



General Assembly

Distr.: General
3 October 2025

Original: English

Eightieth session

Agenda item 71 (a)

Promotion and protection of human rights: implementation of human rights instruments

Status of implementation of the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto: diverse contexts that amplify the barriers faced by persons with disabilities

Report of the Secretary-General*

Summary

In response to General Assembly resolution [78/195](#), this report addresses how diverse contexts amplify the barriers faced by persons with disabilities, particularly those subjected to discrimination or whose rights are not upheld. It examines the situation of persons with disabilities and the status of implementation of the Convention on the Rights of Persons with Disabilities in four such contexts: (a) rural or remote areas; (b) migration and forced displacement; (c) the criminal justice system; and (d) institutional settings, and provides an overview of good practices taken to reduce the amplified barriers within these contexts, by States Parties and United Nations entities. The report includes recommendations to States Parties for the adoption of mainstreaming and targeted approaches, to create an inclusive environment at all levels of society and address the amplified barriers within the contexts discussed in the report.^a

^a A note verbale with guiding questions was sent on 28 February 2025, requesting submissions to the Secretariat of the United Nations information on the status of implementation of the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto, in relation to the four contexts mentioned above.

* The present report was submitted for processing after the deadline for technical reasons beyond the control of the submitting office.



I. Introduction

1. Persons with disabilities face barriers to equality in opportunity and participation in society, and in certain contexts, those barriers are amplified. As requested by the General Assembly in its resolution [78/195](#), the present report addresses diverse contexts in which persons with disabilities face heightened discrimination and amplified barriers. The report incorporates inputs from Member States and United Nations entities,¹ presents good practices and challenges in the implementation of the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto, and proposes recommendations.

2. In the report, the situation of persons with disabilities and the status of implementation of the Convention on the Rights of Persons with Disabilities is examined in four contexts: (a) rural or remote areas; (b) migration and forced displacement; (c) the criminal justice system; and (d) institutional settings. Those four contexts have been repeatedly highlighted at the Conference of States Parties to the Convention, with calls from Member States, organizations of persons with disabilities and other stakeholders for urgent action to avoid persons with disabilities being left further behind.

3. The report is based on the analysis of the concluding observations reports of the Committee on the Rights of Persons with Disabilities between 2019 and 2025; academic and United Nations publications, including the United Nations Disability and Development Report for 2024; and inputs requested from States Parties and United Nations entities on measures taken in relation to the thematic focus of this report. The report includes descriptions of the exacerbating impacts of interconnected global challenges on the marginalisation experienced by persons with disabilities in these contexts, namely climate change and the fragility and lack of sustainable care and support systems. Lastly, the report reflects on the intersections between disability and gender, age and indigeneity, highlighting multiple types of discrimination faced by diverse groups of persons with disabilities.

II. Contexts which amplify the barriers faced by persons with disabilities

A. Persons with disabilities living in rural or remote areas

4. Access to basic services by rural populations is limited compared with urban populations.² Persons with disabilities living in rural or remote areas experience reduced access to health and social services, including assistive technology, social protection and education, compared with persons with disabilities who live in urban settings.³ Longer distances to services and higher costs to access healthcare particularly

¹ The Economic and Social Commission for Western Asia (ESCWA); the Food and Agriculture Organization of the United Nations (FAO); the Global Disability Fund; the International Organization for Migration (IOM); the International Telecommunication Union (ITU); the Office of the United Nations High Commissioner for Refugees (UNHCR); the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women); the United Nations Population Fund (UNFPA); the Office of the United Nations High Commissioner for Human Rights (OHCHR); the World Food Programme (WFP); and, the World Health Organization (WHO).

² *World Social Report 2021: Reconsidering Rural Development* (United Nations publication, 2021).

³ WHO, *Global report on health equity for persons with disabilities* (Geneva, 2022).

affects persons with disabilities,⁴ as rural areas generally tend to lack accessible transportation services.⁵

5. Persons with disabilities living in rural or remote areas may have limited access to electricity compared with their urban counterparts, thus limiting their opportunity for independent living, especially if they use assistive technology dependent on electricity.⁶ In several developing countries, the percentage of rural households with persons with disabilities that has access to electricity is less than half than in urban areas. In 2023, only 39 per cent of countries globally had mechanisms to ensure persons with disabilities could use their electricity-dependent assistive technology during a power outage.⁷

