



Convention on the Rights of Persons with Disabilities

Distr.: General
27 August 2024

Original: English

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

New York, 11–13 June 2024

Summary record of the 4th meeting

Held at Headquarters, New York, on Wednesday, 12 June 2024, at 3 p.m.

President: Mr. Tatulashvili (Acting Vice-President) (Georgia)

Contents

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

(a) General debate (*continued*)

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

(ii) Persons with disabilities in situations of risk and humanitarian emergencies

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In the absence of Mr. Labed (Tunisia), Mr. Tatulashvili (Georgia), Acting Vice-President, took the Chair.

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

Agenda item 5: Matters related to the implementation of the Convention

(continued)

(a) General debate *(continued)*

1. **Mr. Aldahhak** (Syrian Arab Republic) said that his delegation looked forward to strengthening bilateral and multilateral international cooperation with a view to building the skills and capacities of persons with disabilities, empowering them and supporting them in all aspects of their lives. No matter how great the national efforts of developing countries were to that end, they would still fall short of the desired goals owing to economic and other external political factors.

2. In line with its commitment to protecting and strengthening the rights of persons with disabilities, his Government had adopted, in 2022, a national disability plan with the following four strategic objectives: developing institutional capacities; strengthening the provision of health and rehabilitation services; facilitating access for persons with disabilities to public services; and promoting inclusive social development. His Government had also established a high council for the affairs of persons with disabilities that was responsible for developing State policies in that area and ensuring the realization of the rights of persons with disabilities. His country worked with the United Nations and other international organizations and partners to provide material and technical support to persons with disabilities; organize awareness-raising, integration and training programmes for them and their caregivers; and support their businesses and livelihoods through financial support and concessional loans.

3. Nevertheless, the legacy of mines and explosive ordnance left by terrorist organizations had led to a significant increase in the number of persons with disabilities. Illegal unilateral coercive measures had also added to the suffering and severely limited his Government's ability to provide basic services, medical equipment and prosthetics to persons with disabilities.

4. **Mr. Kulháněk** (Czechia) said that his country had made further progress in implementing the Convention on the Rights of Persons with Disabilities, especially articles 12 and 29. His Government had adopted an Act on election administration with numerous provisions aimed at supporting the exercise of voting rights by persons with disabilities and ensuring, through reasonable accommodation, the accessibility of the entire electoral process. The Act removed obstacles to the exercise of voting rights by persons with disabilities under full or partial guardianship; clarified the rules on assistance at polling stations, eliminating unnecessary limitations; and required information on the barrier-free accessibility of polling stations and the principles of voting to be provided in Czech sign language on the information system of the election administration. The Act would enter into force in January 2026.

5. In response to the ongoing Russian aggression, State, regional and municipal authorities and non-governmental and humanitarian organizations in Czechia would continue to provide essential assistance and humanitarian aid to refugees from Ukraine, including those with disabilities and their families.

6. **Mr. Orozco** (Colombia) said that long-standing and new social problems were creating, perpetuating and exacerbating gaps of inequality and inequity. His Government was implementing various reforms to make the labour, education, pension and health sectors more inclusive and more responsive to the needs of persons with disabilities. The recently established Ministry of Equality and Equity offered

support services to persons with disabilities, including personal assistance, assistive technologies and financial support for economic autonomy. A fund had been created to bridge the gaps of inequality and inequity. Its resources were allocated towards increasing inclusion in education and employment and implementing the national accessibility plan. Recognizing that care was a form of unpaid work, and with a view to supporting the rights of persons with disabilities and caregivers, the Government had set up a national care system, which complemented the national disability system that had been in place for more than two decades.

7. **Mr. Concha Gambao** (Chile) said that, in the 13 years since its establishment, the national disability service of Chile had launched a series of policies, programmes and initiatives for the direct benefit of person with disabilities. Chile had assumed the presidency of the Latin American Disability Programme in 2024 and had been coordinating the group of friend countries to persons with disabilities of the Organization of American States since 2023. Having hosted the Pan American Games and the Parapan American Games in 2023, Chile now had excellent sports infrastructure that met universal accessibility standards. The Games had attracted large numbers of spectators, indicating a high level of public interest in high-performance sports for persons with disabilities. Chile would host the 2027 Special Olympics World Games, marking the first time that those Games would be held in Latin America.

8. The provision of assistance, support and technical aids to caregivers with disabilities, the majority of whom were mothers, was a focus of the national support and care system, run by the Ministry of Social Development. Assistive technologies had opened a world of possibilities for improving the quality of life of persons with disabilities, enabling them to overcome barriers and participate with full autonomy and independence in social life. However, high costs, accessibility, cybersecurity and the secure management of personal and sensitive data were some of the challenges associated with new technologies. Chile would join efforts to rethink disability inclusion in the light of the introduction of new artificial intelligence and information and communications technologies. International cooperation must move forward in promoting innovation and technology transfer for an inclusive future in which persons with disabilities and their organizations were always considered.

9. **Ms. Gibellini** (Observer for Women with Disabilities Australia, Inc.) said that international cooperation in promoting technological innovation should be sensitive to the needs of all persons with disabilities, including women, girls and lesbian, gay, bisexual, transgender and intersex persons with disabilities. The Committee on the Rights of Persons with Disabilities had repeatedly stated that, under the Convention, States must protect persons with disabilities from intersecting forms of discrimination and violence based on sexual orientation, gender identity, gender expressions and sex characteristics.

10. Women and lesbian, gay, bisexual, transgender and intersex persons with disabilities faced obstacles to Internet access and digital inclusion such as higher rates of poverty, unemployment and precarious employment and lower rates of device ownership. The rapid digitalization of identification platforms risked excluding women, girls and lesbian, gay, bisexual, transgender and intersex persons, especially those with disabilities, due to rigid designs and discriminatory practices. While artificial intelligence offered opportunities to improve accessibility for persons with disabilities, bias in training data and a lack of inclusive design could cause harm. Artificial intelligence should therefore be developed with input from designers with disabilities.

11. Artificial intelligence was increasingly being weaponized to silence those who spoke out against tyranny and human rights abuses. Artificial intelligence had

reportedly been used to generate highly sexualized images of female advocates, which were sent to male community leaders, putting those women at risk of execution and forcing them into exile. Authoritarian Governments were using artificial intelligence to enhance their online censorship. Greater collaboration among Governments, non-governmental organizations and technology companies was vital to bridge the digital divide and improve online safety and accessibility.

