



# Convention on the Rights of Persons with Disabilities

Distr.: General  
2 September 2025

Original: English

---

## Committee on the Rights of Persons with Disabilities Thirty-third session

### Summary record of the 794th meeting\*

Held at the Palais des Nations, Geneva, on Thursday, 14 August 2025, at 3 p.m.

*Chair:* Ms. Kim Mi Yeon

## Contents

### Other matters (*continued*)

*Situation of persons with disabilities in the Occupied Palestinian Territory  
(continued)*

---

\* No summary record was issued for the 793rd meeting.

---

This record is subject to correction. Corrections should be set forth in a memorandum and also incorporated in a copy of the record. They should be sent within one week of the date of the present record to the Documents Management Section ([DMS-DCM@un.org](mailto:DMS-DCM@un.org)).

Any corrected records of the public meetings of the Committee at this session will be reissued for technical reasons after the end of the session.



*The meeting was called to order at 3 p.m.*

**Other matters** (*continued*)

*Situation of persons with disabilities in the Occupied Palestinian Territory*  
(*continued*)

1. **Mr. Al-Azzeh** (Coordinator, Country Task Force) said that the information gathered during the meeting would be used as the basis for a report setting out conclusions and recommendations concerning the situation of persons with disabilities, including their safety and their access to aid, in the Occupied Palestinian Territory. It was not within the Committee's mandate to consider political issues or matters unrelated to the rights of persons with disabilities. The Committee therefore hoped that the information presented would include statistics and data that would help it to issue a credible report.
2. **A representative of the State of Palestine** said that he regretted to announce that not all members of the delegation of the State of Palestine were able to participate in the dialogue owing to restrictions imposed by the Israeli occupation authorities, which included restrictions on freedom of movement and the withholding of tax revenues. The occupation authorities withheld tax revenues in order to blackmail and exert political pressure on Palestinians. That policy restricted the capacity of the Government of the State of Palestine to fulfil its obligations to citizens, including paying salaries and providing basic services. The financial pressure exerted by the Israeli occupation authorities was a form of collective punishment that they used to obstruct the work of the Government, in violation of international law.
3. The Israeli occupation forces were continuing to perpetrate crimes against the Palestinian people in all parts of the Occupied Palestinian Territory, in violation of international humanitarian law, international human rights law, the Geneva conventions and relevant United Nations resolutions. In recent months, an unprecedented escalation in Israeli attacks and violations had affected every aspect of Palestinians' lives, including their rights to life, personal safety, human dignity, freedom, housing and food. Those violations constituted crimes against humanity and crimes of genocide, with the occupation forces completely disregarding their obligations as an occupying Power under international conventions.
4. According to official sources, the ongoing genocidal war in Gaza had resulted in the killing of over 61,000 Palestinians, including at least 18,000 children. In addition, over 152,000 Palestinians had been wounded and tens of thousands were missing. In the West Bank, including East Jerusalem, the occupation forces and settler militias had killed over 1,000 Palestinians since the start of the war in Gaza. In addition, Palestinians had been subjected to large-scale campaigns of arbitrary detention, torture and oppression. The occupation authorities had restricted their movements, deprived them of basic services and destroyed their homes and camps.
5. Before the start of the war, around 7 per cent of Palestinians had had a disability. Since the outbreak of the conflict, that percentage had increased owing to the excessive force used by the Israeli occupation forces, including the arbitrary shelling of civilian areas. Human rights organizations had confirmed that the occupation forces were deliberately maiming civilians. Since the start of the war, 4,800 amputations of upper and lower limbs had been documented. Every day, 10 children lost one or both of their legs. Gaza had become the area with largest number of amputee children in modern history.
6. The occupation forces had destroyed infrastructure, making rehabilitation almost impossible. Hospitals and health clinics had been directly targeted, and access to medication, fuel and medical equipment had been denied, depriving the wounded of life-saving services. In addition, the Israeli occupation authorities were deliberately starving civilians, especially children, older persons and persons with disabilities who required special nutrition and regular medication.
7. The occupation forces were imposing a suffocating siege, obstructing the work of United Nations agencies and preventing the entry of almost all humanitarian aid, including medication and assistive devices. Hundreds of wounded persons had been deprived of

prosthetic limbs, wheelchairs and hearing aids. Essential equipment could not be provided to hospitals, leading to avoidable deaths.

8. Since the start of the genocidal war in Gaza, the United Nations had adopted important resolutions calling for an immediate ceasefire, the lifting of the siege and the protection of civilians. In addition, the International Court of Justice had instructed Israel, as the occupying Power, to immediately stop the genocide and assist and protect civilians. The Court had also issued an advisory opinion on the illegality of the occupation and settlement that called on States not to recognize as legal the situation arising from the unlawful presence of Israel in the Occupied Palestinian Territory. Israel had failed to comply with any of the United Nations resolutions or the Court's decisions.

9. The authorities of the State of Palestine called on the Committee to condemn the policies of the Israeli occupation forces and to issue recommendations relating to the provision of urgent protection for persons with disabilities and the granting of unrestricted access to humanitarian aid. The Committee should also recommend that the occupation forces should be held accountable for war crimes and crimes of genocide and that those forces should lift the siege on Gaza. The authorities of the State of Palestine also called on all States Members of the United Nations and Parties to the Geneva Conventions to shoulder their legal responsibilities to protect Palestinian civilians and hold the occupation forces accountable for their crimes. Member States should cut off their relations with Israel and stop the export of weapons and military equipment used to kill and maim civilians.