6. Research suggests that access to healthcare, including medicines, speech therapy, physiotherapy and mental health services, in particular for persons with complex needs or persons with psychosocial disabilities, is limited in some fragile contexts; medical or therapy centres are scarce and healthcare services that are privatized are unaffordable.⁸ Furthermore, the rural-urban digital divide affects access and availability of digital health services for persons with disabilities in rural communities.⁹

7. Women with disabilities in rural areas experience disparities in maternal health. In some developing countries, the gap between births by mothers with disabilities attended by a skilled healthcare professional can be up to 20 percentage points from urban to rural areas.¹⁰ Geographical barriers further prevent women and youth with disabilities from accessing sexual and reproductive health services.¹¹ Services for victims of gender-based violence are also unavailable or inaccessible in rural or remote areas due to, among others, a lack of sign language interpreters.¹²

8. Children with disabilities in rural areas are more likely to be stunted and wasted compared with their peers without disabilities and with children with disabilities in urban areas, with the widest rural-urban gaps observed among the poorest households. Data from the poorest households in 13 developing countries indicate that 37 per cent of children with disabilities in rural areas are underweight and 54 per cent are stunted compared with, respectively, 28 and 40 per cent of children with disabilities in urban areas.¹³

9. Children with disabilities in remote areas, like Indigenous territories, encounter barriers in access to inclusive quality education. To illustrate, in four countries in Latin America, Indigenous children with disabilities of primary school age are more likely to be out of school than others: 10 per cent of them are out of school compared

⁴ Ibid., pp. 98–99.

⁵ Ibid., pp. 154 and 223.

⁶ *Disability and Development Report 2024: Accelerating the Realization of the Sustainable Development Goals by, for and with persons with disabilities* (United Nations publication, 2024).

⁷ Ibid., p. 38.

⁸ Kjeld Høgsbro and Esbern Friis-Hansen, “Bridging the gap: disability and climate resilience. Lessons for disability-inclusive climate programming and advocacy in fragile contexts” (Copenhagen, 2024).

⁹ World Health Organization, *Global report on health equity for persons with disabilities*, pp. 99–100.

¹⁰ *Disability and Development Report 2024*, p. 120.

¹¹ UNFPA, “Women and young people with disabilities: a needs assessment for sexual and reproductive health and rights, gender-based violence, and access to essential services – Samoa”, 2021; UNFPA, “Women and young people with disabilities – Fiji”, 2022; and “Women and young people with disabilities – Vanuatu”, 2022.

¹² *Disability and Development Report 2024*, p. 164.

¹³ United Nations Children’s Fund, *Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities* (New York, 2021).

with 8 per cent of non-Indigenous children with disabilities, 2 per cent of Indigenous children without disabilities and 1 per cent of non-Indigenous children without disabilities. The gap is even wider for children of lower secondary school age: 19 per cent of Indigenous children with disabilities are out of school compared with 3 per cent of non-Indigenous children without disabilities.¹⁴ In addition, schools in rural areas are less likely to provide water, hygiene and sanitation facilities accessible to persons with disabilities than schools in urban areas, in some countries the gap between accessible facilities in rural and urban schools reaches 40 percentage points.¹⁵

10. Many hospitals and schools in rural villages do not offer sign language interpretation due to lack of resources, long and remote distances from services, a lack of accessible infrastructure and transport and a lack of inclusion and sensitization among the local community. Furthermore, important community events, whether recreational or political, do not offer visual aids to include deaf persons due to lack of resources, neglect or lack of inclusivity among the community.

11. Persons with disabilities in rural areas face discrimination and social stigma, disability-related health issues, and physical, informational and communication barriers resulting from inadequate and inaccessible infrastructure and information, which reduce access to essential services, education, and employment opportunities, among others.¹⁶ In addition, persons with disabilities in rural areas share in the overall economic and environmental hardship caused by climate change.

12. Research shows that in rural areas, many persons with disabilities are highly dependent on agriculture and natural resource management for their livelihoods, not only making them especially vulnerable to climate shocks and hazards, but also impeding their adaptive capacities, such as engaging in non-agricultural livelihood activities.¹⁷ Climate mitigation and adaptation strategies, particularly at the national and international levels, are often not designed to consider disability-inclusive perspectives.

13. In such contexts, research suggests that persons with disabilities are dependent on the assistance and goodwill of family and community members, in particular where resources are limited and poverty is prevalent. Local attitudes and acceptance by community members are vital factors for the inclusion of persons with disabilities, as well as adequate services and resources.¹⁸

14. Some developing countries have adopted community-based rehabilitation programmes in rural areas to implement the Convention, and these have evolved to provide education, social integration, livelihoods and empowerment. Studies demonstrate the positive impact of community-based rehabilitation programmes on participation, employment and improved well-being of persons with disabilities.¹⁹

B. Persons with disabilities in the context of migration, including forced displacement

15. Refugees, asylum-seekers and internally displaced persons with disabilities are often hidden and neglected, in particular during times of crisis. Research shows that

¹⁴ *Disability and Development Report 2024*, p. 137.