12. **Mr. Solomie** (Romania) said that, through a national strategy that was aligned with the European Union strategy for the rights of persons with disabilities 2021–2030, his Government was striving to facilitate the comprehensive and effective participation of persons with disabilities in all spheres of life, in an accessible and resilient environment. Persons with disabilities should be provided with adequate support for independent living, within families or through high-quality community services. His Government was therefore aiming to enhance access to and the quality of social services and was developing policies to promote formal employment. In line with those objectives, his Government had subsidized the acquisition of assistive technology and had established a council for the implementation of the Convention, which served as an independent body and produced valuable reports.

13. Technology had a transformative potential to enhance the lives of persons with disabilities, but those persons could face risks and challenges if the use of technology was not grounded in human rights. Persons with disabilities were often disproportionately affected by humanitarian emergencies, armed conflict, disasters and climate change. His Government had consistently provided assistance and support when needed. A comprehensive approach involving all international actors was imperative to address the systemic challenges facing persons with disabilities and ensure that no one was left behind.

14. **Mr. Passmoor** (South Africa) said that, in the lead-up to the Summit of the Future, it was imperative to re-evaluate the global approach to disability inclusion and recognize the intersectionality of disability with technology, humanitarian emergencies, decent work and sustainable livelihoods. Technology had the power to transform the lives of persons with disabilities, but access to technological advancements remained unequal. Priority must be given to the development and implementation of inclusive technologies that empowered individuals of all abilities. Humanitarian emergencies disproportionately affected persons with disabilities. In emergency responses, priority must be given to addressing the unique needs of persons with disabilities and ensuring their access to essential services, assistive devices and psychosocial support. Decent work was a fundamental right for all, but persons with disabilities continued to face barriers to employment opportunities. Inclusive labour policies, skills training and supportive workplace environments were needed to enable persons with disabilities to participate fully in the workforce. Sustainable livelihoods were integral to long-term well-being and independence for persons with disabilities. Through the promotion of entrepreneurship, vocational training and access to financial resources, persons with disabilities could be empowered to build resilient livelihoods that contributed to their personal fulfilment and the economic prosperity of their communities. States should shift towards an inclusive disability approach that was grounded in the principles of equity, accessibility and empowerment.

15. **Mr. Maharramov** (Azerbaijan) said that the Rights of Persons with Disabilities Act of Azerbaijan, adopted in 2018, had led to 17 new Acts promoting disability rights and societal inclusion. Through a large-scale digitalization programme, almost 150 social services had been digitalized, the awarding of disability benefits and pensions had been automated and simplified, and databases and information sources from government stakeholders had been integrated into an electronic system that facilitated

the sharing and use of information by State entities. His Government's collaboration with international experts had facilitated the adoption of cutting-edge technologies in rehabilitation and assistive devices, significantly improving the quality of life of persons with disabilities. Government services were assessed annually on the basis of new criteria, including those related to disability, thereby improving their transparency and accessibility.

16. In Azerbaijan, land mines had caused more than 60 deaths and over 2,000 injuries since the liberation of the affected territories. The demand from victims for high-tech assistive products remained high. Azerbaijan therefore advocated the integration of assistance for mine victims into public health care and had put forward an initiative for an eighteenth Sustainable Development Goal on demining.

17. **Mr. Muhith** (Bangladesh) said that the Constitution of Bangladesh guaranteed equal rights and dignity for all citizens, including persons with disabilities. Bangladesh had acceded to the Marrakesh Treaty to Facilitate Access to Published Works for Persons Who Are Blind, Visually Impaired or Otherwise Print Disabled in 2022.

18. His Government had been working to build an inclusive and digitally empowered country through its Smart Bangladesh Vision 2041. It had adopted laws and policies to ensure disability-inclusive development and protect the rights of persons with disabilities, including those with neurodevelopmental disorders. With a view to improving data on disability, his Government had conducted a national survey of persons with disabilities in 2021. It had included disability in its national education and skills development policies, and provided regular training to teachers on inclusive education. His Government also provided rehabilitation and therapy services through over 100 service centres across the country. Assistive devices were distributed to persons with disabilities free of charge. Through social safety net programmes, persons with disabilities received a disability allowance. Disability had been addressed in Acts on building construction and transportation, resulting in persons with disabilities having full access to the newly launched metro service.

19. Bangladesh was hosting 1.2 million forcibly displaced Rohingyas from Myanmar. His Government was implementing an age- and disability-inclusive response plan in the camps of Cox's Bazar and Bhasan Char. Bangladesh was deeply concerned about the thousands of Palestinians, particularly the children, in Gaza facing life-long disabilities caused by the indiscriminate attacks by Israel.

20. Climate change and the digital divide had exacerbated the vulnerabilities of persons with disabilities. Digital tools for obtaining information and financial support were critical for the inclusion and meaningful participation of persons with disabilities in economic, social and cultural activities. For developing nations, international solidarity and cooperation were key to overcoming those challenges.

21. **Ms. Acton** (Observer for Inclusion Canada) said that Inclusion Canada was seeking to build a Canada in which persons with intellectual disabilities and their families were valued equally and able to participate fully in all aspects of society. The medical assistance in dying regime in Canada was available to everyone whose death was reasonably foreseeable. However, only persons with disabilities were able to undergo physician-assisted suicide when their death was not reasonably foreseeable. On average, one person with a disability was lost to physician-assisted suicide every day in Canada. For many of those who had died, basic necessities such as housing, income security and adequate disability support had not been attainable. A new disability benefit would soon be offered in Canada with the promise of lifting persons with disabilities from poverty, but it seemed unlikely to do so in the near future. Inclusion Canada would continue to push for the elimination of the ableist practice of assisted suicide only for persons with disabilities and for the Government to

adequately fund the disability benefit. Inclusion Canada wanted a Canada in which persons with disabilities were supported to have a good life, not a State-funded death.

22. **Ms. Niamba Congo** (Burkina Faso) said that her Government was implementing inclusive policies to support the full empowerment of persons with disabilities. Already vulnerable to violence of all kinds, persons with disabilities in Burkina Faso were also affected by climate change and the security and humanitarian crises resulting from terrorist attacks. To protect them, her Government was implementing a national strategy on persons with disabilities and had adopted a charter for the inclusion of persons with disabilities in humanitarian action in August 2023. The capacities of various actors were being strengthened in taking inclusive humanitarian action and using the Washington Group short set of questions on functioning. Her Government had carried out and shared the results of a study on the employability of persons with disabilities. It had taken steps to improve their access to employment and professional training and to the use of information and communications technologies, with a view to promoting digital inclusion. Persons with disabilities in all regions of Burkina Faso were provided with mobility equipment adapted to their needs.