10. **A representative of the State of Palestine** said that many persons with disabilities had been forcibly displaced several times as a result of the ongoing shelling. Protected civilian facilities, such as schools, hospitals and homes, had been directly targeted, destroying infrastructure and creating an uninhabitable environment. Humanitarian aid had been prevented from entering Gaza. Statistics indicated that more than 115,000 persons in Palestine had a disability, including 33,000 persons who had acquired a disability since the start of the aggression. Of those persons, 56 per cent were residents of Gaza who had a motor disability. More than 1,000 children had undergone amputations during the first three months of the aggression.

11. United Nations reports showed that persons with disabilities were more likely to be killed in bombing raids owing to their inability to evacuate their homes, shelters or schools quickly. The Israeli occupation forces carried out bombing raids without issuing any warning appropriate to the needs of persons with sensory or intellectual disabilities. Many persons with disabilities had lost wheelchairs, crutches, hearing aids and other assistive devices. Shelters were poorly equipped and lacked the most basic conditions of accessibility. The victims of Israeli aggression included Mohamed Bahar, a young man with Down syndrome who had been killed by an Israeli army dog in July 2024, and a 16-year-old wheelchair user who had been killed in a hospital by a drone strike. According to the World Health Organization, as of July 2024, 25 per cent of the injuries sustained by Palestinians – more than 22,000 injuries – had resulted in a permanent disability.

12. Persons with disabilities were subjected to systematic restrictions on their access to healthcare and rehabilitation services in Gaza and the West Bank, depriving them of timely medical treatment. The Israeli occupation forces blocked the entry of assistive devices, prosthetics and medication. More than 84 per cent of health facilities and 87 per cent of schools had been destroyed and dozens of staff had been killed. A number of medical centres, including the Nasser Medical Complex, had been forced to suspend their operations.

13. More than 10,000 Palestinians, including several hundred with motor, sensory or intellectual disabilities, were being held in inhumane conditions in Israeli prisons, where they were subjected to deliberate medical neglect and psychological and physical torture, causing them to acquire new injuries and disabilities. Conditions in prisons failed to meet the minimum standards required for persons with disabilities. Cells were small and crowded and lacked ventilation, and prisoners were transported in extremely harsh conditions.

14. Starvation was used as a tool of war against civilians, including persons with disabilities. More than 81 per cent of the population in Gaza was facing food insecurity and more than half a million people were living in famine-like conditions. According to reports, Gaza had become the hungriest place on earth and rates of malnutrition had reached

dangerous levels. The destruction of infrastructure, including water, electricity and fuel facilities, had led to the complete collapse of basic services.

15. Statistics showed that, in 2025, 15.8 per cent of children in Gaza had a disability and 3.2 per cent had acquired a new disability as a result of the aggression. More than 69 per cent of children with disabilities were out of school, more than 9,200 children had lost a limb and 90 per cent were facing acute food poverty and food insecurity. More than 320,000 children under the age of 5 were at risk of acute malnutrition.

16. Women and girls with disabilities faced intersectional discrimination. More than 10,000 women had acquired a new disability as a result of the aggression. Displaced women were subjected to violence, overcrowding and a lack of privacy in shelters and physical and sexual violence at military checkpoints. Reproductive healthcare services in Gaza had been systematically destroyed.

17. Despite the catastrophic circumstances, the Government of the State of Palestine was making intensive efforts to protect and care for persons with disabilities. In that connection, it had developed a protocol for the provision of trauma-responsive social protection for the years 2025–2029. Housing settlements had been established for displaced persons, including a shelter with capacity for 80 families. A special committee had been set up to oversee the medical evacuation of children who had undergone amputations. Psychosocial support had been provided to over 3,000 children and to 30,000 women and girls, including those with disabilities, in shelters.

18. A government operations room had been established to coordinate emergency interventions by 38 national and international agencies and to oversee the implementation of a relief and early recovery plan with a budget of \$3.5 billion. A digital system for tracking aid had been launched. More than 300,000 families had been registered with an online platform to identify their needs. The aid provided included 25,000 food parcels, 120,000 health parcels and 20,000 tents. Priority was given to the most vulnerable groups, including persons with disabilities, orphans, women and older persons.

19. Data for 2025 indicated that 34 per cent of children with disabilities in Gaza were suffering from post-traumatic stress disorder, 17 per cent had lost a parent, only 12 per cent had access to rehabilitation services and fewer than 9 per cent were receiving psychological support. The Government called on international accountability mechanisms to ensure that the perpetrators of violations against persons with disabilities were held accountable. It also called on the international community to require Israel to implement the Convention in the Occupied Palestinian Territory. A fact-finding mission should be carried out in the Territory, and disability issues should be included in peace negotiations and reconstruction plans. Safe humanitarian corridors should be established to evacuate persons with disabilities from conflict zones, adequate resources should be allocated to meet the needs of such persons in response plans and funding should be provided for psychosocial support programmes, assistive devices, prosthetic limbs and rehabilitation services.