¹⁵ *Ibid.*, p. 205.

¹⁶ Kjeld Høgsbro and Esbern Friis-Hansen, *Bridging the Gap: Disability and Climate Resilience*, p. 23.

¹⁷ *Ibid.*, pp. 12–13.

¹⁸ *Ibid.*, pp. 9 and 26.

¹⁹ *Disability and Development Report 2024*, p. 105.

persons with disabilities forced to flee and on the move face acute challenges and barriers.²⁰ Refugees, asylum-seekers and internally displaced persons with disabilities are at greater risk of abuse, exploitation and violence, including gender-based violence, as well as discrimination and exclusion,²¹ compounded by isolation in cases where they have been separated from family members or caregivers.²²

16. A general lack of reliable, comparable, disability-disaggregated migration and forced displacement data persist at both national and global levels. Generalized prevalence rates may undercount the extent of disability in migrant, refugee or asylum-seeking populations. There is a lack of research on accessibility and reasonable accommodations at reception facilities, during claims procedures and the provision of disability-specific support and assistance.

17. Despite the lack of accurate and reliable global data trends, qualitative data indicate that migrants, refugees and asylum-seekers with disabilities encounter more barriers and risks throughout the migration and forced displacement cycle.²³ For instance, entry, reception centres and claims procedures are frequently inaccessible for persons with disabilities. In addition, invisible disabilities may not be disclosed by applicants themselves due to fear of rejection of claims/applications, often resulting in the lack of reasonable accommodations. Research highlights that this is compounded by lack of awareness and training of staff on the rights of persons with disabilities and on identifying and addressing harmful attitudes and stereotypes that discriminate against persons with disabilities.²⁴ Other accessibility challenges include a lack of sign language interpreters, limited availability of assistive devices and limited access to specialized or long-term health care and rehabilitation services.

18. Although available data is limited, refugees, asylum-seekers and internally displaced persons with disabilities generally face barriers and discrimination in long-term access to essential social services, including housing, income support, healthcare, education and livelihoods,²⁵ often exacerbated by intersecting factors, such as gender, legal status, and socioeconomic marginalization.²⁶ Furthermore, research shows that refugees and asylum-seekers with disabilities experience difficulties in obtaining accessible information on relevant and available social services.²⁷

19. Research has found that women and girls with disabilities who are refugees are more likely to experience sexual violence compared with their peers without disabilities and face specific barriers in accessing healthcare and participating in

²⁰ Mary Crock and others, *The Legal Protection of Refugees with Disabilities: Forgotten and Invisible?*, *Elgar Studies in Human Rights* (Cheltenham, United Kingdom of Great Britain and Northern Ireland, Edward Elgar Publishing, 2017).

²¹ Carmine Conte, "What about refugees with disabilities? The interplay between European Union asylum law and the United Nations Convention on the Rights of Persons with Disabilities", *European Journal of Migration and Law*, 18, pp. 327–349.

²² Arab Forum for the Rights of Persons with Disabilities and the International Research & Exchanges Board, "Disability inclusion among refugees in the Middle East and North Africa. A needs assessment of Libya, Egypt, Yemen, Jordan and Turkey" (Washington, D.C., 2016).

²³ *Disability and Development Report 2024*, p. 335.

²⁴ Carmine Conte, *What about refugees with disabilities*, pp. 344–345.

²⁵ United Nations Office for Disaster Risk Reduction and UNHCR, "Disability, displacement and disaster resilience: ensuring the rights of persons with disabilities in situations of forced displacement and statelessness" (Geneva, 2024).

²⁶ WHO, *World Report on the Health of Refugees and Migrants*. (Geneva, 2022); WHO submission, 2025.