23. **Mr. Vasconcelos** (Mexico) said that his country had taken a leading role in the development of the Convention and had continued those efforts as Co-Chair of the Group of Friends of Persons with Disabilities and co-facilitator of the General Assembly resolution on the implementation of the Convention and the Optional Protocol thereto. The Convention served as a basis for approaches that prioritized human rights in multilateral forums. The United Nations Partnership on the Rights of Persons with Disabilities played an important role in assisting States with the implementation of the Convention. States should increase their support to the Partnership's fund. Mexico welcomed the paradigm and cultural shift initiated by the Convention, as reflected in the establishment of the Office of the Special Rapporteur on the rights of persons with disabilities and the adoption of the United Nations Disability Inclusion Strategy. Addressing the intersectionality of the challenges faced by persons with disabilities was a priority for Mexico. A gender perspective should be integrated into all policies relating to the rights of persons with disabilities.

24. **Mr. You Liang** (China) said that his Government took a people-centred approach in its efforts to effectively implement the Convention. Through the adoption and enforcement of laws, his Government ensured that the affairs of persons with disabilities were integrated into the national development plan as an integral part of economic, social and cultural development. In September 2023, his Government had promulgated an Act on building an accessible environment. By the end of 2020, 7.1 million persons with disabilities in rural areas had been lifted from absolute poverty. His Government was working to promote their sustainable development and ensure that they did not return to poverty. His Government provided subsistence allowances for persons with disabilities facing difficulties, care subsidies for persons with severe disabilities and rehabilitation services for children with disabilities. Education models had been transformed to enable students with disabilities to study together with their peers, and reasonable accommodations were provided to students with disabilities taking college entrance examinations. His Government had developed a three-year action plan for promoting the employment of persons with disabilities and was currently revising regulations on employment. His Government supported research and development aimed at reducing barriers to social integration through digital technology and artificial intelligence. Over 6,000 persons with disabilities, their family members and friends, and people working with disabilities served as deputies in the National People's Congress and as members of the Chinese People's Political Consultative Conference and were thus able to participate in decision-making and political life.

25. **Ms. Al-mashehari** (Yemen) said that Yemen had been one of the first countries to ratify the Convention. Despite the difficult circumstances in the country, her Government was continuing its efforts to fulfil its obligations and achieve the goals specified in the Convention. Through the fund for the care and rehabilitation of persons with disabilities of the Ministry of Social Affairs and Labour, education and health care were provided to persons with disabilities in liberated governorates. In 2023, many rehabilitation centres had been opened, offering social care and psychological support services. The capacities of government officials had been built to promote the equality of persons with disabilities, integrate them into society and ensure a decent life for them.

26. The landmines, shells and explosive objects planted by terrorist Houthi militias in roads, agricultural lands and residential areas had claimed hundreds of victims, including women and children, who had either been killed or sustained permanent disabilities, leading to severe economic consequences and psychological trauma. Her Government was determined to achieve comprehensive and sustainable peace based on the agreed-upon terms of reference of a political solution and to bring an end to the war waged by Houthi militias against the Yemeni people.

27. In the Gaza Strip, Palestinians, including those with disabilities, were living in dire conditions as a result of the brutal and ongoing Israeli aggression and were facing attacks and gross violations committed by the Israeli occupation forces in flagrant violation of international law and international human rights law. The international community should act immediately to bring about a ceasefire, stop the crimes of the Israeli occupation and hold the perpetrators of those brutal crimes to account.

28. Her Government reaffirmed its commitment to strengthening efforts to support persons with disabilities, ensuring that they received the necessary care and implementing development projects to enhance their role in society.

29. **Ms. Kasymalieva** (Kyrgyzstan) said that more than 213,000 persons with disabilities were living in Kyrgyzstan, representing 3 per cent of the total population. Providing them with assistance and support and creating favourable conditions for them to lead a full and dignified life were priorities of her Government at all levels. Thus, her Government guaranteed social protection for them in the form of social benefits, home and institutional services, vouchers for treatment and technical means for rehabilitation. Under the Labour Code, a quota of 5 per cent had been set for the employment of persons with disabilities by companies with at least 20 employees. In accordance with employment laws, persons with disabilities had priority access to vocational training, retraining and advanced training courses. Her Government was seeking to expand the rights and opportunities of persons with disabilities through digitalization, which had the potential to facilitate more equal participation in the labour market and entrepreneurship. Persons with disabilities were actively involved in decision-making processes that affected their rights. A council of persons with disabilities had been established under the Cabinet of Ministers of Kyrgyzstan; the council considered all issues and made decisions jointly with representatives of persons with disabilities. As part of its efforts to implement the Convention, her Government had adopted a programme for persons with disabilities and persons with limited mobility and an action plan for its implementation. The programme was aimed at eliminating discrimination against persons with disabilities in public life and building accessible infrastructure in cities, districts and villages.

30. **Mr. Duck** (Observer for The Leprosy Mission International) said that leprosy still existed across much of Asia, Africa and South America. Although it was curable, leprosy was dehumanizing and caused people to be rejected by their families and society. Persons affected by leprosy struggled to obtain their rights under the Convention. Across the world, 4 million people were living with a disability due to

leprosy, and millions more lived with the impairing effects of leprosy-related stigmatization. Persons affected by leprosy were so underrepresented that they often did not even make the list of people considered to be underrepresented during the drafting of policies and programmes. The millions of people affected by leprosy should be remembered in the drafting of political declarations, including at the forthcoming Summit of the Future. Organizations of persons affected by leprosy had untapped potential to contribute to efforts to implement the Convention at the local level.

31. **Ms. Larsson** (Sweden) said that States could do better when it came to accessible crisis preparedness and crisis information. Persons with disabilities often faced a higher risk in times of crisis. Governments and decision makers must consult and involve persons with disabilities, including their representative organizations, in the development and implementation of national and local crisis response strategies and protection and support systems. Her country's emergency response had been severely tested during the coronavirus disease (COVID-19) pandemic, and the flaws in the system, including the lack of accessible communication and information materials, had quickly become apparent. Her Government had therefore identified crisis preparedness as a priority of its national disability strategy. The Swedish disability movement had served as an indispensable source of knowledge for her Government. Sweden hoped to share experiences and knowledge with other countries with a view to making crisis preparedness as accessible as possible.