20. The Government called for an immediate end to the aggression in Gaza and the West Bank, the lifting of the blockade, the opening of border crossings for humanitarian aid and the allocation of funding to humanitarian response and early recovery plans, with a focus on the needs of persons with disabilities. It also called for the strengthening of monitoring and documentation mechanisms, the participation of such mechanisms in decision-making and the allocation of technical and financial support to Palestinian institutions working in the field of disability. Lastly, it called for the development of information and data systems, the provision of training to persons working in the field of disability and the allocation of support for projects promoting the socioeconomic inclusion of persons with disabilities.

21. **A representative of the Independent Commission for Human Rights of the State of Palestine** said that every day, families in Gaza faced unimaginable choices. Persons with disabilities, especially children, women, older persons and those with intellectual or multiple disabilities, faced heightened risks, deeper isolation and more severely limited means of survival. Numerous interventions and testimonies from Palestinian and international civil society organizations, including organizations of persons with disabilities, had painted a stark picture of the catastrophe being endured by persons with disabilities under the ongoing genocide in Gaza and the entrenched system of apartheid in the West Bank. The reports

provided to the Committee – including by the Independent Commission for Human Rights – documented patterns of violations committed by the Israeli authorities against persons with disabilities, including the deliberate infliction of disabilities. It had been reported that an average of 15 children acquired a disability every day in Gaza. The Committee had received sufficient evidence and data to grasp the gravity of the situation. Now it was necessary to take urgent, immediate and decisive action.

22. Article 11 of the Convention was unambiguous: States Parties must take all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict and humanitarian emergencies. Yet Israel, a State Party to the Convention, was doing the opposite. It had targeted persons with disabilities with lethal force, denied them food, water and medical care, destroyed facilities essential to their survival, prevented the entry of life-saving assistive devices and medicine, subjected them to arbitrary detention, torture and ill-treatment, denied them assistive devices and medical care while in detention, placed them in evacuation conditions that endangered their lives, and prevented their safe exit from areas under bombardment.

23. All of those violations were taking place within a context of genocide and apartheid. The International Court of Justice had confirmed the plausibility of genocide in Gaza, while a growing number of human rights organizations, including leading Israeli groups, had confirmed that the ongoing atrocities in Gaza met the definition of genocide under international law and that Israeli policies and practices in the West Bank amounted to apartheid. The international community could no longer remain silent in the face of such systemic crimes. Recognition of genocide must trigger a shift from condemnation to prevention. Under the Genocide Convention, all States had a positive obligation to prevent genocide and hold perpetrators accountable. The advisory opinion of the International Court of Justice of 19 July 2024 on the illegality of the occupation underscored that the international community must not aid or assist in maintaining the occupation regime. It was therefore urgent that the Committee should formally recognize the context in Gaza and the West Bank, including East Jerusalem, as one of genocide and apartheid, while explicitly acknowledging the disproportionate impact on persons with disabilities. The Committee should highlight that the violations were systematic and integral to broader structures of oppression, and ensure that all subsequent actions, investigations and recommendations prioritized the protection of the rights and dignity of persons with disabilities. Furthermore, in the light of preambular paragraph (u) and articles 11 and 32 of the Convention, the Committee should identify a clear pathway to ensure the full promotion and protection of the rights of persons with disabilities in Palestine, interpreting those provisions progressively and expansively and thereby granting itself the widest possible scope for action.

24. All States should be held accountable for failing to prevent genocide and ensure the protection of persons with disabilities. The Committee should call on all States to impose targeted lawful measures on Israel, including an arms embargo and sanctions, until it ceased its violations against persons with disabilities and the civilian population in the Occupied Palestinian Territory. The Committee should order urgent protection measures, including the establishment of accessible humanitarian corridors and the immediate entry of assistive devices, medical supplies and rehabilitation equipment into Gaza; establish an investigative mechanism as provided for in the Optional Protocol to document and report on violations committed against persons with disabilities in the territory of Palestine; and ensure disability-inclusive humanitarian response and reconstruction with the direct participation of persons with disabilities at all stages of planning, decision-making and implementation. Persons with disabilities in Palestine did not ask for charity; they demanded justice, protection and recognition of their dignity.

25. **Mr. Al-Azzeh** said that he would like to know more about the fulfilment by the Government of the State of Palestine of its obligations under the Convention in the areas under its control, and the level of priority it attached to addressing the situation of persons with disabilities. He would be interested to know what measures had been taken to ensure that persons with disabilities had access to basic services and shelters in emergency situations, and the extent to which organizations of persons with disabilities had been consulted regarding those services.

26. **Ms. Gabrilli** (Country Task Force) said that she would like to know what steps were being taken to address mental health needs in the context of the ongoing conflict and to respond to the additional challenges faced by persons with intellectual and/or psychosocial disabilities. She would appreciate information on the current physical and psychological support and rehabilitation needs of persons with disabilities in the State Party.

27. She would also like to hear about measures to ensure access to sexual and reproductive healthcare for women with disabilities. She wondered what complaint and reporting mechanisms were available to survivors of gender-based violence and to what extent they were accessible to women with disabilities.

28. Furthermore, she would welcome an explanation of how the State Party ensured access to education for children with disabilities. She wondered whether any education plans had been adopted or prepared to provide accessible, inclusive and gender-sensitive education for children with disabilities, and whether the Government planned to introduce programmes to meet the psychosocial needs of children with disabilities affected by conflict and displacement. Lastly, she asked what measures were in place to prevent family separation and to support families with children with disabilities during displacement. Could the delegation give an estimate of the number of persons with disabilities who had been separated from their families or left alone in their homes as a result of evacuations?