²⁷ Sarah Scheer, Eric Asaba, Thomas Buerk, Manuel Guerrero and Margarita Mondaca, "Striving in uncertainty: how disabled refugee women negotiate everyday activities and participation" *Disability & Society*, vol. 40, No. 8 (2025), p. 4.

social activities.²⁸ Further findings indicate that, when displaced by conflict, women with disabilities, unaccompanied children with disabilities and persons with intellectual or psychosocial disabilities are particularly at risk of exploitation and abuse.²⁹ Youth with disabilities also face barriers in accessing services.³⁰ Displaced, refugee, asylum-seeking and stateless older persons with disabilities may face extreme economic disadvantages, as they may have lost assets, land and property, and livelihood opportunities.³¹

20. As climate change is becoming a driver of displacement and migration, the inclusion of persons with disabilities in policymaking for climate adaptation and mobility, both as beneficiaries and as decision makers, is imperative. Their perspectives, needs and priorities, however, are generally excluded and the adaptive strategies, resourcefulness and problem-solving skills of persons with disabilities remain under-utilized, according to research.³²

21. The Committee on the Rights of Persons with Disabilities has noted that under article 18 of the Convention (on freedom of movement), persons with disabilities must enjoy resettlement opportunities on an equal basis with others. While some countries protect this right, others have derogations or restrictions or differences in the applicability of the Convention to non-citizens or non-nationals. The Committee notes that, in other countries, national laws include provisions that deny entry or settlement to applicants with disabilities, including on the basis of health, with Member States stating that this would constitute an undue burden on the healthcare system of the country.³³ Regarding voluntary return and reintegration, the limited data available indicate that migrants and returnees with disabilities frequently face barriers to access information about assisted voluntary returns and reintegration programmes, and communication throughout the process is commonly cited as an obstacle. Coupled with negative stereotypes surrounding disability and limitations in access to healthcare, education and employment, persons with disabilities and their families may refrain from choosing to return.³⁴

C. Persons with disabilities in the criminal justice system

22. Whether as victims, witnesses, suspects, defendants or convicted persons, persons with disabilities face multiple physical, attitudinal, communicational, financial and legal barriers to access and participate in legal processes on an equal basis with others.

²⁸ Ibid., p. 3.

²⁹ Arab Forum for the Rights of Persons with Disabilities and the International Research & Exchanges Board, “Disability inclusion among refugees in the Middle East and North Africa”, p. 6.

³⁰ United Nations Youth Office, UNFPA, Centre for Inclusive Policy and Youth2030 Task Team on Youth with Disabilities, *Believe in Better: shaping the future through the meaningful engagement of young persons with disabilities* (2023).

³¹ Office of the United Nations High Commissioner for Refugees (UNHCR) and HelpAge International, “Working with older persons in forced displacement” (revised), Need-to-Know Guidance Series, No. 5 (UNHCR, 2021); UNHCR submission, 2025.

³² Sarah L. Bell, Tammy Tabe and Stephen Bell, “Seeking a disability lens within climate change migration discourses, policies and practices”, *Disability & Society*, vol. 35, No. 4 (2020), pp. 682–687, 684.

³³ Committee on the Rights of Persons with Disabilities, concluding observations, 2019–2025; Nicola Burns, “The human right to health: exploring disability, migration and health”, *Disability & Society*, vol. 32, No. 10 (2017), pp. 1463–1484.

³⁴ IOM submission, 2025.

23. Desk-based research from external sources indicates that persons with disabilities are less likely to report crimes or abuses despite their heightened risk of exposure to violence and other violations of their rights.³⁵ According to qualitative research, this is due to fear of retribution by the perpetrator or of being disbelieved by authorities, including law enforcement agencies, limited access to information or awareness of what constitutes a crime and how to report it;³⁶ when persons with disabilities do report crimes, prosecution rates are low, in particular in cases involving victims with intellectual or psychosocial disabilities due to negative perceptions of the reliability of their testimony by police.³⁷ It is reported that, worldwide, only half of police stations and courts were accessible to wheelchair users in 2022.³⁸ Accessible, gender-sensitive and age-appropriate reporting and complaint mechanisms are not always available, affecting, in particular, women and girls with disabilities and persons with disabilities who have suffered from gender-based, sexual or physical violence.³⁹ The Committee on the Rights of Persons with Disabilities has noted that Indigenous persons with disabilities face additional obstacles to filing complaints due to the remoteness of Indigenous territories ([A/HRC/57/47](#), para. 34).