32. **Ms. Frederiksen** (Denmark) said that her Government was continually working to promote the full realization of the rights of persons with disabilities, to strengthen support and care for them, to improve their quality of life and to enable them to have equal opportunities to live independently. Denmark had a well-functioning welfare system, through which persons with disabilities received the assistance to which they were entitled. Nevertheless, the disability sector was affected by challenges such as rising costs in municipalities and pressure on services. To counter those challenges, her Government had adopted an agreement with several political parties with the overall aim of ensuring the economic sustainability and high-quality development of the disability sector. The agreement included an action plan aimed at providing better opportunities for persons with disabilities in the workforce and greater flexibility in their involvement in the education system. The agreement also included provisions on equipping employees working with persons with disabilities in secure residential accommodation with the necessary education and skills; and on gathering more knowledge to provide highly specialized services to people with highly specialized needs. Non-governmental organizations working in the disability field and organizations representing persons with disabilities had been included in the development of the agreement.

33. **Mr. Kariuki** (Kenya) said that his Government was committed to promoting disability inclusion and implementing policies to improve the livelihoods of persons with disabilities. To mitigate the effects of climate change on persons with disabilities, his Government had sought to enhance disaster preparedness and promote inclusive resilience-building and displacement management. It was also implementing a community-focused climate action programme; 90 per cent of the programme's funding was allocated to supporting vulnerable populations, including persons with disabilities. His Government's strategy on rehabilitation services and assistive technology for the period 2022–2026 served as a road map for targeted investments to promote access to assistive devices for persons with disabilities to enable their full participation in society. Following an assessment of the support needs of persons with disabilities and their caregivers, his Government had developed gender-responsive programmes for the provision of respite care and the strengthening of community support systems. In accordance with Sustainable Development Goal 8,

his Government had enrolled more than 4,000 persons with disabilities in relevant courses and had developed a career portal that significantly enhanced employment opportunities for persons with disabilities. Despite the Government's efforts to support the well-being of persons with disabilities, inadequate funding remained a challenge.

(b) Round-table discussions (continued):

(ii) Persons with disabilities in situations of risk and humanitarian emergencies (CRPD/CSP/2024/3)

34. *Mr. Tatulashvili (Georgia), Acting Vice-President, and Ms. Gurung (National Indigenous Disabled Women Association Nepal) presided as Co-Chairs.*

35. **Mr. Tatulashvili** (Georgia), Co-Chair, said that the current session was taking place amid a complex global crisis resulting from the rise in armed conflict, health emergencies and climate-induced disasters. In such a challenging context, the rights, voices and contributions of persons with disabilities must be protected, promoted and strengthened.

36. In article 11 of the Convention, States parties were called upon to take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, 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. Nevertheless, persons with disabilities in such situations far too often faced dire consequences. Because they experienced higher rates of multidimensional poverty, food insecurity and malnutrition, poor physical and mental health, and entrenched stigmatization and discrimination, persons with disabilities were particularly vulnerable to the effects of conflict, climate change and health emergencies. They tended to be disproportionately affected both during and in the aftermath of situations of risk and humanitarian emergencies, and were underrepresented in and underserved by disaster risk reduction planning, policies and management.

37. Adopting a disability-inclusive and human rights-based approach to disaster risk management at all stages would enable persons with disabilities to contribute to policy, planning and implementation on an equal basis with others, ensure respect for their human rights and lead to more effective policies and measures to combat the current challenges. Bolstering partnerships between Governments, humanitarian organizations and organizations of persons with disabilities, adapting international guidelines and toolkits to regional and local contexts, conducting research and collecting data, and strengthening grass-roots and community-based initiatives led by persons with disabilities were key steps towards achieving disability-inclusive preparedness, response and recovery and thus guaranteeing the safety and protection of persons with disabilities in situations of risk and humanitarian emergencies.

38. **Ms. Anča** (Latvian Umbrella Body for Disability Organizations (SUSTENTO), Latvia), panellist, said that mortality rates in emergency situations were up to four times higher for persons with disabilities than for persons without disabilities. Concrete evacuation plans for persons with disabilities needed to be prepared at not only by Governments but also at the local level. Local organizations should be provided with information on how to organize evacuations that included persons with disabilities.

39. Clear and reliable communication channels should be established to ensure that all people received timely information about emergency situations. Governments should employ various modes in emergency systems, including visual alarms,

vibration alarms and text messages, to ensure that all people were alerted in emergency situations and provided with information on how to react. Mechanisms should be set up to monitor and enforce the implementation of inclusive emergency systems.

40. Adequate mental health and emotional support for persons with disabilities was crucial in emergency situations. Medical treatment and essential medicine should be provided in emergency shelters. The specific needs of persons with disabilities should be taken into account in evacuation plans.

41. The wars in Ukraine and Gaza were putting persons with disabilities in dire situations. Given their proximity to Ukraine and the Russian Federation, the Baltic countries were also experiencing an emergency situation. Many persons with disabilities had come to Latvia seeking help.

42. **Mr. Orozco** (Ministry of Equality and Equity of Colombia), panellist, said that Colombia was the second most biodiverse country in the world and was experiencing the effects of climate change. The more than six decades of armed conflict in Colombia had left more than 9 million victims, including more than 400,000 persons with disabilities. Disability had been used as a weapon of war in Colombia by various armed actors. His country currently had more than 13,000 victims of anti-personnel mines, of whom more than 60 per cent were living with disabilities. Persons with disabilities had also been executed extrajudicially. A destination and transit country for migrants, Colombia was hosting more than 3 million refugees and migrants. More than 9 million people in the country were internally displaced.

43. In the light of the foregoing, his Government had learned key lessons in implementing article 11 of the Convention and based its efforts to address situations of risk and humanitarian emergencies on the following five principles: the protection of every life; ethical humanitarian aid; the shared responsibility of representative organizations of persons with disabilities, in accordance with article 4, paragraph 3, of the Convention; the development of public policies and government responses in accordance with article 11; and international cooperation.

44. An inclusive and intersectional approach to disability in humanitarian care involved the provision of accessible information to, and the development of accessible and inclusive guidelines for, persons with disabilities. Inclusive and intersectional risk management meant preventing harm in humanitarian aid. Harm could be done if persons with disabilities were ignored. When planning humanitarian aid for Indigenous communities, including the persons with disabilities in those communities, inclusive data were needed, their customs should be respected, and social organizations and the communities themselves should be consulted. In the provision of humanitarian aid, persons with disabilities should be empowered; their autonomy and independence should be recognized and respected; discrimination against them and other forms of discrimination, including discrimination based on age, gender or sexual orientation, should be prevented; accessibility should be guaranteed; and underrepresented persons with disabilities should be made visible.