29. **Mr. Makni** (Country Task Force) said that he would be interested to know what steps the Government of the State of Palestine took to ensure that the services it provided were accessible and inclusive of persons with disabilities, and what kind of budget had been allocated for the implementation of Act No. 4 (1999), on the rights of persons with disabilities. In the context of the ongoing conflict, he wished to know what measures the Government was taking to ensure that the aid provided in Gaza met the specific needs of persons with disabilities. He wished to know how the statistics provided to the Committee had been compiled, and which institutions had been involved in that work.

30. **Ms. Fefoame** said that the Committee recognized the extremely challenging situation that persons with disabilities, particularly women and girls, were currently facing. She would like to know how the authorities were engaging with organizations of women and girls with disabilities in order to ensure their participation in negotiations, policymaking and the provision of services. She wondered whether any mechanisms were in place to prevent discrimination against women and girls with disabilities.

31. **Ms. Gamio Ríos** said that she would be interested to hear about the situation of persons with intellectual and/or psychosocial disabilities. She wished to know whether, prior to the current conflict, they had been segregated in institutions and, if so, whether the Government had embarked on a process of deinstitutionalization. As such institutions were likely to have been bombed, she wondered what had happened to the persons who had been living in them.

32. **Mr. Schefer** said that, as had been mentioned, the Genocide Convention created the obligation for States Parties to take measures to prevent genocide. In that context, it would be useful to know to what extent the border restrictions imposed by neighbouring countries had exacerbated the horrific situation that Palestinians were experiencing.

33. It was well established under international law that organizations exercising effective control over a territory were bound by international human rights obligations. In the individual communication *Al-Sayed and Mangisto v. State of Palestine* (CRPD/C/28/D/67/2019-CRPD/C/28/D/68/2019), the State of Palestine argued that, before the invasion, Hamas had been exercising effective control of Gaza. He would therefore like to receive information about the responsibility of Hamas for the violations experienced by persons with disabilities in Gaza.

34. **Mr. Al-Azzeh** said that he had been surprised to hear that, before 7 October 2023, persons with disabilities had accounted for only 7 per cent of the Palestinian population. By comparison, in Switzerland, persons with disabilities accounted for about 20 per cent of the population. He wondered why the disability rate was so low among Palestinians, given the limited availability of medical services in the West Bank, East Jerusalem and Gaza and the situations of armed conflict and siege that they had endured.

35. **A representative of the Al Mezan Centre for Human Rights** said that, for more than 20 months, the Israeli military had conducted indiscriminate attacks against the population of Gaza by air, land and sea, killing 61,000 Palestinians and injuring 155,000. Thousands of dead bodies lay under the rubble unaccounted for. The death toll reflected only those killed by military attacks and did not include those who had died as a result of starvation, dehydration or lack of access to essential medical care. In addition to the devastating human toll, the Israeli military had damaged or destroyed nearly 70 per cent of structures in Gaza, including approximately 92 per cent of residential buildings, and had targeted life-sustaining infrastructure such as water, electricity and sanitation systems and medical facilities, contributing to the near-total collapse of the healthcare and social support system. Israeli occupation forces had imposed an unprecedented and devastating siege, deliberately obstructing the entry of humanitarian aid, including medicine, water, food and fuel, and had thereby caused a famine. At least 235 Palestinians, including 106 children, had died of malnutrition and dehydration.

36. Approximately 88 per cent of the territory had been unilaterally designated a militarized zone or had been placed under forced displacement orders, meaning that most of Gaza had become a no-go area. As a result of such policies and practices, at least 1.9 million Palestinians, or 90 per cent of the population of Gaza, had been internally displaced since October 2023. Israeli military attacks and the environment created by genocidal policies had inflicted devastating physical harm on civilians. The number of persons with disabilities in Gaza had risen dramatically. According to the Ministry of Social Development, more than 28,000 new disability cases had been recorded in Gaza between 7 October 2023 and January 2025, bringing the number of persons with disabilities in Gaza to over 85,000. An alarming report published by Save the Children in January 2025 indicated that 15 Palestinian children per day, on average, were acquiring permanent disabilities, including limb amputations and hearing loss.

37. The relentless attacks by Israeli forces had dramatically increased the difficulties faced by persons with disabilities in Gaza in meeting their basic needs, exposing them to extraordinary risks amid repeated forced displacements and the near-total destruction of essential services and facilities. Those outcomes were not incidental but part of a broad pattern of indiscriminate and deliberate attacks against civilians and civilian infrastructure. The targeting of residential neighbourhoods had contributed to the sharp rise in permanent disabilities. The number of individuals living with severe physical trauma, limb loss and lasting disfigurements continued to grow. As of 18 July 2025, reports indicated that approximately 140,000 people had been injured in Gaza since the onset of the genocide, including about 4,700 cases of limb amputations and at least 18,500 cases that would require long-term rehabilitation. The only limb rehabilitation centre in Gaza, located in the Nasser Hospital, had been destroyed in an Israeli air strike in February 2024, further compromising the capacity of the local healthcare system to provide prosthetic limbs and physical therapy to those who had lost limbs. More broadly, the widespread destruction of hospitals and other healthcare infrastructure across the Gaza Strip had caused a severe shortage of medical equipment, essential services and trained specialists, with a critical impact on persons with disabilities. The medical rehabilitation system was on the verge of collapse, owing to the overwhelming number of injuries requiring long-term treatment. Patients were left without physical therapy, essential medications or assistive devices.