24. The Committee on the Rights of Persons with Disabilities highlights in its concluding observations reports that there are limitations to the adequacy and affordability of procedural accommodations provided to persons with disabilities throughout the criminal justice process.⁴⁰ Research examples include persons with disabilities encountering communication barriers, due to, for example, lack of sign language interpretation or easy-to-read documents.⁴¹ Research indicates that as poverty rates are greater among persons with disabilities compared with persons without disabilities,⁴² many cannot afford the legal fees for filing a complaint.⁴³

25. Discriminatory attitudes also impact persons with disabilities. Persons with intellectual or psychosocial disabilities are often disbelieved as victims or witnesses, with their testimonies being perceived as unreliable or lacking credibility. Research suggests that, as defendants, they are more likely to get exposed to harsher sentencing; and, when in detention or prison, to harsher treatment or disciplinary action such as isolation, solitary confinement and incidents of coercion or violence, and not be provided with procedural accommodation and specialized assistance.⁴⁴

26. Similarly, research indicates that persons with disabilities are sometimes perceived by police as being uncooperative or non-compliant, particularly persons who are deaf or have an intellectual or psychosocial disability, leading to harsher treatment and exposing them to a higher risk of being charged with criminal

³⁵ Julinda Beqiraj, Lawrence McNamara and Victoria Wicks, "Access to justice for persons with disabilities: From international principles to practice", *International Bar Association* (2017).

³⁶ Jennifer C. Sarrett, Alexa Ucar, "Beliefs about and perspectives of the criminal justice system of people with intellectual and developmental disabilities: a qualitative study", *Social Sciences & Humanities Open*, Vol. 3, No. 1 (2021).

³⁷ Ibid.; Beqiraj, McNamara and Wicks, "Access to justice for persons with disabilities".

³⁸ *Disability and Development Report*, 2024, pp. 45 and 366.

³⁹ UN-Women, *Closing the Justice Gap for Women with Intellectual and/or Psychosocial Disabilities in Asia and the Pacific* (Bangkok, 2023); OHCHR, "LGBT persons with disabilities", 27 October 2023; General Assembly resolution [79/176](#), para. 3 (b).

⁴⁰ Committee on the Rights of Persons with Disabilities, *Concluding Observations reports, 2019–2025*.

⁴¹ Beqiraj, McNamara and Wicks, "Access to justice for persons with disabilities".

⁴² *Disability and Development Report*, 2024, p. 35.

⁴³ Beqiraj, McNamara and Wicks, "Access to justice for persons with disabilities", pp. 26–27.

⁴⁴ Sarrett and Ucar, "Beliefs about and perspectives of the criminal justice system of people with intellectual and developmental disabilities".

offences.⁴⁵ In his report, the Special Rapporteur on the rights of Indigenous Peoples highlights that in non-Indigenous justice systems, Indigenous persons with disabilities frequently face systemic racial discrimination and often have to participate in procedures that are not culturally or linguistically appropriate and do not take into account Indigenous practices ([A/HRC/57/47](#), para. 34).

27. The Special Rapporteur on the rights of persons with disabilities notes in her report that although there is no comprehensive data on the number of persons with disabilities deprived of their liberty, available statistics and administrative information from a series of countries demonstrate that persons with disabilities are systemically incarcerated, imprisoned, detained or otherwise physically restricted across the globe, regardless of the economic situation of the country or its legal tradition ([A/HRC/40/54](#), para. 12). Persons with disabilities are overrepresented in prison populations, with a high rate of psychosocial disabilities among inmates. Similarly, children with disabilities are overrepresented in juvenile detention facilities (*ibid.*, para. 13), with high prevalence rates of neurodevelopmental disability, as well as mental and cognitive disabilities.⁴⁶ Prison conditions may cause further harm and exacerbate existing disabilities, due to limited physical accessibility, or a lack thereof, access to healthcare and assistive devices, as well as an increased risk of abuse and violence by other inmates or prison staff.⁴⁷

28. The Committee on the Rights of Persons with Disabilities has observed that “historically, persons with disabilities have been denied their right to legal capacity in many areas in a discriminatory manner under substitute decision-making regimes, such as guardianship, conservatorship and mental health laws that permit forced treatment.”⁴⁸ Indigenous persons with disabilities and persons with intellectual or psychosocial disabilities are especially at risk of denial of legal capacity, with women being disproportionately affected.⁴⁹

29. During criminal proceedings, persons with disabilities who have been denied legal capacity risk being placed in institutions⁵⁰ where their access to legal representation, procedural and legal protections, and legal challenges are restricted. The Special Rapporteur on the rights of persons with disabilities reports that persons with disabilities are frequently “subjected to forced interventions, solitary confinement and restraint” ([A/HRC/40/54](#), para. 20) and that, in some jurisdictions, persons denied legal capacity are usually diverted from the proceedings and subjected to security measures entailing deprivation of liberty and involuntary treatment, often indefinitely or for significantly longer periods of time than if they had been convicted of a crime in accordance with usual procedures, thereby denying them the same due process guarantees as others (*ibid.*, para. 50).