45. **Ms. Gamba** (Special Representative of the Secretary-General for Children and Armed Conflict), panellist, said that, in 2023, the United Nations had verified nearly 33,000 instances of grave violations against children in armed conflict. The number of children with disabilities who were among those victims was not known because the impact of armed conflict on children with disabilities was vastly underreported and understudied.

46. To fill that gap, her Office had published, in December 2023, a study on the repercussions of armed conflict on children with disabilities, with recommendations to promote a human rights-based approach to disability inclusion in the protection of

children with disabilities in armed conflict. One of the conclusions was that the lack of data on children with disabilities in armed conflict undermined efforts to gain a comprehensive and accurate understanding of the impact of war on those children and perpetuated their invisibility in the development of prevention strategies, prevention measures and reintegration services.

47. Children with disabilities in armed conflict faced higher risks of being recruited by armed forces and groups, killed or maimed, and abducted. Existing barriers to their access to schools, health care and other services were exacerbated by the destruction of infrastructure in conflict zones and the shrinking of safe spaces. Children with disabilities in armed conflict might experience difficulties in fleeing attacks owing to inadequate early warning systems and evacuation procedures; be left behind by parents or caregivers when routes were inaccessible or when they were institutionalized; or not have access to assistive devices.

48. Stigmatization, exclusion, a lack of protective social networks, a heightened risk of being unaccompanied and reliance on others for support were factors that contributed to children with disabilities being more vulnerable to sexual violence. Children with disabilities and their families were unlikely to report such violence to authorities for fear of not being believed, owing to the wrongful perception of children with disabilities as desexualized and therefore not targets of sexual violence.

49. Because they often required specific support, devices and services that were not readily available, children with disabilities were already more likely to be left out of school. Attacks on schools might compel those who did go to school to discontinue their education. Out-of-school children were at a higher risk of violence and exploitation. Attacks on hospitals had a particularly detrimental effect on children with disabilities owing to their need for regular access to specific medical care, counselling, rehabilitation and assistive technology. Untreated injuries or illnesses could lead to long-term or secondary impairments. The denial of humanitarian access prevented children with disabilities from obtaining food, water, health care, assistive devices and mental health and psychological support and thus could lead to new, or exacerbate existing, long-term impairments.

50. Strengthening the collection of data on children with disabilities, disaggregated by disability as well as other diversity factors, such as gender and age, would build an evidence base to inform programming and policymaking. Consultations with persons with disabilities, including children, and their representative organizations would support the mainstreaming of disability inclusion into child protection policies and ensure that the views of children with disabilities were reflected in processes concerning them, including mediation and peacebuilding efforts. Awareness-raising initiatives, training courses and other capacity-building efforts on disability inclusion for military personnel, humanitarian actors and child protection staff would enhance the protection of children with disabilities in armed conflict.

51. **Mr. Puri** (Transforming Communities for Inclusion Global, Pakistan), panellist, said that the world was still far behind in providing legal identities, fundamental human rights and community support to persons with disabilities, especially those from underrepresented groups and global South countries. Persons with psychosocial disabilities experienced high levels of discrimination and exclusion in society and were often deprived of their legal capacity under discriminatory laws. In many countries, they were not recognized as persons with disabilities but rather were seen from the medical lens of having an illness.

52. Persons with psychosocial disabilities continued to be sent against their will to public and private institutions in the name of treatment and care. Accidents and deaths often occurred in such places during humanitarian emergencies. While families and communities sought safety in emergencies, those who were institutionalized perished

in custody. A variety of institutions were often built in the aftermath of disasters. Persons with intellectual disabilities, autistic persons and women, girls and older persons with psychosocial disabilities were often lumped together in such custodial places and abandoned by their families. Governments and development agencies continued to invest in building new or renovating existing institutions. During the COVID-19 pandemic, several custodial institutions had completely shut their doors to the outside world. No data were available on the number of people who had survived the pandemic in those institutions or on the support that had been made available to the people living in them.

53. In evacuation camps and centres, persons with disabilities were often left to their own devices, with no specific disability assistance. In droughts and famines, persons with disabilities died from starvation. They were often left behind in evacuations. Women with psychosocial disabilities were even exploited during rescue operations to carry food, medicine and supplies between disaster zones, camps and households. Women and girls with psychosocial disabilities were often subjected to violence, abuse and sexual exploitation in evacuation centres and camps. States and humanitarian agencies left persons with psychosocial disabilities out of their preparedness activities because they viewed them as mental patients who needed only psychiatric assistance in emergency situations.

54. All stakeholders and communities should shift from the medical model to a more inclusive, human rights-based model, from institutionalization to the promotion of the right to live in communities, from rehabilitation to inclusion, and from treatment to community support systems. Communities should be supported by States to be inclusive in both normal times and during emergency and disaster situations, through the provision of support services and comprehensive awareness-raising programmes on disability inclusion and disaster preparedness. The right to live independently in communities should not be suspended during humanitarian emergencies and disaster situations.

55. States should immediately begin the deinstitutionalization process in line with the Committee's guidelines on deinstitutionalization, including in emergencies (CRPD/C/5). Those guidelines should be used by humanitarian agencies for humanitarian programming. The deinstitutionalization process should be incorporated into national disaster management protocols, with organizations of persons with disabilities involved at every step of planning, implementation and monitoring.

56. States must dismantle all legal incapacity laws, recognize the legal capacity of persons with psychosocial disabilities as persons with disabilities and include them in all national disability-inclusive development programmes. Data should be disaggregated by disability for inclusive budgeting. Budgets for mental health services should be used to provide social support systems and services in line with the Convention and to ensure access to essential services during humanitarian emergencies. Investments should be made in settlement packages to enable persons with disabilities to live in communities and provide social protection and universal health coverage for persons with disabilities.

57. **Mr. Darakhvelidze** (Georgia) said that his Government had studied international standards in order to successfully develop measures focused on the needs of persons with disabilities during emergency situations. Its emergency situation management service implemented emergency plans for organizations and schools, including those for children with disabilities. His Government also conducted regular training in schools for children with disabilities and had developed electronic guidelines and informative brochures to ensure that those children had access to the same information as everyone else. His delegation would appreciate

advice on additional measures to better protect and promote the rights of persons with disabilities during emergencies.