38. Repeated displacement orders issued by Israeli forces had a disproportionate impact on persons with disabilities, as they were consistently enforced without any regard for the specific needs of such persons. As a result, persons with disabilities were often denied the possibility of a safe evacuation: they were forced either to abandon their homes and assistive devices or to remain alone, without their families and caregivers, exposed to life-threatening danger. Many could not flee owing to the lack of accessible transport. Shelters for internally displaced persons were overcrowded, unsafe and not designed to accommodate persons with disabilities, and they lacked basic necessities such as accessible toilets, clean water, adequate food and medical support.

39. It should be recalled that Gaza had been under a blockade for almost 20 years. In 2012, the Israeli newspaper *Haaretz* had published a summary of Israeli government research from 2008 that included calculations of the minimum number of calories the population of Gaza

would need in order to avoid malnutrition, the minimum quantities of basic foodstuffs to be allowed into Gaza and the number of trucks required. Israel was now deliberately applying those calculations in practice. Regarding the effects of starvation on persons with disabilities, it should be understood that malnutrition could be a direct cause of disability. According to a March 2023 report by the United Nations Children's Fund, about half of children under the age of 2 with stunting developed that condition during pregnancy or within the first six months of life. In Gaza, where food insecurity was widespread and healthcare services had collapsed, the risks were greatly amplified.

40. The catastrophic conditions in Gaza as a result of the ongoing genocide demanded urgent and concerted international intervention to ensure meaningful protection for persons with disabilities. It was imperative that international legal obligations should be upheld, including those set forth under article 11 of the Convention, to which Israel, as a State Party, was bound.

41. **Ms. Placencia Porrero** said that she would like to know about any efforts the State Party's authorities were making to prioritize persons with disabilities in the distribution of the limited humanitarian aid that was available and to provide such persons with information about options for shelter, food, water and medical care. She wondered whether the authorities were able to raise awareness among providers of humanitarian aid regarding the situation of persons with disabilities.

42. **Mr. Makni** asked what expectations the delegation had in terms of the Committee's efforts to address the situation in the Occupied Palestinian Territory.

43. **Ms. Boresli** (Country Task Force) said that she would like to know about the legislative and procedural measures being taken by the authorities of the State of Palestine to guarantee access to justice for persons with disabilities, with a particular focus on ensuring that such access was aligned with the Convention. She would welcome an account of any efforts made to provide persons with disabilities with reasonable accommodation and procedural adjustments at all stages of legal proceedings.

44. The Committee was concerned about the lack of a national preventive mechanism, despite legislation providing for its establishment, and reports of arbitrary detention, including of children. She would be grateful for information on the specific mechanisms that were in place to monitor places of detention that were under the control of the authorities of the State of Palestine, with the aim of ensuring that no torture or abuse occurred.

45. **A representative of the State of Palestine**, recalling that the purpose of the meeting was to examine the situation of persons with disabilities in Gaza and the West Bank under article 11 of the Convention, said that his delegation would be happy to be in a position to discuss its initial report, which had been submitted prior to 7 October 2023. It must be understood that the State of Palestine was under occupation, and the authorities did not have full control over its territory. In the West Bank, there were more than 1,000 checkpoints and electronic gates which could be opened and closed by Israeli soldiers with the click of a button when they saw fit.

46. The State of Palestine took very seriously its responsibilities under international human rights instruments. For example, it was one of the few countries in the region to have established a mechanism to combat torture. He wished to extend an official invitation to the Committee to visit his country to examine the situation of persons with disabilities and their treatment by the authorities of the State of Palestine and the occupying Power. The context must be taken into consideration: two years after the adoption of Act No. 4 (1999), on the rights of persons with disabilities, its implementation had been disrupted by the second intifada. Subsequently, a coup in Gaza had divided the State into two parts. Added to that were the daily violations committed by the occupying Power, which killed people and stole land and money, for example by withholding tax revenues that, under the Oslo Accords, should be transferred to the Government of the State of Palestine. As a result, government employees, including those in institutions that supported persons with disabilities, had not received their full salaries for four years.

47. Under Act No. 4 (1999), persons with disabilities who held a disability certificate were entitled to free medical care and were exempt from paying customs duties on imported



mobility aids, assistive devices and adapted vehicles. Efforts were also made to create job opportunities for persons with disabilities, but more were needed. Given the ongoing conflict and the lack of resources, it was very difficult to accurately estimate the percentage of the population that had a disability. However, the percentage would without a doubt surpass the 20 per cent figure cited for Switzerland. He was unaware of any cases of persons with disabilities being torture or placed in detention in places under the control of the authorities of the State of Palestine, but he would follow up on the issue. While the issue of justice was crucial, justice could not be achieved when people were experiencing fear, starvation, displacement and death. In Gaza, as a result of the physical and psychological effects of the genocidal war, more and more people were acquiring, or would acquire, a disability. The authorities sought the Committee's help in documenting such cases and the support of States and competent bodies to address the unprecedented situation.