30. The barriers faced by persons with disabilities are compounded by harmful attitudes and stereotypes among representatives of the criminal justice system. This is linked to a lack of training and capacity-building of the police, judiciary, prosecutors, legal professionals and prison staff on the Convention, accessibility, reasonable accommodation and the diverse needs of persons with disabilities. The

⁴⁵ *Ibid.*, para. 34; Beqiraj, McNamara and Wicks, “Access to justice for persons with disabilities”, p. 29.

⁴⁶ United Nations Task Force on Children Deprived of Liberty, Advocacy brief: “Deprivation of Liberty of Children in the Administration of Justice” (New York, 2025).

⁴⁷ Beqiraj, McNamara and Wicks, “Access to justice for persons with disabilities”, pp. 35 and 36.

⁴⁸ General comment No. 1 (2014) on equal recognition before the law ([CRPD/C/GC/1](#), para. 7).

⁴⁹ [A/HRC/57/47](#), para. 32; [A/HRC/37/56](#), paras. 15 and 17; UN-Women, *Closing the Justice Gap for Women with Intellectual and/or Psychosocial Disabilities in Asia and the Pacific*, p. 8.

⁵⁰ ESCWA submission, 2025.

Committee on the Rights of Persons with Disabilities further observes that persons with disabilities still lack awareness of their rights.⁵¹

D. Persons with disabilities in institutional settings⁵²

31. The Committee on the Rights of Persons with Disabilities has categorized institutionalization as a form of violence against persons with disabilities, and a discriminatory practice, which should be abolished in all its forms.⁵³ Yet, persons with disabilities are disproportionally institutionalised and consequently experience higher risks of human rights violations. The Special Rapporteur on the rights of persons with disabilities in her report cites a study that included 25 European countries estimated nearly 1.2 million persons with disabilities are living in institutions ([A/HRC/40/54](#), para. 17). In nine developing countries, 8 per cent of persons with disabilities have lived in an institution. Violations of various articles of the Convention and other human rights, including forced medical treatment, have been documented in institutions.⁵⁴ Institutionalization is often the result of denial of legal capacity (see paras. 28 and 29), or seen as a solution to the lack of community-based rehabilitation services.

32. Children with disabilities, persons with intellectual or psychosocial disabilities, older persons, and women with disabilities are at particular risk of being placed in institutions.⁵⁵ According to research, children with disabilities continue to be separated from their families and placed in institutions, with potentially lifelong negative consequences on childhood brain development.⁵⁶ Families may resort to institutionalization due to a lack of financial means and the inability to provide the necessary care.⁵⁷ The Special Rapporteur on the rights of Indigenous Peoples reported that conventional care systems have also historically been used, and continue to be used, to separate Indigenous children with disabilities from their families ([A/HRC/57/47](#), para. 47).

33. Although progress has been made and several countries have taken steps towards deinstitutionalization, as reported by the Special Rapporteur on the rights of persons with disabilities ([A/HRC/37/56](#)), the Committee on the Rights of Persons with Disabilities states that overall strategies adopted by States Parties are not compliant with the Convention or are overdue.⁵⁸ In many countries, slow and uneven progress is due to a lack of comprehensive national strategies of deinstitutionalization with clear timelines and benchmarks, and adequate financial, human and technical resources. Where legislative steps have been taken, these have not translated into concrete policy action. Furthermore, institutionalization may continue in the absence of enforced moratoriums, even in countries with a deinstitutionalization strategy. Lastly, the Committee reports that most countries have failed to delineate a

⁵¹ Committee on the Rights of Persons with Disabilities, concluding observations reports, 2019–2025.

⁵² For example, but not limited to, mental health institutions, psychiatric hospitals and asylums, social care institutions, long-stay hospitals, nursing homes, secure dementia wards, special boarding schools, half-way homes, group homes, family-type homes for children, sheltered or protected living homes, forensic psychiatric settings. Guidelines on deinstitutionalization, including in emergencies ([CRPD/C/5](#), para. 15).

⁵³ *Ibid.*, para. 6.

⁵⁴ *Disability and Development Report*, 2024, p. 294.

⁵⁵ *Disability and Development Report*, 2024, p. 293.

⁵⁶ Georgette Mulheir, “Deinstitutionalisation – A human rights priority for children with disabilities”, *The Equal Rights Review*, Vol. 9 (2012).

⁵⁷ ESCWA submission, 2025.