58. **Ms. Rajala** (Finland) said that, in its efforts to address various crises, including the climate crisis and the war in Ukraine, her Government had sought to gain more knowledge of how persons with disabilities viewed their situation. Through a survey conducted in 2023, her Government had learned that persons with disabilities should be included in working groups for evacuation planning and other crisis measures in order for their needs to be taken into account. It had also learned that persons with disabilities were themselves interested in gaining knowledge of how to handle different kinds of crisis situations.

59. **Ms. Kolobrodova** (Ukraine) said that, for more than 10 years, the number of people affected by the war in Ukraine had been growing every day owing to the aggressive action of the Russian Federation. Returning those people to normal life and integrating them into society were among her Government's strategic objectives for the coming years.

60. The unprecedented aggression of the Russian Federation was having a significant impact on the rights of children in Ukraine. In the indiscriminate attacks by the Russian Federation on civilians and civilian objects, children had sustained injuries resulting in disabilities. More than 1,300 children had incurred mine and gunshot injuries and had undergone difficult rehabilitation programmes.

61. One of the barriers for persons with disabilities in the context of hostilities was the inaccessibility of information, buildings and transportation. Difficulties were faced in evacuating residential facilities for persons with disabilities in areas of hostilities owing to the lack of specially adapted vehicles. About 3,500 residents in 24 such facilities in five regions of Ukraine could not be evacuated to the government-controlled territory of Ukraine.

62. **Mr. Singh** (Guyana) said that developing countries such as Guyana were becoming increasingly vulnerable to the devastating effects of natural and human-made hazards, which disproportionately affected persons with disabilities. Priority must therefore be given to persons with disabilities in disaster risk management. The National Commission on Disability of Guyana worked with the national disaster risk management platform to ensure that persons with disabilities were among the first to receive humanitarian aid and psychosocial support in disasters and emergencies. Recognizing that reliable data were essential for effective planning for and responses to humanitarian emergencies, his Government was conducting a situational analysis of persons with disabilities to enable it to respond to their needs, particularly in situations of risk. It was also drafting comprehensive disaster risk management laws that would guarantee the inclusion of persons with disabilities in planning and prioritize their needs in disaster preparedness, response and recovery efforts. The growing prevalence of acquired disability as a result of conflicts, including the war in Gaza, was a stark reminder of the need to do more to protect people. Guyana remained committed to adequately and systematically protecting persons with disabilities through policies, laws and humanitarian action.

63. **Mr. Thongsawat** (Lao People's Democratic Republic) said that, in accordance with his country's laws on persons with disabilities and disaster risk management, the national disaster management committee provided disaster risk information and training sessions to persons with disabilities; unexploded ordnance teams conducted surveys and clearance in places where houses for persons with disabilities were built and where persons with disabilities performed agricultural work; rescue teams assisted persons with disabilities during disasters; and persons with disabilities were provided with temporary camps, food, clothes and sanitation in humanitarian emergencies. Coordination with the disaster management committee would continue

to be strengthened at all levels with a view to integrating persons with disabilities into early warning, response and recovery measures.

64. **Ms. Banting** (Observer for L'Arche internationale) said that L'Arche internationale was a federation of more than 160 communities in 37 countries that was committed to contributing to a world centred on dignity, rights, opportunities and community. L'Arche internationale communities had been established in Haiti, Syria, Ukraine and Palestine, which were currently experiencing humanitarian crises. The leadership of persons with intellectual and developmental disabilities was needed at all stages of humanitarian work, and those persons should be included in risk identification and decision-making about humanitarian resources and programmes. The full participation and leadership of persons with intellectual and developmental disabilities would make humanitarian action more inclusive, accessible and effective for everyone.

65. **Ms. Chikhladze** (Observer for the national human rights institution of Georgia) said that, in emergencies, the ability of Governments to respond effectively and inclusively was critical. Ensuring that all citizens, particularly vulnerable groups such as persons with disabilities, received adequate support was a matter of not only equality but also society's overall resilience. When responding to emergency situations, Governments must provide support equally to all those in need, leaving no group behind. In its economic crisis prevention plan devised in response to the COVID-19 pandemic, the Government of Georgia had not sufficiently considered the needs of all persons with disabilities; only individuals with severe disabilities and children with disabilities had been eligible for social benefits. As a result, individuals with significant and moderate disabilities had been left without necessary assistance. States must take the necessary steps to enhance the integration of persons with disabilities in measures taken before, during and after emergency situations.

66. **Mr. Kariuki** (Kenya) said that his Government was implementing a programme for the financing of local climate action with the aim of strengthening resilience to climate change by building local capacities in planning, budgeting and monitoring investments in resilience and promoting collaborative partnerships. In partnership with the United Nations Children's Fund, his Government had developed a humanitarian innovation programme to address gaps in data and systems that hindered the inclusion of children with disabilities and their families in responses to humanitarian crises and emergencies. The five consecutive failed rain seasons in Kenya had left a steadily rising number of food-insecure people, triggering his Government to implement a range of drought mitigation and response measures. With a view to fostering multisectoral coordination and collaboration, his delegation wished to know what the best policies, programmes and interventions were for addressing the needs and rights of persons with disabilities in disaster risk reduction and management efforts and what structures had worked in low- and middle-income countries.

67. **Mr. Passmoor** (South Africa) said that his Government was committed to the principles enshrined in the Convention, especially article 11, and to the Sendai Framework for Disaster Risk Reduction 2015–2030, in which the importance of disability-inclusive disaster risk management was stressed. It developed national policies with awareness of the heightened vulnerability faced by persons with disabilities during emergencies. His Government had carried out desktop research on the impact of climate change on persons with disabilities and their inclusion in climate action, mitigation and adaptation strategies. Further research would be commissioned in 2025 to enable South Africa to respond appropriately to climate-related disasters that had negative consequences for persons with disabilities.

68. Accessibility and communication barriers and socioeconomic inequalities continued to impede the full and effective participation of persons with disabilities in emergency preparedness, response and recovery. Continuous efforts, resources and a commitment at all levels of society were needed to address those challenges.

69. The continued war by the occupying State against the Palestinian people in Gaza had created a humanitarian crisis that had severely affected persons with disabilities and had created another layer of systemic discrimination against them. There had been numerous examples of the deliberate disregard by Israel of its obligations under international humanitarian law and the Convention. The solution to the humanitarian crisis was to stop the war and bring about a sustained humanitarian ceasefire.