*The meeting was suspended at 4.35 p.m. and resumed at 4.45 p.m.*

48. **A representative of Egypt** said that, in Gaza, atrocities were intensifying and the humanitarian catastrophe was deepening by the day. Civilians, including persons with disabilities, faced ever greater suffering and alarming threats of expanded military operations.

49. Her Government's interpretation of the concept of international protection for persons with disabilities was anchored firmly in article 11 of the Convention and in the responsibilities of third States under international humanitarian law, including the Geneva Convention relative to the Protection of Civilian Persons in Time of War. The question of whether to admit individuals who were in a situation of risk, including armed conflict, to a State Party's territory was a sovereign decision. In the light of the failure by Israel to uphold its international obligations, Egypt had consistently chosen to exercise its sovereignty to save lives by admitting and treating Palestinian civilians who had been medically evacuated from Gaza and had continued to reject attempts to forcibly displace Palestinians from their homeland. It had organized medical evacuations prior to the destruction, by Israel, of the Rafah crossing in May 2024 and had resumed those activities in February 2025 following the first ceasefire.

50. Between 1 November 2023 and 23 July 2025, Egypt had received more than 9,000 medically evacuated Palestinian civilians, including 460 persons with disabilities. The majority of those persons with disabilities had acquired their disability during the war as a result of the ongoing hostilities and the deliberate targeting of civilian areas. Direct expenditure on disability-related and life-saving care during that period had exceeded US\$ 578 million, only 10 per cent of which had been covered by partner contributions. While around one quarter of the evacuees had been transferred to third countries, none had been able to return home. In line with its responsibilities under the Convention, Egypt had ensured that its evacuation plan was disability-inclusive, providing, inter alia, rehabilitation programmes, trauma-focused psychological care and assistive devices. Hospitals where medically evacuated Palestinians were being treated had received high-level visits, including by the Independent International Commission of Inquiry on the Occupied Palestinian Territory, including East Jerusalem, and Israel and by the Special Rapporteur on the situation of human rights in the Palestinian territories occupied since 1967.

51. Her Government's actions, which were grounded in the principle that, even in the gravest of crises, States must uphold the inherent rights of persons with disabilities, were not and must not be a substitute for the obligations of the occupying Power, namely Israel, which bore primary responsibility for protecting, assisting and ensuring medical care for the population under its control, including persons with disabilities. There could be no sustainable humanitarian solution without a permanent ceasefire. The Committee must unequivocally denounce the atrocities being perpetrated in Gaza – which amounted to genocide – and hold Israel accountable for its persistent violations of international humanitarian and international human rights law, including abandonment of its obligations towards persons with disabilities under its effective control. The Committee must also call on all States Parties to press for an immediate and permanent ceasefire, demand that Israel comply with its legal obligations under international law, expand support for accessible healthcare, rehabilitation services and inclusive protection mechanisms for persons with disabilities affected by war in Gaza and beyond, and exert pressure on Israel to ensure the

safe, sustained and unimpeded flow of humanitarian assistance through all available crossings.

52. **A representative of Jordan** said that his delegation welcomed the Committee's continued focus on the situation of persons with disabilities affected by the conflict in the Occupied Palestinian Territory. The occupying Power had a responsibility, under international law, to protect all civilians, including persons with disabilities. His Government opposed the forced expulsion of Palestinians from Gaza, which was a flagrant violation of international law and United Nations resolutions and amounted to ethnic cleansing. It was imperative for the international community to take action to support Palestinians, including those with disabilities, and to put an end to the barbaric and destructive war in Gaza.

53. **Mr. Al-Azzeh** said that the Rafah crossing was clearly a source of heightened geopolitical and humanitarian tensions. The approximately 460 persons with disabilities who had been medically evacuated to Egypt since the beginning of the war represented a tiny fraction of the real number of people who had acquired a disability as a result of the conflict. He would therefore be interested to know the reasons why so few persons with disabilities had been allowed to enter the country.

54. The Committee would welcome the comments of the delegation of Egypt regarding reports that people fleeing Gaza were charged exorbitant fees to enter Egypt and to leave Egypt to travel to a third country. He wondered how the Governments of Egypt and Jordan reconciled their positions opposing the forced displacement of the Palestinian people with the need to ensure that people were able to seek refuge in neighbouring countries, as they were entitled to do under international law.

55. **Mr. Schefer** said that, in view of recent public criticism by Hamas regarding the Egyptian handling of the Rafah border crossing and the limited number of injured people admitted into that country, he would welcome clarification from the delegation of Egypt of its policies on the entry of Palestinians fleeing the war. Similarly, he would be interested to hear more from the delegation of Jordan about the reasoning behind the country's apparent reluctance to open its borders to Palestinian refugees, particularly given the significant Palestinian presence within its population. Lastly, he would appreciate an explanation of the positions of both delegations in the light of article 1 of the Convention on the Prevention and Punishment of the Crime of Genocide, which required the Contracting Parties to take preventive measures in cases of genocide.

56. **Ms. Boresli** said that, since 20 March, refugees with disabilities in Egypt had been denied residence in that country. Palestinian children with disabilities were denied access to schools, in violation of their right to education under article 24 of the Convention. Their right to healthcare under article 25 was also violated. Palestinians were denied the right to open bank accounts. They were not treated as refugees, even though there were refugees from other countries in Egypt who were treated as such. She would be interested to hear the Egyptian delegation's comments on the reasons for the denial of the rights of Palestinian refugees. She wondered why a fee of \$5,000 was imposed on every displaced person who crossed into the country through the Egyptian company Hala Consulting and Tourism Services, which coordinated with the security services of Egypt. Special and urgent "coordination" fees could amount to as much as \$16,000.

