election staff.

93. To other actors the Special Rapporteur makes the following recommendations:

(a) Donors should continue to support the process of change by assisting advocacy based on international standards and, principally, the Convention on the Rights of Persons with Disabilities;

(b) Donors should be particularly attentive to the capacity needs of organizations of persons with disabilities at the grass-roots level so that the least heard voices can have an impact;

(c) Private businesses should form a platform to exchange best practice on disability inclusion and aim to be models in their fields.