70. **Mr. Martínez** (Ecuador) said that his Government had made prevention a priority and was thus promoting care for persons with disabilities and persons with reduced mobility in situations of risk and emergencies. It had developed, with valuable contributions from civil society, guidelines for inclusive risk management with a focus on persons with disabilities, which had been published in accessible formats. It had also established an inter-institutional protocol for emergency alerts, including those targeted at persons with disabilities, to guide providers of assistance in emergencies. As part of a project on inclusive care for persons with disabilities in risk management, the use of georeferencing to identify persons with disabilities living in risk areas had been key. His delegation wished to know how cooperation between associations of persons with disabilities and governmental entities could be strengthened, using new technologies, new forums or new strategies, with a view to establishing strategic alliances.

71. **Ms. Davoine** (European Union) said that the fact that persons with disabilities were disproportionately affected in situations of risk and humanitarian emergencies had become all too clear in recent years. Emergency plans frequently did not have a sufficient disability perspective. The COVID-19 pandemic had revealed a severe weak spot in the health system. Strengthening the participation of persons with disabilities in planning and decision-making processes was key to remedy those flaws. European Union partners in humanitarian aid operations were encouraged to pursue dialogue with local organizations of persons with disabilities. The European Union required all partners to mainstream the needs of persons with disabilities in their work. She wondered how disability-inclusive and accessible emergency responses could be ensured while respecting the right to an independent and autonomous life.

72. **Ms. Villavicencio** (Dominican Republic) said that much of the panel discussion had been closely related to the provisions of article 8 of the Convention on awareness-raising. All aspects of the rights of persons with disabilities must be recognized for the various barriers hindering their participation to be eliminated. To mainstream a disability approach in emergency responses, awareness needed to be raised among not only direct responders but also the authorities and decision makers. A lack of awareness often resulted in refuge centres having no sign language interpreter or being inaccessible. Her Government was implementing a programme to raise awareness of the need to treat persons with disabilities with dignity and respect for their human rights.

73. **Ms. Ira** (Observer for People with Disability Australia, Inc.) said that the Australian Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability had found evidence of a high prevalence of violence and abuse in group homes for persons with disabilities. It could only be assumed that such violence and abuse had continued during the COVID-19 pandemic. During pandemics, the exposure of persons with disabilities to viruses must be minimized to uphold their right to health under article 25 of the Convention, and they must be

protected in group homes to uphold their right to freedom from exploitation, violence and abuse under article 16. Under the community visitor scheme of the Government of Australia, community visitors conducted unannounced visits of group homes, thereby safeguarding the rights of the persons with disabilities living in those homes. During the COVID-19 pandemic, some group homes had gone into extensive lockdowns and been closed to outside visitors and service providers. Although community visitors had been able to speak to persons with disabilities by video or phone call, such calls had often been taken in the presence of a support worker, which was ineffective given that abuse could be perpetrated by the support worker. To address the complex question of how to effectively safeguard the rights of persons with disabilities living in group homes in the event of a future pandemic, the persons with disabilities themselves should be consulted, and States parties should devise a strategy as a matter of urgency.

74. **Ms. Carlsson** (Sweden) said that the lack of involvement of civil society in crisis preparedness had far-reaching consequences for at-risk groups around the world, including persons with disabilities. Many States lacked comprehensive local plans for the provision of services and facilities to persons with disabilities during crises, thus violating their international obligations and endangering lives. Many persons with disabilities remained uninformed about how to prepare for crisis and war, leaving them disproportionately at risk when disaster struck. Civil society organizations in Sweden had highlighted the failure to learn lessons from the COVID-19 pandemic or the floods experienced in the country. It was still necessary to move from ad hoc measures to systematic work to ensure disability-inclusive disaster risk reduction, climate action and health preparedness. Crisis preparedness plans must be inclusive and comprehensive and reflect the diverse needs of all persons with disabilities. Persons with disabilities and their representative organizations must be involved in the planning process.

75. **Mr. Borg** (Malta) said that his country's disability strategy for the period 2021–2030 was linked to both the Convention and the Sendai Framework. In accordance with the strategy, the COVID-19 disability task force, comprising several stakeholders from the disability and related sectors, had been made a standing committee that met once a year and was responsible for developing a disability-inclusive general emergency plan for Malta. Lessons should be learned from the pandemic to ensure that, when implementing emergency procedures, health, education and security authorities did not disregard the obligation to provide reasonable accommodation. Malta continued to support efforts such as those made by the Special Rapporteur on the rights of persons with disabilities to ensure that humanitarian emergencies resulting from armed conflicts were addressed in a disability-inclusive manner. His country's support for addressing the situation of children in armed conflict had been demonstrated by the priority given to that issue by the Security Council while Malta had been serving as a non-permanent member.

76. **Ms. Solomie** (Romania) said that, in 2023, the national authority for the protection of persons with disabilities in Romania had concluded a protocol with the Ministry of Internal Affairs to establish the conditions and general framework for collaboration among those involved in emergency preparedness to address the needs of persons with disabilities. The national authority worked with the Department for Emergency Situations to adapt evacuation procedures to the needs of persons with disabilities and had developed guidelines on how to survive an earthquake that had been printed in Braille. With the support of civil society, training on the topic of disability in disaster situations had been provided to emergency personnel, with a view to raising their awareness of the issues faced by persons with disabilities, such as their limited access to the physical environment, information and means of communication.

77. **Ms. Ching** (Singapore) said that the protection and safety of persons with disabilities were essential parts of the emergency management framework of Singapore. Her Government strove to ensure that emergency warnings and services were accessible to all. From the COVID-19 pandemic, her Government had learned the importance of partnering with persons with disabilities to develop more inclusive emergency responses. For low-lying island States, climate-induced disasters such as floods and extreme weather presented a growing and pressing challenge that required multifaceted solutions. Attention should be paid to the needs of persons with disabilities in the development of mitigation and adaptation plans, and cross-sectoral efforts should be enhanced to develop disability-inclusive responses to climate change.

78. **Ms. Valencia** (Spain) said that efforts to address situations of risk and humanitarian emergencies extended should be extended to persons with disabilities. Her Government was thus reviewing its emergency health policies and allocating appropriate funds to meet the needs of persons with disabilities; monitoring the accessibility of shelters and services for emergency situations and protection risks, including gender-based violence; ensuring that emergency devices and services, including electronic and telephone services, were accessible to persons with sensory and cognitive disabilities; and promoting education for persons with disabilities to learn survival skills and risk reduction strategies.

79. Persons with disabilities were the most at risk of being killed during wars. All Member States should promote peace processes, not only because of the number of deaths of persons with disabilities during wars, but also because of the disabilities generated by wars.