⁵⁸ [CRPD/C/5](#), para. 5.

monitoring and oversight framework, as well as institute redress and reparations mechanisms for survivors of abuses during institutionalization.⁵⁹

34. Research has found that alternative forms of care appear to be on the rise yet signal a worrying trend of “re-institutionalization”,⁶⁰ and that small “group homes” potentially retain some characteristics of institutions, such as surveillance and rigid routines.⁶¹

35. Despite the obligations under article 19 of the Convention on strengthening independent living and inclusion in the community, research has found that persons with severe, multiple disabilities and complex needs, often remain in institutions, due to a lack of adequate social services and support.⁶²

III. Initiatives by States Parties, the United Nations system and civil society stakeholders

36. Member States have taken steps in establishing and strengthening laws and policies to ensure the rights of persons with disabilities in line with the Convention, in the four contexts outlined in this report.⁶³

37. To address barriers in rural and remote areas, Member States included persons with disabilities in actions mainstreaming disability inclusion, in poverty reduction programmes and in climate change and adaptation plans, including through the expansion of digital services, and steps to improve the accessibility of infrastructure, transport and housing in rural areas.

38. Strategies by Member State to remove barriers that persons with disabilities face in migration included removing discriminatory provisions in immigration laws to ensure persons with disabilities can access citizenship on an equal basis with others and providing reasonable accommodations and individualized support to persons with disabilities during interviews and claims procedures.

39. Despite evidence of continued gaps in national criminal justice systems, procedural accommodations have been increasingly provided throughout the investigation and trial processes, such as sign language, documents in Braille and the possibility of providing testimony remotely through audiovisual means. Moreover, Member States have mainstreamed disability-inclusion in gender equality and gender-based violence policies, including through the establishment of protocols for the management of cases of women and girls with disabilities who are victims of gender-based violence, capacity-building of professionals within the criminal justice system and the drafting of guidelines aimed at criminal justice professionals on mainstreaming disability in cases involving gender equality and gender-based violence.

40. To support deinstitutionalization, various Governments have taken legislative steps towards reforming mental health governance and ending coercive practices and forced treatment of persons with disabilities. Furthermore, Member States have

⁵⁹ Committee on the Rights of Persons with Disabilities, concluding observations reports, 2019–2025.

⁶⁰ Jon Glasby and others, “Out of sight, out of mind: explaining and challenging the re-institutionalisation of people with learning disabilities and/or autistic people” *Sociology of Health and Illness*, Vol. 47, No. 2 (2025).

⁶¹ Teodor Mladenov and Gabor Petri, “Critique of deinstitutionalization in postsocialist Central and Eastern Europe”, *Disability & Society*, Vol. 35, No. 8 (2020), pp. 1203–1226.

⁶² Jon Glasby and others, “Out of sight, out of mind”; Member State submissions, 2025.

⁶³ Inputs for the present report were submitted by 30 Member States from all regions.

established complaints mechanisms to report violations of human rights within medical and care institutions, such as violence and abuse, and seek redress. They have also taken measures towards realizing the right to independent living, such as extending social protection to include caregivers of persons with disabilities; expanding pensions to older persons with disabilities; instituting home-based and community-based access to health and rehabilitative services; increasing the accessible housing-stock; and personal assistance services to support autonomy and decision-making power of persons with disabilities over their own lives.

41. In terms of data collection, Member States reported efforts to collect data and conduct research on the situation of migrant and refugee persons with disabilities and on the prevalence of disability and accessibility needs within prisons; and to track progress of deinstitutionalization processes.

42. Within the United Nations system, regarding migration and forced displacement, the World Health Organization Guidance on Mental Health Policy and Strategic Action Plans⁶⁴ addressed the unique vulnerabilities and support needs of persons with psychosocial disabilities in contexts of displacement. The Global Disability Fund programmes have worked to protect the rights of refugees and internally displaced persons with disabilities in various countries with immediate and long-term response and recovery and the provision of essential services.

43. To strengthen access to justice, the Global Disability Fund programmes have reviewed and revised equality and non-discrimination legislation, developed tools to strengthen legislation and ensured engagement with organizations of persons with disabilities.

44. Regarding deinstitutionalization and independent living, the United Nations Economic and Social Commission for Western Asia developed guidelines to support legislation and implementation of article 19 of the Convention and policy advocacy training for organizations of persons with disabilities on independent living.⁶⁵ The Global Disability Fund has worked to prevent institutionalization and facilitate the transition of persons with disabilities from institutions to family and quality community-based services.⁶⁶ The joint publication by the Office of the United Nations High Commissioner for Human Rights and the World Health Organization,⁶⁷ promoted a rights-based approach to mental health and the advancement of deinstitutionalization in favour of quality community-based mental health services.