57. With regard to Jordan, since the beginning of the war, it had prevented anyone from Gaza from obtaining a visa to enter the country, with the exception of a few patients who had been officially evacuated. Jordan had refused to accept Palestinians as war refugees.

58. **Ms. Gabrilli** said that she would be interested to hear about the rehabilitation or psychological support currently available for Palestinians with disabilities in Egypt and Jordan and assistance for those seeking protection from gender-based violence. She wondered whether any programmes were in place to address the psychosocial requirements of Palestinian children with disabilities affected by displacement and whether they were enrolled in schools.

59. **Ms. Kayess** said that she would appreciate further details on the number of Palestinians who had succeeded in crossing the border into Egypt, including disaggregated data on those who had gone on to third countries and the States involved. She would also like

to know whether the transfer to third States was a matter of individual choice or whether it constituted part of a restricted intake by Egypt and subsequent movement of refugees to third States.

60. **A representative of Egypt** said that her Government had followed the allegations concerning the imposition of fees on evacuated Palestinians with great interest. Private companies offered border-crossing services to Palestinians independently of the Government. However, Egypt maintained clear, regulated procedures for evacuating Palestinians from Gaza. There was a need to verify the sources that published such allegations, as there had been concerns that the allegations sought to minimize the substantial and sustained efforts of Egypt to address the ongoing humanitarian crisis or to exert political pressures to accept the forcible displacement of Palestinians. That was a policy that the Government of Egypt categorically rejected.

61. The Government was fully committed to upholding the right to asylum in accordance with the Universal Declaration of Human Rights, the Convention relating to the Status of Refugees (1951 Convention) and the Organization of African Unity Convention Governing the Specific Aspects of Refugee Problems in Africa. However, what was happening in Gaza could not be seen in the light of the right to asylum as such. It was an attempt at the displacement and massive expulsion of Palestinians against their will.

62. The unique nature of the Palestinian cause and the definition of a Palestinian refugee should be highlighted, as those factors set Palestinians apart from other refugees worldwide, including those in Egypt. The Palestinians themselves who were currently trapped in Gaza because of the atrocities committed by Israel did not want to seek asylum or be displaced outside of Gaza. It should also be noted that such narratives had been used in attempts to weaken and dismantle the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA).

63. With regard to the question concerning the Rafah crossing, the Government of Egypt had made no attempts or given any directions to limit the number of Palestinians evacuated from Gaza. Since the start of the brutal war, the Egyptian side of the Rafah crossing had remained open and the Egyptian gate had never been closed. However, the closure of the Palestinian gate, occupied and targeted by Israeli forces, prevented the entry of aid and in many cases the evacuation of Palestinians.

64. The Government, in collaboration with international partners, had integrated approximately 14,000 Palestinian children into the education system. It was also providing mental health support and cash assistance to families to safeguard children's well-being.

65. With regard to the status of Palestinians living in Egypt, she referred the Committee to the relevant resolutions of the League of Arab States, which addressed the specific status of Palestinians living in Arab countries. Furthermore, Palestinians living in Egypt were not subject to the 1951 Convention and did not receive support from the Office of the United Nations High Commissioner for Refugees.

66. Her delegation would refer the request for disaggregated data on Palestinians who had been medically evacuated to third countries to the relevant authorities and provide the information to the Committee as soon as possible, along with information on specific psychological support programmes. The number of persons with disabilities evacuated to Egypt might seem small, at 460, but they were part of the 9,000 medical evacuees from Gaza overall.

67. **A representative of Jordan** said that his delegation reaffirmed its commitment to following up on the situation of persons with disabilities in the Occupied Palestinian Territory and the important questions raised by the Committee, which would be referred to the competent authorities for consideration.

68. **A representative of Al Mezan Centre for Human Rights** said that he was from Gaza and had been living in Egypt for more than a year, where he had a bank account. He was currently travelling outside Egypt, but would return to the country with his family. Hundreds of thousands of Palestinian citizens had travelled from the south to the north of Gaza without thinking of going on to Sinai. The Palestinians were steadfast. They wanted to stay on their land. They did not want to live in any other place. The issue was not receiving

refugees. The issue was how to stop the crime that was being perpetrated by the occupation Government in an effort to displace the Palestinians from their land, which constituted ethnic cleansing.

69. **Mr. Sharp** (United Nations Relief and Works Agency for Palestine Refugees in the Near East) said that the most pressing protection issues for persons with disabilities in Gaza were directly related to the conduct of hostilities. The staggering loss of civilian life and the destruction of civilian infrastructure were unparalleled compared to previous conflicts in Gaza. That had had a profound impact on the services UNRWA was able to offer persons with disabilities under its mandate. For example, since 1962, UNRWA had been operating a rehabilitation centre for persons with visual impairments, the only centre of its kind in the Gaza Strip. The centre had provided eye screenings, rehabilitation, education and academic integration programmes to approximately 500 children with visual impairments at any one time across the Gaza Strip. Today it lay in rubble.