80. **Mr. Macanawai** (Observer for the Pacific Disability Forum) said that humanitarian actors could not afford to leave behind anyone, particularly persons with disabilities, who represented 16 per cent of the global population. Persons with disabilities were often viewed as a vulnerable group, despite being very much capable of contributing to society and development. For humanitarian action to be truly inclusive, persons with disabilities and their representative organizations must be allowed to participate fully.

81. **Ms. Karim** (Egypt) said that the current geopolitical context and situations of armed conflict were putting persons with disabilities at a high level of risk. Upholding the Convention, particularly article 11, was therefore a must. In the Geneva Conventions of 12 August 1949 and their Protocols Additional and in relevant Security Council resolutions, emphasis was placed on the need to protect and care for vulnerable groups, including persons with disabilities, in conflict situations. The images of civilian victims of atrocities and bombardments in Gaza were evidence of a conflict situation in which humanitarian aid was insufficient or being denied, accessibility was in question and the security of humanitarian actors was at risk. She wondered how persons with disabilities could possibly be protected in such situations and how their needs could be taken into consideration in the design and implementation of humanitarian interventions.

82. **Mr. Krasoń** (Poland) said that the adoption of Security Council resolution [2475 \(2019\)](#) had marked the first time that the Council had focused on the situation of persons with disabilities in conflicts and emergencies. After the attack by Russia, millions of people had fled Ukraine, many of whom had settled in Poland. His Government had provided the persons with disabilities among them with the support and assistance that they required, allocating more than \$50 million to that end. Aggressor States must respect international humanitarian law, and many aggressor States were parties to the Convention. Nevertheless, bullets and bombs targeted persons without disabilities and persons with disabilities equally. He asked what steps

could be taken by the international community to ensure the protection and agency of persons with disabilities in ongoing and future conflicts.

83. **Ms. Anča** (Latvian Umbrella Body for Disability Organizations (SUSTENTO), Latvia) said that she had been pleased to hear so many positive examples of countries' efforts to improve the lives of persons with disabilities in situations of crisis and humanitarian emergencies. Nevertheless, many challenges remained. Persons with disabilities, especially women, children and older persons with disabilities, must not be forgotten. Such marginalized groups were often in a worse position and unable to take care of themselves. The involvement of organizations of persons with disabilities must be meaningful; they must be involved in not only discussions but also solutions. Their involvement should span the community, national and regional levels.

84. **Mr. Orozco** (Ministry of Equality and Equity of Colombia) said that his Government stood in solidarity with the persons with disabilities who were living in situations of war and humanitarian crises. Such situations not only put lives at risk but could also lead to moral and ethical values being disregarded and certain lives being given priority over others. To prevent that from happening, activists, professionals, academics, civil servants and Governments must mobilize the institutions responsible for mitigating human suffering. In most cases, extensive analysis was not required to understand how human suffering could be reduced.

85. **Ms. Gamba** (Special Representative of the Secretary-General for Children and Armed Conflict) said that persons with disabilities and children with disabilities had been mentioned in four Security Council resolutions. In resolutions [2225 \(2015\)](#) and [2427 \(2018\)](#), the Council had outlined the specific needs of children with disabilities that should be addressed in situations of armed conflict, including access to health care, psychosocial support and education. In resolution [2601 \(2021\)](#), Member States had been urged to provide children with disabilities affected by armed conflict with sustainable, timely, appropriate, inclusive and accessible assistance, including reintegration, rehabilitation and psychosocial support, and to ensure equal access to education provided in the context of armed conflict. Resolution [2475 \(2019\)](#) was the most far-reaching of the four resolutions, containing four full paragraphs on persons with disabilities, most of which related to disability-inclusive assistance. It also addressed meaningful participation and representation; outlined steps to eliminate discrimination and marginalization; and included a recommendation for the inclusion of data disaggregated by disability in reports. All those resolutions should be swiftly implemented. There were regional instruments that were even more far-reaching than those resolutions, such as the African Charter on the Rights and Welfare of the Child and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa.

86. **Mr. Puri** (Transforming Communities for Inclusion Global, Pakistan) said that persons with diverse disabilities, including underrepresented groups, and their representative organizations should be consulted on the issues of group homes and institutionalization. An intersectional approach should be taken to ensure the access of persons with disabilities to all essential services, including health services, sexual and reproductive health services, rehabilitation, personal assistance, housing, social security, skills development and community support systems. Activities to raise awareness of the rights of persons with disabilities should be developed for all authorities, responders and actors involved at all levels of disaster preparedness, response and recovery. Community members would always be the first to respond and should therefore undergo capacity-building on disability inclusion and be included in drills and preparedness activities. Measures to ensure the safety and protection of persons disabilities should not include building segregated housing, shelters or group homes. Segregated living arrangements increased the risk to the life and liberty of persons with disabilities. Persons with psychosocial disabilities confined to such

places should be provided opportunities for resettlement in communities on an equal basis with others.

87. **Ms. Gurung** (National Indigenous Disabled Women Association Nepal), Co-Chair, said that, in its forthcoming general comment No. 9, the Committee should address situations of risk and humanitarian emergencies, including armed conflicts, natural and climate-driven disasters and health emergencies.

88. Persisting barriers, stigmatization and marginalization meant that the needs, perspectives and rights of persons with disabilities, especially underrepresented persons with disabilities, were neglected and excluded before, during and in the aftermath of situations of risk and humanitarian emergencies. Too often, a one-size-fits-all approach was taken to preparedness, response and recovery efforts, with no regard for persons with disabilities. Indigenous persons with disabilities, Indigenous women with disabilities and minorities with disabilities often lived in areas that were particularly vulnerable to climate change, armed conflicts or the activities of extractive industries and thus often suffered abused, were killed or went missing. The right to self-determination and the free and informed consent of Indigenous Peoples were often violated. Women and girls with disabilities were at a heightened risk of sexual, gender-based, cultural and collective violence and abuse during humanitarian crises and emergencies. Patriarchal, colonialist and capitalist mindsets and sociocultural, attitudinal and environmental barriers and discrimination continued to impede the participation of persons with disabilities in decision-making at all stages of planning.

89. The human rights and disability rights movements must not remain silent; collective campaigns and actions for social justice were needed. The various normative mandates for persons with disabilities, including article 11 of the Convention, had not been transformed into practice; it was time to work collectively to implement the existing framework and take a human rights-based, intersectional approach to uphold the rights of all, including persons with diverse disabilities, in humanitarian crises and emergencies.

The meeting rose at 6.05 p.m.