IV. Recommendations

45. To realize the rights of persons with disabilities in the diverse contexts presented in this report, comprehensive approaches combined with targeted programmes and dedicated resources are needed. Human rights violations, inequality, discrimination and barriers will persist, unless immediate and sustained action is taken, including raising awareness of the Convention, fostering social inclusion, implementing universal design and accessibility

⁶⁴ WHO, *Guidance on mental health policy and strategic action plans. Module II* (Geneva, 2025).

⁶⁵ Economic and Social Commission for Western Asia, *Guide for decision makers and civil society organizations to implement article 19 of the Convention on the Rights of Persons with Disabilities* (Beirut, 2024).

⁶⁶ Global Disability Fund submission, 2025.

⁶⁷ Office of the United Nations High Commissioner for Human Rights and the World Health Organization, *Mental Health, human rights and legislation: guidance and practice* (Geneva, 2023).

standards and disability-inclusive budgeting that enables independent living in the community.

46. Member States are encouraged to intensify their efforts in creating an inclusive environment for all, while ensuring that persons with disabilities in rural or remote areas, in migration or forced displacement, in the justice system and those who need support services are not left behind. To this end, the following general actions are recommended:

(a) Require regular training of professionals working in rural/remote areas, in immigration departments and facilities, in the criminal justice system and health services on the rights and diverse needs of persons with disabilities, accessibility and reasonable accommodation, and on the use of existing protocols and guidelines on disability-inclusion;

(b) Apply accessibility standards and universal design in physical infrastructure, transportation, communication and information in rural and remote areas, in services for migrants and forcibly displaced persons, and in criminal justice systems and legal institutions;

(c) Enhance the collection of high-quality data on persons with disabilities in rural and remote areas, including Indigenous persons with disabilities, on migrant and forcibly displaced persons with disabilities, on cases and outcomes of trials involving persons with disabilities whether as victims or defendants, and on access by persons with disabilities to legal aid, including building national capacities to simultaneously disaggregated data by sex, age and disability.

47. With regards to rural and remote areas, the following actions are recommended:

(a) Mainstream disability inclusion in the development, implementation and monitoring of poverty reduction programmes and climate adaptation strategies targeting rural or remote areas, by conducting needs assessments among persons with disabilities in rural and remote areas and involving persons with disabilities living in rural and remote areas and their representative organizations in decision-making processes, including through accessible consultation processes, provision of reasonable accommodations and by identifying sufficient and stable sources of funding for organizations of persons with disabilities to meaningfully participate;

(b) Conduct nationwide awareness-raising campaigns on the rights of persons with disabilities, accessibility and combating harmful attitudes and stereotypes, aimed at the general public, as well as remote and rural communities.

48. With regards to specific migration and forced displacement contexts, the following actions are recommended:

(a) Strengthen legal and policy frameworks on the rights of persons with disabilities and repeal discriminatory provisions in immigration law which restrict persons with disabilities' freedom of movement on the grounds of disability;

(b) Ensure that persons with disabilities in migration and forced displacement contexts have access to basic services, including healthcare, education, social protection and accessible housing, on an equal basis with others.

49. With regards to the criminal justice system, the following actions are recommended:

(a) Provide disability- and gender-sensitive, age-appropriate and accessible reporting mechanisms for persons with disabilities, including those with intellectual or psychosocial disabilities, and develop guidelines and protocols for management of cases related to persons with disabilities at all stages of the criminal justice system, whether as victims, witnesses, suspects, defendants or convicted persons, including provisions of reasonable accommodations;

(b) Ensure that persons with disabilities have access to legal aid programmes and provide applications to these programmes in accessible formats, such as easy-to-understand format;

(c) Conduct regular monitoring and evaluation of accessibility of police stations, courts and prisons, and on the range and availability of procedural accommodations at all stages of the criminal justice process.

50. With regards to supporting deinstitutionalization, the following actions are recommended:

(a) Abolish guardianship laws in favour of supported decision-making, in line with the standards of the Convention, with the meaningful and effective participation of persons with disabilities and their representative organizations, in all stages of law and policy reform, and conduct regular monitoring and evaluation to assess the effectiveness of supported decision-making;

(b) Develop and implement comprehensive national strategies on deinstitutionalization, in collaboration with persons with disabilities and their representative organisations, with a monitoring framework and adequate financial and technical resources;

(c) Promote independent living and inclusion in the community by allocating adequate and sustainable funding and resources in community-based services, social protection measures and assistive technology, and by including persons with disabilities and their representative organisations, in the design of these services.