70. Unlike the United Nations aid distribution system, which had provided aid to over 400 separate accessible locations across Gaza up until early 2025, the new distribution points for humanitarian aid, including from private companies, were far from where people had sought shelter. For all Palestinians in Gaza, reaching those locations and competing for aid was difficult, but it was even more challenging for persons with disabilities. UNRWA also noted with concern the growing number of life-altering injuries and the absence of adequate rehabilitation in the Gaza Strip.

71. That situation was exacerbated by severe shortages of assistive devices in Gaza, caused by restrictions on their entry by Israel. That meant that items such as wheelchairs, prosthetics, orthotic materials and hearing aids, and basic supplies like batteries and spare parts for existing assistive devices, were in critically short supply.

72. Of the 22 UNRWA health centres, only two remained operational as of 30 July. The destruction of those facilities not only limited access to physical rehabilitation but also to maternal and child health, mental health and other essential services. Nevertheless, in 2024, the Agency's 27 physiotherapists had conducted over 64,000 rehabilitation sessions and, in the first half of 2025 alone, had provided over 53,000 sessions to persons with disabilities. Furthermore, UNRWA had provided psychological support to 26,000 persons with disabilities in Gaza and assistive devices or rehabilitation services to approximately 8,500 individuals since the start of the conflict.

73. Education in Gaza had been severely disrupted, with children with disabilities disproportionately affected by the loss of inclusive education, deepening systemic inequalities and increasing their risk of lifelong exclusion. In the West Bank, UNRWA observed similar impacts, especially in refugee camps, where conflict-related restrictions and blockades compounded existing patterns of exclusion. Limited mobility and unsafe transport further hindered access to healthcare, education and social support.

74. **Mr. Al-Azzeh** said that the Committee recognized that UNRWA was in a challenging situation and had been harshly criticized by different parties during the disastrous war in Gaza and the West Bank. However, he would be grateful to hear the UNRWA representative's comments on allegations from Israel that there were UNRWA workers in the field in Gaza who were part of Hamas. He would like to know whether UNRWA had conducted a transparent and robust investigation and, if so, when it had been carried out, what procedures had been applied, what results had been obtained and where they had been announced and published. He also wondered what measures were being taken to ensure that food, water and medicines reached persons with disabilities.

75. **Mr. Sharp** (United Nations Relief and Works Agency for Palestine Refugees in the Near East) said that, on 17 January 2024, the Commissioner-General of UNRWA had announced an independent review of the Agency's neutrality mechanisms. On 5 February 2024, the Secretary-General had appointed Catherine Colonna, the former Minister for Europe and Foreign Affairs of France, to chair a review group to assess the Agency's efforts to uphold neutrality and respond to the allegations. Her April 2024 report had confirmed that UNRWA had long-established policies to ensure neutrality, while also identifying areas for improvement.

76. UNRWA had been implementing the report's recommendations. A subsequent report by Ian Martin, who had been appointed by the Secretary-General as Head of a strategic assessment of the Agency, provided a holistic review of its neutrality obligations. The Commissioner-General had requested supporting information from Israel on the allegations, but none had been provided, and several of the investigations had been closed.

77. UNRWA had delivered holistic relief in Gaza for 75 years through a well-established model developed with United Nations partners and had been operating over 400 aid points. Despite its proven effectiveness, the current conflict had prevented UNRWA from implementing that model. The Agency did not believe that the Gaza Humanitarian Foundation model sufficiently addressed the needs of vulnerable populations. As a result, the Commissioner-General had consistently advocated for a return to the United Nations-led aid delivery model, with UNRWA playing a central role.

78. **Ms. Gabrilli** said that she would like to know how many persons with disabilities UNRWA was currently able to treat or provide with services, how many mobility aids, such as wheelchairs or walkers or other assistive devices, were supplied and how many physical therapists and other health professionals were needed at the moment.

79. **Mr. Al-Azzeh** said that he wondered whether the closing of several investigations by UNRWA meant that there were still other investigations under way. He would also like to know whether any measures had been taken by the UNRWA team or volunteers to reach out to persons with disabilities who were unable to access aid points. Lastly, did UNRWA engage in any form of cooperation or communication with the Gaza Humanitarian Foundation?

80. **Mr. Sharp** (United Nations Relief and Works Agency for Palestine Refugees in the Near East) said that there was an outstanding request to Israel to provide information to support the allegations made against UNRWA. As those requests had not been answered, it was not possible to move forward with the investigations at the current time.

81. With regard to delivering aid to vulnerable persons in different locations in Gaza, UNRWA had 19 mobile health clinics, which were comprised of medical teams who were able to reach populations outside of the Agency's two operating health centres. Since 2 March, UNRWA had been prevented from bringing aid into Gaza, and its stocks of flour and food had run out in April 2025. Therefore, it had not been able to deliver aid to people remotely or at distribution points.

82. UNRWA remained the largest provider of health services in the Gaza Strip. It had been able to provide 26,000 persons with disabilities with psychosocial support services since the start of the conflict and approximately 8,500 individuals with assistive devices and rehabilitation services. Over 10,000 persons with disabilities had received referrals for food and non-food items, medication, cash assistance and protection services during the first half of 2025. However, access constraints had severely limited those efforts. Needs assessments had shown that nearly 10,000 persons with disabilities registered with UNRWA had not received the assistance they required, highlighting the urgent need to allow medical supplies, food and other essentials into Gaza.

*The meeting rose at 5.35 p.m.*